



**Medicare Shared Savings Program and
Next Generation ACO Model**

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

Quality Assurance Guidelines

June 2018

Version #6

ACKNOWLEDGMENTS

These specifications were prepared under contract with the Centers for Medicare & Medicaid Services (CMS) by The RAND Corporation in collaboration with the Health Services Advisory Group according to Federal Plain Language Guidelines.



**The Consumer Assessment of Healthcare Providers
and Systems (CAHPS[®])
Survey for Accountable Care Organizations (ACOs)
Participating in Medicare Initiatives**

**Quality Assurance Guidelines
Version 6**

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Revision History

VERSION	DATE	REVISION/ CHANGE DESCRIPTION	AFFECTED AREA
1	10/2013		
2	08/2014	Updated to reflect CMS procedures and specifications for 2014 survey administration.	Survey administration timeline.
3	08/2015	Updated to reflect CMS procedures and specifications for 2015 survey administration.	Survey administration timeline.
4	07/2016	Updated to reflect CMS procedures and specifications for 2016 survey administration.	Survey administration timeline.
5	07/2017	Updated to reflect CMS procedures and specifications for 2017 survey administration.	Survey administration timeline. Updated formatting applied.
6	06/2018	Updated to reflect CMS procedures and specifications for 2018 survey administration.	Survey administration timeline. Mail Survey, CATI Script, and appendices related to content of survey and summary survey measures.

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QUALITY ASSURANCE GUIDELINES
VERSION 6**

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1. Guide to Using this Document

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. The information included in this document is intended primarily for survey vendors, though ACOs may also find it of interest.

This chapter gives users 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.

Contents of the Quality Assurance Guidelines Version 6

The *Quality Assurance Guidelines Version 6* includes the following chapters:

2. Introduction and Overview

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

3. Roles and Responsibilities for Survey Implementation

Information regarding survey vendors' roles and responsibilities in implementing the CAHPS for ACOs Survey, including communication with beneficiaries. This section also provides an overview of the roles and responsibilities of CMS and ACOs.

4. Sampling

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

5. 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.

6. Data Coding and Data Preparation

Preparing the data files for submission to the ACO Data Warehouse.

7. 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.

8. 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 discusses data analyses that survey vendors may conduct for ACOs.

9. Oversight

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

10. 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.

11. Technical Assistance and Communication

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

12. Appendices

- General Interviewing Guidelines for Conducting Phone Surveys
- Frequently Asked Questions for Customer Support
- Sample File Record Layout
- Survey File Record Layout
- Survey Items Applicable to All Respondents
- Summary Survey Measures
- Medicare Provider Experience Survey (English)
- Instructions and Computer Assisted Telephone Interview (CATI) Script (English)

For More Information

Visit the CAHPS for ACOs website, acocahps.cms.gov, for more information on the CAHPS for ACOs Survey and to see important 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.

2. Introduction and Overview

This chapter provides an introduction and overview of the following topics:

- CAHPS for ACOs Program
- CAHPS for ACOs Survey
- CAHPS for ACOs Survey Administration

About the ACO Program

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting on the 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.

[The CAHPS initiative](#) is a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, the 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 conducted by ACOs participating in the Medicare Shared Savings Program (Shared Savings Program) and Next Generation ACO Model to meet their requirement to measure patient experience of care.

Note: We will collectively refer to ACOs throughout 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 and Next Generation ACO Model. Under these programs, ACOs are eligible to get a portion of the savings, if earned, 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.

Section 1115 A (b)(2)(B)(ii) of the Affordable Care Act authorizes CMS, through the CMS Innovation Center, to contract directly with groups of providers of services and supplies with experience in care coordination to test innovative payment and service delivery models in an effort to reduce Medicare expenditures while maintaining or improving the quality of care for beneficiaries. The Next Generation ACO Model is designed for health care organizations that are already experienced in coordinating care for patients across care settings. The goal of the Next Generation ACO Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for fee-for-service Medicare beneficiaries.

You can find additional information about the Shared Savings Program at: <http://www.cms.gov/sharedsavingsprogram>.

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 Shared Savings Program and Next Generation ACO Model requirements to measure patient experience of care.

