



CAHPS[®] Survey for ACOs Participating in
Medicare Initiatives

Quality Assurance Guidelines

Version 4

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CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Quality Assurance Guidelines Version 4

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CAHPS FOR ACOs SURVEY QUALITY ASSURANCE GUIDELINES VERSION 4

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I. 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 to standardize the data collection process and to make sure the survey data collected across survey vendors are comparable.

We designed this reader's guide to give survey vendors and ACOs an overview of the content of this document. The detailed information on requirements, protocols and procedures in the 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 4 Content

The *Quality Assurance Guidelines Version 4* 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.

Data Coding and Data Preparation

Preparing 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.

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

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

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.

Appendices

- Minimum Survey Vendor Business Requirements
- Data Use Agreement (DUA) Application Form
- Vendor Access to ACO Data Warehouse Form
- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Phone Surveys
- Frequently Asked Questions for Customer Support
- Instructions for Survey Vendors on Accessing the ACO Data Warehouse
- 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)
- Summary Survey Measures Not Used in Scoring

For More Information

Visit the CAHPS for ACOs website, acocahps.cms.gov, for more information on the CAHPS for ACOs Survey program and to see 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 1-855-472-4746 for technical assistance and information
- Contact the data coordination team at aco-datasupport@rand.org

II. INTRODUCTION AND OVERVIEW

The Centers for Medicare & Medicaid Services (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 can't be measured through other means.

CMS uses Consumer Assessment of Healthcare Providers and Systems (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 Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives, or CAHPS for ACOs Survey, is an annual survey that is conducted by ACOs participating in the Medicare Shared Savings Program (Shared Savings Program), Pioneer ACO Model and Next Generation ACO Model to meet their requirement to measure patient experience of care.

Note: We will collectively refer to ACOs through out the remainder of the QAG document unless we are noting specific differences.

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

- Measure the performance of organizations participating in the Shared Savings Program, Pioneer and Next Generation ACO Models. 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 cut unnecessary costs.

The Pioneer ACO Model, a CMS Innovation Center initiative, supports organizations that already have experience operating as ACOs that give beneficiaries more coordinated care while lowering Medicare costs. These organizations explore the impact of different payment arrangements on quality of care and cost reduction.

The Next Generation ACO Model builds upon the experience from the Pioneer ACO Model and 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.

You can find additional information about the Shared Savings Program at:

<http://www.cms.gov/sharedsavingsprogram>

You can find additional information about the Pioneer Model at:

<https://innovation.cms.gov/initiatives/Pioneer-aco-model/>

You can find additional information about the Next Generation Model at:

<https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

About the Survey

The CAHPS for ACOs Survey is the only survey ACOs may use to meet the Shared Savings Program, Pioneer ACO Model and Next Generation ACO Model requirement 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 2016: ACO-9 and ACO-12. The ACO-9 survey captures the core 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 2016 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.

III. 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 (see Appendix A).

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, since 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 4 weeks prior to, during and after the CAHPS for ACOs survey administration for quality reporting period 2016 (generally anytime from October 9, 2016 to March 1, 2017). This guideline doesn't 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 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 got 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 1-855-472-4746, email at acocahps@HCQIS.org and the CAHPS for ACOs Survey website at acocahps.cms.gov
- 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 aren't allowed to administer the survey themselves). ACOs can find the list of approved survey vendors on the CAHPS for ACOs Survey website at acocahps.cms.gov.
- Select from one of two survey versions (ACO-9 or ACO-12)
- 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 20, 2016

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) (Appendix B) 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 2016 survey administration data
 - Submit a DUA Addendum for each subcontractor that views beneficiary-level data (e.g., name, address, telephone 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 9, 2016 (see Appendix C)
- 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 Survey 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, Pioneer Model ACO 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, the survey vendor's project manager, mail survey supervisor and telephone survey supervisor are required to participate in the training programs in their entirety. A minimum of one person per subcontractor performing key roles is required to attend training. In addition, the survey vendor must successfully complete the post-training quiz given immediately after the mandatory training. We also recommend that the survey vendor's project director, programmer/developer, or the programmer's supervisor, attend the training. ACO staff don't need to attend 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 to make sure 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 at acocahps.cms.gov.

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 D) offers guidelines for developing the QAP. You should update your QAP, when necessary, to reflect changes in resources and processes. You must 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 (including the length of history used to look up previous phone numbers by the phone look up service)
- Description of quality control processes and procedures
- Confidentiality, privacy and data 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, if applicable
- Annual summary outlining the results from quality control activities
- Copies of the CAHPS for ACOs Survey English 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 and surveys, and screen shots 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, 2016.

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 the survey vendor has contracted with, 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 or uploading files from 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 (Appendix C) 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 access to the Data Warehouse and communicate a request to access the warehouse and set a password. 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

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, as requested by the CAHPS for ACOs Survey project team, to make sure correct survey protocols are followed. All materials relevant to survey administration are subject to review.

Review and Acknowledge Agreement with the Rules of Participation

CAHPS for ACOs Survey vendors must review and agree to the Rules of Participation in order to administer the CAHPS for ACOs Survey for their client ACOs by completing and signing the CAHPS for ACOs Survey Participation Form.

IV. TECHNICAL ASSISTANCE AND COMMUNICATION

Overview

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

Information and Technical Assistance

For additional information and technical assistance, contact the *CAHPS for ACOs Survey project team*:

- Email: acocahps@HCQIS.org
- Phone (toll free): 1-855-472-4746

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*:

- Email: aco-datasupport@rand.org

General Information, Announcements and Updates

To learn more about the CAHPS for ACOs Survey and to see important new updates and announcements, visit the CAHPS for ACOs Survey website at acocahps.cms.gov.

V. SAMPLING

Overview

This section describes how CMS will select the sample for the CAHPS for ACOs Survey for quality reporting period 2016. 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. The sample draw will occur in October 2016.

Sample Selection and Eligibility Criteria

A sample will be selected for each ACO participating in the Pioneer ACO Model, Next Generation ACO Model, or Shared Savings Program as of January 2016. (Shared Savings Program ACOs are identified by a 5-column, alpha-numeric identifier that starts with an “A” followed by a 4 digit number; Pioneer and Next Generation ACOs are identified by a 4-column alpha-numeric identifier that uses “P” or “V” followed by a 3-digit number.)

To be included in the sample for the survey, fee-for-service Medicare beneficiaries have to 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 they 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 so that survey results represent the general population of an organization’s beneficiaries. (See Chapter IX 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 2016. Where possible, CMS will also provide a beneficiary phone number as of October 2016. 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 H, 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 [P]nnn [V]nnn	ACO identifier: begins with a letter "A" or "P" or "V" followed by 3 or 4 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

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 undertake their data collection activities (see Appendix G for detailed instructions for accessing the ACO Data Warehouse and for downloading a file from this Warehouse).

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 20, 2016. Sample files will be available in October 2016.

VI. 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 to be used regardless of whether the ACO has chosen 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 using computer-assisted telephone interviewing (CATI). The survey protocol is designed to achieve as high a response rate as possible and ensures 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 completed. 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 the sampled beneficiaries 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 of the 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 containing 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 list to exclude beneficiaries from survey administration. This documentation must be maintained for a minimum of three years.*

Data Collection Schedule (2016 Reporting Period)

The basic tasks and timing for conducting the CAHPS for ACOs Survey for quality reporting period 2016 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

Task	Date
Survey vendors must submit English mail survey materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	8/15/2016
Survey vendors must complete and email a Vendor Access to ACO Data Warehouse Form to aco-datasupport@rand.org	9/9/2016
Survey vendors must submit QAP to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	9/19/2016
ACOs must complete the web-based vendor authorization process	9/20/2016
Survey vendors provide a confirmation to the CAHPS for ACOs Technical Assistance email (acocahps@HCQIS.org) that new DUA (or updated previous DUA to include new survey administration data file) has been executed with CMS. Subcontractors that see beneficiary-level data (e.g., name, address, telephone number) must also have a DUA in place with CMS.	9/28/2016
Survey vendors provide toll-free customer support phone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2016 customer support must be provided to 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.	10/5/2016
Survey vendors must submit English CATI script materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	10/17/2016
ACO sample files become available to survey vendors	10/25/2016

Data Collection Tasks

Survey Vendor Task	Date
Mail out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing	11/9/2016 – 11/10/2016
Customer support phone center opens (Toll-free phone number required)	11/10/2016
Mail-out of the first survey with cover letter within one week of the pre-notification letter	11/16/2016 – 11/18/2016

Survey Vendor Task	Date
Mail-out of second mailing of survey with cover letter to all non-respondents	12/12/2016 – 12/13/2016
Initiate telephone follow-up by computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1 st attempt must occur during this time.)	1/4/2017 – 1/11/2017
Submit interim data files to the ACO Data Warehouse. Survey vendors may begin to submit data on 1/10/2017 and <u>must</u> have all interim data submitted by 1/12/2017 (including any requests for corrections).	1/10/2017 – 1/12/2017
Conduct additional telephone attempts by CATI for all non-respondents to the mail survey <ul style="list-style-type: none"> • Make no more than 6 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 	1/12/2017 – 2/1/2017
All inbound and outbound phone interviews end	2/1/2017
Cutoff date for returned mail surveys	2/1/2017
Customer support toll-free line closed	2/1/2017
Submit final data files to CMS approximately 7 days after close of data collection via the ACO Data Warehouse. Data can be submitted starting 2/7/2017. No files will be accepted after the submission deadline date of 2/9/2017.	2/7/2017 – 2/9/2017

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 first survey mailing that includes a number to call to request a translation of the survey.

The CAHPS for ACOs Survey project team will provide text 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 first survey mailing 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 vs. 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 the Oversight section 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 provided by CMS. With the exception of the pre-notification letter, these materials are available on the CAHPS for ACOs Survey website. CMS developed the letters and surveys, and survey vendors are not allowed to modify these materials.

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

Pre-notification Letter

All correspondence 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 will include the customer service phone number provided to CMS in advance by the survey vendor
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled beneficiaries that CMS sent the packet
- The pre-notification letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- 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
- The pre-notification letter must include the last date of the pre-notification letter mailing and the signature of the CMS privacy officer
- The pre-notification letter envelope must be marked “Return Service Requested” or “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” or “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.*

Survey Cover Letters

- All surveys must include a survey cover letter printed on a separate sheet of paper and not attached to the survey
- The survey cover letters contain 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 letters must be printed using the survey vendor logo and return address
- The survey cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- If the survey vendor is implementing one of the optional languages (Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, or Vietnamese), the pre-notification letter and first survey mailing 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 first survey mailing 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.
- The envelope in which the survey is mailed must be 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

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
- No changes are permitted to the order of the CAHPS for ACOs Survey items
- The “About You” items cannot be eliminated from the survey
- No changes are permitted to the order of the answer categories for the CAHPS for ACOs Survey items
- Question and answer categories must remain together in the same column and on the same page
- The beneficiary’s name must 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 is asked that 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 minimum font size equal to or larger than Arial 11 point
- 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:

- Place a code at the bottom of the mail survey to assist the survey vendor's customer service staff in identifying the survey type or version (ACO-9 or ACO-12) when assisting beneficiaries
- Use ovals instead of boxes for response items
- Two-column format
- 12 point font size
- Wide margins (at least ¾ 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 2016 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 in order 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 the section 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 of 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 each eligible sampled beneficiary, whether or not 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.
- Mail materials must be addressed 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 and data entered or scanned **within 3 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, in order to ensure that data entered accurately capture the responses on the original survey. For 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're 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 can't 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 cut the time needed to collect and edit data, cut 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 the data coding and data preparation section).

Specifically, if a beneficiary hasn't returned a completed or partially completed survey by mail, survey vendors must follow-up by phone in order to attempt from scratch to complete the survey. Sampled beneficiaries with an invalid or undeliverable mailing address for whom the survey vendor nevertheless 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, found ineligible, or 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 must ring 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 will attempt 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 should then hang up the phone without leaving a message.
- The phone number has been disconnected or is out of service

Note: If additional numbers are dialed (after the original number is determined to be disconnected, non-working or a wrong number), each additional number may receive up to six call attempts.

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).

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 the Oversight section of this manual for more information.

Supplemental Questions

For the 2016 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 are thoroughly familiar with the phone survey protocol and procedures, 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, use of **neutral** acknowledgment words (thank you, okay, I understand, I see, yes ma'am, yes sir, or let me repeat the question/answer choices for you) is permitted. 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, 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 for them. 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 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 first survey mailing 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 first survey mailing 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.

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

Timing of ACOs' Data Collection Efforts

To avoid imposing on beneficiaries, we encourage ACOs not to conduct other surveys of beneficiaries with fee-for-service Medicare, four weeks prior, during or four weeks after the CAHPS for ACOs Survey administration period of November 9, 2016 to February 1, 2017. Other CMS sponsored surveys are exempt from this rule.

VII. 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 at 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. Each survey vendor is responsible for purchasing a PGP File Share license if they don't already have one. PGP File Share may be purchased online at <http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>. The CAHPS for ACOs 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. 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 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 ACO's 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 I. A layout is provided for each of the two survey versions (ACO-9 or ACO-12).

The survey data will contain one record for each sampled beneficiary. **Each record will consist of the Survey Status Section and the beneficiary Survey Data Section.** The data record for each sampled beneficiary must have a completed survey status section.

Survey Status Section

- The Survey Status Section contains the Unique Respondent Finder Number for the sampled beneficiary, ACO ID, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, Survey Received/Completed date, and Survey Version (ACO-9 or ACO-12)
- Each field of the Survey Status Section requires an entry for a valid data submission
- Use code “8 – Not Applicable” if appropriate (for example, if no survey was received). Use code “88 – Not Applicable” to indicate Survey Version for a beneficiary with a final status of “40 – Excluded from survey”
- Survey Status information must be submitted for all beneficiaries selected for the survey sample, including beneficiaries found to be ineligible
- A complete layout of the Survey Status Section can be found in Appendix I

Beneficiary Survey Data Section

The second part of the data record is the beneficiary Survey Data Section, which contains responses to the CAHPS for ACOs Survey from every beneficiary who completed or partially completed a survey. If a beneficiary Survey Data Section is being submitted for a given beneficiary, all response fields must have a valid value, which can include “M – Missing” or “88 – Not Applicable.”

It’s possible to select more than one response category in items that ask the respondent to “Please choose one or more.”

- For the mail survey administration of the “race” item, enter all of the response categories that the respondent has selected. Where one or more race categories are marked and some of the race categories are left blank, code the categories left blank as “2” for “No.” If **no** categories are selected, enter “M – Missing” for all categories.
- For the CATI administration of the “race” item where the respondent answers “Yes” to one category, i.e. white, and refuses to answer the remaining response options, then this item would be coded 1, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99. If the respondent answers “Yes” to one category, i.e. white, and answers “No” to all the remaining response options, then this item would be coded 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2.

Appendix I also includes a description of the file layout for the beneficiary Survey Data Section, including the valid codes for each data element as well as a description of the codes.

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 missing 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 of “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 I.

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 piece 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 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 surveys 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 L for a list of the items that make up the nine SSMs and see Appendix K 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 K (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 1 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 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, 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 9 SSMs and $\geq 50\%$ of the ATA items	A completed survey includes a response for at least one item from the 9 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.
Partially completed survey	31	A partially completed survey includes a response to at least one item from the 9 SSMs and $< 50\%$ of the ATA items	A partially completed survey includes a response to at least one item from the 9 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 bad phone number.
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, no answers to any item from the 9 SSMs	Responded by mail or CATI, with no answers to any item from the 9 SSMs. There must be no evidence that the beneficiary is ineligible.
Bad address and Bad phone number	35	Unable to obtain a viable address and phone number for the beneficiary	Unable to obtain a viable address and phone number.
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 Bad Phone Number Disposition Code

The survey vendor assigns final survey disposition code “35 – Bad address and bad phone number” after all attempts to obtain a valid address and a valid phone number have been exhausted. 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 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

VIII. 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 at 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 2016 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 PM Eastern Time on January 12, 2017 and the final survey data file by 11:59 PM Eastern Time on February 9, 2017. 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 may begin to submit interim data on January 10, 2017; however, a correct, error-free interim data file must be submitted by the January 12, 2017 deadline.

Note: Survey vendors may begin to submit final data on February 7, 2017; however, a correct, error-free final data file must be submitted by the February 9, 2017 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 (see Appendix C) and emailing it to the CAHPS for ACOs Survey data coordination team at 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 9, 2016.

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

Where:

- 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 it easier to distinguish sample files from separate CMS surveys.
- mm = number of month of submission (justify leading zero)
- dd = day of the month of submission (justify leading zero)
- yy = 2 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.020717.1.txt.pgp

Notes:

1. Survey vendors should submit all records for all ACOs in a single file.
2. 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.”
3. Survey vendors need to complete the authorization process shown in Appendix G 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 seven (7) 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 (<http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>) prior to submitting files to the ACO Data Warehouse. 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. We require 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 the Vendor Access to ACO Data Warehouse Form, the data administrator will receive an email from The RAND Corporation Server (email address RANDManagedFileXferSvc@rand.org) with an invitation to the ACO Data Warehouse. This email will contain a link that will allow you to login to 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 or 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.

Note: A copy of the instructions for survey vendors on accessing the ACO Data Warehouse can be found in Appendix G.

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, informing them they've uploaded a file that doesn't comply with the established naming standards, that the file won't be processed, and therefore 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 PM Eastern Time 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 11:59 PM Eastern Time on the deadline date 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.

IX. DATA ANALYSIS AND PUBLIC REPORTING

Overview

This section describes the public reporting of the 2016 reporting period survey results on the Physician Compare website (<http://www.medicare.gov/physiciancompare/search.html>) and data.cms.gov, 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 2016 quality reporting period will be available to ACOs by fall of 2017.

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 (<http://www.medicare.gov/physiciancompare/search.html>). 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 also serves to enhance public accountability in healthcare 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 each ACO's 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 (8) SSMS required by the Shared Savings Program, the one (1) CG-CAHPS CORE measure (included in both survey versions) and, if applicable, the three (3) 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

Two (2) of the 9 SSMs, Health Status and Functional Status and Stewardship of Patient Resources, are pay-for-reporting for this reporting year, and ACOs successfully reporting these SSMs receive 2 quality points for each one. Each of the other 6 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, we combine answers to items related to the same topic into SSMs. The items in an 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 1 indicates that sampling variability is negligible, while reliability close to 0 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% 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 these four self-reported characteristics (age, education, overall physical health, overall mental health), together with 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 organization 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.²

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

² Consequently, the national mean of organization means for any rating or report is unchanged by case-mix adjustment.

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 4-16 scoring system for the patient experience domain. Two SSMs, Health Status and Functional Status and Stewardship of Patient Resources, are currently pay for reporting; all organizations currently receive a full score of 2 for each of these measures. For the remaining 6 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 8 equally-weighted SSMs to assign a combined score of 4-16 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. Benchmarking information is available at:

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

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 ACO 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 on each page 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.

X. 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, you are signifying that you agree with all of the Rules of Participation, including all CAHPS for ACOs Survey oversight activities.**

Survey Vendor Oversight Activities

All survey vendors that 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 (QAP)

Survey vendors approved to administer the CAHPS for ACOs Survey are required to develop and continually update a Quality Assurance Plan (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 data 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 D. We expect survey vendors to use the Model QAP as a template for developing and updating their own QAP. You can also download the Model QAP from the CAHPS for ACOs Survey website, acocahps.cms.gov. Survey vendors who submit a revised QAP should submit an updated QAP in a "track change" version 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 visit 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 QAP and the survey materials 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

XI. 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 J) online through the CAHPS for ACOs Survey website at acocahps.cms.gov. 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.
 - All form fields must be completed 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 within one week of the initial Discrepancy Report submission
 - The survey vendor must 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 they will make a determination of 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.

Appendix A

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Minimum Survey Vendor Business Requirements

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Appendix A

Minimum Survey Vendor Business Requirements National Implementation of the CAHPS Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Applicant Organizations (vendor and subcontractors) must currently possess all required facilities and systems to implement the CAHPS for ACOs Survey. Subcontractors will be subject to the same requirements as the applicant vendor. Organizations that are approved to administer the CAHPS for ACOs Survey must conduct all their CAHPS for ACOs business operations within the United States. This requirement applies to all staff and subcontractors.

Purpose: any interested survey vendor is required to possess the following minimum business requirements to ensure that all participating survey vendors are capable of administering the CAHPS for ACOs Survey in a consistent, unbiased and competent manner. At a minimum, this includes basic quality assurance and control systems and activities to prevent sloppy, biased, or illegal data collection.