The CAHPS for ACOs Survey includes the CAHPS Clinician & Group Survey (known as CG-CAHPS) supplemented with additional survey items to meet the needs of CMS and the ACO program. The survey measures 10 key domains of beneficiaries' experiences of care that we refer to as summary survey measures (SSMs). A SSM is a collection of survey items that assess the same patient experience domain of care. The CAHPS for ACOs SSMs are:

1. Getting Timely Care, Appointments and Information
2. How Well Your Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision-Making
7. Health Status and Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Stewardship of Patient Resources

Evolution of the CAHPS for ACOs Survey

A more streamlined version of the CAHPS for ACOs Survey was developed and tested in 2016, in response to (a) feedback from stakeholders requesting a shorter survey, and (b) to incorporate AHRQ's version 3.0 update to Clinician & Group CAHPS (CG-CAHPS). This streamlined survey was pilot-tested among 18 ACOs concurrent with national implementation of the CAHPS for ACOs Survey in 2016. Incorporating findings from the Pilot Survey, the CAHPS for ACOs Survey to be implemented in 2018 is different from versions implemented in the past.

How the 2018 version is different

The revisions to the 2018 version of CAHPS for ACOs Survey are described below.

Updated to reflect AHRQ changes for CG-CAHPS 3.0:

- *Use of “contact” and “contacted” in place of “phone” and “phoned.”* CG-CAHPS 3.0 uses the more inclusive “contact” in recognition of the many ways patients may contact practices and providers.
- *Shorter summary survey measure (SSM) for Getting Timely Care, Appointments, and Information.* Reduced from five questions to three, mirroring the reduction to the CG-CAHPS 3.0 Access composite measure.
- *Shorter SSM for How Well Providers Communicate.* Reduced from six questions to four, mirroring the reduction to the CG-CAHPS 3.0 Provider Communication composite measure.
- *Creation of a Care Coordination measure.* AHRQ’s CG-CAHPS 3.0 revisions include the creation of a Care Coordination measure. The questions that comprise the AHRQ measure are core content and included in the 2018 CAHPS for ACOs Survey but are not used to calculate an ACOs quality score.
- *Reduced survey length.* AHRQ’s CG-CAHPS 3.0 revisions and other refinements to the ACO survey content result in a new survey of 58 questions, compared to the 71 questions in the ACO-9 and 80 questions in the ACO-12.

Updated to reduce burden and promote reliability of measures:

- *Shorter SSM for Access to Specialists.* Reduced from two questions to one, the revised SSM focuses on the key component of access to specialty care: ease of making appointments.
- *Wording change to screener question on Access to Specialists.* This change is expected to capture answers from patients whose focal provider is a specialist who might otherwise have skipped these survey questions previously.
- *Shorter SSM for Health Promotion and Education.* Reduced from six questions to four, the revised SSM focuses on the aspects of health promotion and education that are relevant to all patients.
- *Shorter SSM for Shared Decision Making.* Reduced from eight questions to two, the revised SSM focuses on prescription medicines and sharing of personal health information.

The CAHPS for ACOs Survey data are collected from a sample of Medicare fee-for-service beneficiaries who get a plurality of their primary care from the participating ACO. The survey items address care received from a specific provider within the ACO to help orient the beneficiary to the care he or she received. The named provider can be a physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

Survey Administration

The CAHPS for ACOs Survey is conducted with a sample of assigned Medicare fee-for-service beneficiaries who are at least 18 years of age. CMS makes efforts to exclude beneficiaries who are deceased or who are known to be institutionalized at the time of the sample draw. The CAHPS for ACOs Survey is administered using only a mixed-mode data collection protocol that includes a pre-notification letter, survey mailings and phone follow-up of non-respondents.

3. Roles and Responsibilities for Survey Implementation

This chapter covers the following topics:

- Communicating with Beneficiaries About the CAHPS for ACOs Survey
- Roles and Responsibilities
- CAHPS for ACOs Survey Training

Overview

This section describes the roles and responsibilities for vendors administering the CAHPS for ACOs Survey, including the requirements for communicating with Medicare beneficiaries about the survey. It also provides a brief description of the roles and responsibilities of CMS and ACOs with respect to survey implementation, as well as additional requirements for vendors implementing the CAHPS for ACOs Survey.

Communicating with Beneficiaries About the CAHPS for ACOs Survey

ACOs are allowed to notify beneficiaries that they may be asked to participate in the CAHPS for ACOs Survey. However, certain types of communications promoting the survey (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, and their agents are encouraged to avoid asking any CAHPS for ACOs Survey items of beneficiaries with Medicare fee-for-service four weeks prior to, during, and four weeks after the CAHPS for ACOs Survey administration for the 2018 performance period (generally anytime from September 23, 2018 to February 16, 2019). This guidance does not apply to other CMS-administered surveys.