Criteria	
Relevant Organizational Survey Experience	
Relevant Survey Experience	<ul style="list-style-type: none"> • Demonstrated experience (minimum of 3 years) in Mixed-Mode survey administration that includes mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing (CATI) with non-respondents • Demonstrated experience (minimum of 3 years) with patient experience of care surveys, surveying vulnerable populations, and experience in a health care setting • Demonstrated experience (minimum of 3 years) conducting surveys of the Medicare population • Demonstrated experience in implementing a statistical sampling process • Demonstrated experience with formatting a flat ASCII file utilizing a standardized data layout and submitting encrypted data to an external data warehouse • Demonstrated experience in implementing HIPAA and other data security requirements <p><i>Note: All applicant vendors must fulfill the above requirements independent of a subcontractor's experience.</i></p>
Number of Years in Business	<ul style="list-style-type: none"> • Minimum of 4 years

Criteria	
Number of Years Conducting CAHPS Surveys	<ul style="list-style-type: none"> • Minimum of 3 years experience conducting CAHPS surveys of individuals; all experience is within the last 5 years
Survey Capability and Capacity	
Personnel	<ul style="list-style-type: none"> • Project Manager with 3 years of relevant Mixed-Mode (mail survey administration followed by CATI administration with non-respondents) survey experience • Information Systems Specialist(s) and Computer Programmer(s)/Developer(s) with experience receiving large encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization • Call Center and Mail Center Supervisor (subcontractor designee, if applicable) with minimum 1 year prior experience in role • Have organizational back-up schedule in place for coverage of key staff • Do not use volunteers to conduct any aspect of the CAHPS for ACOs Survey administration process
Facilities and Systems (all administration modes)	<ul style="list-style-type: none"> • Physical facilities and electronic equipment and software to collect, process and report data securely • A secure commercial office/facility in which all survey activities are conducted • Facilities and processes to protect the confidentiality of personally identifiable information and patient response data (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building) • Systems needed to protect the confidentiality of personally identifiable information and survey data received from patients (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection) • Computers and other equipment needed for survey implementation • Systems and ability to receive electronic sample files containing patient-level data (the sample) needed to administer the survey • Electronic survey management system to track fielded surveys • All system resources are subject to oversight activities, including site visits to physical locations

Criteria	
Experience with Multiple Survey Languages	<p>Prior experience required in conducting survey administration in both English AND at least one of the following languages:</p> <ul style="list-style-type: none"> • Spanish • Cantonese • Mandarin • Korean • Russian • Vietnamese • Portuguese
Mixed-Mode Survey Administration	<p>Must have capability to adhere to the following Mixed-Mode survey administration requirements:</p> <ul style="list-style-type: none"> • Mail <ul style="list-style-type: none"> ○ Must have capability to: <ul style="list-style-type: none"> ▪ Verify addresses of sampled patients ▪ Print professional-quality survey instruments and materials according to formatting guidelines ▪ Merge and print sample name and address on personalized mail survey cover letters and print corresponding unique sample identification number and ACO provider name associated with each sampled beneficiary on the mail surveys ▪ Receive and process (key entry or scanning) returned mail surveys ▪ Track and identify non-respondents for follow-up mailing ▪ Assign disposition codes to identify the outcome of data collection for each sampled case • Telephone <ul style="list-style-type: none"> ○ Must have the equipment, software and facilities to conduct interviews using CATI, and to monitor interviewers ○ Must have capability to: <ul style="list-style-type: none"> ▪ Verify telephone numbers ▪ Develop computer programs for electronically administering the survey ▪ Schedule call backs to non-respondents at varying times of the day/week • Assign final disposition codes to reflect the outcome of data collection for each sampled case • Track cases from mail survey through telephone follow-up activities • Mail survey administration and telephone interviews must be conducted from the physical place of business, not from a residence or virtual office

Criteria	
Data Processing and File Submission	<p>Must have capability to:</p> <ul style="list-style-type: none"> • Scan or key data from completed mail surveys • Develop data files and edit the data according to standard protocols • Follow all data reporting and data submission requirements, including verifying that data files are de-identified and contain no duplicate cases • Export data from the electronic data collection system into the specified ASCII format. Conduct quality checks to confirm that the data are exported correctly and that the ASCII files are formatted correctly and contain the correct data headers and data records • Encrypt data files for transmission per specifications • Submit data electronically in the specified format (ASCII) to the CAHPS for ACOs Survey secure data warehouse • Work with CMS' data warehouse contractor to resolve issues or problems with data submission or data files
Data Security	<ul style="list-style-type: none"> • Execute business associate agreement with ACOs and receive annual authorization from ACOs to collect data on their behalf and submit to CMS • Store returned paper surveys in a secure and environmentally safe location (e.g., locked file cabinet, locked closet or room) • Utilize firewalls and/or other mechanisms to protect electronic files • Employ electronic security via implementation of access levels and passwords • Implement daily data back-up procedures that safeguard system data • Utilize required encryption protocols for transmitting data files • Develop procedures for identifying and handling breaches of confidential data • Data custodian must be accountable for all data security for data collection as specified in the CMS Data Use Agreement
Data Retention	<ul style="list-style-type: none"> • Retain all data files for a minimum of 3 years
Confidentiality	<ul style="list-style-type: none"> • Include HIPAA compliant content regarding confidentiality and disclosure that is in the Quality Assurance Plan • Store CAHPS for ACOs Survey data files (paper or electronic) securely and confidentially in accordance with requirements specified in the Quality Assurance Guidelines

Criteria	
Customer Support	<ul style="list-style-type: none"> • Provide toll-free customer support telephone lines with live operator during regular business hours (to be established from the date of the pre-notification letter through the end of data collection) <ul style="list-style-type: none"> ○ Customer support must be offered in all languages survey vendor is administering surveys ○ Respond to calls within 24-48 hours
Adherence to Quality Assurance Guidelines and Participation in QA Activities	
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> • Demonstrated ability to conduct well-documented quality control procedures (as applicable) for: <ul style="list-style-type: none"> ○ In-house training of staff involved in survey operations <ul style="list-style-type: none"> ▪ Printing, mailing and recording of receipt of mail surveys ○ Telephone administration of survey (CATI system) <ul style="list-style-type: none"> ▪ Coding and editing of survey data and survey-related materials ○ Scanning or keying in survey data ○ Preparing final record-level data files for submission ○ All other functions and processes that impact the administration of the CAHPS for ACOs Survey • Participate in conference calls and site visits as scheduled by the Project Team as part of mandatory quality oversight activities • Develop and submit annual Quality Assurance Plans by specified due date
Documentation Requirements	
Maintain Records	<p>Must provide documentation as requested for site visits and conference calls, including but not limited to: staff training records, telephone interviewer monitoring records and file construction documentation.</p> <p>Must have capability to:</p> <ul style="list-style-type: none"> • Keep electronic or hard copy files of staff training and dates • Maintain electronic or hard copy records of interviewer monitoring activities • Maintain electronic or hard copy records of survey mailing dates and dates of returned surveys • Maintain other documentation necessary to allow the CAHPS for ACOs Survey Project Team to review survey protocol implementation during site visits • Maintain documentation of actions required (and implemented) as a result of site visit findings by the Project Team

Criteria	
Adhere to all Protocols and Specifications, and Agree to Participate in Training Sessions	
Survey Training	<ul style="list-style-type: none"> • Attend and successfully complete the CAHPS for ACOs Survey Webinar Training Sessions and all CAHPS for ACOs Survey Update Training Sessions <ul style="list-style-type: none"> ○ The following personnel from vendor and subcontractor organizations must attend (at a minimum): <ul style="list-style-type: none"> ▪ Project Manager ▪ Mail Center Supervisor ▪ Call Center Supervisor ▪ Recommended: Programmer/Developer and/or their supervisor <p><i>Note: Minimum of one person per subcontractor performing key roles required to attend the training session</i></p> <ul style="list-style-type: none"> • Pass a post-training quiz measuring comprehension of CAHPS for ACOs Survey protocols
Approval Term	<ul style="list-style-type: none"> • 1 year subject to annual re-approval • Approved survey vendors are required to maintain at least one active CAHPS for ACOs Survey client contract for one of two consecutive survey fielding cycles
Administer the Survey According to All Survey Specifications	<ul style="list-style-type: none"> • Must review and follow all procedures described in the <i>CAHPS Survey for ACOs Participating in Medicare Initiatives Quality Assurance Guidelines Version 4</i> • Must agree to all conditions in the Vendor Participation Application

Appendix B

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Data Use Agreement (DUA) Application Form

Guidelines for completing and submitting this DUA will be forthcoming after training.

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INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235

(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.

- First paragraph, enter the Requestor's Organization Name.
- Section #1, enter the Requestor's Organization Name.
- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.
- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names. The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.
- Section #6, complete by entering the Study/Project's anticipated date of completion.
- Section #12 will be completed by the User.
- Section #16 is to be completed by Requestor.
- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.
- Section #18 will be completed by a CMS representative.
- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.
- Sections #20a AND 20b will be completed by a CMS representative.
- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

DATA USE AGREEMENT

DUA #

(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and _____ enter into this agreement to comply with the following specific paragraphs. *(Requestor)*

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and _____, hereinafter termed "User." *(Requestor)*
2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.
3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

Name of Study/Project

National Implementation of CAHPS for ACOs

CMS Contract No. *(If applicable)*

HHSM-500-2015-00516G

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).

9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. **This policy stipulates that no cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed.** Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries.

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.
11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.
12. The parties mutually agree that the following specified Attachments are part of this Agreement:

-
13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by e-mail notification at cms_it_service_desk@cms.hhs.gov within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.
16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

Name and Title of User *(typed or printed)*

Company/Organization

Street Address

City	State	ZIP Code
------	-------	----------

Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---------------------------------------------	---------------------------------------

Signature	Date
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17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

Name of Custodian *(typed or printed)*

Company/Organization

Street Address

City	State	ZIP Code
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Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---------------------------------------------	---------------------------------------

Signature	Date
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18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) _____

19. On behalf of _____ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name		Title of Federal Representative	
Signature			Date
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative (typed or printed)			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) _____ or for new DUA study/project name _____

Part A _____ **Requester** _____ **Custodian** _____ **Subcontractor** _____ **Recipient**

Printed Name _____ Phone _____ Ext _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Signature _____

(if applicable) Courier name _____ Account number _____

Part B _____ **Requester** _____ **Custodian** _____ **Subcontractor** _____ **Recipient**

Printed Name _____ Phone _____ Ext _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Signature _____

(if applicable) Courier name _____ Account number _____

Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff

Printed Name _____

Signature _____

Organization _____

Please send as an email attachment to *DataUseAgreement@cms.hhs.gov*, and see our website at *www.cms.gov/privacy*

Appendix C

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

2016 Vendor Access to ACO Data Warehouse Form

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Appendix C

CAHPS[®] Survey for Accountable Care Organizations (ACOs) 2016 Vendor Access to ACO Data Warehouse Form

The CAHPS for ACOs Survey Data Warehouse is maintained by RAND. All vendors contracting with ACOs to implement the 2016 reporting period survey must have a user account on the Data Warehouse. Complete this form and submit it as an email attachment to aco-datasupport@rand.org or by fax to ACO Data Support Team (310) 451-6921. **Your form must be received by September 9, 2016.**

Provide contact information for your organization's Data Administrator, Back-up Data Administrator and Project Manager. All three are required to authorize a user account on the Data Warehouse.

Your Organization Name: _____

Data Administrator

First and last name: _____

Phone number: (_____) _____

Data administrator email address: _____

Back-up Data Administrator

First and last name: _____

Phone number: (_____) _____

Back-up administrator email address: _____

Project Manager

First and last name: _____

Phone number: (_____) _____

Project Manager email address: _____

Appendix D

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Model Quality Assurance Plan

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CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives Model Quality Assurance Plan

Overview and Background

Survey vendors who are approved to administer the CAHPS for ACOs Survey are required to submit an annual quality assurance plan (QAP). The QAP must describe the survey vendor's implementation of and compliance with all required protocols to administer the CAHPS for ACOs Survey.

The QAP must be very detailed and clearly document the survey vendor's processes in administering the CAHPS for ACOs Survey. This document serves as a model or guide for preparing the survey vendor's QAP in order to ensure that all required items are addressed in sufficient detail for review by the CAHPS for ACOs Survey project team. The project team will review the QAP and give the survey vendor feedback that indicates whether the QAP has been "accepted," "conditionally accepted" (pending completion of follow up of required items – usually minor) or "requires revision" (major changes needed in order for the QAP to be considered complete).

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

The survey vendor must give sufficient detail in the QAP so that the project team can determine whether the survey vendor is following the survey administration guidelines and has put in place rigorous quality checks or controls. The survey vendor must submit all survey materials (mail materials and screenshots of the telephone scripts in English) for review. In addition, survey vendors should include examples of templates, logs, tracking tools or other relevant documentation as appendices. These materials should be templates only and must not contain any protected health information (PHI).

Note: If the survey vendor is using a subcontractor to administer the mail and/or telephone component of the CAHPS for ACOs Survey, the survey vendor's QAP must detail the oversight that will be conducted for each subcontractor. Submitting a subcontractor's QAP is not sufficient to describe the survey vendor's processes.

The survey vendor's QAP must address the following required content in this sequence:

I. Organizational Background and Structure

- A. Provide survey vendor contact information on the first page of the QAP, including:
 - 1. Survey vendor name
 - 2. Mailing address
 - 3. Physical address, if mailing address is different
 - 4. Web site address
 - 5. Name of contact person, direct telephone number and email address
 - 6. Total number of contracted Accountable Care Organizations (ACOs)
 - 7. Date of the QAP

- B. Provide an organizational chart of the organization that identifies all staff by name and title (including any subcontractors if applicable) who are responsible for the following key tasks in the administration of the CAHPS for ACOs Survey. This organizational chart should include the reporting relationships for all CAHPS for ACOs Survey project staff who fulfill the following roles.
 - 1. Overall project management
 - 2. Mail survey administration
 - 3. Phone survey administration
 - 4. Data receipt and entry
 - 5. Tracking of key survey events
 - 6. Survey process quality checks
 - 7. Preparation and submission of encrypted data
 - 8. Data security
 - 9. Staff training

- C. Describe the training of personnel involved in CAHPS for ACOs Survey administration, including subcontractor(s) and temporary staff agencies, if applicable.
 - 1. Describe the evaluation of training of personnel involved in CAHPS for ACOs Survey administration.
 - 2. Describe the oversight of training of any subcontractor(s) and/or temporary agency staff, if applicable.
 - a) Document issues observed during training of any subcontractor(s) and/or temporary agency staff and action items taken to address the issues, if applicable.

II. Work Plan for Survey Administration

- A. For the following key CAHPS for ACOs Survey administration tasks, identify the staff responsible for each task; the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality checks performed, including the documentation maintained as evidence that the quality checks were completed.
 - 1. Describe the process for downloading the sample from RAND.

2. Describe the data collection activities.
 - a) Describe the process for tracking sampled beneficiaries throughout the data collection schedule provided in the Quality Assurance Guidelines (QAG).
 - b) Describe the procedures in place to assure data collection modes are applied according to the data collection schedule.
 - c) Describe in detail the quality check activities conducted to ensure all dates in the fielding timeline are met.
 - d) Describe the processes for updating addresses (including the length of history used to look up previous address by the address update service), producing mailing materials and mailing out the surveys.
3. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials.
 - a) Describe the seeded mailing process, including who will be seeded and what quality checks will be conducted.
 - b) Describe the processes for obtaining and updating telephone numbers (including the length of history used to look up previous phone numbers by the phone look up service), programming the CATI systems, software used, and type of CATI system.
 - c) Describe the quality control checks of electronic (CATI) procedures to confirm that programming is accurate and in accordance with CAHPS for ACOs Survey protocols, and that data integrity is maintained.
4. Describe the process for conducting phone interviews.
5. Describe the process for ensuring that phone interviewers are following data collection protocols and procedures during the telephone survey administration phase.
 - a) Indicate whether any refusal conversion is attempted and the procedures followed.
 - b) Detail monitoring procedures and indicate what percentage of interviews is monitored.
6. Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.
7. Describe data receipt activities.
 - a) Describe the processing of surveys when they are returned by mail.
 - b) Describe the process for capturing beneficiary survey responses during phone interviewing.
8. Describe data entry procedures.
 - a) Describe the use of the CAHPS for ACOs Survey decision rules. Include the quality control processes used to verify the accuracy of decision rules applied to mail surveys.
 - b) Describe the key entry or scanning procedures and equipment used.
 - c) Describe the quality control processes to validate the accuracy of key entry and/or electronic scanning procedures.
9. Describe the data preparation and submission procedures.
 - a) Describe the processes for preparing and encrypting data files.
 - b) Describe the processes for uploading data files.
 - c) Describe the quality control processes to validate the accuracy of data submission.

10. Describe your organization's data storage and retention policies.
 - a) Describe the backup process for survey administration related data or files, including the quality control checks that are in place to ensure the backup files are retrievable.
 11. Describe your organization's communication processes with your subcontractor(s), if applicable.
 - a) Describe the process for communicating key events throughout the survey administration and who is responsible for confirming deadlines have been met.
 - b) Describe how data is securely transferred between your organization and your subcontractor(s).
- B. Describe the customer support telephone line and how it will be operated.
1. Identify who is responsible for responding to questions regarding the CAHPS for ACOs Survey.
 2. Provide the customer support telephone number.
 3. Include a written transcript of the customer support telephone line voice mail message.
 4. Include the hours of live/voice mail operations for the customer support line and the timeframe for returning calls.
 5. Describe how the customer support line will support any of the optional languages your organization is administering the survey in, if applicable.
- C. In the appendices to the QAP, include all forms used in CAHPS for ACOs Survey administration that may assist the CAHPS for ACOs Survey project team to review the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status and/or productivity reports, etc.).
1. Provide a copy of the log to be used for customer support calls. The template should contain all fields to be populated.
 2. Provide a template of the CAHPS for ACOs Survey report your organization plans to provide to clients.
 3. Provide a document containing interim disposition codes with a crosswalk to final disposition codes.
 4. Provide an annual summary outlining the results from previous survey administration quality control activities and any corrective action plan(s) implemented, if applicable.

Note: Provide templates only. Do not include any PHI.

III. Confidentiality, Privacy and Data Security Procedures

- A. Include a copy of the confidentiality agreement signed by staff and subcontractor(s) (if applicable) involved in any aspect of CAHPS for ACOs Survey administration.
- B. Describe the procedures for identifying and handling breaches of confidential data.
- C. Describe the security and storage procedures used to protect patient identified files and survey data in hard copy and electronic form. Include the length of time that these materials will be retained and in what format (electronic vs. hard copy).

IV. Required Submission of CAHPS for ACOs Survey Materials

- A. Provide samples of the these items:
1. Copies of all survey materials including cover letters, mailing envelopes and questionnaires in English.
 2. Copies of phone scripts (screenshots) in English.

Appendix E

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

General Interviewing Guidelines for Conducting Phone Surveys

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Appendix E

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives General Interviewing Guidelines for Conducting Phone Surveys

Overview

These guidelines are provided to assist phone interviewers who are conducting the CAHPS for ACOs Survey in collecting the highest quality data possible.

As an interviewer, your role in the success of this survey is important. You'll interact with many respondents and you are the person who assures the respondents that their participation is important.

General Interviewing Techniques

To collect the highest quality data, phone interviewers must follow the CAHPS for ACOs Survey guidelines, apply appropriate techniques for probing and ensure that the response choices to the survey questions are recorded accurately. Phone interviewers should speak in an upbeat and courteous tone and maintain a professional and neutral relationship with the respondent at all times. The phone interviewer must not provide personal information or offer opinions about the survey. It is critical that the phone interviewer not introduce bias into the interview.

Administering Survey Questions

- Study and thoroughly familiarize yourself with the Frequently Asked Questions list before you begin conducting phone interviews so that you are knowledgeable about the CAHPS for ACOs Survey.
- Lower case lettering must be read out loud to the respondent.
- Emphasize all words or phrases within a question that are in **one** of the following styles. Survey vendors may choose only one style to indicate emphasis: underline, **bold**, **highlight**, UPPER CASE, or *italic*.
*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*
- Do not read words that appear in < > to the respondent. These words are instructions or for informational purposes. Example: < READ THE QUESTIONS TO SAMPLED PERSON >
- Text that appears within parentheses and in both *UPPER CASE AND ITALIC* indicates instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- Text that appears within brackets indicates programming instructions and is not to be read to the respondent. Example: [GO TO Q11]

- You should not read “DON’T KNOW” and “REFUSED” answer categories that appear within < > and in upper case. However, you may use these categories for coding a response.
- Read all questions and response choices in the indicated order and exactly as they are worded.
- Read all transitional statements exactly as they are worded. Don’t create your own transition statements.
- Ask every question specified. Never skip a question because you think the respondent has answered the question already, even when a respondent seemingly has given the answer as part of the response to an earlier question.
- When reading the survey questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving.
- During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you.
 - Okay.
 - I understand.
 - I see.
 - Yes, Ma’am.
 - Yes, Sir.
 - Let me repeat the question/answer choices for you.
- Listen carefully to any questions the respondent might have and give concise answers as found in the Frequently Asked Questions reference document. Don’t give extra information or long explanations.
- Never suggest answers to the respondent. Read the questions and answers exactly as they’re worded and repeat the question and/or response categories again if necessary.

Phone Survey Interview Introduction and Refusal Avoidance

The introduction to the phone interview plays a critical role in getting the respondent to participate in the survey. Keep in mind that respondents may be reluctant to participate, as indicated by their lack of returning the initial mail survey. It’s important for the phone interviewer to establish rapport quickly with the respondent in an attempt to avoid refusal of participation.

- Read the phone survey introduction verbatim and in a confident manner.
- Be prepared to respond to questions from the respondent or the respondent’s concern about participation in the survey.
- Be prepared to address reasons the respondent may give for their reluctance to participate in the survey.
- Pronounce words clearly and don’t rush through the introduction.
- Avoid pausing too long while reading the introduction and between transitioning from the introduction to the survey questions.
- Listen to the respondent and don’t assume you know what the respondent will say.

- Consider the population you're interviewing. Many of the respondents are elderly, some may be hard of hearing, leery of being taken advantage of by scams, or simply afraid to give personal information. Before rushing to code an answer to a question as "Missing/Don't Know/Refused," make sure they heard the question.

Answering Questions and Probing

You may find it necessary to probe to obtain a more complete or adequate answer from a respondent. It's important to remain neutral when probing to get a response to the survey questions. The phone interviewer should not interpret any answer the respondent gives. Probes should stimulate the respondent to give a response without increasing the likelihood of one answer over another.

- Pay attention to the respondent and what they might say during the interview.
- Repeat the question. After hearing the question the second time, the respondent may understand the question and the response categories more clearly.
- Probe for a response by using a silent approach. Pause briefly to allow the respondent time to consider the questions and response choices. Consider using one of the following probes:
 - "Take a minute to think about it. (AND REPEAT THE QUESTION, IF APPROPRIATE)"
 - "So, would you say that it is...(AND REPEAT THE RESPONSE CATEGORIES),"
 - "Which would be closer? (REPEAT THE RESPONSE CATEGORIES)."
- Use one of the following probes to encourage a respondent to elaborate on an inadequate response:
 - "What do you mean?"
 - "How do you mean?"
- Other clarifying probes are indicated by PROBE "IF NEEDED: TEXT IN CAPITAL LETTERING."
- Encourage the respondent to give his or her best guess if a respondent gives a "don't know" response.

Do Not Introduce Bias

- Don't attempt to interpret a question for the respondent. Repeat the question and response choices as necessary.
- Don't paraphrase or change any questions.
- Never give your personal opinion.
- Be aware of body language that can be heard while on the phone and could influence a response. Examples include yawning, coughing, and sighing.
- Never argue, antagonize or take a respondent's answers personally. Your reaction could trigger a response that may affect the survey results. Remain neutral.

Appendix F

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Frequently Asked Questions for Customer Support

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Appendix F

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives Frequently Asked Questions for Customer Support

Overview

We've compiled questions and responses in this document to assist survey vendor staff in responding to frequently asked questions (FAQs) related to the "Medicare Provider Experience Survey." Answers have been provided to general questions about the survey, concerns about participating in the survey and questions about completing the survey.

Note: Survey vendors conducting the CAHPS for ACOs Survey and ACOs participating in the survey initiative must NOT attempt to influence or encourage beneficiaries to answer survey questions in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines Version 4 for more information on communicating with beneficiaries about the CAHPS for ACOs Survey.

Note: Survey vendors should follow their own standard procedures for handling information provided by a beneficiary either by mail or by phone that may suggest a beneficiary's health or well-being is at risk.

I. General Questions About the Survey

- **Who is conducting this survey?**

I'm an interviewer from [SURVEY VENDOR NAME]. The Centers for Medicare & Medicaid Services (CMS) and your Medicare providers have asked us to conduct this survey.

- **Who is sponsoring this survey?**

The survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). This federal agency is part of the U.S. Department of Health and Human Services. CMS oversees Medicare health services and coordinates Medicaid services with state agencies.

- **What is CMS?**

CMS stands for the Centers for Medicare & Medicaid Services. It's a federal agency that oversees Medicare. This federal agency is part of the U.S. Department of Health and Human Services.

- **Why did I get a letter from Walter Stone?**

Walter Stone is the Privacy Officer at the Centers for Medicare & Medicaid Services (CMS), the agency that sponsors this survey. This federal agency is part of the U.S. Department of Health and Human Services.