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

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

Roles and Responsibilities

Survey Vendor Roles and Responsibilities

Survey vendors agree to:

- Participate in all CAHPS for ACOs Survey vendor training sessions and required staff successfully complete the post-training quiz at the end of each mandatory training.
- Follow the CAHPS for ACOs Survey administration requirements found in this document, including adhering to the specific Data Collection Schedule (see Chapter 5).
- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA. Survey vendors must ensure that:
 - Contacts on the DUA are correct and that all contact information is accurate.
 - Current DUAs are extended before their expiration date as needed. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs that are expired.
 - Current DUAs are updated to include the 2018 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 CMS data and any approved appended items. Note that any and all data that is appended to the sample file or beneficiary survey data for the purpose of providing reports or analysis for ACO clients must be approved in advance. Survey vendors must submit all approval requests in advance via email to acocahps@HCQIS.org. The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), and a 3 to 5 sentence summary of the proposed analysis. No data may be merged or appended without prior written approval from CMS.

- Complete and submit the Vendor Access to ACO Data Warehouse Form by August 1, 2018
- Receive and perform checks of each ACO's sample 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 this document
 - To ensure the confidentiality of data, survey vendors may not use home-based or virtual interviewers to conduct the CAHPS for ACOs Survey, nor may they conduct any survey administration processes (e.g. mailings) from a residence
- Verify that each ACO your organization has an agreement with to administer the CAHPS for ACOs survey has authorized your organization to submit data on behalf of the ACO
- Submit validated data files to the ACO Data Warehouse before CMS' data submission deadline following the data file specifications in this document (see Chapter 6)
- 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.

Survey vendors are approved for 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 at least one of two consecutive survey administration cycles. **Survey vendors who don't obtain a contract with a Shared Savings Program or Next Generation Model ACO for one of two consecutive survey fielding cycles will not be re-approved** and will have to submit a new application for consideration of approval as a CAHPS for ACOs Survey vendor. Approval as a survey vendor in prior years does not guarantee future approval.

CMS Roles and Responsibilities

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

CMS will:

- Give CAHPS for ACOs Survey vendors the survey administration protocol, timeline and description of the data submission tools through the *CAHPS for ACOs Quality Assurance Guidelines* (this document).
- Provide survey vendors with the training needed to administer the CAHPS for ACOs Survey.
- Provide technical assistance to survey vendors 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.
- Provide 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. ACOs are responsible for the costs of the survey administration.
- 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 18, 2018.
 - Annual authorization is required even if the ACO has previously authorized a vendor.

Note: ACOs are responsible for instructing their vendor to administer the survey in one of the available translations, if needed.

CAHPS for ACOs Vendor Training

Conditionally-approved survey vendors must complete the CAHPS for ACOs Survey self-training. The required CAHPS for ACOs Survey self-training must be completed by key vendor and/or subcontractor staff named in the vendor's application as fulfilling the roles of Project Manager, and as applicable, Call Center Supervisor and Mail Center Supervisor. Project staff member(s) responsible for the following functions must also attend training, as applicable:

- Decrypting the sample file and performing sample file quality checks
- Programming the CATI script
- Preparing and submitting the survey data file

Completion of training includes submission of a web-based attestation form and a post-training quiz by those individuals. A passing quiz is required from each of those individuals.

CMS requires vendors to participate in two additional trainings in 2018 to maintain their approval status:

- A self-training in July 2018 to provide training on roles and responsibilities, CMS DUA, data collection protocol, and vendor oversight.
- A webinar in November 2018 to provide training on data safeguarding, data coding, file preparation, and data submission.

Note that there are no registration fees associated with training.

Review and Follow the CAHPS for ACOs Protocols and Procedures and All Policy Updates

This document has been developed to make sure the survey data collection process is standardized and to make sure reported data are comparable. Survey vendors must review and follow the protocols and procedures contained in this manual and any updates posted on the CAHPS for ACOs Survey website at acocahps.cms.gov.

Attest to the Accuracy of the Data Collection Process

Survey vendors must attest to the accuracy of their organization's data collection processes and that data collection processes conform to the requirements outlined in this document. **Survey vendors are prohibited from subcontracting the data submission task.** Data collected in a manner that does not adhere to the CAHPS for ACOs procedures or timeline may not be used in calculating and reporting the ACO's scores for the affected quality performance period.

Submit CAHPS for ACOs Survey Quality Assurance Plan

All conditionally approved survey vendors must develop and submit a Quality Assurance Plan (QAP) for survey administration in accordance with the *CAHPS for ACOs Survey Quality Assurance Guidelines*. Conditionally approved survey vendors must submit a QAP to acocahps@HCQIS.org no later than May 14, 2018. Vendors receiving final CMS approval to administer the CAHPS for ACOs Survey should update their QAP, when necessary, to reflect changes in resources and processes. Approved vendors must send notice of changes in key personnel, as soon as the changes are known, 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
 - Include a detailed description of the process for obtaining and updating beneficiary phone numbers
- Description of quality control processes and procedures
- Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
- Describe the processes to assure adherence to the CMS data use agreement (DUA)
 - Include education of staff who come in contact with beneficiary data
 - Include information regarding how data containing personally identifiable information (PII) or protected health information (PHI) are transferred between the survey vendor and subcontractor
 - Include staff roles in monitoring adherence to CMS DUA and assuring timely report of data breach, loss or disclosure
- Annual summary outlining the results from quality control activities

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* and to 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.**

In addition to a QAP, survey vendors must submit materials that CMS determines are relevant to CAHPS for ACOs Survey administration (including mailing materials such as cover letters, the survey and screenshots of the phone script) by email to acocahps@HCOIS.org for the CAHPS for ACOs Survey project team to review. All materials must be received by the CAHPS for ACOs Survey project team by the specified due date.

Note: All conditionally approved survey vendors must submit a QAP by May 14, 2018. Only CMS-approved survey vendors with clients will be required to submit CAHPS for ACOs Survey materials. Depending on the issues identified during the QAP and Survey material review, survey vendors may be required to resubmit the survey materials and the QAP for re-review and approval.

Become a Registered User of the ACO Data Warehouse

Each approved survey vendor is required to designate a 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 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 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 document.

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 project team by completing a Vendor Access to ACO Data Warehouse Form and emailing this form to the CAHPS for ACOs Survey data coordination team at aco-datasupport@rand.org. The survey project team will send a blank form to all approved CAHPS for ACOs vendors. Vendors must email a completed Vendor Access to ACO Data Warehouse Form no later than August 1, 2018. Once the 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 survey vendor's data administrator and back-up administrator will each receive an email invitation (e-mail address RANDManagedFileXferSvc@rand.org) to the data warehouse, which will include a request to establish 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.

The CAHPS for ACOs Survey data coordination team **must** be notified promptly of any personnel changes to the survey vendor's data administrator, back-up data administrator, and project manager roles. Any new staff will be required to establish a password for the survey vendor's data warehouse account.

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

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. (See Chapter 9 for more detailed information regarding oversight activities.)

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 ACO client by completing and signing the CAHPS for ACOs Survey Participation Form.

4. Sampling

This chapter covers the following topics:

- Sample Selection and Eligibility Criteria
- Sample Preparation
- Delivery of the Sample File to Survey Vendor

Overview

This section describes how CMS will select the sample for the CAHPS for ACOs Survey for the 2018 performance period. The CAHPS for ACOs Survey data coordination team will use a sample frame provided by CMS to draw a random sample of 860 Medicare fee-for-service beneficiaries for each ACO. If an ACO has fewer than 860 eligible beneficiaries, the sample draw is 100% of survey eligible beneficiaries. The sample draw will occur in September 2018.

Sample Selection and Eligibility Criteria

A sample will be selected for each ACO participating in the Shared Savings Program or Next Generation ACO Model during September - October 2018.

To be included in the random sample for the survey, assigned Medicare fee-for-service beneficiaries must be 18 years of age or older at the time of the sample draw. CMS will make efforts to exclude deceased beneficiaries or beneficiaries who are known to be institutionalized at the time of the sample draw. If vendors identify institutionalized beneficiaries during the data collection process, they are to be coded as ineligible.

Beneficiaries are sampled for the survey so that one quarter of the sample represents high users of care within the ACO. 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 8 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 September 2018. Where possible, CMS will also provide a beneficiary phone number as of September 2018. 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 C, 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	Char	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, leading zero possible
ADDR1FINAL	111	50	Text	Mailing address line 1
ADDR2FINAL	161	50	Text	Mailing address line 2
CITY	211	40	Text	Mailing address city name
PR_CD	251	28	Text	Puerto Rican urbanization code
STATE	279	2	Char	Mailing address USPS state code
FIPS_STATE	281	2	Char	CMS state FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS county FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = male, 2 = female
ACO_ID	287	5	[A]nnnn [V]nnn	Five character ACO identifier: Shared Savings Program begins with the letter "A" followed by 4 numbers; Next Generation ACO Model begins with the letter "V" followed by 3 numbers
ACONAME	292	100	Free text	ACO name provided by CMS
FOCALTYPE	392	1	Numeric	Provider type: 1= primary care, 2 = specialist
PRTITLE	393	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	428	30	Text	Provider first name
PRLNAME	458	50	Text	Provider last name
TELEPHONE NUMBER	508	10	Numeric	Beneficiary phone number
LAND_MOBILE	518	1	L/M/U/8	Type of phone number L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable

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. The CAHPS for ACOs Survey data coordination team will then distribute these files to the appropriate survey vendors through the ACO Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities.