- **What is the purpose of the survey?**

The purpose of this survey is to collect information from you, and other people with Medicare, to help CMS to learn about the quality of the health care you get through Medicare. The survey will help CMS and Medicare providers understand where and how that care may need to be improved. The survey does this by asking you about your experiences with a specific provider you have visited in the last 6 months.

- **What is a Medicare provider?**

A Medicare provider is any doctor, nurse, physician assistant or other health care provider who's paid by Medicare. It includes the medical offices and clinics you visit, not just individual doctors and nurses.

- **How will the data be used?**

Your answers will be combined with answers from other people with Medicare that we interview. CMS and Medicare providers will look at these combined results to understand how well they're meeting their patients' needs. CMS and Medicare providers can also use the data to understand how to improve the care and health outcomes of people with Medicare.

- **How can I verify this is a legitimate survey?**

You can call Medicare at 1-800-MEDICARE to confirm this survey is legitimate.

- **Who can I contact to find out more about this survey?**

You can contact the Centers for Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services through the survey technical assistance phone number toll-free at 1-855-472-4746 or by email at acocahps@HCQIS.org.

- **How long will this take?**

The Medicare Provider Experience Survey takes about 20 minutes to complete.

- **What questions will be asked?**

The survey asks questions about your experiences in the last 6 months with a specific doctor or other health care provider you've visited. The questions ask about the kind of experiences that only patients like you can evaluate - like how well your provider listens to his or her patients.

II. Concerns About Participating in the Survey

- **Why are you calling me?**

Your opinions are important in helping CMS and Medicare providers understand how the needs of patients are met. By sharing your experiences you will help them to learn how to improve the care you and others get through Medicare.

- **Who will see my answers?**

Your answers will be kept confidential and will be seen by authorized persons at the Centers for Medicare & Medicaid Services and [SURVEY VENDOR]. We won't share your individual answers with any of your doctors or other Medicare providers.

- **I thought privacy laws protected my confidentiality. How did you get my contact and medical information?**

We understand your concern about the privacy of your health information. [VENDOR NAME] was only given your contact information and your provider's name. We don't have access to any of your medical records.

IF NEEDED: The survey that we're conducting fully obeys privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We've been authorized by the Centers for Medicare & Medicaid Services to conduct this survey and we'll keep all information about you confidential.

- **How did you get my name? How was I chosen for the survey?**

You were selected at random from among the people with Medicare who saw this provider in the last 6 months.

- **How did you get my phone number?**

Medicare gave us the contact information for all people with Medicare who were randomly selected for this survey.

- **I do not participate in surveys.**

I understand. However, I hope you'll consider participating in this very important study for your doctors and other health care providers. Medicare will use the results of the survey to help understand the quality of healthcare services you're getting.

- **I'm not interested.**

CMS and your Medicare providers could really use your help. Your participation will help improve of healthcare services not just for you, but for other beneficiaries as well.

- **I'm extremely busy. I don't really have the time.**

We understand that your time is valuable. It's a very important survey, and I would really appreciate your help today. The interview will take about 20 minutes. I can schedule the survey interview at another time that is more convenient for you.

- **You called my cell phone. Can you call back after [BENEFICIARY SPECIFY] so that the call does not use any of my cell phone minutes?**

Yes, we can call you back at [BENEFICIARY SPECIFY].

[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME] Set a future date and time for the phone interview.

- **You called my cell phone. Can you call back on this number [BENEFICIARY SPECIFY]?**

Yes, we can call you back at [BENEFICIARY SPECIFY].

[IF THE CALL BACK CANNOT BE MADE TO THE BENEFICIARY'S SPECIFIED NUMBER] Set a future date and time for the phone interview.

- **I don't want to answer a lot of personal questions.**

We understand and appreciate your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with Medicare and I don't see why I should help them with this survey.**

I'm sorry to hear that you're unhappy with Medicare. By participating in this survey you will help Medicare understand what improvements are needed.

- **Do I have to complete the survey?**

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey and your answers will help improve the quality of care your doctors and other providers give to their patients.

- **Will I get junk mail if I answer this survey?**

No, you won't get any junk mail as a result of participating in this survey. We keep names, phone numbers and addresses strictly confidential and use them solely for the purpose of this survey.

- **I don't want anyone to come to my house.**

No one will come to your home because of this survey. We gather information for this survey only through mailings or phone interviews.

- **I am on the *Do Not Call List*. You should not be calling me.**

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We're a survey research firm working on behalf of the Centers for Medicare & Medicaid Services (CMS).

- **I don't want to buy anything.**

We're not selling anything. We want to ask you some questions about your health care through Medicare.

- **I didn't have many visits to the provider named in my survey. I don't think you want to speak with me.**

You and everyone selected for this survey give very important information that can help in improving healthcare for all.

- **Will my responses affect any of my doctors?**

No. Your doctors won't see your individual survey responses and they won't know which of their patients took part in this survey.

- **I have already mailed the survey back.**

Our records indicate we don't have a survey on file from you and our records are updated regularly. Your responses are very important and we want to make sure we share your feedback with CMS. We would appreciate it if you could complete this survey now over the phone.

III. Questions About Completing the Survey

- **Can you mail me another survey?**

Sorry, we're not able to mail another survey at this time. Your responses are very important and we want to make sure we share your feedback with CMS. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS BEGUN] We would appreciate it if you could complete this survey now over the phone. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS **NOT** BEGUN] If we don't receive a completed survey by mail, we'll contact you by phone at a later date.

- **Where do I put my name and address on the questionnaire?**

Please do not write your name or address anywhere on the survey booklet. Each survey has been assigned an identification number that allows us to keep track of who has returned a completed questionnaire.

- ***Survey vendor receives an inbound call before the start of the phone component of survey administration such as: I got a letter telling me I'm going to get a survey in the mail. Can I complete the survey now while we're talking on the phone?***

Sorry, we're not able to complete the survey by phone at this time. If you don't return a completed survey by mail, we'll contact you by phone at a later date.

- **How was the provider chosen for my survey?**

The provider named in the survey is a doctor, physician assistant, or nurse practitioner you visited for primary care one or more times during 2016.

- **How can I answer these questions if I only saw this provider once in the last six months?**

Please answer the questions to the best of your abilities. This survey also includes questions about your health care in general and will help Medicare improve the care they provide.

- **My husband/wife/other person visited this provider much more than I did. Can they fill out the survey?**

No. The survey can only be filled out by you, if your name was on the letter and envelope. You were selected as part of a scientific sample.

- ***For the mail survey: I never visited this provider/doctor in the last 6 months. What do I do?***

If you didn't visit the provider named in your survey in the last 6 months, answer "no" to the first question and follow the instructions in the survey.

- ***For the CATI interview: I never visited this provider/doctor in the last 6 months.***

If you didn't visit this provider in the last 6 months, you can answer "no" to the first question. I will then ask you questions about your health care in general.

- ***There was no section on the mail survey to write comments about my provider (and/or their staff). Can I leave my comments with you?***

Unfortunately, our system is not set-up to record comments about a provider. If you have any additional comments you would like to share regarding your provider, please call 1-800-MEDICARE and speak with a representative.

- ***I am not able to complete this by myself. Can I have my _____ help me?***

If you feel you're not able to complete the survey by yourself, you can have someone complete the survey for you. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf. This may be a family member or relative but it could also be a caregiver or a close friend. We can only interview this person if you give your permission.

CONDUCTING A PROXY INTERVIEW – INTERVIEWER INSTRUCTIONS

WHILE BENEFICIARIES ARE ENCOURAGED TO RESPOND DIRECTLY TO THE SURVEY, NOT ALL ELDERLY OR DISABLED RESPONDENTS ARE ABLE TO DO SO. IN SUCH CASES, PROXY RESPONSES ARE ACCEPTABLE. A FAMILY MEMBER OR OTHER PROXY MAY COMPLETE THE SURVEY FOR THE BENEFICIARY. FOR PHONE INTERVIEWS, BE SURE TO FOLLOW THE SCRIPT FOR GETTING BENEFICIARY APPROVAL TO INTERVIEW A PROXY.

Appendix G

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Instructions for Survey Vendors on Accessing the ACO Data Warehouse

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Appendix G

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives Instructions for Survey Vendors on Accessing the ACO Data Warehouse

Logging in to the ACO Data Warehouse

Accessing the Data Warehouse

Once you have completed the Vendor Access to ACO Data Warehouse Form, you will receive an e-mail from The RAND Corporation with an invitation to the ACO Data Warehouse. This email will contain a link that will allow you to login to the ACO Data Warehouse.

Vendors accessing the RAND Data Warehouse for the first time will receive the following email:

You have been invited to collaborate securely.
Secure Workspace: [XYZResearch - ACO](#)

You have been authorized to retrieve and submit files to the CAHPS for ACOs Data Warehouse. You will use the email address that received this message to login to the Warehouse.

If this is your first login to a CAHPS Warehouse, click the link above to go to the User Login screen then enter your email address and the first time password that appears below. You will be prompted to enter a new password of your choice and when that is successful you will be transferred to your Warehouse folder.

If you already have access to another CAHPS Warehouse, you can use your same password to access any of your Warehouse folders. If you have forgotten your password use the "Forgot password?" link to create a new password.

Please refer to the CAHPS for ACOs Quality Assurance Guidelines, Appendix G for additional information.

Thank you,

Data Coordination Team

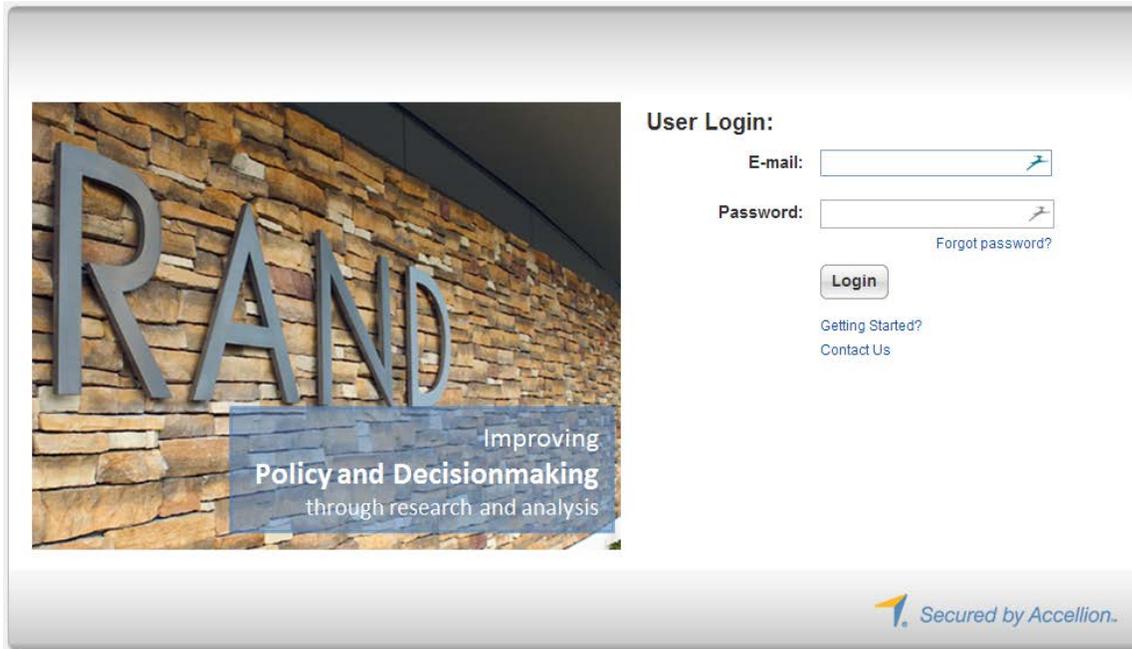
To access it, please log in using the following details:

User id: surveyqual3@gmail.com

First time password: ffgHu4

For help, please contact RAND Information Services at [\(310\) 393-0411 x6000](tel:3103930411x6000).

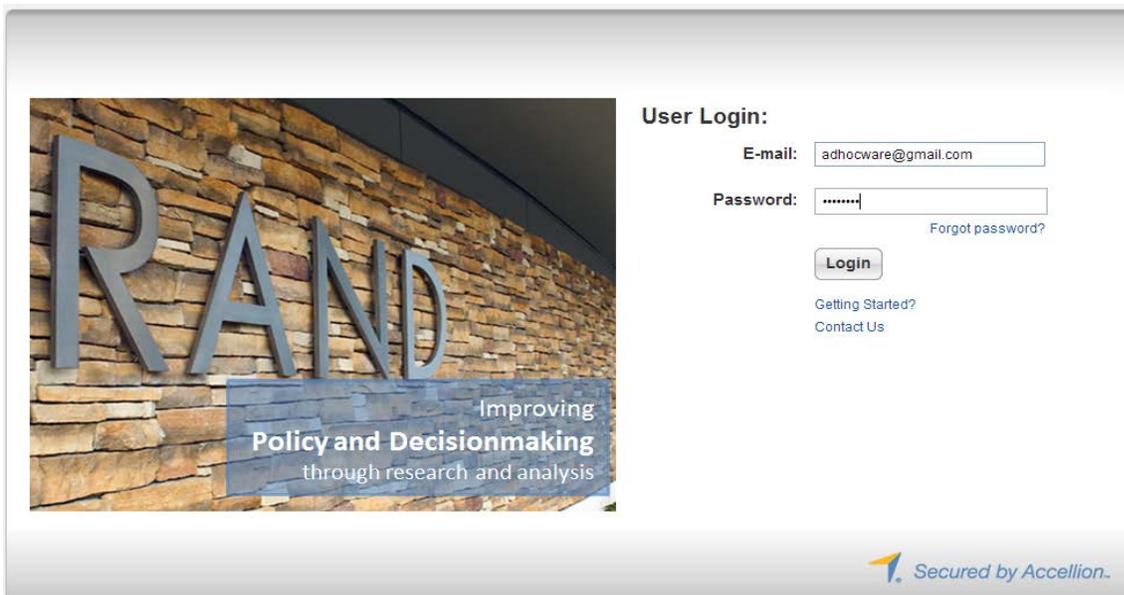
Step-1 Click on the CAHPS for ACOs Secure File Sharing link. You will be directed to the Data Warehouse login page.



Step-2 Enter your email address and temporary password from your invitation email.

Please note that vendors with access to another CAHPS Data Warehouse hosted by the RAND Corporation should use the same User ID and password to access the ACO Data Warehouse and proceed to Step-6 below.

Step-3 Click the Login button.



Step-4 The first time you login, you will be prompted to choose a new password.

For your security, we will need you to update your password.

Update Password:

E-mail: AdHocWare@gmail.com

Verify Current Password:

Change Password To:

Re-type New Password:

Secured by Accellion.

Step-5 Re-enter your temporary password in the Verify Current Password box. Enter your new password in both the Change Password To and Re-type New Password boxes. Click Update Password. You will see the confirmation screen.

For your security, we will need you to update your password.

Update Password:

E-mail: AdHocWare@gmail.com

Verify Current Password:

Change Password To:

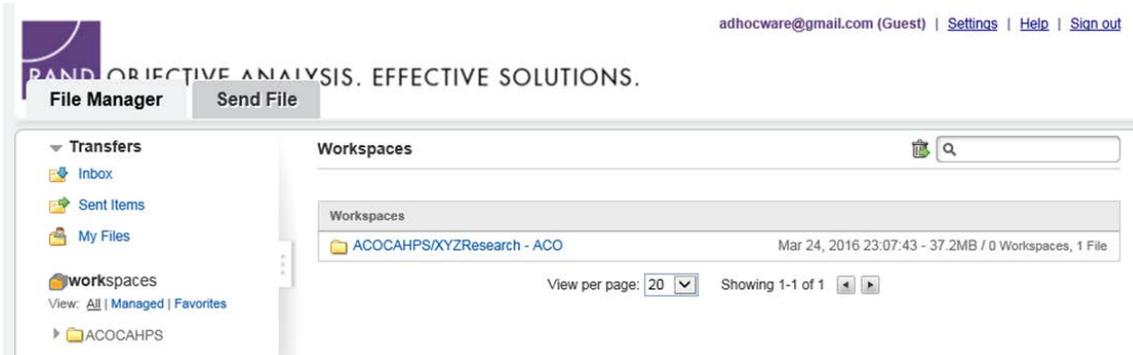
Re-type New Password:

Secured by Accellion.

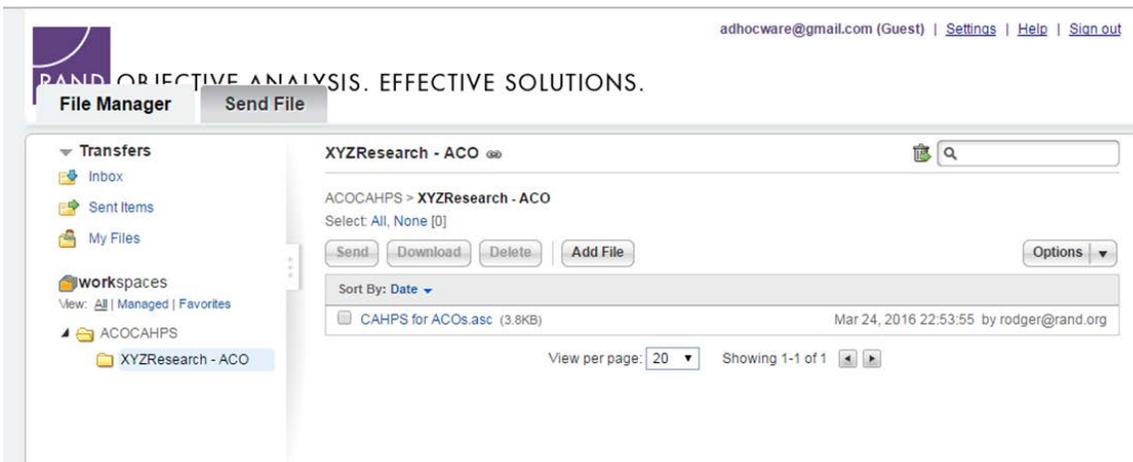
Update Password

Thank you.
Your password has been updated successfully.

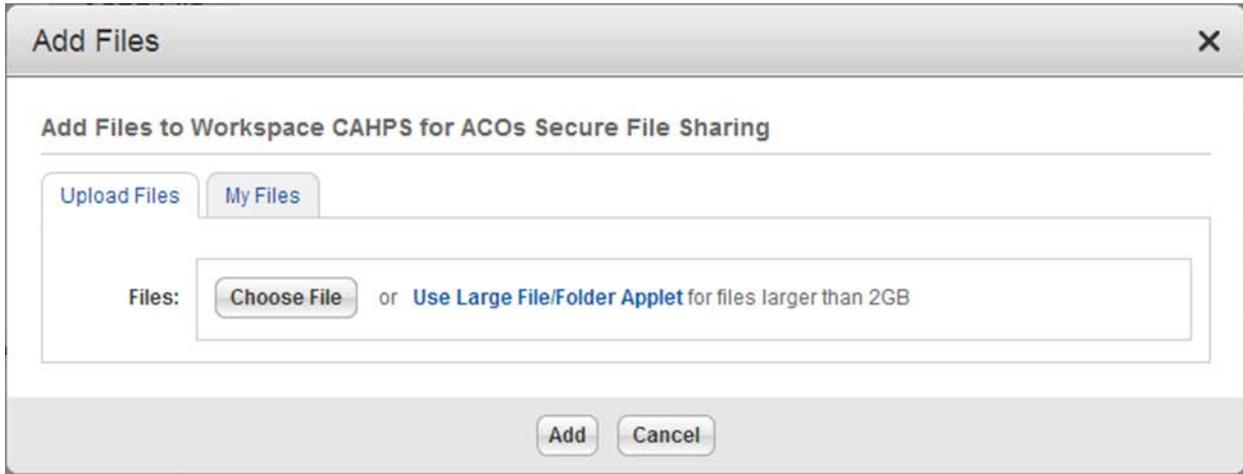
Step-6 Click OK, you will be transferred to the File Manager from where you can access your secure folder within the ACO Data Warehouse. When you login, you will have access to the File Manager tab.



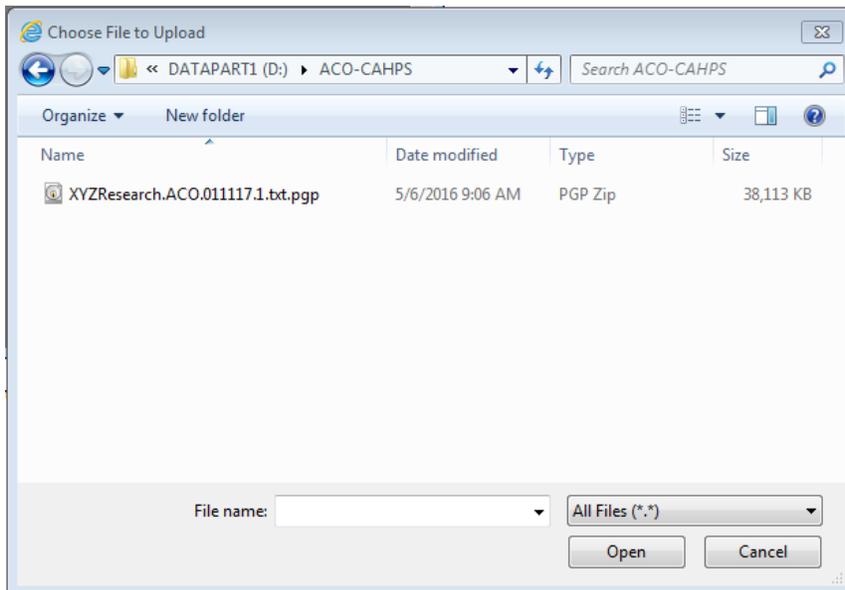
Step-7 Click your folder name to open the folder and enable action buttons.



Step-8 To send a file to your workspace within the ACO Data Warehouse, click the Add File button to start the Add Files dialog.

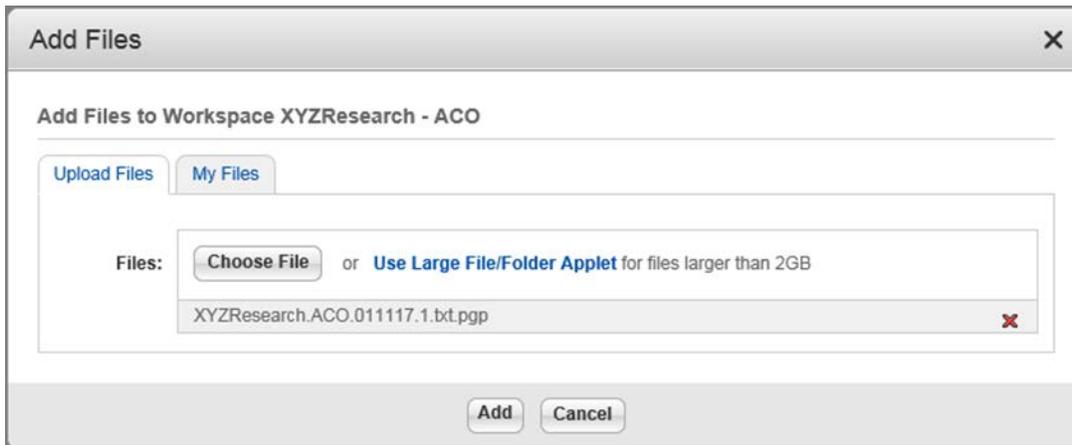


Step-9 Click Choose File, navigate to the folder where your file is located.