Note: Survey vendors must be authorized by their ACO client 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 CAHPS for ACOs Survey. ACOs must authorize a survey vendor by September 18, 2018. Sample files will be available in October 2018.

5. Data Collection Protocol

This chapter covers the following topics:

- Data Collection Schedule (2018 Performance Period)
- Survey Administration Languages
- Mail Protocol
- Phone Protocol
- Proxy Respondents
- Incentives
- Confidentiality
- Timing of ACOs' Data Collection Efforts

Overview

This section describes the data collection protocol and procedures for the CAHPS for ACOs 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 provide 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 phone 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.

Both mail and 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. Documentation of request to be placed on a Do Not Survey/Call list must be maintained for a minimum of three years.*

Data Collection Schedule (2018 Performance Period)

The basic tasks and timing for conducting the CAHPS for ACOs Survey for the 2018 performance period 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
Conditionally approved survey vendors must submit QAP to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	5/14/2018
Survey vendors provide toll-free customer support phone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2018 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.	7/31/2018
Survey vendors must submit English mail survey materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	7/31/2018
Survey vendors must complete and email a Vendor Access to ACO Data Warehouse Form to aco-datasupport@rand.org	8/1/2018
Confirm with the CAHPS for ACOs Technical Assistance team via acocahps@HCQIS.org that all required DUA actions have been completed. (Existing vendors must extend and update their existing DUA and new vendors must submit a DUA.) Subcontractors that see beneficiary-level data (e.g., name, address, telephone number) must also have a DUA in place with CMS.	8/21/2018
ACOs must complete the web-based survey vendor authorization process	9/18/2018
Survey vendors must submit English CATI script materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org	9/25/2018
ACO sample files become available to survey vendors	10/9/2018

Data Collection Tasks

Survey Vendor Task	Date
Mail out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing	10/23/2018 - 10/24/2018
Customer support phone center opens (Toll-free phone number required)	10/24/2018
Mail-out of the first survey with cover letter	10/30/2018 - 10/31/2018
Mail-out of second mailing of survey with cover letter to all non-respondents	11/13/2018 - 11/14/2018
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.)	12/4/2018 - 12/11/2018
Submit interim data files to the ACO Data Warehouse. Survey vendors may begin to submit data on 12/11/2018 and <u>must</u> have all interim data submitted by 12/13/2018 (including any requests for corrections).	12/11/2018 - 12/13/2018
Conduct computer assisted telephone interviews (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 	12/12/2018 - 1/16/2019
<i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays</i>	
Last day for inbound and outbound phone interviews	1/16/2019
Cutoff date for returned mail surveys	1/16/2019
Last day of operation for customer support toll-free line	1/16/2019
Submit final data files to CMS after close of data collection via the ACO Data Warehouse. Data can be submitted starting 1/23/2019. No files will be accepted after the submission deadline date of 1/25/2019.	1/23/2019 - 1/25/2019

Survey Administration 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 receive 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 ACO can contract with the survey vendor to include an insert with the pre-notification and all survey mailings that contains instructions for the beneficiary to request a survey in the target, optional language. Survey vendors are required to conduct follow-up phone calls in the same languages.
- In place of an individual insert, a language specific note may be placed at the bottom of the survey cover letters providing beneficiaries with instructions for requesting a survey in that language. This option can only display one non-English survey language, and works best when only one non-English survey language is being offered by the ACO, as the note is included in all versions of the cover letter for that ACO.

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

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.

Survey Translations

Survey vendors will have the option of offering translation of the CAHPS for ACOs Survey in one or more of the following languages: **Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese**. Survey vendors may include an insert with the pre-notification letter and all survey mailings that includes a number to call to request a translation of the survey. The CAHPS for ACOs Survey project team will provide text 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.*) Survey vendors may not modify the translation of the surveys or related materials. In addition, survey vendors are not permitted to create or use any other translations of the CAHPS for ACOs Survey; inserts to request translations; cover letters; or any other survey materials.

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

Mail Materials

The mail component of the mixed-mode data collection protocol uses a pre-notification letter, cover letters, and a standardized survey provided by CMS. CMS developed the letters and 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 or layout 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 CMS provided surveys or related 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).

Note: Each survey vendor with an ACO client must submit copies of their survey mailing materials (survey cover letters, survey and mailing envelopes) for review by the CAHPS for ACOs Survey project team by the specified due date. Each survey vendor must also submit a copy of their phone script (screenshots) for review by the CAHPS for ACOs Survey project team by the specified due date. See Chapter 9 of this document for more information. If a survey vendor does not have an ACO client, the survey materials do not have to be submitted.

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 not be modified in any way from what is provided in the pre-notification letter template
- 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
- If a window envelope is utilized for the pre-notification letter mailing, CMS’ return address should not appear in the window
- 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” or “Electronic Service Requested” for the outgoing envelopes is **required** on the pre-notification letter but is **optional** for the survey mailing.*

Survey Cover Letters and Envelopes

- 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 survey vendor’s return address or mail processing subcontractor’s 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 all survey mailings may include an insert in the optional language that details instructions for requesting a survey in the optional language
 - In place of an individual insert, a language specific note may be placed at the bottom of the survey cover letters providing beneficiaries with instructions for requesting a survey in that language. This option can only display one non-English survey language, and works best when only one non-English survey language is being offered by the ACO, as the note is included in all versions of the cover letter for that ACO.
- The envelope in which the survey is mailed must be printed with the survey vendor’s logo and return address or mail processing subcontractor’s 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 or mail processing subcontractor'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, and must include an identifier to differentiate between the first and second mailing.

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:

- Use ovals instead of boxes for response items
- Two-column format
- 12 point font size
- Wide margins (at least $\frac{3}{4}$ inches) so that the survey has sufficient white space to enhance readability
- 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
- Survey vendors have the option to provide their toll-free number on the last page of the survey, with the survey vendor's or mail processing subcontractor's return address, in case the beneficiary has questions about the survey and misplaced the cover letter

Note: It is permissible to place a code at the bottom of the mail survey to assist the survey vendor's customer service staff in identifying the survey type.

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

Supplemental Questions

Supplemental items are **not** approved for data collection for the 2018 performance 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 a beneficiary in the sample file, along with the 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 Chapter 6 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 ACO client.***

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

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 three business days. Survey vendors must make every effort to process any returned surveys to be included in the interim data submission file. (See Survey Completion Guidelines section in Chapter 6 for additional information.)

Data Entry/Data Processing Procedures

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 Chapter 6 Data Coding and Data Preparation). 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 must 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 and variable fills, 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. Documentation of seeded mailings should be maintained to include date of receipt and any quality checks performed on the seeded mail packet.
- Perform address validation to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available

Note: Survey vendors must describe their quality control processes in detail in their QAP, 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 may not be completed manually using paper/pencil surveys and then key-entered after the interview.

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 Chapter 6).

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 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. Follow-up phone calls to beneficiaries who have returned a blank or incomplete mail survey must start the survey from the beginning.

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 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 34-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 34-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 callback date and time. The interviewer must establish the callback with the beneficiary and not a member of the household.

A phone attempt must meet one of 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 dialings (if possible, the dialings 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

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

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

Phone Survey Materials

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

Phone Script

Survey vendors are provided a standardized script 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 script in English, Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese.

Note: Each survey vendor must submit a copy of their English-language CAHPS for ACOs Survey CATI screenshots for review by the CAHPS for ACOs Survey project team. Please see Chapter 9 for more information.

Supplemental Questions

For the 2018 performance 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/responses 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, the following 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, fail to employ proper probes, fail to remain objective and courteous, or who are difficult to understand or have difficulty in using the computer, must be identified and retrained or, if necessary, replaced

Proxy Respondents

While beneficiaries are encouraged to respond directly to the mail or phone surveys, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family member 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, caregivers, or proxy respondents.

Confidentiality

Sampling procedures are designed so that participating ACOs cannot identify beneficiaries selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of beneficiaries and may not give the ACO 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).

Timing of ACOs' Data Collection Efforts

To avoid imposing on beneficiaries, we encourage ACOs not to conduct other surveys of Medicare fee-for-service beneficiaries, four weeks prior, during, or four weeks after the CAHPS for ACOs survey administration period of October 23, 2018 to January 16, 2019. Other CMS-sponsored surveys are exempt from this guidance.