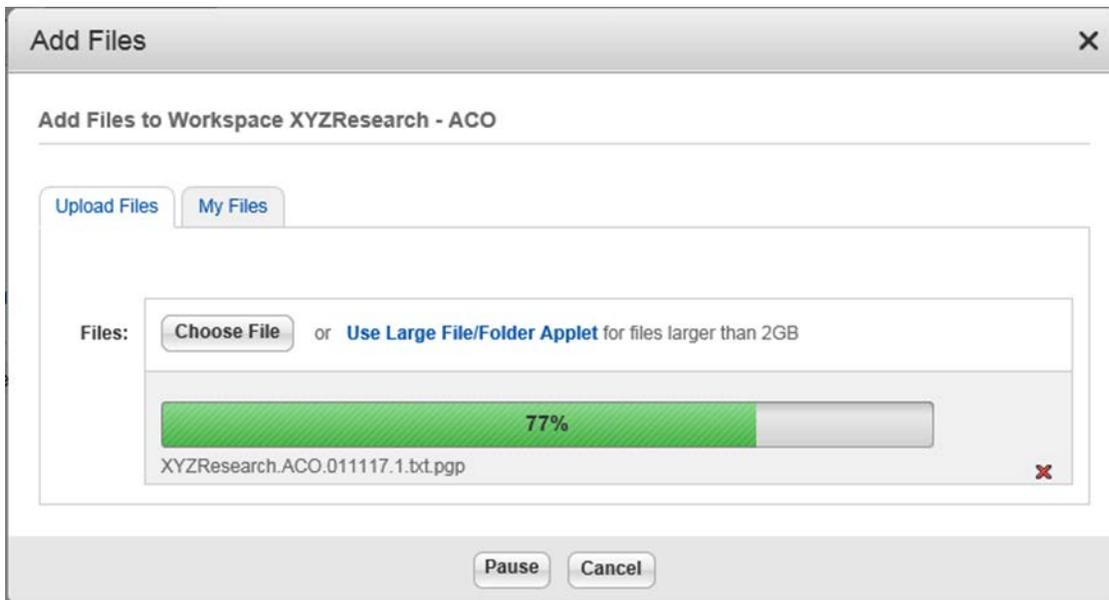
Step-10: Select the file then click Open.

Step-11 The file name will appear in the Add Files window.



Step-12 Click Add to submit the file to the secure workspace of the ACO Data Warehouse. To remove the file without submitting, click the red X.

Step-13 During the secure transfer you will see a progress bar.



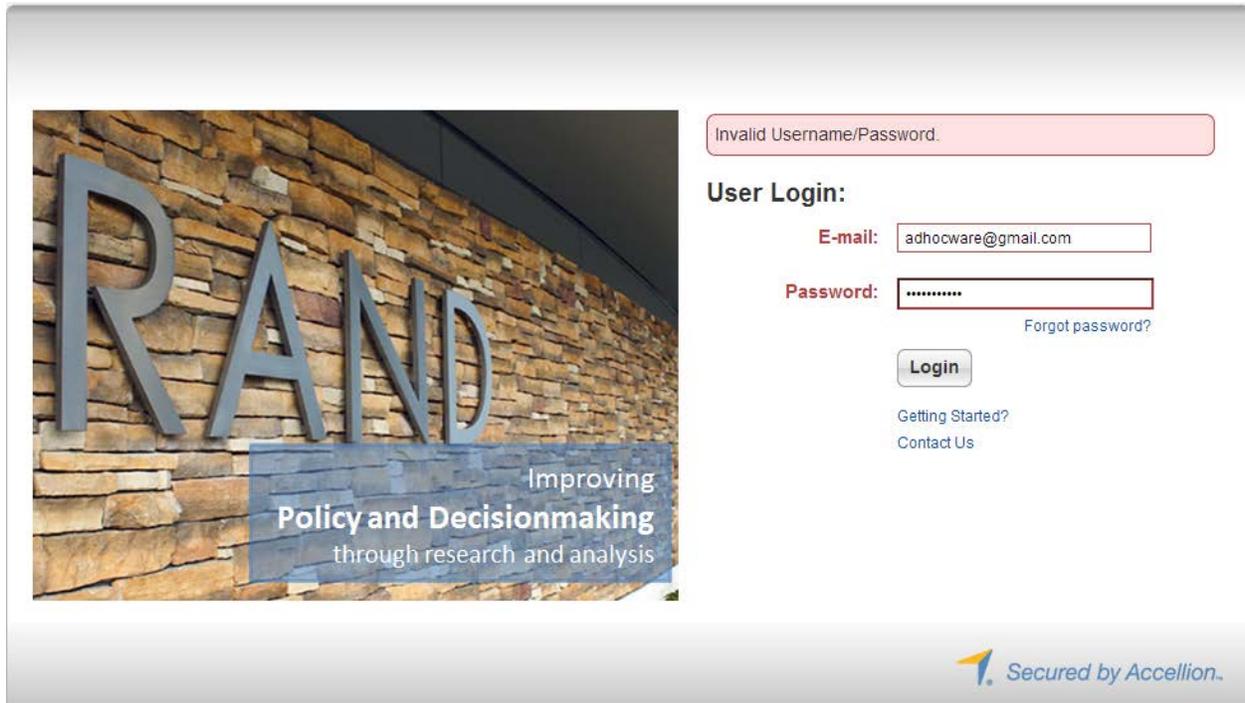
Step-14 When the upload is complete, the file will appear in the secure workspace.

The screenshot shows a web-based File Manager interface. At the top, there are two tabs: 'File Manager' and 'Send File'. On the left side, there is a navigation pane with sections for 'Transfers' (Inbox, Sent Items, My Files) and 'workspaces' (ACOCAHPS, XYZResearch - ACO). The main area displays the 'XYZResearch - ACO' workspace. It includes a search bar, a breadcrumb path 'ACOCAHPS > XYZResearch - ACO', and a selection menu 'Select: All, None [0]'. Below this are buttons for 'Send', 'Download', 'Delete', and 'Add File', along with an 'Options' dropdown. A 'Sort By: Date' dropdown is also present. A table lists two files:

File Name	Size	Date	Author
<input type="checkbox"/> XYZResearch.ACO.011117.1.txt.pgp	37.2MB	May 06, 2016 09:19:25	by You
<input type="checkbox"/> CAHPS for ACOs.asc	3.8KB	May 06, 2016 09:12:38	by roddger@rand.org

At the bottom of the file list, there is a 'View per page' dropdown set to '20' and a 'Showing 1-2 of 2' indicator with navigation arrows.

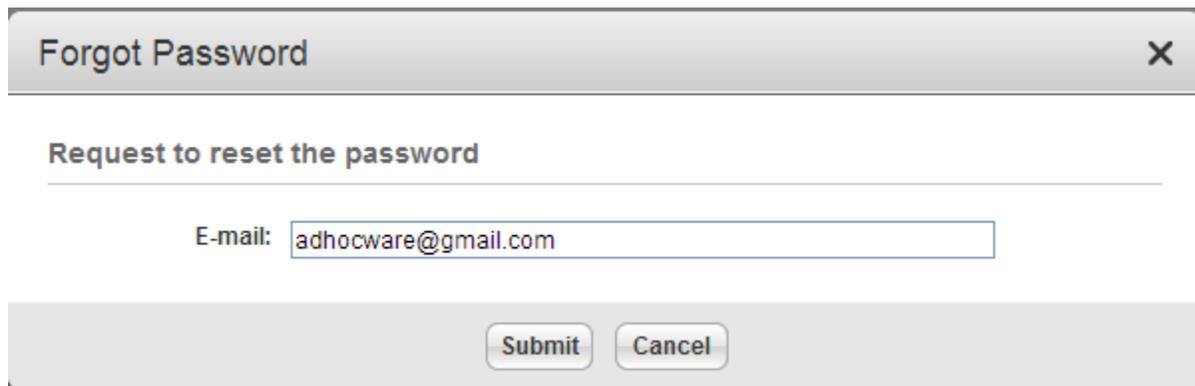
If you forget your password



The screenshot displays the RAND user login interface. On the left is a banner for RAND with the tagline "Improving Policy and Decisionmaking through research and analysis". On the right, a login form is shown with an error message "Invalid Username/Password." at the top. The form includes fields for "E-mail" (containing "adhocware@gmail.com") and "Password" (masked with dots). A "Forgot password?" link is positioned below the password field. A "Login" button is located below the password field. At the bottom of the login section are links for "Getting Started?" and "Contact Us". The page is secured by Accellion, as indicated by the logo in the bottom right corner.

Follow the instructions on the next pages for password retrieval.

Step-1 Click Forgot Password?



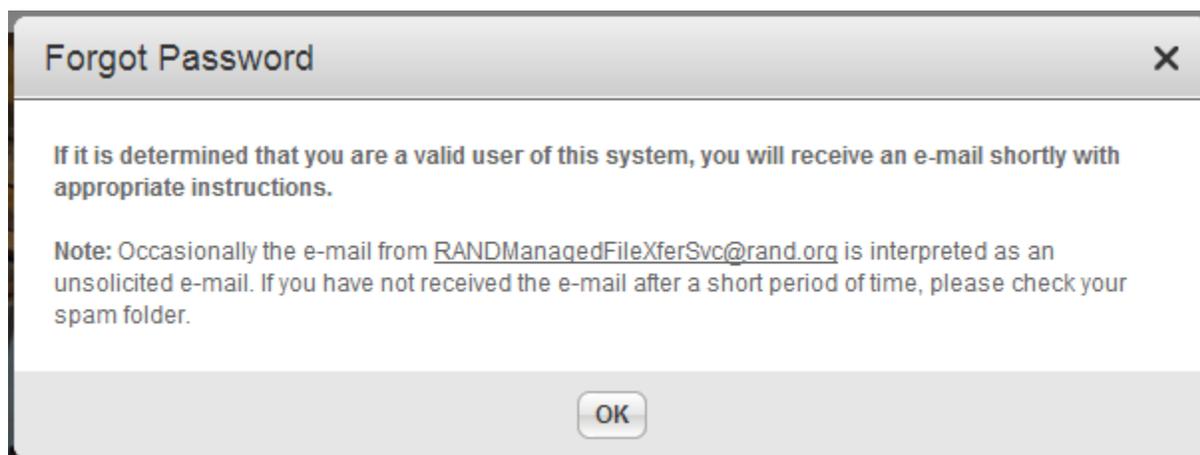
Forgot Password

Request to reset the password

E-mail:

Submit Cancel

Step-2 Enter your email address and click the Submit button. The system will verify that you are authorized to access the Secure Workspace then send an email with additional instructions.



Forgot Password

If it is determined that you are a valid user of this system, you will receive an e-mail shortly with appropriate instructions.

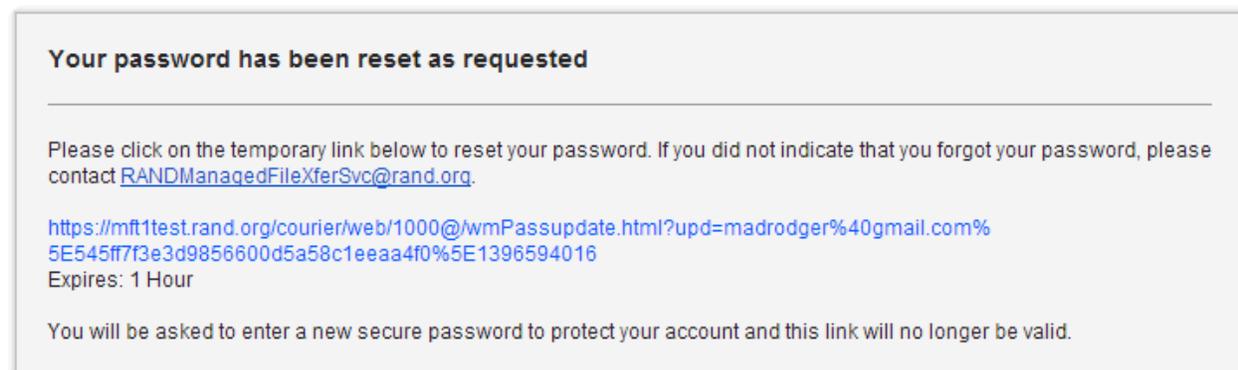
Note: Occasionally the e-mail from RANDManagedFileXferSvc@rand.org is interpreted as an unsolicited e-mail. If you have not received the e-mail after a short period of time, please check your spam folder.

OK

Step-3 Click OK. You will receive an email that appears like:

RANDManagedFileXferSvc RAND Corporation QA System Secure File Sharing Password Reset Notification -

Step-4 Open the message and click on the link that appears:



Your password has been reset as requested

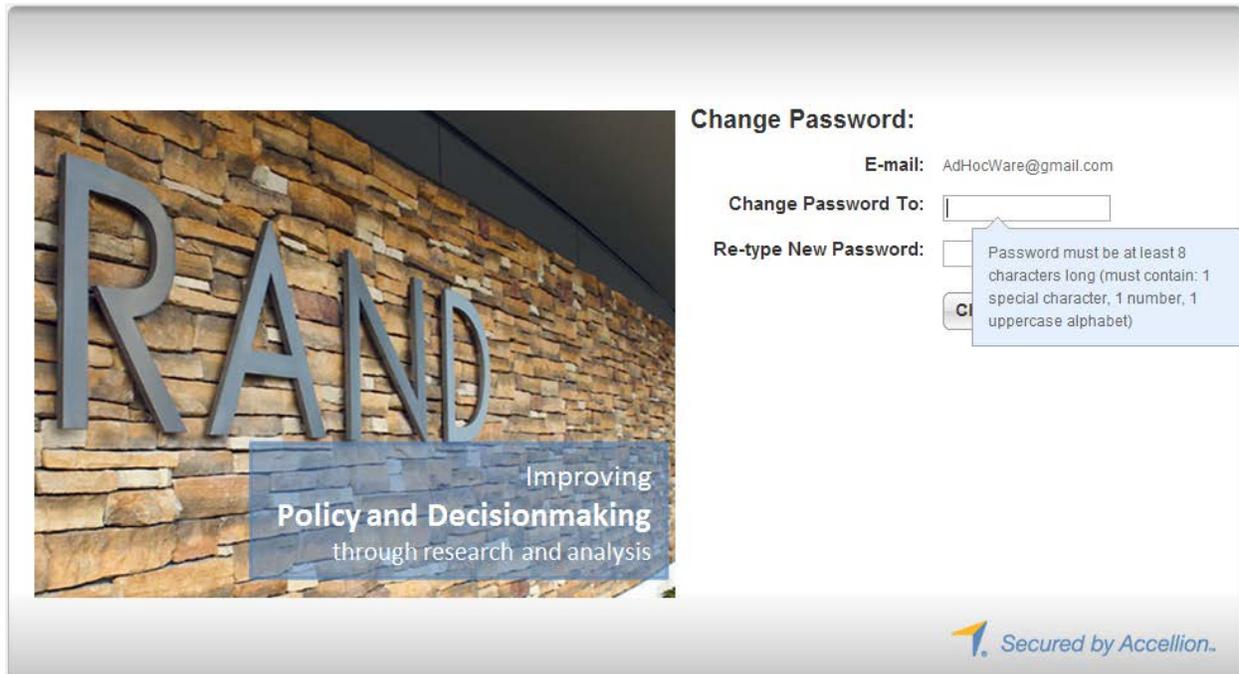
Please click on the temporary link below to reset your password. If you did not indicate that you forgot your password, please contact RANDManagedFileXferSvc@rand.org.

<https://mft1test.rand.org/courier/web/1000@/wmPassupdate.html?upd=madrodger%40gmail.com%5E545ff7f3e3d9856600d5a58c1eaaa4f0%5E1396594016>

Expires: 1 Hour

You will be asked to enter a new secure password to protect your account and this link will no longer be valid.

Step-5 Click on the link to open the Change password window where you should enter and re-type your new password. You will see a reminder of the password rules when you first begin to type:



Change Password:

E-mail: AdHocWare@gmail.com

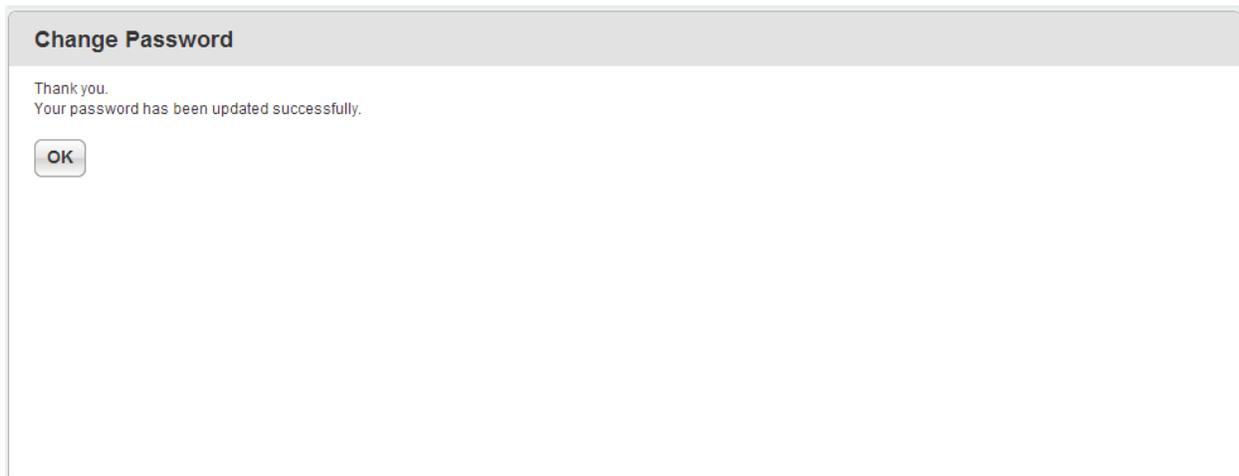
Change Password To:

Re-type New Password:

Password must be at least 8 characters long (must contain: 1 special character, 1 number, 1 uppercase alphabet)

Secured by Accellion.

Step-6 When your password is accepted, you will see this acknowledgment:



Change Password

Thank you.
Your password has been updated successfully.

OK

Step-7 Click OK to return to the login screen.

Appendix H

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Sample File Record Layout

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Appendix H

CAHPS[®] Survey for ACOs Participating in Medicare Initiatives Sample File Record Layout

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 [P]nnn [V]nnn	Five character ACO identifier: for Shared Savings Program begins with a letter "A", followed by 4 numbers. For Pioneer and Next Generation ACO Models begins with the letter "P" or "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

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
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

Appendix I

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Survey File Record Layout 2016 Survey Status Section

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Appendix I

CAHPS Survey for ACOs Participating in Medicare Initiatives Vendor Survey File Record Layout 2016 Survey Status Section

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
FINDER	Unique Beneficiary Finder Number Assigned by CAHPS for ACOs Data Coordination Team	1	8	Numeric	From sample file
ACO_ID	Five character ACO identifier: begins with an "A" followed by 4 numbers or "P" or "V", followed by 3 numbers	9	5	[A]nnnn [P]nnn [V]nnn	From sample file
DISPOSITN	Final Disposition Code	14	2	10, 31, 11, 20, 22, 24, 32, 33, 34, 35, 40	10 = Completed survey 31 = Partially completed survey 11 = Institutionalized 20 = Deceased 22 = Language barrier 24 = Mentally or physically unable to respond 32 = Refusal 33 = Non-response when there is no indication of bad address and telephone number 34 = Blank survey or Incomplete survey returned 35 = Bad address and bad telephone number 40 = Excluded from survey
MODE	Survey Completion Mode	16	1	1-3, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 8 = Not applicable
DISPO_LANG	Survey Language	17	1	1- 9	Language survey was completed or attempted to be administered: 1 = English; 2 = Spanish; 3 = Cantonese; 4 = Korean; 5 = Mandarin; 6 = Russian; 7= Vietnamese; 8 = Not applicable; 9 = Portuguese
RECEIVED	Date survey was received or completed: YYYYMMDD	18	8	yyyymmdd	Date survey was received: YYYYMMDD, 88888888 = Not applicable
FOCALTYPE	Provider type: 1= Primary care, 2 = Specialist	26	1	Numeric	From sample file

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
PRTITLE	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)	27	35	Text	From sample file
PRFNAME	Provider first name	62	30	Text	From sample file
PRLNAME	Provider last name	92	50	Text	From sample file
VERSION	Which version of the survey was administered: 09 = ACO-9, 12 = ACO-12	142	2	Char	Version: 09 = ACO-9 12 = ACO-12 88 = beneficiary excluded from sample To be provided by vendor to indicate which version of the survey, ACO-9 or ACO-12, was fielded for the beneficiary
LANG_PROT	For survey administered in languages other than English, report the methods used to deliver a mail survey to the beneficiary	144	1	Numeric	1= Dual language mailings; 2=Instructions on letter or insert; 3=Language specific mailings; 8= Not applicable