6. Data Coding and Data Preparation

This chapter covers the following topics:

- File Encryption
- ASCII File Specifications
- Decision Rules and Coding Guidelines
- Interim Data Coding Instructions
- Survey Completion Guidelines

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 Symantec File Share Encryption (previously known as PGP File Share) before submitting the files to the ACO Data Warehouse. Symantec File Share Encryption 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 Symantec File Share Encryption license if they don't already have one. Symantec File Share Encryption may be purchased online at <https://www.symantec.com/products/file-share-encryption>. The CAHPS for ACOs Survey data coordination team will encrypt files delivered to vendors using the Public Key provided by each vendor; vendors must encrypt files delivered to the data warehouse using the Public Key provided by the data coordination team. Survey vendors must create a Public Key to receive sample files, and must place a copy of their Public Key in their data warehouse folder. Sample files for each survey vendor will be encrypted using the vendor's Public Key, and placed in each vendor's data warehouse folder. Additionally, the data coordination team will place a copy of RAND's Public Key in each survey vendor's folder. Vendor data files submitted to the ACO Data Warehouse must be encrypted using RAND's Public Key. Data files submitted to the ACO Data Warehouse that are not encrypted or are not encrypted with the RAND key will be rejected and must be resubmitted.

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: Items 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.
- When more than one response choice is marked and the beneficiary’s intent is obvious, select that obvious response
- In instances where there are multiple marks **but** the beneficiary’s intent is clear, survey vendors should code the survey with the beneficiary’s **clearly intended** response.

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.

- For mail survey skip patterns
 - Report all responses as marked by a beneficiary, even if the beneficiary does not correctly follow mail survey skip patterns. Survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. Survey vendors must not impute responses based on how a beneficiary answers items.
 - If a screener item is left blank, code it as “M – Missing;” it does not trigger a skip
 - If the screener item is left blank, but beneficiary has answered the dependent item(s) report the response to the dependent question; the screener item is **not** counted toward the number of “applicable to all” (ATA) items in the calculation to determine a complete or partially complete survey. The response in the dependent item **is** counted as a response to an SSM in the calculation to determine a complete or partially complete survey.
 - Dependent items that are inappropriately skipped should be coded as “M – Missing”

- 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 CATI 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 CATI system. Coding may be done automatically by the CATI program or later during data preparation.

Interim Data Coding Instructions

For beneficiary records where no mail survey was returned and no phone number was obtained, MODE for the interim 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 D.

When submitting the interim data 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’s record in the Survey Status Section. 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 valid phone number for the beneficiary.

Survey Completion Guidelines

A completed survey includes responses for at least one item from the 10 SSMs and *greater than or equal to* 50 percent ($\geq 50\%$) of the ATA items.

A partially completed survey includes responses answered for at least one item from the 10 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 a response in one or more ATA items

and no response items answered from the 10 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 E for ATA items in the survey and Appendix F for a list of the items that make up the 10 SSMs.

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 administer the survey by phone from the beginning rather than attempting to fill in just the missing items from a previous partially completed 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 10 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 any survey responses received for cases with disposition code of 34.

When calculating “percent complete” using Survey Items Applicable to All Respondents (Appendix E):

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

Note: Therefore, the 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 item.

- 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 “SSM” 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 items or SSMs in the calculation to determine a complete or partially complete survey. However, these items are coded with the response given by the beneficiary in the data submission files.

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

- 1 – Yes
- 2 – No → If No, go to #5

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

Survey Disposition Codes

Maintaining up-to-date survey disposition codes is a required part of the CAHPS for ACOs Survey administration process. Using the Unique Respondent Finder Number assigned to each beneficiary by the CAHPS for ACOs Survey data coordination team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a survey or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection—that is, “Final Disposition Code”).

Interim disposition codes document the disposition of beneficiary cases that have not yet been finalized. Survey vendors should use their internal interim disposition codes only for tracking purposes and should not report such codes to CMS. However, survey vendors must include internal 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, completes, or attempts to complete the survey, assign an appropriate code of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned”
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from “22 – Language Barrier,” “24 – Mentally or physically unable to respond,” “32 – Refusal,” or “33 – Non-response,” describing the reason
- If a beneficiary’s address is confirmed as not viable and no valid phone number is identified, assign code of “35 – Bad address and phone number”
- If a beneficiary is found to be institutionalized, assign code “11 – Institutionalized”
 - For the purposes of the CAHPS for ACOs Survey administration, the disposition code of “institutionalized” should be applied to individuals who do not reside in a household, group quarters or group home. Specifically, “institutionalized” living arrangements reflect non-household facilities and include correctional institutions, mental hospitals, skilled nursing facilities, chronic disease hospitals, homes for the

aged, and other similar institutional living situations. Institutions are distinct from group quarters and group homes. Group quarters and group homes are non-institutional living arrangements for groups of individuals not living in conventional housing units, or groups of individuals living in conventional housing units containing 10 or more unrelated persons. Group homes may or may not have a resident living in charge of the home. Examples of group quarters and group homes include military barracks, fraternity and sorority houses, rooming houses, staff quarters in a hospital or school, halfway houses, community-based group homes for individuals with disabilities, and other similar group living situations.