Appendix I-1 for ACO-9

**CAHPS Survey for Accountable Care
Organizations (ACOs)
Participating in Medicare Initiatives**

2016 Beneficiary Response Section

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Appendix I-1 for ACO-9

CAHPS Survey for ACOs Participating in Medicare Initiatives 2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that you visited the provider named below in the last 6 months.</p> <p>Name of provider label goes here</p> <p>Is that right?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #36</p>	<p>Q1 Our records show that you visited a provider named [PROVIDER NAME]. Is that right?</p> <p>1 YES</p> <p>2 NO [GO TO Q36]</p> <p>98 <DON'T KNOW> [GO TO Q36]</p> <p>99 <REFUSED> [GO TO Q36]</p> <p>M [MISSING]</p>	145-146	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q2 Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	147-148	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>3. How long have you been going to this provider?</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> At least 6 months but less than 1 year</p> <p><input type="checkbox"/> At least 1 year but less than 3 years</p> <p><input type="checkbox"/> At least 3 years but less than 5 years</p> <p><input type="checkbox"/> 5 years or more</p>	<p>Q3 How long have you been going to this provider?</p> <p>1 Less than 6 months</p> <p>2 At least 6 months but less than 1 year</p> <p>3 At least 1 year but less than 3 years</p> <p>4 At least 3 years but less than 5 years</p> <p>5 5 years or more</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	149-150	<p>1=Less Than 6 Months</p> <p>2=At Least 6 Months But Less Than 1 Year</p> <p>3=At Least 1 Year But Less Than 3 Years</p> <p>4=At Least 3 Years But Less Than 5 Years</p> <p>5=5 Years Or More</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>4. In the last 6 months, how many times did you visit this provider to get care for yourself?</p> <p><input type="checkbox"/> None → If None, go to #36</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 to 9</p> <p><input type="checkbox"/> 10 or more times</p>	<p>Q4 In the last 6 months, how many times did you visit this provider to get care for yourself? Would you say:</p> <p>0 None [GO TO Q36]</p> <p>1 1 time</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5 to 9</p> <p>6 10 or more times</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	151-152	<p>0=None</p> <p>1=1 time</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5 To 9</p> <p>6=10 Or More Times</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #7</p>	<p>Q5 In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <u>needed care right away</u>?</p> <p>1 YES 2 NO [GO TO Q7] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]</p>	153-154	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>6. In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, when you phoned this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	155-156	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #9</p>	<p>Q7 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> with this provider?</p> <p>1 YES 2 NO [GO TO Q9] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]</p>	157-158	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q8 In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	159-160	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #11</p>	<p>Q9 In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p>1 YES 2 NO [GO TO Q11] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q11] 99 <REFUSED> [GO TO Q11] M [MISSING]</p>	161-162	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	163-164	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>11. In the last 6 months, did you phone this provider's office with a medical question after regular office hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #13</p>	<p>Q11 In the last 6 months, did you phone this provider's office with a medical question <u>after</u> regular office hours?</p> <p>1 YES 2 NO [GO TO Q13] 88 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q13] 99 REFUSED [GO TO Q13] M [MISSING]</p>	165-166	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>12. In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q12 In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	167-168	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>13. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q13 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	169-170	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>14. In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q14 In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	171-172	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>15. In the last 6 months, how often did this provider listen carefully to you?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did this provider listen carefully to you? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	173-174	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>16. In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #18</p>	<p>Q16 In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p>1 YES 2 NO [GO TO Q18] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q18] 99 <REFUSED> [GO TO Q18] M [MISSING]</p>	175-176	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>17. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q17 In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	177-178	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>18. In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q18 In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	179-180	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>19. In the last 6 months, how often did this provider show respect for what you had to say?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q19 In the last 6 months, how often did this provider show respect for what you had to say? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	181-182	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>20. In the last 6 months, how often did this provider spend enough time with you?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q20 In the last 6 months, how often did this provider spend enough time with you? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	183-184	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>21. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #23</p>	<p>Q21 In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p>1 YES 2 NO [GO TO Q23] 88 [NOT APPLICABLE] 98 <DON'T KNOW> (GO TO Q23) 99 <REFUSED> [GO TO Q23] M [MISSING]</p>	185-186	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q22 In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	187-188	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>23. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #27</p>	<p>Q23 In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p>1 YES 2 NO [GO TO Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	189-190	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>24. Did you and this provider talk about the reasons you might want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q24 Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	191-192	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>25. Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q25 Did you and this provider talk about the reasons you might <u>not</u> want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	193-194	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>26. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q26 When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	195-196	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>27. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #31</p>	<p>Q27 In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p>1 YES 2 NO [GO TO Q31] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q31] 99 <REFUSED> [GO TO Q31] M [MISSING]</p>	197-198	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>28. Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q28 Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	199-200	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>29. Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q29 Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	201-202	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>30. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q30 When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	203-204	1=Yes 2=No 88= Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q31 In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	205-206	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>32. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q32 In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	207-208	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p> <input type="checkbox"/> 0 Worst provider possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best provider possible </p>	<p>Q33 Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p>ENTER NUMBER: [0-10 VALID RANGE]</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	209-210	0= Worst provider possible 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10= Best provider possible 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>34. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always </p>	<p>Q34 In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	211-212	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q35 In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON’T KNOW> 99 <REFUSED> M [MISSING]</p>	213-214	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don’t Know 99=Refused M=Missing
<p>36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?</p> <p><input type="checkbox"/> Yes → If Yes, go to #40 <input type="checkbox"/> No</p>	<p>Q36 Is [PROVIDER NAME] a specialist?</p> <p>1 YES [GO TO Q40 Intro] 2 NO 98 <DON’T KNOW> 99 <REFUSED> M [MISSING]</p>	215-216	1=Yes 2=No 98=Don’t Know 99=Refused M=Missing
<p>37. In the last 6 months, did you try to make any appointments with specialists?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #40</p>	<p>Q37 In the last 6 months, did you try to make any appointments with specialists?</p> <p>1 YES 2 NO [GO TO Q40 Intro] 88 [NOT APPLICABLE] 98 <DON’T KNOW> [GO TO Q40 Intro] 99 <REFUSED> [GO TO Q40 Intro] M [MISSING]</p>	217-218	1=Yes 2=No 88=Not Applicable 98=Don’t Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>38. In the last 6 months, how often was it easy to get appointments with specialists?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q38. In the last 6 months, how often was it easy to get appointments with specialists? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	219-220	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>39. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q39. In the last 6 months, how often did the <u>specialist you saw most</u> seem to know the important information about your medical history? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	221-222	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>40. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q40 Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M MISSING</p>	223-224	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>41. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q41 In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	225-226	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>42. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q42 In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	227-228	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>43. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q43 In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	229-230	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>44. In the last 6 months, did you take any prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #46</p>	<p>Q44 In the last 6 months, did you take any prescription medicine?</p> <p>1 YES 2 NO [GO TO Q46] 98 <DON'T KNOW> [GO TO Q46] 99 <REFUSED> [GO TO Q46] M [MISSING]</p>	231-232	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>45. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q45 In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	233-234	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>46. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q46 In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	235-236	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>47. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q47 In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p>1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	237-238	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>48. In general, how would you rate your overall health?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	<p>Q48 In general, how would you rate your overall health? Would you say:</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	239-240	<p>1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing</p>	
<p>49. In general, how would you rate your overall mental or emotional health?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	<p>Q49 In general, how would you rate your overall mental or emotional health? Would you say:</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	241-242	<p>1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing</p>	
<p>50. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #52</p>	<p>Q50 In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p>1 YES 2 NO [GO TO Q52] 98 <DON'T KNOW> [GO TO Q52] 99 <REFUSED> [GO TO Q52] M [MISSING]</p>	243-244	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>51. Is this a condition or problem that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q51 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	245-246	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>52. Do you now need or take medicine prescribed by a doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #54</p>	<p>Q52 Do you now need or take medicine prescribed by a doctor?</p> <p>1 YES 2 NO [GO TO Q54] 98 <DON'T KNOW> [GO TO Q54] 99 <REFUSED> [GO TO Q54] M [MISSING]</p>	247-248	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>53. Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q53 Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	249-250	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>54. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p><input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time</p>	<p>Q54 During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)? Would you say:</p> <p>1 All of the time, 2 Most of the time, 3 Some of the time, 4 A little of the time, or 5 None of the time 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	251-252	<p>1=All Of The Time 2=Most Of The Time 3=Some Of The Time 4=A Little Of The Time 5=None Of The Time 98=Don't Know 99=Refused M=Missing</p>
<p>55. What is your age?</p> <p><input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 to 34 <input type="checkbox"/> 35 to 44 <input type="checkbox"/> 45 to 54 <input type="checkbox"/> 55 to 64 <input type="checkbox"/> 65 to 69 <input type="checkbox"/> 70 to 74 <input type="checkbox"/> 75 to 79 <input type="checkbox"/> 80 to 84 <input type="checkbox"/> 85 or older</p>	<p>Q55 What is your age?</p> <p>1 18 to 24 2 25 to 34 3 35 to 44 4 45 to 54 5 55 to 64 6 65 to 69 7 70 to 74 8 75 to 79 9 80 to 84 10 85 or older 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	253-254	<p>1=18 To 24 2=25 To 34 3=35 To 44 4=45 To 54 5=55 To 64 6=65 To 69 7=70 To 74 8=75 To 79 9=80 To 84 10=85 Or Older 98=Don't Know 99=Refused M=Missing</p>
<p>56. Are you male or female?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Q56 Are you male or female?</p> <p>1 Male 2 Female 98 <Don't know> 99 <REFUSED> M [MISSING]</p>	255-256	<p>1=Male 2=Female 98=Don't Know 99=Refused M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>57. What is the highest grade or level of school that you have completed?</p> <p><input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree</p>	<p>Q57 What is the highest grade or level of school that you have completed?</p> <p>1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	257-258	<p>1=8th Grade Or Less 2=Some High School, But Did Not Graduate 3=High School Graduate Or GED 4=Some College Or 2-Year Degree 5=4-Year College Graduate 6=More Than 4-Year College Degree 98=Don't Know 99=Refused M=Missing</p>	
<p>58. How well do you speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>	<p>Q58 How well do you speak English? Would you say:</p> <p>1 Very well 2 Well 3 Not well 4 Not at all 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	259-260	<p>1=Very Well 2=Well 3=Not Well 4=Not At All 98=Don't Know 99=Refused M=Missing</p>	
<p>59. Do you speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #61</p>	<p>Q59 Do you speak a language other than English at home?</p> <p>1 YES 2 NO [GO TO Q61] 98 <DON'T KNOW> [GO TO Q61] 99 <REFUSED> [GO TO Q61] M [MISSING]</p>	261-262	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>60. What is the language you speak at home?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Some other language</p> <p style="text-align: center;">↓</p> <p>Please print: _____</p>	<p>Q60 What is the language you speak at home? 1 SPANISH 2 CHINESE 3 KOREAN 4 RUSSIAN 5 VIETNAMESE 6 SOME OTHER LANGUAGE [SPECIFY] 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	263-264	<p>1=Spanish 2=Chinese 3=Korean 4=Russian 5=Vietnamese 6=Some Other Language 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>61. Are you deaf or do you have serious difficulty hearing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q61 Are you deaf or do you have serious difficulty hearing? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	265-266	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>62. Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q62 Are you blind or do you have serious difficulty seeing, even when wearing glasses? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	267-268	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>63. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q63 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	269-270	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
64. Do you have serious difficulty walking or climbing stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q64 Do you have serious difficulty walking or climbing stairs? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	271-272	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
65. Do you have difficulty dressing or bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q65 Do you have difficulty dressing or bathing? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	273-274	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
66. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q66 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 Yes 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	275-276	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
67. Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes, Hispanic, Latino, or Spanish <input type="checkbox"/> No, not Hispanic, Latino, or Spanish ➔If No, go to #69	Q67 Are you of Hispanic, Latino, or Spanish origin? 1 YES, HISPANIC, LATINO, OR SPANISH 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q69 Intro] 98 <DON'T KNOW> [GO TO Q69 Intro] 99 <REFUSED> [GO TO Q69 Intro] M [MISSING]	277-278	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>68. Which group best describes you?</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/>Go to #69</p> <p><input type="checkbox"/> Puerto Rican <input type="checkbox"/>Go to #69</p> <p><input type="checkbox"/> Cuban <input type="checkbox"/>Go to #69</p> <p><input type="checkbox"/> Another Hispanic, Latino, or Spanish origin →Go to #69</p>	<p>Q68 Which group best describes you? Would you say:</p> <p>1 Mexican, Mexican American, Chicano</p> <p>2 Puerto Rican</p> <p>3 Cuban</p> <p>4 Another Hispanic, Latino, or Spanish origin</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	279-280	<p>1=Mexican, Mexican American, Chicano</p> <p>2=Puerto Rican</p> <p>3=Cuban</p> <p>4=Another Hispanic, Latino, Or Spanish Origin</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>69. What is your race? Mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander</p>	<p>Q69 What is your race? Mark one or more.</p> <p>a. Are you White?</p> <p>1 Yes</p> <p>2 No</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>b. Are you Black or African American?</p> <p>1 Yes</p> <p>2 No</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>c. Are you American Indian Or Alaskan Native?</p> <p>1 Yes</p> <p>2 No</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>281-282</p> <p>283-284</p> <p>285-286</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d. Are you Asian? 1 Yes 2 No [GO TO Q69e] 98 <DON'T KNOW> [GO TO Q69e] 99 <REFUSED> [GO TO Q69e] M [MISSING]	287-288	d.* 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	d1. Are you Asian Indian? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	289-290	d1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d2. Are you Chinese? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	291-292	d2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d3. Are you Filipino? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	293-294	d3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

**Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section**

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d4. Are you Japanese? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	295-296	d4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d5. Are you Korean? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	297-298	d5. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d6. Are you Vietnamese? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	299-300	d6. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d7. Are you another Asian race? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	301-302	d7. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	e. Are you Native Hawaiian or Pacific Islander? 1 Yes 2 No [GO TO Q70] 98 <DON'T KNOW> [GO TO Q70] 99 <REFUSED> [GO TO Q70] M [MISSING]	303-304	e.* 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	e1. Are you Native Hawaiian? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	305-306	e1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e2. Are you Guamanian or Chamorro? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	307-308	e2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e3. Are you Samoan? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	309-310	e3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	e4. Are you Other Pacific Islander? 1 Yes 2 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	311-312	e4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing <i>*Note: When submitting data for a returned mail survey, code the responses for questions 69d and 69e as "M-Missing."</i>
70. Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No → Thank you. Please return the completed survey in the postage-paid envelope.	Q70 <INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?> 1 Yes 2 No [GO TO END] 98 <DON'T KNOW> [GO TO END] 99 <REFUSED> [GO TO END] M [MISSING]	313-314	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>71. How did that person help you? Mark one or more.</p> <p><input type="checkbox"/> Read the questions to me</p> <p><input type="checkbox"/> Wrote down the answers I gave</p> <p><input type="checkbox"/> Answered the questions for me</p> <p><input type="checkbox"/> Translated the questions into my language</p> <p><input type="checkbox"/> Helped in some other way</p> <p>Please print: _____</p>	<p>Q71 <HOW DID THAT PERSON HELP? MARK ONE OR MORE.></p> <p>a. <READ THE QUESTIONS TO SAMPLED PERSON></p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>b. <REPEATED THE ANSWERS SAMPLED PERSON GAVE></p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>c. <ANSWERED THE QUESTIONS FOR SAMPLED PERSON></p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>315-316</p> <p>317-318</p> <p>319-320</p>	<p>a.</p> <p>Read the questions to sampled person</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>Repeated the answers sampled person gave</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>Answered the questions to sampled person</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Appendix I-1 for ACO-9
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d. <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	321-322	d. Translated the questions into sampled person's language 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. <HELPED IN SOME OTHER WAY> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	323-324	e. Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-2 for ACO-12

**CAHPS Survey for Accountable Care
Organizations (ACOs)
Participating in Medicare Initiatives
2016 Beneficiary Response Section**

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Appendix I-2 for ACO-12

CAHPS Survey for ACOs Participating in Medicare Initiatives 2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that you visited the provider named below in the last 6 months.</p> <p>Name of provider label goes here</p> <p>Is that right?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #44</p>	<p>Q1 Our records show that you visited a provider named [PROVIDER NAME]. Is that right?</p> <p>1 YES 2 NO [GO TO Q44] 98 <DON'T KNOW> [GO TO Q44] 99 <REFUSED> [GO TO Q44] M [MISSING]</p>	145-146	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q2 Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	147-148	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-2 for ACO-12

CAHPS Survey for ACOs Participating in Medicare Initiatives 2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>3. How long have you been going to this provider?</p> <p><input type="checkbox"/> Less than 6 months</p> <p><input type="checkbox"/> At least 6 months but less than 1 year</p> <p><input type="checkbox"/> At least 1 year but less than 3 years</p> <p><input type="checkbox"/> At least 3 years but less than 5 years</p> <p><input type="checkbox"/> 5 years or more</p>	<p>Q3 How long have you been going to this provider?</p> <p>1 Less than 6 months</p> <p>2 At least 6 months but less than 1 year</p> <p>3 At least 1 year but less than 3 years</p> <p>4 At least 3 years but less than 5 years</p> <p>5 5 years or more</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	149-150	<p>1=Less Than 6 Months</p> <p>2=At Least 6 Months But Less Than 1 Year</p> <p>3=At Least 1 Year But Less Than 3 Years</p> <p>4=At Least 3 Years But Less Than 5 Years</p> <p>5=5 Years Or More</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>4. In the last 6 months, how many times did you visit this provider to get care for yourself?</p> <p><input type="checkbox"/> None → If None, go to #44</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 to 9</p> <p><input type="checkbox"/> 10 or more times</p>	<p>Q4 In the last 6 months, how many times did you visit this provider to get care for yourself? Would you say: [GO TO Q44]</p> <p>0 None</p> <p>1 1 time</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5 to 9</p> <p>6 10 or more times</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	151-152	<p>0=None</p> <p>1=1 time</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5 To 9 Times</p> <p>6=10 Or More Times</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #7</p>	<p>Q5 In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <u>needed care right away</u>?</p> <p>1 YES 2 NO [GO TO Q7] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]</p>	153-154	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>6. In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, when you phoned this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	155-156	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #9</p>	<p>Q7 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> with this provider?</p> <p>1 YES 2 NO [GO TO Q9] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]</p>	157-158	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing	

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2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q8 In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	159-160	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #11</p>	<p>Q9 In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p>1 YES 2 NO [GO TO Q11] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q11] 99 <REFUSED> [GO TO Q11] M [MISSING]</p>	161-162	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	163-164	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>11. In the last 6 months, did you phone this provider's office with a medical question after regular office hours?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #13</p>	<p>Q11 In the last 6 months, did you phone this provider's office with a medical question <u>after</u> regular office hours?</p> <p>1 YES 2 NO [GO TO Q13] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q13] 99 <REFUSED> [GO TO Q13] M [MISSING]</p>	165-166	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>12. In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q12 In the last 6 months, when you phoned this provider's office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	167-168	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any reminders from this provider's office between visits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #15</p>	<p>Q13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any <u>reminders</u> from this provider's office between visits?</p> <p>1 YES 2 NO [GO TO Q15] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q15] 99 <REFUSED> [GO TO Q15] M [MISSING]</p>	169-170	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>14. In the last 6 months, did this provider’s office contact you to remind you to make an appointment for tests or treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q14 In the last 6 months, did this provider’s office contact you to remind you to <u>make an appointment</u> for tests or treatment?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON’T KNOW> 99 <REFUSED> M [MISSING]</p>	171-172	<p>1=Yes 2=No 88=Not Applicable 98=Don’t Know 99=Refused M=Missing</p>	
<p>15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q15 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON’T KNOW> 99 <REFUSED> M [MISSING]</p>	173-174	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don’t Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	175-176	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>17. In the last 6 months, how often did this provider listen carefully to you?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q17 In the last 6 months, how often did this provider listen carefully to you? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	177-178	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>18. In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #20</p>	<p>Q18 In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p>1 YES 2 NO [GO TO Q20] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q20] 99 <REFUSED> [GO TO Q20] M [MISSING]</p>	179-180	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q19 In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	181-182	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>20. In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q20 In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	183-184	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>21. When you visited this provider in the last 6 months, how often did he or she have your medical records?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q21</p> <p>When you visited this provider in the last 6 months, how often did he or she have your medical records? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	185-186	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>22. In the last 6 months, how often did this provider show respect for what you had to say?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q22</p> <p>In the last 6 months, how often did this provider show respect for what you had to say? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	187-188	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>23. In the last 6 months, how often did this provider spend enough time with you?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q23 In the last 6 months, how often did this provider spend enough time with you? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	189-190	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → If No, go to #26</p>	<p>Q24 In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p>1 YES</p> <p>2 NO [GO TO Q26]</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW> [GO TO Q26]</p> <p>99 <REFUSED> [GO TO Q26]</p> <p>M [MISSING]</p>	191-192	<p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q25 In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	193-194	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #35</p>	<p>Q26 In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p>1 YES 2 NO [GO TO Q35] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q35] 99 <REFUSED> [GO TO Q35] M [MISSING]</p>	195-196	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>27. Did you and this provider talk about the reasons you might want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q27 Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	197-198	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>28. Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q28 Did you and this provider talk about the reasons you might <u>not</u> want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	199-200	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q29 When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	201-202	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>30. After you and this provider talked about starting or stopping a prescription medicine, did you start a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #35</p>	<p>Q30 After you and this provider talked about starting or stopping a prescription medicine, did you start a prescription medicine?</p> <p>1 YES 2 NO [GO TO Q35] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q35] 99 <REFUSED> [GO TO Q35] M [MISSING]</p>	203-204	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q31 In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	205-206	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #34</p>	<p>Q32 In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?</p> <p>1 YES 2 NO [GO TO Q34] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q34] 99 <REFUSED> [GO TO Q34] M [MISSING]</p>	207-208	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>33. Was the written information this provider gave you easy to understand?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q33 Was the written information this provider gave you easy to understand?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	209-210	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q34 In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	211-212	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #39</p>	<p>Q35 In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p>1 YES 2 NO [GO TO Q39] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q39] 99 <REFUSED> [GO TO Q39] M [MISSING]</p>	213-214	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q36 Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	215-216	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>37. Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q37 Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	217-218	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q38 When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	219-220	<p>1=Yes 2=No 88= Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q39 In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	221-222	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q40 In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	223-224	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>41. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p> <input type="checkbox"/> 0 Worst provider possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best provider possible </p>	<p>Q41 Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p>ENTER NUMBER: [0-10 VALID RANGE]</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	225-226	0= Worst provider possible 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10= Best provider possible 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always </p>	<p>Q42 In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	227-228	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q43 In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	229-230	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?</p> <p><input type="checkbox"/> Yes → If Yes, go to #48 <input type="checkbox"/> No</p>	<p>Q44 Is [PROVIDER NAME] a specialist? [GO TO Q48 Intro]</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	231-232	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>45. In the last 6 months, did you try to make any appointments with specialists?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #48</p>	<p>Q45 In the last 6 months, did you try to make any appointments with specialists?</p> <p>1 YES 2 NO [GO TO Q48 Intro] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q48 Intro] 99 <REFUSED> [GO TO Q48 Intro] M [MISSING]</p>	233-234	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>46. In the last 6 months, how often was it easy to get appointments with specialists?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q46. In the last 6 months, how often was it easy to get appointments with specialists? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	235-236	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>47. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q47. In the last 6 months, how often did the <u>specialist you saw most</u> seem to know the important information about your medical history? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	237-238	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>48. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Q48 Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M MISSING</p>	239-240	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q49 In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	241-242	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q50 In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	243-244	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q51 In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	245-246	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>52. In the last 6 months, did you take any prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #55</p>	<p>Q52 In the last 6 months, did you take any prescription medicine?</p> <p>1 YES 2 NO [GO TO Q55] 98 <DON'T KNOW> [GO TO Q55] 99 <REFUSED> [GO TO Q55] M [MISSING]</p>	247-248	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q53 In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	249-250	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q54 In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	251-252	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q55 In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	253-254	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q56 In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	255-256	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>57. In general, how would you rate your overall health?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	<p>Q57 In general, how would you rate your overall health? Would you say:</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	257-258	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>58. In general, how would you rate your overall mental or emotional health?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p>	<p>Q58 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say:</p> <p>1 Excellent,</p> <p>2 Very good,</p> <p>3 Good,</p> <p>4 Fair, or</p> <p>5 Poor</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	259-260	<p>1=Excellent</p> <p>2=Very Good</p> <p>3=Good</p> <p>4=Fair</p> <p>5=Poor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>59. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → If No, go to #61</p>	<p>Q59 In the <u>last 12 months</u>, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p>1 YES</p> <p>2 NO [GO TO Q61]</p> <p>98 <DON'T KNOW> [GO TO Q61]</p> <p>99 <REFUSED> [GO TO Q61]</p> <p>M [MISSING]</p>	261-262	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>60. Is this a condition or problem that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Q60 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	263-264	<p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

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Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>61. Do you now need or take medicine prescribed by a doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #63</p>	<p>Q61 Do you now need or take medicine prescribed by a doctor?</p> <p>1 YES</p> <p>2 NO [GO TO Q63]</p> <p>98 <DON'T KNOW> [GO TO Q63]</p> <p>99 <REFUSED> [GO TO Q63]</p> <p>M [MISSING]</p>	265-266	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>	
<p>62. Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q62 Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	267-268	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>	
<p>63. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p><input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time</p>	<p>Q63 During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)? Would you say:</p> <p>1 All of the time, 2 Most of the time, 3 Some of the time, 4 A little of the time, or 5 None of the time</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	269-270	<p>1=All Of The Time 2=Most Of The Time 3=Some Of The Time 4=A Little Of The Time 5=None Of The Time 98=Don't Know 99=Refused M=Missing</p>	

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>64. What is your age?</p> <p><input type="checkbox"/> 18 to 24</p> <p><input type="checkbox"/> 25 to 34</p> <p><input type="checkbox"/> 35 to 44</p> <p><input type="checkbox"/> 45 to 54</p> <p><input type="checkbox"/> 55 to 64</p> <p><input type="checkbox"/> 65 to 69</p> <p><input type="checkbox"/> 70 to 74</p> <p><input type="checkbox"/> 75 to 79</p> <p><input type="checkbox"/> 80 to 84</p> <p><input type="checkbox"/> 85 or older</p>	<p>Q64 What is your age?</p> <p>1 18 to 24</p> <p>2 25 to 34</p> <p>3 35 to 44</p> <p>4 45 to 54</p> <p>5 55 to 64</p> <p>6 65 to 69</p> <p>7 70 to 74</p> <p>8 75 to 79</p> <p>9 80 to 84</p> <p>10 85 or older</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	271-272	<p>1=18 To 24</p> <p>2=25 To 34</p> <p>3=35 To 44</p> <p>4=45 To 54</p> <p>5=55 To 64</p> <p>6=65 To 69</p> <p>7=70 To 74</p> <p>8=75 To 79</p> <p>9=80 To 84</p> <p>10=85 Or Older</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>65. Are you male or female?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>Q65 Are you male or female?</p> <p>1 Male</p> <p>2 Female</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	273-274	<p>1=Male</p> <p>2=Female</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>66. What is the highest grade or level of school that you have completed?</p> <p><input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree</p>	<p>Q66 What is the highest grade or level of school that you have completed?</p> <p>1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	275-276	<p>1=8th Grade Or Less 2=Some High School, But Did Not Graduate 3=High School Graduate Or GED 4=Some College Or 2-Year Degree 5=4-Year College Graduate 6=More Than 4-Year College Degree 98=Don't Know 99=Refused M=Missing</p>
<p>67. How well do you speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all</p>	<p>Q67 How well do you speak English? Would you say:</p> <p>1 Very well 2 Well 3 Not well 4 Not at all 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	277-278	<p>1=Very Well 2=Well 3=Not Well 4=Not At All 98=Don't Know 99=Refused M=Missing</p>
<p>68. Do you speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #70</p>	<p>Q68 Do you speak a language other than English at home?</p> <p>1 YES 2 NO [GO TO Q70] 98 <DON'T KNOW> [GO TO Q70] 99 <REFUSED> [GO TO Q70] M [MISSING]</p>	279-280	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>69. What is the language you speak at home?</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Some other language</p> <p>↓ <i>Please print:</i> _____</p>	<p>Q69 What is the language you speak at home? 1 SPANISH 2 CHINESE 3 KOREAN 4 RUSSIAN 5 VIETNAMESE 6 SOME OTHER LANGUAGE [SPECIFY] 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	281-282	1=Spanish 2=Chinese 3=Korean 4=Russian 5=Vietnamese 6=Some Other Language 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>70. Are you deaf or do you have serious difficulty hearing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q70 Are you deaf or do you have serious difficulty hearing? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	283-284	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>71. Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q71 Are you blind or do you have serious difficulty seeing, even when wearing glasses? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	285-286	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>72. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q72 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	287-288	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>73. Do you have serious difficulty walking or climbing stairs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q73 Do you have serious difficulty walking or climbing stairs?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	289-290	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>74. Do you have difficulty dressing or bathing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q74 Do you have difficulty dressing or bathing?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	291-292	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>75. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q75 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	293-294	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>76. Are you of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> Yes, Hispanic, Latino, or Spanish</p> <p><input type="checkbox"/> No, not Hispanic, Latino, or Spanish → If No, go to #78</p>	<p>Q76 Are you of Hispanic, Latino, or Spanish origin?</p> <p>1 YES, HISPANIC, LATINO, OR SPANISH</p> <p>2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q78 Intro]</p> <p>98 <DON'T KNOW> [GO TO Q78 Intro]</p> <p>99 <REFUSED> [GO TO Q78 Intro]</p> <p>M [MISSING]</p>	295-296	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>77. Which group best describes you?</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano → Go to #78</p> <p><input type="checkbox"/> Puerto Rican → Go to #78</p> <p><input type="checkbox"/> Cuban → Go to #78</p> <p><input type="checkbox"/> Another Hispanic, Latino, or Spanish origin → Go to #78</p>	<p>Q77 Which group best describes you? Would you say:</p> <p>1 Mexican, Mexican American, Chicano</p> <p>2 Puerto Rican</p> <p>3 Cuban</p> <p>4 Another Hispanic, Latino, or Spanish origin</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	297-298	<p>1=Mexican, Mexican American, Chicano</p> <p>2=Puerto Rican</p> <p>3=Cuban</p> <p>4=Another Hispanic, Latino, Or Spanish Origin</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d1. Are you Asian Indian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	307-308	d1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d2. Are you Chinese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	309-310	d2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d3. Are you Filipino? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	311-312	d3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d4. Are you Japanese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	313-314	d4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d5. Are you Korean? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	315-316	d5. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d6. Are you Vietnamese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	317-318	d6. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d7. Are you another Asian race? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	319-320	d7. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. Are you Native Hawaiian or Pacific Islander? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	321-322	e.* 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	[GO TO Q79] [GO TO Q79] [GO TO Q79]		

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	e1. Are you Native Hawaiian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	323-324	e1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e2. Are you Guamanian or Chamorro? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	325-326	e2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e3. Are you Samoan? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	327-328	e3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	e4. Are you Other Pacific Islander? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	329-330	e4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing <i>*Note: When submitting data for a returned mail survey, code the responses for questions 78d and 78e as "M-Missing."</i>
79. Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No → Thank you. Please return the completed survey in the postage-paid envelope.	Q79 <INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?> 1 YES 2 NO [GO TO END] 98 <DON'T KNOW> [GO TO END] 99 <REFUSED> [GO TO END] M [MISSING]	331-332	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>80. How did that person help you? Mark one or more.</p> <p><input type="checkbox"/> Read the questions to me</p> <p><input type="checkbox"/> Wrote down the answers I gave</p> <p><input type="checkbox"/> Answered the questions for me</p> <p><input type="checkbox"/> Translated the questions into my language</p> <p><input type="checkbox"/> Helped in some other way</p> <p>↓</p> <p><i>Please print:</i> _____</p>	<p>Q80 <HOW DID THAT PERSON HELP? MARK ONE OR MORE.></p>			
	<p>a. <READ THE QUESTIONS TO SAMPLED PERSON></p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	333-334	<p>a. Read the questions to sampled person</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
	<p>b. <REPEATED THE ANSWERS SAMPLED PERSON GAVE></p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	335-336	<p>b. Repeated the answers sampled person gave</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

Appendix I-2 for ACO-12
CAHPS Survey for ACOs Participating in Medicare Initiatives
2016 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	c. <ANSWERED THE QUESTIONS FOR SAMPLED PERSON> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	337-338	c. Answered the questions to sampled person 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d. <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	339-340	d. Translated the questions into sampled person's language 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. <HELPED IN SOME OTHER WAY> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	341-342	e. Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix J

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Discrepancy Report

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Appendix J

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives Discrepancy Report

You must submit this form online at acocahps.cms.gov. All required sections are indicated with an asterisk (*). The required information regarding the affected ACOs must be provided in Sections II and III in order to submit the CAHPS for ACOs Survey Discrepancy Report. If any information is unknown when you submit your report, enter “Pending” in any of the required fields in Section II and/or III. All pending information must be provided in an updated report within 7 days of submitting the Initial Discrepancy Report.

Date Submitted: (Autopopulate) Form ID: (Autopopulate)

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

<input type="checkbox"/> Initial Report (Must be submitted within one business day of a discrepancy)			
<input type="checkbox"/> Updated Report (Must be submitted within one week of original Discrepancy Report)			
Date of original report submission:	<input type="text"/>	Original Report Form ID:	<input type="text"/>

I. GENERAL INFORMATION

1. Survey vendor organization information

* Organization name: <input type="text"/>		
* Mailing address 1: <input type="text"/>		
* Mailing address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP code: <input type="text"/>

2. Survey vendor contact person

* First and last name: <input type="text"/>	
Title: <input type="text"/>	
* (Area code) phone number: <input type="text"/> <input type="text"/>	(Area code) fax number: <input type="text"/> <input type="text"/>
* Email address: <input type="text"/>	

3. Date Discrepancy Was Discovered

* Date: <input type="text"/>

II. LIST ALL ACO NAMES AND NUMBERS IMPACTED BY THIS DISCREPANCY REPORT

If any information is unknown at time of initial report, enter “Pending” in both fields below. All pending information must be provided in an updated report.

* ACO Name: * ACO ID:

Add ACO Name and ACO ID
—

ACO Name	ACO ID
No data to display	

III. DISCREPANCY INFORMATION

Please complete items 1 through 4 below in detail. If any information is unknown at time of initial report, enter “Pending.” All pending information must be provided in an updated report within 7 days of submitting the initial report.

1. * Description of discrepancy and how it was discovered

<div style="border: 1px solid gray; height: 80px;"></div>

2. * Affected timeframe for each ACO listed (e.g., mm/dd/yyyy – mm/dd/yyyy)

An empty text input field with a light gray background and a thin black border. It includes standard scrollbars on the right and bottom edges.

3. * For each ACO listed give:

1. ACO ID
2. Total sampled beneficiaries
3. Number of sampled beneficiaries affected by the discrepancy

An empty text input field with a light gray background and a thin black border. It includes standard scrollbars on the right and bottom edges.

4. * Description of corrective action you've taken to address discrepancy along with proposed timeline

An empty text input field with a light gray background and a thin black border. It includes standard scrollbars on the right and bottom edges.

5. Any additional information not given above which will help the CAHPS for ACOs Survey project team understand the discrepancy

An empty text input field with a light gray background and a thin black border. It includes standard scrollbars on the right and bottom edges.

[Print Discrepancy Report](#)

[Submit Form](#)

Appendix K-1

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

ACO-9 Survey Survey Items Applicable to All Respondents

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Appendix K-1

CAHPS Survey for ACOs Participating in Medicare Initiatives ACO-9 Survey Survey Items Applicable to All Respondents

Item Number	Question Text
Q1	Our records show that you got care from the provider named below in the last 6 months. Is that right?
Q4	In the last 6 months, how many times did you visit this provider to get care for yourself?
Q36	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?
Q40	Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?
Q41	In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
Q42	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
Q43	In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?
Q44	In the last 6 months, did you take any prescription medicine?
Q46	In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
Q47	In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
Q48	In general, how would you rate your overall health?
Q49	In general, how would you rate your overall mental or emotional health?
Q50	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
Q52	Do you now need or take medicine prescribed by a doctor?
Q54	During the last 4 weeks, how much did your physical health interfere with your social activities (like visiting with, friends, relatives, etc.)?
Q55	What is your age?
Q56	Are you male or female?
Q57	What is the highest grade or level of school that you have completed?
Q58	How well do you speak English?
Q59	Do you speak a language other than English at home?
Q61	Are you deaf or do you have serious difficulty hearing?

Item Number	Question Text
Q62	Are you blind or do you have serious difficulty seeing, even when wearing glasses?
Q63	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
Q64	Do you have serious difficulty walking or climbing stairs?
Q65	Do you have difficulty dressing or bathing?
Q66	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Q67	Are you of Hispanic, Latino, or Spanish origin?
Q69A – Q69E4*	What is your race?
Q70	Did someone help you complete this survey?

* Indicates a multi-mark or multi-answer question. When calculating percentage complete, these multi-answer questions count as a single question and contribute only 1 item when counting the number of items applicable to all survey respondents that contain data. For example, Q67A – Q67E4, counts as 1 applicable to all item, no matter how many racial categories are answered “Yes” in a telephone interview or marked on a mail survey.

Appendix K-2

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

ACO-12 Survey Survey Items Applicable to All Respondents

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Appendix K-2

CAHPS Survey for ACOs Participating in Medicare Initiatives ACO-12 Survey Survey Items Applicable to All Respondents

Item Number	Question Text
Q1	Our records show that you got care from the provider named below in the last 6 months. Is that right?
Q4	In the last 6 months, how many times did you visit this provider to get care for yourself?
Q44	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?
Q48	Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?
Q49	In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
Q50	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
Q51	In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?
Q52	In the last 6 months, did you take any prescription medicine?
Q55	In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
Q56	In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
Q57	In general, how would you rate your overall health?
Q58	In general, how would you rate your overall mental or emotional health?
Q59	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
Q61	Do you now need or take medicine prescribed by a doctor?
Q63	During the last 4 weeks, how much did your physical health interfere with your social activities (like visiting with, friends, relatives, etc.)?
Q64	What is your age?
Q65	Are you male or female?
Q66	What is the highest grade or level of school that you have completed?
Q67	How well do you speak English?
Q68	Do you speak a language other than English at home?
Q70	Are you deaf or do you have serious difficulty hearing?

Item Number	Question Text
Q71	Are you blind or do you have serious difficulty seeing, even when wearing glasses?
Q72	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
Q73	Do you have serious difficulty walking or climbing stairs?
Q74	Do you have difficulty dressing or bathing?
Q75	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Q76	Are you of Hispanic, Latino, or Spanish origin?
Q78A – Q78E4*	What is your race?
Q79	Did someone help you complete this survey?

* Indicates a multi-mark or multi-answer question. When calculating percentage complete, these multi-answer questions count as a single question and contribute only 1 item when counting the number of items applicable to all survey respondents that contain data. For example, Q78A – Q78E4, counts as 1 applicable to all item, no matter how many racial categories are answered “Yes” in a telephone interview or marked on a mail survey.

Appendix L

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Nine Summary Survey Measures Used to Determine Survey Completeness

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Appendix L

CAHPS Survey for ACOs Participating in Medicare Initiatives Nine Summary Survey Measures Used to Determine Survey Completeness

Nine Summary Survey Measures	Survey Items Included in the Measure
Getting Timely Care, Appointments and Information	<p>In the last 6 months, when you phoned this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p style="text-align: center;">ACO-9 - #6 ACO-12 - #6</p>
	<p>In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p style="text-align: center;">ACO-9 - #8 ACO-12 - #8</p>
	<p>In the last 6 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p style="text-align: center;">ACO-9 - #10 ACO-12 - #10</p>
	<p>In the last 6 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p style="text-align: center;">ACO-9 - #12 ACO-12 - #12</p>
	<p>In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p> <p style="text-align: center;">ACO-9 - #13 ACO-12 - #15</p>

Nine Summary Survey Measures	Survey Items Included in the Measure
How Well Your Providers Communicate	<p>In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p style="text-align: center;">ACO-9 - #14 ACO-12 - #16</p>
	<p>In the last 6 months, how often did this provider listen carefully to you?</p> <p style="text-align: center;">ACO-9 - #15 ACO-12 - #17</p>
	<p>In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p style="text-align: center;">ACO-9 - #17 ACO-12 - #19</p>
	<p>In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p style="text-align: center;">ACO-9 - #18 ACO-12 - #20</p>
	<p>In the last 6 months, how often did this provider show respect for what you had to say?</p> <p style="text-align: center;">ACO-9 - #19 ACO-12 - #22</p>
	<p>In the last 6 months, how often did this provider spend enough time with you?</p> <p style="text-align: center;">ACO-9 - #20 ACO-12 - #23</p>
Patient's Rating of Provider	<p>Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p style="text-align: center;">ACO-9 - #33 ACO-12 - #41</p>
Courteous and Helpful Office Staff	<p>In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p style="text-align: center;">ACO-9 - #34 ACO-12 - #42</p>
	<p>In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?</p> <p style="text-align: center;">ACO-9 - #35 ACO-12 - #43</p>

Note: While the Courteous and Helpful Office Staff SSM is used to determine survey completeness, it is not used to determine an ACO's quality score.

Nine Summary Survey Measures	Survey Items Included in the Measure
Access to Specialists	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p style="text-align: center;">ACO-9 - #38 ACO-12 - #46</p>
	<p>In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p> <p style="text-align: center;">ACO-9 - #39 ACO-12 - #47</p>
Health Promotion and Education	<p>In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p style="text-align: center;">ACO-9 - #40 ACO-12 - #48</p>
	<p>In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p style="text-align: center;">ACO-9 - #41 ACO-12 - #49</p>
	<p>In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p style="text-align: center;">ACO-9 - #42 ACO-12 - #50</p>
	<p>In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p style="text-align: center;">ACO-9 - # 43 ACO-12 - #51</p>
	<p>In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p style="text-align: center;">ACO-9 - #46 ACO-12 - #55</p>
	<p>In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p style="text-align: center;">ACO-9 - #47 ACO-12 - #56</p>

Nine Summary Survey Measures	Survey Items Included in the Measure
Shared Decision Making	<p>Did you and this provider talk about the reasons you might want to take a medicine?</p> <p style="text-align: center;">ACO-9 - #24 ACO-12 - #27</p>
	<p>Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p style="text-align: center;">ACO-9 - #25 ACO-12 - #28</p>
	<p>When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p style="text-align: center;">ACO-9 - #26 ACO-12 - #29</p>
	<p>Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p style="text-align: center;">ACO-9 - #28 ACO-12 - #36</p>
	<p>Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p style="text-align: center;">ACO-9 - #29 ACO-12 - #37</p>
	<p>When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p style="text-align: center;">ACO-9 - #30 ACO-12 - #38</p>
	<p>In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p style="text-align: center;">ACO-9 - #31 ACO-12 - #39</p>
	<p>In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p style="text-align: center;">ACO-9 - #32 ACO-12 - #40</p>

Nine Summary Survey Measures	Survey Items Included in the Measure
Stewardship of Patient Resources	<p>In the last 6 months, did you and anyone on your team talk about how much your prescription medicines cost?</p> <p style="text-align: center;">ACO-9 - #45 ACO-12- #54</p>
Health Status and Functional Status	<p>In general, how would you rate your overall health?</p> <p style="text-align: center;">ACO-9 - #48 ACO-12 - #57</p>
	<p>In general, how would you rate your overall mental or emotional health?</p> <p style="text-align: center;">ACO-9 - #49 ACO-12 - #58</p>
	<p>Is this a condition or problem that has lasted for at least 3 months?</p> <p style="text-align: center;">ACO-9 - #51 ACO-12 - #60</p>
	<p>Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p style="text-align: center;">ACO-9 - #53 ACO-12 - #62</p>
	<p>During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p style="text-align: center;">ACO-9 - #54 ACO-12 - #63</p>
	<p>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p style="text-align: center;">ACO-9 - #63 ACO-12 - #72</p>
	<p>Do you have serious difficulty walking or climbing stairs?</p> <p style="text-align: center;">ACO-9 - #64 ACO-12- #73</p>
	<p>Do you have difficulty dressing or bathing?</p> <p style="text-align: center;">ACO-9 - #65 ACO-12- #74</p>
	<p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p style="text-align: center;">ACO-9 - #66 ACO-12- #75</p>

Appendix M-1

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

**ACO-9 Survey Version *Required*
(English)**

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Medicare Provider Experience Survey

Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by putting an “X” in the box to the left of your answer, like this:

Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

[→ If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

Yes

No → If No, Go to Question 3

2. How long have you been wearing a hearing aid?

Less than one year

1 to 3 years

More than 3 years

I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

Yes

No

Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

- Yes
 No → **If No, go to #36**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
 No

3. How long have you been going to this provider?

- Less than 6 months
 At least 6 months but less than 1 year
 At least 1 year but less than 3 years
 At least 3 years but less than 5 years
 5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #36**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

5. In the last 6 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- Yes
 No → **If No, go to #7**

6. In the last 6 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- Yes
- No → **If No, go to #9**

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

- Yes
- No → **If No, go to #11**

10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

- Yes
- No → **If No, go to #13**

12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

13. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No → **If No, go to #18**

17. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #23**

22. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → **If No, go to #27**

24. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

25. Did you and this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

26. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes
 No
27. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?
- Yes
 No → **If No, go to #31**
28. Did you and this provider talk about the reasons you might want to have the surgery or procedure?
- Yes
 No
29. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?
- Yes
 No
30. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?
- Yes
 No
31. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?
- Yes
 No

32. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?
- Yes
 No
33. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best provider possible

Clerks and Receptionists at This Provider's Office

34. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
- Never
 Sometimes
 Usually
 Always
35. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always

Your Care From Specialists in the Last 6 months

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?
- Yes → **If Yes, go to #40**
 No
37. In the last 6 months, did you try to make any appointments with specialists?
- Yes
 No → **If No, go to #40**
38. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
 Sometimes
 Usually
 Always
39. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?
- Never
 Sometimes
 Usually
 Always

All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

40. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?
- Yes
 No
41. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
- Yes
 No
42. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
- Yes
 No
43. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?
- Yes
 No
44. In the last 6 months, did you **take any** prescription medicine?
- Yes
 No → **If No, go to #46**

45. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Yes
- No

46. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

47. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- Yes
- No

About You

48. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

49. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

50. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → **If No, go to #52**

51. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

52. Do you now need or take medicine prescribed by a doctor?

- Yes
- No → **If No, go to #54**

53. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

54. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

55. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

56. Are you male or female?

- Male
- Female

57. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

58. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

59. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #61**

60. What is the language you speak at home?

- Spanish
- Chinese
- Korean
- Russian
- Vietnamese
- Some other language



Please print: _____

61. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

62. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

63. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

64. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

65. Do you have difficulty dressing or bathing?

- Yes
- No

66. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

67. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish → **If No, go to #69**

68. Which group best describes you?

- Mexican, Mexican American, Chicano → **Go to #69**
- Puerto Rican → **Go to #69**
- Cuban → **Go to #69**
- Another Hispanic, Latino, or Spanish origin → **Go to #69**

69. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

70. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

71. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way



Please print: _____

Thank you

Please return the completed survey in the postage-paid envelope.

[VENDOR NAME AND ADDRESS HERE]

Medicare Provider Experience Survey

Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by filling in the circle to the left of your answer, like this:

- Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

[➔ If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?
 - Yes
 - No ➔ If No, Go to Question 3
2. How long have you been wearing a hearing aid?
 - Less than one year
 - 1 to 3 years
 - More than 3 years
 - I don't wear a hearing aid
3. In the last 6 months, did you have any headaches?
 - Yes
 - No

Appendix M-2

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

**ACO-12 Survey Version *Required + Optional*
(English)**

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Medicare Provider Experience Survey

Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by putting an “X” in the box to the left of your answer, like this:

Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

[→ If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

Yes

No → If No, Go to Question 3

2. How long have you been wearing a hearing aid?

Less than one year

1 to 3 years

More than 3 years

I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

Yes

No

Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

- Yes
 No → **If No, go to #44**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
 No

3. How long have you been going to this provider?

- Less than 6 months
 At least 6 months but less than 1 year
 At least 1 year but less than 3 years
 At least 3 years but less than 5 years
 5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #44**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

5. In the last 6 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- Yes
 No → **If No, go to #7**

6. In the last 6 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
- Yes
 - No → **If No, go to #9**
8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?
- Never
 - Sometimes
 - Usually
 - Always
9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?
- Yes
 - No → **If No, go to #11**
10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never
 - Sometimes
 - Usually
 - Always
11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?
- Yes
 - No → **If No, go to #13**

12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never
 - Sometimes
 - Usually
 - Always
13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?
- Yes
 - No → **If No, go to #15**
14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?
- Yes
 - No
15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?
- Never
 - Sometimes
 - Usually
 - Always

16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No → **If No, go to #20**

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #26**

25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → **If No, go to #35**

27. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

28. Did you and this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Yes
- No

30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?

- Yes
- No → **If No, go to #35**

31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?

- Yes
- No → **If No, go to #34**

33. Was the written information this provider gave you easy to understand?

- Yes
- No

34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

- Yes
- No

35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

- Yes
- No → **If No, go to #39**

36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

- Yes
- No

37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?

- Yes
- No

38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

- Yes
- No

39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

- Yes
- No

40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

- Yes
- No

41. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

Clerks and Receptionists at This Provider's Office

42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Your Care From Specialists in the Last 6 months

44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?
- Yes → **If Yes, go to #48**
 No
45. In the last 6 months, did you try to make any appointments with specialists?
- Yes
 No → **If No, go to #48**
46. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
 Sometimes
 Usually
 Always
47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?
- Never
 Sometimes
 Usually
 Always

All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

48. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?
- Yes
 No
49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
- Yes
 No
50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
- Yes
 No
51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?
- Yes
 No

52. In the last 6 months, did you **take any** prescription medicine?

- Yes
- No → **If No, go to #55**

53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Yes
- No

55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- Yes
- No

About You

57. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

58. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → **If No, go to #61**

60. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

61. Do you now need or take medicine prescribed by a doctor?

- Yes
- No → **If No, go to #63**

62. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

63. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

64. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

65. Are you male or female?

- Male
- Female

66. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

67. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

68. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #70**

69. What is the language you speak at home?

- Spanish
- Chinese
- Korean
- Russian
- Vietnamese
- Some other language



Please print: _____

70. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

71. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

72. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

73. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

74. Do you have difficulty dressing or bathing?

- Yes
- No

75. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

76. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish
→ If No, go to #78

77. Which group best describes you?

- Mexican, Mexican American, Chicano → Go to #78
- Puerto Rican → Go to #78
- Cuban → Go to #78
- Another Hispanic, Latino, or Spanish origin → Go to #78

78. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

79. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

80. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way



Please print: _____

Thank you

Please return the completed survey in the postage-paid envelope.

[VENDOR NAME AND ADDRESS HERE]

Medicare Provider Experience Survey

Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by filling in the circle to the left of your answer, like this:

- Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
[➔ If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
- No ➔ If No, Go to Question 3

2. How long have you been wearing a hearing aid?

- Less than one year
- 1 to 3 years
- More than 3 years
- I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
- No

Appendix M-3

**CAHPS[®] Survey for Accountable Care
Organizations (ACOs)**

**2016 CAHPS for ACOs Survey
Initial Cover Letter
(English)**

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2016 CAHPS for ACOs Survey
INITIAL COVER LETTER - English

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO BENEFICIARIES]

[VENDOR LETTERHEAD]

[VENDOR RETURN ADDRESS]

[LAST DATE OF 1ST SURVEY MAILING]

Dear [FIRST LAST]:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses and other health care providers you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare to learn more about the health care services they receive. CMS has contracted with [VENDOR NAME] to conduct this survey. Your name was selected at random by CMS from among the individuals who have visited the provider named in the enclosed survey. We would greatly appreciate it if you would take the time to fill out the survey. It should take you about 20 minutes. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS serve you better.

Please answer the questions in the survey thinking about your experiences in the last six months. [VENDOR NAME] will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. [VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. [VENDOR NAME] will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.**

We hope that you will take this opportunity to help CMS learn about the quality of care you receive. If you have any questions about the survey, please call [VENDOR NAME] toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Appendix M-4

**CAHPS[®] Survey for Accountable Care
Organizations (ACOs)**

**2016 CAHPS for ACOs Survey
Second Cover Letter
(English)**

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**2016 CAHPS for ACOs Survey
SECOND COVER LETTER - English**

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO BENEFICIARIES]

[VENDOR LETTERHEAD]

[VENDOR RETURN ADDRESS]

[LAST DATE OF 2nd SURVEY MAILING]

Dear [FIRST LAST]:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is inviting you to share your experiences with health care by completing a survey. CMS has contracted with [VENDOR NAME] to conduct this survey. Your name was selected at random by CMS from among the individuals who have visited the provider named in the enclosed survey. We recently mailed you this survey, and since we have not heard back from you, we are sending you another copy. We hope you will take this opportunity to help CMS learn about the quality of care you receive by filling out the survey. It should take about 20 minutes to complete. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS serve you better.

Please answer the questions in the survey thinking about your experiences in the last six months. [VENDOR NAME] will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. [VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. [VENDOR NAME] will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.**

If you have any questions about the survey, please call the [VENDOR NAME] toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Appendix N-1

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

ACO-9 Instructions and CATI Script (English)

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Appendix N-1

CAHPS[®] for ACOs Survey ACO-9 Instructions and CATI Script

Instructions for Conducting the Survey via CATI

Overview

This telephone interview script is provided to assist interviewers while attempting to administer the CAHPS for ACOs Survey.

Instructions for Survey Vendors:

- The scripts provided in this document use the same questions as those found in the mail version of the CAHPS for ACOs Survey.
- To ensure comparability, neither an ACO nor a survey vendor may change the wording of the survey questions, the response categories, or the order of the questions in any of the surveys.
- All text that appears in lowercase letters must be read out loud.
- For all questions that use “Never/Sometimes/Usually/Always” response scale, the interviewer should say “Would you say...” before reading the response options to the respondent.
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized.
*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*
- Words that appear in < > are instructions or for informational purposes only and must not be read aloud.
- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response.
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- Text that appears within [SQUARE BRACKETS] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language must appear on the electronic interviewing system screen.

- Some items can and should be skipped by certain beneficiaries.
 - Dependent questions that are appropriately skipped should be coded as “88-NOT APPLICABLE.”
- Skip patterns should be programmed into the electronic telephone interviewing system. For example, if a beneficiary answers “No” to a screener question, the program should skip and go to the next screener question. The dependent questions between the screener questions must then be coded as “88-NOT APPLICABLE.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a response to a screener question is not obtained (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” In this case, the telephone interviewing system should be programmed to skip the dependent question(s) and go to the next screener question. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a respondent suspends an interview and does not resume, the unanswered screener questions should be coded “M – Missing.”
- If after starting the survey the interview is disconnected, or the beneficiary requests a call back at a later date to complete the survey, the survey vendor may resume the call where the beneficiary left off. Please use the script provided for “Call Back to Resume a Survey.”
- Survey vendors may not underline or use bold letters to emphasize words or questions other than what is already included in the final version of the questionnaires provided by CMS.
- Please note that the telephone script contains two questions from the questionnaires that ask about receiving assistance (proxy respondent). The questions “Did someone help you complete this survey?” and “How did that person help you?” are to be completed by the interviewer based on the respondent’s (or proxy’s) role during the interview.
 - These two questions about proxy respondents may be placed after the END screen.
- In the event that a beneficiary is unable to complete the interview himself/herself, a proxy interview may be conducted provided the telephone interviewer is able to identify a suitable proxy respondent (someone who knows the beneficiary well and is able to answer health related questions about the beneficiary accurately). However, the telephone interviewer must obtain the beneficiary’s permission to have a proxy respondent assist them with the interview or complete the interview for them. If the interviewer is unable to speak to the beneficiary directly in order to identify a proxy respondent and obtain his/her permission to do the interview for them, they must not proceed with the interview. The CATI introductory script includes a script for identifying and obtaining consent to complete a proxy interview, as well as a reminder for the proxy respondent to answer the survey questions about the beneficiary.

- To ensure that proxy respondents answer survey questions about the beneficiary, all proxy survey questions must be reworded to reference the selected beneficiary:

EXAMPLES:

Q4 In the last 6 months, how many times did [BENEFICIARY NAME] visit this provider to get care for [himself/herself]? Would [he/she] say:

Q37 In the last 6 months, did [BENEFICIARY NAME] try to make any appointments with specialists?

These next questions are about [BENEFICIARY NAME] and will help us to describe the people who participate in this survey.

Q46 In general, how would [BENEFICIARY NAME] rate [his/her] overall health? Would [he/she] say:

Instructions for Telephone Interviewer

- Interviewers must ask the survey questions and record the respondent's responses in a standardized and consistent way, probing as necessary.
- Suggested probes are indicated by (*PROBE "IF NEEDED: TEXT IS IN ALL UPPER CASE LETTERING."*).
- Characters in < > are instructions or for informational purposes only and must not be read aloud.
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- "*DON'T KNOW*" and "*REFUSED*" answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in lowercase letters.
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPER CASE LETTERING, or *italicized* must be emphasized by the interviewer.

*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes ("") or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*

- Interviewers must follow basic interviewing conventions such as:
 - Conducting the interview in a neutral and unbiased fashion
 - Probing for complete answers in a neutral and professional manner
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you.
 - Okay.
 - I understand.
 - I see.
 - Yes, Ma'am.
 - Yes, Sir.
 - Let me repeat the question/answer choices for you.
 - Reading all questions, transition phrases, and response options exactly as written
 - Reading all response options in lowercase
 - Maintaining the integrity of the questionnaire content by asking each question consistently and in the correct order, and without skipping any questions inappropriately
 - Recording responses accurately
 - Reading questions at an appropriate speed (at a normal pace, neither too fast, nor too slow)
 - Repeating questions as necessary
- Interviewers should avoid assuming answers ahead of time, interpreting answers provided, or suggesting answers
- Interviewers should avoid giving their opinion, even when asked; Interviewers should provide positive but neutral feedback to maintain cooperation and to show appreciation for the respondent's contribution of time and effort.

CATI SCRIPT – NATIONAL IMPLEMENTATION SURVEY

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED PERSON (SP). THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE/SHE IS SPEAKING WITH THE SAMPLED PERSON. AT NO POINT DOES THE INTERVIEWER MENTION A PROVIDER NAME TO ANYONE OTHER THAN THE SAMPLED MEMBER. IN ADDITION, NO MESSAGES ARE TO BE LEFT ON AN ANSWERING MACHINE OR VOICE MAIL.>

INTRO1-OUT

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling to follow up on a letter from Walter Stone of the Centers for Medicare and Medicaid Services (CMS).

- | | | |
|----|------------------------------------------|---------------------------------|
| 1 | YES | [GO TO INTRO2-OUT] |
| 2 | SP NOT AVAILABLE RIGHT NOW | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | SP IS DECEASED | [GO TO NON-INTERVIEW
SCREEN] |
| 13 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED PERSON (SP). THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE/SHE IS SPEAKING WITH THE SAMPLED PERSON. AT NO POINT DOES THE INTERVIEWER MENTION A PROVIDER NAME TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

INTRO1-IN

Hello, am I speaking to [BENEFICIARY NAME]?

- | | | |
|----|------------------------------------------|---------------------------------|
| 1 | YES | [GO TO INTRO2-IN] |
| 2 | SP NOT AVAILABLE RIGHT NOW | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | SP IS DECEASED | [GO TO NON-INTERVIEW
SCREEN] |
| 13 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

PROXY1

I am calling to invite [BENEFICIARY NAME] to take part in an interview about (his/her) experiences with health care. (He/She) can identify someone to complete the interview on (his/her) behalf. I would need to speak with (Mr./Ms.) [BENEFICIARY LAST NAME] briefly about that.

- | | | |
|---|---------|---------------------------------|
| 1 | YES | [GO TO PROXY2] |
| 2 | NO | [GO TO NON-INTERVIEW
SCREEN] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY2

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

If you need help in completing this interview, you can have a family member or close friend help you to answer the questions. If you feel you are unable to complete the interview, you can have a family member or close friend do the interview for you. This person needs to be someone who knows you very well and would be able to accurately answer questions about **your** visits to doctors and nurses in the last 6 months.

Is there someone who could help you answer the interview, or who could do the interview for you?

- | | | |
|---|--------------------------|---------------------------------|
| 1 | YES, HELP WITH INTERVIEW | [GO TO PROXY3] |
| 2 | YES, DO INTERVIEW FOR SP | [GO TO PROXY4] |
| 3 | NO | [GO TO NON-INTERVIEW
SCREEN] |
| 4 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY3

What is the first name of the person who can help you to answer the interview?

ENTER NAME:

Is that person there right now?

- | | | |
|---|-----------------------|-----------------------------------------------------------------------------|
| 1 | YES | [GO TO PROXY6] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE]
[NEED TO INDICATE THIS IS
ASSISTED INTERVIEW] |
| 3 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW
SCREEN] |
| 4 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY4

What is the first name of the person who is going to answer the interview on your behalf?

ENTER NAME:

Do I have your permission to conduct the interview with this person on your behalf?

- | | | |
|---|-----------------------|---------------------------------|
| 1 | YES | [GO TO PROXY5] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW
SCREEN] |

PROXY5

Is [FILL NAME FROM PROXY4] available to talk with me now?

- | | | |
|---|-----------------------|---------------------------------|
| 1 | YES | [GO TO PROXY6] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW
SCREEN] |

PROXY6

(IF NEEDED: My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about [BENEFICIARY NAME]'s visits to doctors and nurses in the last 6 months.)

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. (Mr./Ms.) [BENEFICIARY LAST NAME]'s name was selected at random among people who have visited [PROVIDER NAME]. (He/She) has given permission for you to answer this interview on (his/her) behalf.

This study is voluntary, and your decision to participate or not to participate will not affect (Mr./Ms.) [BENEFICIARY LAST NAME]'s Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on experiences.

[VENDOR NAME] will not share information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by (Mr./Ms.) [BENEFICIARY LAST NAME]'s doctor or anyone else involved with (his/her) care.

Is this a convenient time to answer a few questions?

USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY

- | | | |
|---|---------|-------------------------|
| 1 | YES | [GO TO REMIND] |
| 2 | NO | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |

REMIND

As you answer the questions in this interview, please remember that you are answering the questions for (Mr./Ms.) [BENEFICIARY LAST NAME]. Please answer the questions based on (his/her) experiences with visits to doctors and nurses.

[GO TO MONITOR]

INTRO2-OUT

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PROVIDER NAME].

This study is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

Is this a convenient time to answer a few questions?

USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY

- | | | |
|----|------------------------------------------|------------------------------|
| 1 | YES | [GO TO MONITOR] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW SCREEN] |

INTRO2-IN

My name is [INTERVIEWER NAME] and CMS is conducting a study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PROVIDER NAME].

This study is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

Is this a convenient time to answer a few questions?

USE FAQS TO ANSWER QUESTIONS ABOUT THE SURVEY

- | | | |
|----|------------------------------------------|------------------------------|
| 1 | YES | [GO TO MONITOR] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW SCREEN] |

CALL BACK TO RESUME A SURVEY

RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to finish an interview with [BENEFICIARY NAME].

- | | | |
|---|---------------|-------------------------|
| 1 | YES | [GO TO RESUME2] |
| 2 | REFUSAL | [GO TO REFUSAL MODULE] |
| 3 | NO, CALL BACK | [GO TO CALLBACK MODULE] |

RESUME2

This is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of the Centers for Medicare & Medicaid Services (CMS). I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview on your visits to doctors and nurses in the last 6 months. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Before we begin I need to tell you that my supervisor may monitor this call for the purpose of quality control.

<START INTERVIEW>

Q1

Our records show that in the last six months you visited a provider named [PROVIDER NAME].

Is that right?

- 1 YES
- 2 NO [GO TO Q36 Intro]
- 98 <DON'T KNOW> [GO TO Q36 Intro]
- 99 <REFUSED> [GO TO Q36 Intro]
- M [MISSING]

Q2 Intro. The questions in this survey will refer to [PROVIDER NAME] as “this provider.” Please think of that person as you answer the questions.

Q2

Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q3

How long have you been going to this provider? Would you say:

- 1 Less than 6 months,
- 2 At least 6 months but less than 1 year,
- 3 At least 1 year but less than 3 years,
- 4 At least 3 years but less than 5 years, or
- 5 5 years or more
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q4 Intro. These next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

Q4

In the last 6 months, how many times did you visit this provider to get care for yourself?

Would you say:

- 0 None [GO TO Q36 Intro]
- 1 1 time,
- 2 2,
- 3 3,
- 4 4,
- 5 5 to 9, or
- 6 10 or more times
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q5

In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q7]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q7]
- 99 <REFUSED> [GO TO Q7]
- M [MISSING]

Q6

In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q7

In the last 6 months, did you make any appointments for a check-up or routine care with this provider? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q9]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q9]
- 99 <REFUSED> [GO TO Q9]
- M [MISSING]

Q8

In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q9

In the last 6 months, did you phone this provider's office with a medical question during regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q11]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q11]
- 99 <REFUSED> [GO TO Q11]
- M [MISSING]

Q10

In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q11

In the last 6 months, did you phone this provider's office with a medical question after regular office hours? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q13]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q13]
- 99 <REFUSED> [GO TO Q13]
- M [MISSING]

Q12

In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q13

Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q14

In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q15

In the last 6 months, how often did this provider listen carefully to you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q16

In the last 6 months, did you talk with this provider about any health questions or concerns? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q18]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q18]
- 99 <REFUSED> [GO TO Q18]
- M [MISSING]

Q17

In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q18

In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q19

In the last 6 months, how often did this provider show respect for what you had to say? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q20

In the last 6 months, how often did this provider spend enough time with you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q21

In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
(READ ANSWER CHOICES ONLY IF NEEDED)

- 1 YES
- 2 NO [GO TO Q23]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q23]
- 99 <REFUSED> [GO TO Q23]
- M [MISSING]

Q22

In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q23

In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q27]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q27]
- 99 <REFUSED> [GO TO Q27]
- M [MISSING]

Q24

Did you and this provider talk about the reasons you might want to take a medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q25

Did you and this provider talk about the reasons you might not want to take a medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q26

When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q27

In the last 6 months, did you and this provider talk about having surgery or any type of procedure? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q31]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q31]
- 99 <REFUSED> [GO TO Q31]
- M [MISSING]

Q28

Did you and this provider talk about the reasons you might want to have the surgery or procedure? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q29

Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q30

When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q31

In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q32

In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q33

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

ENTER NUMBER: [0-10 VALID RANGE]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q34 Intro. These next questions ask about clerks and receptionists in this provider's office.

Q34

In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q35

In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q36 Intro. These next questions ask about your care from specialists in the last 6 months. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

Q36

Is [PROVIDER NAME] a specialist? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES [GO TO Q40 Intro]
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q37

In the last 6 months, did you try to make any appointments with specialists? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q40 Intro]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q40 Intro]
- 99 <REFUSED> [GO TO Q40 Intro]
- M [MISSING]

Q38

In the last 6 months, how often was it easy to get appointments with specialists? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q39

In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q40 Intro. These next questions ask about all your health care. Include all the providers you saw for health care in the last 6 months. Do not include the times you went for dental care.

Q40

Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q41

In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q42

In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q43

In the last 6 months, did anyone on your health care team talk with you about specific goals for your health? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q44

In the last 6 months, did you **take any** prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q46]
- 98 <DON'T KNOW> [GO TO Q46]
- 99 <REFUSED> [GO TO Q46]
- M [MISSING]

Q45

In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q46

In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q47

In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q48 Intro. These next questions are about you and will help us to describe the people who participate in this survey.

Q48

In general, how would you rate your overall health? Would you say:

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q49

In general, how would you rate your overall mental or emotional health? Would you say:

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q50

In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q52]
- 98 <DON'T KNOW> [GO TO Q52]
- 99 <REFUSED> [GO TO Q52]
- M [MISSING]

Q51

Is this a condition or problem that has lasted for at least 3 months? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q52

Do you now need or take medicine prescribed by a doctor? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q54]
- 98 <DON'T KNOW> [GO TO Q54]
- 99 <REFUSED> [GO TO Q54]
- M [MISSING]

Q53

Is this medicine to treat a condition that has lasted for at least 3 months? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q54

During the last 4 weeks, how much of the time did your physical health interfere with your social activities like visiting with friends, relatives, etc.? Would you say:

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 A little of the time, or
- 5 None of the time
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q55

What is your age? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 69
- 7 70 to 74
- 8 75 to 79
- 9 80 to 84
- 10 85 or older
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q56

(INTERVIEWER: ASK ONLY IF NEEDED: Are you male or female?)

- 1 MALE
- 2 FEMALE
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57

What is the highest grade or level of school that you have completed? (READ ANSWER CHOICES ONLY IF NEEDED)

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q58

How well do you speak English? Would you say:

- 1 Very well,
- 2 Well,
- 3 Not well, or
- 4 Not at all
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q59

Do you speak a language other than English at home? (READ ANSWER CHOICES ONLY IF NEEDED)

- 1 YES
- 2 NO [GO TO Q61]
- 98 <DON'T KNOW> [GO TO Q61]
- 99 <REFUSED> [GO TO Q61]
- M [MISSING]

Q60

What is the language you speak at home? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 SPANISH
- 2 CHINESE
- 3 KOREAN
- 4 RUSSIAN
- 5 VIETNAMESE
- 6 SOME OTHER LANGUAGE [SPECIFY]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q61

Are you deaf or do you have serious difficulty hearing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q62

Are you blind or do you have serious difficulty seeing, even when wearing glasses? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q63

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q64

Do you have serious difficulty walking or climbing stairs? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q65

Do you have difficulty dressing or bathing? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q66

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q67

Are you of Hispanic, Latino, or Spanish origin? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES, HISPANIC, LATINO, OR SPANISH
- 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q69 Intro]
- 98 <DON'T KNOW> [GO TO Q69 Intro]
- 99 <REFUSED> [GO TO Q69 Intro]
- M [MISSING]

Q68

Which group best describes you? Would you say:

- 1 Mexican, Mexican American, Chicano,
- 2 Puerto Rican,
- 3 Cuban, or
- 4 Another Hispanic, Latino, or Spanish origin
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69 Intro

I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

(IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: "We ask about your race for demographic purposes only.")

Q69a

Are you White? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69b

(Are you) Black or African American? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69c

(Are you) American Indian or Alaskan Native? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d

(Are you) Asian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q69e]
- 98 <DON'T KNOW> [GO TO Q69e]
- 99 <REFUSED> [GO TO Q69e]
- M [MISSING]

Q69d1

(Are you) Asian Indian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d2

(Are you) Chinese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d3

(Are you) Filipino? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d4

(Are you) Japanese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d5

(Are you) Korean? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d6

(Are you) Vietnamese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69d7

(Are you) another Asian race? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69e

(Are you) Native Hawaiian or Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q70]
- 98 <DON'T KNOW> [GO TO Q70]
- 99 <REFUSED> [GO TO Q70]
- M [MISSING]

Q69e1

(Are you) Native Hawaiian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69e2

(Are you) Guamanian or Chamorro? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69e3

(Are you) Samoan? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q69e4

(Are you) Other Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q70

<INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?>

- 1 YES
- 2 NO [GO TO END]
- 98 <DON'T KNOW> [GO TO END]
- 99 <REFUSED> [GO TO END]
- M [MISSING]

Q71a

<HOW DID THAT PERSON HELP? MARK ONE OR MORE.>

<READ THE QUESTIONS TO SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q71b

<REPEATED THE ANSWERS SAMPLED PERSON GAVE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q71c

<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q71d

<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q71e

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

END. Those are all the questions I have for you. Thank you for your time and have a nice day.

Appendix N-2

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

ACO-12 Instructions and CATI Script (English)

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Appendix N-2

CAHPS[®] for ACOs Survey ACO-12 Instructions and CATI Script

Instructions for Conducting the Survey via CATI

Overview

This telephone interview script is provided to assist interviewers while attempting to administer the CAHPS for ACOs Survey.

Instructions for Survey Vendors:

- The scripts provided in this document use the same questions as those found in the mail version of the CAHPS for ACOs Survey.
- To ensure comparability, neither an ACO nor a survey vendor may change the wording of the survey questions, the response categories, or the order of the questions in any of the surveys.
- All text that appears in lowercase letters must be read out loud.
- For all questions that use “Never/Sometimes/Usually/Always” response scale, the interviewer should say “Would you say...” before reading the response options to the respondent.
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized.
*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*
- Words that appear in < > are instructions or for informational purposes only and must not be read aloud.
- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response.
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- Text that appears within [SQUARE BRACKETS] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language must appear on the electronic interviewing system screen.

- Some items can and should be skipped by certain beneficiaries.
 - Dependent questions that are appropriately skipped should be coded as “88-NOT APPLICABLE.”
- Skip patterns should be programmed into the electronic telephone interviewing system. For example, if a beneficiary answers “No” to a screener question, the program should skip and go to the next screener question. The dependent questions between the screener questions must then be coded as “88-NOT APPLICABLE”. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a response to a screener question is not obtained (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” In this case, the telephone interviewing system should be programmed to skip the dependent question(s) and go to the next screener question. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a respondent suspends an interview and does not resume, the unanswered screener questions should be coded “M – Missing.”
- If after starting the survey the interview is disconnected, or the beneficiary requests a call back at a later date to complete the survey, the survey vendor may resume the call where the beneficiary left off. Please use the script provided for “Call Back to Resume a Survey.”
- Survey vendors may not underline or use bold letters to emphasize words or questions other than what is already included in the final version of the questionnaires provided by CMS.
- Please note that the telephone script contains two questions from the questionnaires that ask about receiving assistance (proxy respondent). The questions “Did someone help you complete this survey?” and “How did that person help you?” are to be completed by the interviewer based on the respondent’s (or proxy’s) role during the interview.
 - These two questions about proxy respondents may be placed after the END screen.
- In the event that a beneficiary is unable to complete the interview himself/herself, a proxy interview may be conducted provided the telephone interviewer is able to identify a suitable proxy respondent (someone who knows the beneficiary well and is able to answer health related questions about the beneficiary accurately). However, the telephone interviewer must obtain the beneficiary’s permission to have a proxy respondent assist them with the interview or complete the interview for them. If the interviewer is unable to speak to the beneficiary directly in order to identify a proxy respondent and obtain his/her permission to do the interview for them, they must not proceed with the interview. The CATI introductory script includes a script for identifying and obtaining consent to complete a proxy interview, as well as a reminder for the proxy respondent to answer the survey questions about the beneficiary.

- To ensure that proxy respondents answer survey questions about the beneficiary, all proxy survey questions must be reworded to reference the selected beneficiary:

EXAMPLES:

Q4 In the last 6 months, how many times did [BENEFICIARY NAME] visit this provider to get care for [himself/herself]? Would [he/she] say:

Q45 In the last 6 months, did [BENEFICIARY NAME] try to make any appointments with specialists?

These next questions are about [BENEFICIARY NAME] and will help us to describe the people who participate in this survey.

Q57 In general, how would [BENEFICIARY NAME] rate [his/her] overall health? Would [he/she] say:

Instructions for Telephone Interviewer

- Interviewers must ask the survey questions and record the respondent's responses in a standardized and consistent way, probing as necessary.
- Suggested probes are indicated by (*PROBE "IF NEEDED: TEXT IS IN ALL UPPER CASE LETTERING."*).
- Characters in < > are instructions or for informational purposes only and must not be read aloud.
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- "*DON'T KNOW*" and "*REFUSED*" answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in lowercase letters.
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPER CASE LETTERING, or *italicized* must be emphasized by the interviewer.

*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes ("") or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*

- Interviewers must follow basic interviewing conventions such as:
 - Conducting the interview in a neutral and unbiased fashion
 - Probing for complete answers in a neutral and professional manner
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you.
 - Okay.
 - I understand.
 - I see.
 - Yes, Ma'am.
 - Yes, Sir.
 - Let me repeat the question/answer choices for you.
 - Reading all questions, transition phrases, and response options exactly as written
 - Reading all response options in lowercase
 - Maintaining the integrity of the questionnaire content by asking each question consistently and in the correct order, and without skipping any questions inappropriately
 - Recording responses accurately
 - Reading questions at an appropriate speed (at a normal pace, neither too fast, nor too slow)
 - Repeating questions as necessary
- Interviewers should avoid assuming answers ahead of time, interpreting answers provided, or suggesting answers.
- Interviewers should avoid giving their opinion, even when asked; Interviewers should provide positive but neutral feedback to maintain cooperation and to show appreciation for the respondent's contribution of time and effort.

CATI SCRIPT – NATIONAL IMPLEMENTATION SURVEY

< INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED PERSON (SP). THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE/SHE IS SPEAKING WITH THE SAMPLED PERSON. AT NO POINT DOES THE INTERVIEWER MENTION A PROVIDER NAME TO ANYONE OTHER THAN THE SAMPLED MEMBER. IN ADDITION, NO MESSAGES ARE TO BE LEFT ON AN ANSWERING MACHINE OR VOICE MAIL.>

INTRO1-OUT

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling to follow up on a letter from Walter Stone of the Centers for Medicare and Medicaid Services (CMS).

- | | | |
|----|------------------------------------------|---------------------------------|
| 1 | YES | [GO TO INTRO2-OUT] |
| 2 | SP NOT AVAILABLE RIGHT NOW | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | SP IS DECEASED | [GO TO NON-INTERVIEW
SCREEN] |
| 13 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED PERSON (SP). THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE/SHE IS SPEAKING WITH THE SAMPLED PERSON. AT NO POINT DOES THE INTERVIEWER MENTION A PROVIDER NAME TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

INTRO1-IN

Hello, am I speaking to [BENEFICIARY NAME]?

- | | | |
|----|------------------------------------------|---------------------------------|
| 1 | YES | [GO TO INTRO2-IN] |
| 2 | SP NOT AVAILABLE RIGHT NOW | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | SP IS DECEASED | [GO TO NON-INTERVIEW
SCREEN] |
| 13 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

PROXY1

I am calling to invite [BENEFICIARY NAME] to take part in an interview about (his/her) experiences with health care. (He/She) can identify someone to complete the interview on (his/her) behalf. I would need to speak with (Mr./Ms.) [BENEFICIARY LAST NAME] briefly about that.

- | | | |
|---|---------|---------------------------------|
| 1 | YES | [GO TO PROXY2] |
| 2 | NO | [GO TO NON-INTERVIEW
SCREEN] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY2

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

If you need help in completing this interview, you can have a family member or close friend help you to answer the questions. If you feel you are unable to complete the interview, you can have a family member or close friend do the interview for you. This person needs to be someone who knows you very well and would be able to accurately answer questions about **your** visits to doctors and nurses in the last 6 months.

Is there someone who could help you answer the interview, or who could do the interview for you?

- | | | |
|---|--------------------------|---------------------------------|
| 1 | YES, HELP WITH INTERVIEW | [GO TO PROXY3] |
| 2 | YES, DO INTERVIEW FOR SP | [GO TO PROXY4] |
| 3 | NO | [GO TO NON-INTERVIEW
SCREEN] |
| 4 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY3

What is the first name of the person who can help you to answer the interview?

ENTER NAME:

Is that person there right now?

- | | | |
|---|-----------------------|-----------------------------------------------------------------------------|
| 1 | YES | [GO TO PROXY6] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE]
[NEED TO INDICATE THIS IS
ASSISTED INTERVIEW] |
| 3 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW
SCREEN] |
| 4 | REFUSAL | [GO TO REFUSAL MODULE] |

PROXY4

What is the first name of the person who is going to answer the interview on your behalf?

ENTER NAME:

Do I have your permission to conduct the interview with this person on your behalf?

- | | | |
|---|-----------------------|------------------------------|
| 1 | YES | [GO TO PROXY5] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW SCREEN] |

PROXY5

Is [FILL NAME FROM PROXY4] available to talk with me now?

- | | | |
|---|-----------------------|------------------------------|
| 1 | YES | [GO TO PROXY6] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW SCREEN] |

PROXY6

(IF NEEDED: My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about [BENEFICIARY NAME]'s visits to doctors and nurses in the last 6 months.)

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. (Mr./Ms.) [BENEFICIARY LAST NAME]'s name was selected at random among people who have visited [PROVIDER NAME]. (He/She) has given permission for you to answer this interview on (his/her) behalf.

This study is voluntary, and your decision to participate or not to participate will not affect (Mr./Ms.) [BENEFICIARY LAST NAME]'s Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on experiences.

[VENDOR NAME] will not share information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by (Mr./Ms.) [BENEFICIARY LAST NAME]'s doctor or anyone else involved with (his/her) care.

Is this a convenient time to answer a few questions?

USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY

- | | | |
|---|---------|-------------------------|
| 1 | YES | [GO TO REMIND] |
| 2 | NO | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |

REMIND

As you answer the questions in this interview, please remember that you are answering the questions for (Mr./Ms.) [BENEFICIARY LAST NAME]. Please answer the questions based on (his/her) experiences with visits to doctors and nurses.

[GO TO MONITOR]

INTRO2-OUT

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PROVIDER NAME].

This study is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

Is this a convenient time to answer a few questions?

USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY

- | | | |
|----|------------------------------------------|---------------------------------|
| 1 | YES | [GO TO MONITOR] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE] |
| 4 | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE] |
| 5 | SP NEEDS CANTONESE INTERVIEW | [SET LANGUAGE] |
| 6 | SP NEEDS KOREAN INTERVIEW | [SET LANGUAGE] |
| 7 | SP NEEDS MANDARIN INTERVIEW | [SET LANGUAGE] |
| 8 | SP NEEDS RUSSIAN INTERVIEW | [SET LANGUAGE] |
| 9 | SP NEEDS VIETNAMESE INTERVIEW | [SET LANGUAGE] |
| 10 | SP NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

INTRO2-IN

My name is [INTERVIEWER NAME] and CMS is conducting a study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PROVIDER NAME].

This study is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. The interview will take about 20 minutes to complete [OR VENDOR SPECIFY], depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

Is this a convenient time to answer a few questions?

USE FAQS TO ANSWER QUESTIONS ABOUT THE SURVEY

1	YES	[GO TO MONITOR]
2	NO, CALL BACK	[GO TO CALLBACK MODULE]
3	REFUSAL	[GO TO REFUSAL MODULE]
4	SP NEEDS SPANISH LANGUAGE INTERVIEW	[SET LANGUAGE]
5	SP NEEDS CANTONESE INTERVIEW	[SET LANGUAGE]
6	SP NEEDS KOREAN INTERVIEW	[SET LANGUAGE]
7	SP NEEDS MANDARIN INTERVIEW	[SET LANGUAGE]
8	SP NEEDS RUSSIAN INTERVIEW	[SET LANGUAGE]
9	SP NEEDS VIETNAMESE INTERVIEW	[SET LANGUAGE]
10	SP NEEDS PORTUGUESE INTERVIEW	[SET LANGUAGE]
11	SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE	[GO TO PROXY1]
12	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

CALL BACK TO RESUME A SURVEY

RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to finish an interview with [BENEFICIARY NAME].

- | | | |
|---|---------------|-------------------------|
| 1 | YES | [GO TO RESUME2] |
| 2 | REFUSAL | [GO TO REFUSAL MODULE] |
| 3 | NO, CALL BACK | [GO TO CALLBACK MODULE] |

RESUME2

This is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of the Centers for Medicare & Medicaid Services (CMS). I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview on your visits to doctors and nurses in the last 6 months. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Before we begin I need to tell you that my supervisor may monitor this call for the purpose of quality control.

<START INTERVIEW>

Q1

Our records show that in the last six months you visited a provider named [PROVIDER NAME].

Is that right?

- 1 YES
- 2 NO [GO TO Q44 Intro]
- 98 <DON'T KNOW> [GO TO Q44 Intro]
- 99 <REFUSED> [GO TO Q44 Intro]
- M [MISSING]

Q2 Intro. The questions in this survey will refer to [PROVIDER NAME] as “this provider.” Please think of that person as you answer the questions.

Q2

Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q3

How long have you been going to this provider? Would you say:

- 1 Less than 6 months,
- 2 At least 6 months but less than 1 year,
- 3 At least 1 year but less than 3 years,
- 4 At least 3 years but less than 5 years, or
- 5 5 years or more
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q4 Intro. These next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

Q4

In the last 6 months, how many times did you visit this provider to get care for yourself?

Would you say:

- 0 None [GO TO Q44 Intro]
- 1 1 time,
- 2 2,
- 3 3,
- 4 4,
- 5 5 to 9. or
- 6 10 or more times
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q5

In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q7]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q7]
- 99 <REFUSED> [GO TO Q7]
- M [MISSING]

Q6

In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q7

In the last 6 months, did you make any appointments for a check-up or routine care with this provider? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q9]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q9]
- 99 <REFUSED> [GO TO Q9]
- M [MISSING]

Q8

In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q9

In the last 6 months, did you phone this provider's office with a medical question during regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q11]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q11]
- 99 <REFUSED> [GO TO Q11]
- M [MISSING]

Q10

In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q11

In the last 6 months, did you phone this provider's office with a medical question after regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q13]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q13]
- 99 <REFUSED> [GO TO Q13]
- M [MISSING]

Q12

In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q13

Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any reminders from this provider's office between visits? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q15]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q15]
- 99 <REFUSED> [GO TO Q15]
- M [MISSING]

Q14

In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q15

Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q16

In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q17

In the last 6 months, how often did this provider listen carefully to you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q18

In the last 6 months, did you talk with this provider about any health questions or concerns? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q20]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q20]
- 99 <REFUSED> [GO TO Q20]
- M [MISSING]

Q19

In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q20

In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q21

When you visited this provider in the last 6 months, how often did he or she have your medical records? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>

Q22

In the last 6 months, how often did this provider show respect for what you had to say? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q23

In the last 6 months, how often did this provider spend enough time with you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q24

In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q26]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

Q25

In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q26

In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q35]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q35]
- 99 <REFUSED> [GO TO Q35]
- M [MISSING]

Q27

Did you and this provider talk about the reasons you might want to take a medicine?
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q28

Did you and this provider talk about the reasons you might not want to take a medicine?
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q29

When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q30

After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q35]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q35]
- 99 <REFUSED> [GO TO Q35]
- M [MISSING]

Q31

In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q32

In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q34]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q34]
- 99 <REFUSED> [GO TO Q34]
- M [MISSING]

Q33

Was the written information this provider gave you easy to understand? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q34

In the last 6 months, did this provider suggest ways to help you remember to take your medicines? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q35

In the last 6 months, did you and this provider talk about having surgery or any type of procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q39]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q39]
- 99 <REFUSED> [GO TO Q39]
- M [MISSING]

Q36

Did you and this provider talk about the reasons you might want to have the surgery or procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q37

Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q38

When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q39

In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q40

In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q41

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

ENTER NUMBER:

[0-10 VALID RANGE]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q42 Intro. These next questions ask about clerks and receptionists in this provider's office.

Q42

In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q43

In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q44 Intro. These next questions ask about your care from specialists in the last 6 months. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

Q44

Is [PROVIDER NAME] a specialist? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES [GO TO Q48 Intro]
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q45

In the last 6 months, did you try to make any appointments with specialists? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q48 Intro]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q48 Intro]
- 99 <REFUSED> [GO TO Q48 Intro]
- M [MISSING]

Q46

In the last 6 months, how often was it easy to get appointments with specialists? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q47

In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q48 Intro. These next questions ask about all your health care. Include all the providers you saw for health care in the last 6 months. Do not include the times you went for dental care.

Q48

Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q49

In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q50

In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q51

In the last 6 months, did anyone on your health care team talk with you about specific goals for your health? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q52

In the last 6 months, did you **take any** prescription medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q55]
- 98 <DON'T KNOW> [GO TO Q55]
- 99 <REFUSED> [GO TO Q55]
- M [MISSING]

Q53

In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q54

In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q55

In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q56

In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57 Intro. These next questions are about you and will help us to describe the people who participate in this survey.

Q57

In general, how would you rate your overall health? Would you say:

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q58

In general, how would you rate your overall mental or emotional health? Would you say:

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q59

In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q61]
- 98 <DON'T KNOW> [GO TO Q61]
- 99 <REFUSED> [GO TO Q61]
- M [MISSING]

Q60

Is this a condition or problem that has lasted for at least 3 months? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q61

Do you now need or take medicine prescribed by a doctor? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q63]
- 98 <DON'T KNOW> [GO TO Q63]
- 99 <REFUSED> [GO TO Q63]
- M [MISSING]

Q62

Is this medicine to treat a condition that has lasted for at least 3 months? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q63

During the last 4 weeks, how much of the time did your physical health interfere with your social activities like visiting with friends, relatives, etc.? Would you say:

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 A little of the time, or
- 5 None of the time
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q64

What is your age? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 69
- 7 70 to 74
- 8 75 to 79
- 9 80 to 84
- 10 85 or older
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q65

(INTERVIEWER: ASK ONLY IF NEEDED: Are you male or female?)

- 1 MALE
- 2 FEMALE
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q66

What is the highest grade or level of school that you have completed? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q67

How well do you speak English? Would you say:

- 1 Very well,
- 2 Well,
- 3 Not well, or
- 4 Not at all
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q68

Do you speak a language other than English at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q70]
- 98 <DON'T KNOW> [GO TO Q70]
- 99 <REFUSED> [GO TO Q70]
- M [MISSING]

Q69

What is the language you speak at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 SPANISH
- 2 CHINESE
- 3 KOREAN
- 4 RUSSIAN
- 5 VIETNAMESE
- 6 SOME OTHER LANGUAGE [SPECIFY]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q70

Are you deaf or do you have serious difficulty hearing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q71

Are you blind or do you have serious difficulty seeing, even when wearing glasses? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q72

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q73

Do you have serious difficulty walking or climbing stairs? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q74

Do you have difficulty dressing or bathing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q75

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q76

Are you of Hispanic, Latino, or Spanish origin? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES, HISPANIC, LATINO, OR SPANISH
- 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q78 Intro]
- 98 <DON'T KNOW> [GO TO Q78 Intro]
- 99 <REFUSED> [GO TO Q78 Intro]
- M [MISSING]

Q77

Which group best describes you? Would you say:

- 1 Mexican, Mexican American, Chicano,
- 2 Puerto Rican,
- 3 Cuban, or
- 4 Another Hispanic, Latino, or Spanish origin
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78 Intro

I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

(*IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: "We ask about your race for demographic purposes only."*)

Q78a

Are you White? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78b

(Are you) Black or African American? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78c

(Are you) American Indian or Alaskan Native? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d

(Are you) Asian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q78e]
- 98 <DON'T KNOW> [GO TO Q78e]
- 99 <REFUSED> [GO TO Q78e]
- M [MISSING]

Q78d1

(Are you) Asian Indian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d2

(Are you) Chinese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d3

(Are you) Filipino? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d4

(Are you) Japanese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d5

(Are you) Korean? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d6

(Are you) Vietnamese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78d7

(Are you) another Asian race? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78e

(Are you) Native Hawaiian or Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q79]
- 98 <DON'T KNOW> [GO TO Q79]
- 99 <REFUSED> [GO TO Q79]
- M [MISSING]

Q78e1

(Are you) Native Hawaiian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78e2

(Are you) Guamanian or Chamorro? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78e3

(Are you) Samoan? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q78e4

(Are you) Other Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q79

<INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?>

- 1 YES
- 2 NO [GO TO END]
- 98 <DON'T KNOW> [GO TO END]
- 99 <REFUSED> [GO TO END]
- M [MISSING]

Q80a

<HOW DID THAT PERSON HELP? MARK ONE OR MORE.>

<READ THE QUESTIONS TO SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q80b

<REPEATED THE ANSWERS SAMPLED PERSON GAVE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q80c

<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q80d

<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q80e

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

END. Those are all the questions I have for you. Thank you for your time and have a nice day.

Appendix O

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

Summary Survey Measures Not Used in Scoring

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Appendix O

CAHPS Survey for ACOs Participating in Medicare Initiatives Summary Survey Measures Not Used in Scoring

Summary Survey Measures	Survey Items Included in the Measure	
Courteous and Helpful Office Staff	In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? ACO-9 - #34 ACO-12 - #42	
	In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? ACO-9 - #35 ACO-12 - #43	
Care Coordination	When you visited this provider in the last 6 months, how often did he or she have your medical records? ACO-9 - NA ACO-12 - #21	
	In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? ACO-9 - NA* ACO-12 - #25	
	<i>*The Care Coordination summary survey measure is not included in the ACO-9 survey. However, the question above is a CG-CAHPS core survey item; and therefore, included in the ACO-9 survey as question #22.</i>	
	In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking? ACO-9 - NA ACO-12 - #53	
Between Visit Communication	In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment? ACO-9 - NA ACO-12 - #14	

Summary Survey Measures	Survey Items Included in the Measure
Helping You Take Medications as Directed	<p>In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?</p> <p style="text-align: center;">ACO-9 - NA ACO-12 - #31</p>
	<p>Was the written information this provider gave you easy to understand?</p> <p style="text-align: center;">ACO-9 - NA ACO-12 - #33</p>
	<p>In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p> <p style="text-align: center;">ACO-9 - NA ACO-12 - #34</p>