- If the beneficiary is deceased, assign code “20 – Deceased”
- 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, 31, or 34 must contain the date the survey was received, the mode of survey administration and the language in which the survey was 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 Table

Final Disposition	Code	Description	Criteria
Completed survey	10	A completed survey includes a response to at least one item in the 10 SSMs and $\geq 50\%$ of the ATA items	A completed survey includes a response for at least one item from the 10 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 10 SSMs and $< 50\%$ of the ATA items	A partially completed survey includes a response to at least one item from the 10 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; no indication of bad address and phone number.
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, no answers to any item from the 10 SSMs	Responded by mail or CATI, with no answers to any item from the 10 SSMs. There must be no evidence that the beneficiary is ineligible.
Bad address and phone number	35	Unable to obtain a viable address <u>and</u> phone number is not valid	Address is confirmed as not viable, and no valid phone number was identified for the beneficiary.
Excluded from survey	40	Was excluded from all survey processes	Beneficiary was determined to be ineligible after sample selection but before data collection was initiated (see sampling section of manual).

Assigning Bad Address and Phone Number Disposition Codes

The survey vendor assigns the final survey disposition code “35 – Bad address and phone number” after all attempts to obtain a viable 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 valid phone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.

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

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

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

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

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

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

7. Data Submission

This chapter covers the following topics:

- Data Submission Process
- Data File Submission Dates
- Survey Vendor Authorization Process
- Preparation for Data Submission
- Survey File Submission Naming Convention
- Password Authentication
- Organization of the ACO Data Warehouse
- File Encryption
- Instructions for Accessing the ACO Data Warehouse
- Data Auditing and Validation Checks

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 accessing 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 2018 CAHPS for ACOs Survey and to submit survey data to CMS. Except for the purchase of a Symantec File Share Encryption license 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 7:59 PM Eastern Time on December 13, 2018 and the final survey data file by 7:59 PM Eastern Time on January 25, 2019. 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 December 11, 2018; however, a correct, error-free interim data file must be submitted by the December 13, 2018 deadline.

Note: Survey vendors may begin to submit final data on January 23, 2019; however, a correct, error-free final data file must be submitted by the January 25, 2019 deadline.

Survey Vendor Authorization Process

ACOs must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the ACO Data Warehouse hosted by RAND. 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 in Chapter 3, each survey vendor participating in the CAHPS for ACOs Survey is required to designate a data administrator within their organization. Each vendor's data administrator will receive (download) the sample files for the ACOs they have contracted with via the ACO Data Warehouse. In addition, each vendor's data administrator must submit (upload) CAHPS for ACOs Survey data to the ACO Data Warehouse electronically using prescribed file specifications (see Appendix D).

See “Become a Registered User of the ACO Data Warehouse” in Chapter 3 for a detailed description of how to gain access and permission to the data warehouse.

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

What information belongs in the file name:

- Vendorname = Abbreviated vendor name. This must match the name portion of the ACO 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 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.012319.1.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 accept an email invitation (described in Chapter 3) 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.*

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

As described in Chapter 6, all interim and final data submissions must be encrypted using the Public Key provided by the CAHPS for ACOs data coordination team. Any file uploaded to the survey vendor's folder that doesn't have the ".pgp" extension, indicating the prescribed PGP encryption, will be quarantined and automatically deleted. An automated 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. Therefore, 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.

Instructions for Accessing the ACO Data Warehouse

1. Each authorized survey vendor's data administrator can access the ACO Data Warehouse at <https://kiteworks.rand.org>
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

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. Each authorized survey vendor's data administrator, back-up data administrator, and project manager will be given instructions for creating the individual password for their assigned login, including the requirements and recommended guidelines for creating a password:

- Passwords must be at least eight (8) characters in length
- Passwords must contain:
 - At least 1 number
 - At least 1 lower-case letter
 - At least 1 upper-case letter
 - At least 1 special character

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 Chapter 6 Data Coding and Data Preparation.

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 automatically deleted and must be corrected and resubmitted.

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 within one business day after submission. If the submitted data file fails the edit checks described above, the email notification to the designated survey vendor staff will indicate that they're required to correct and resubmit the survey data file and will include details of the discrepancies (errors) found during the edit checking. Survey vendors are responsible for submitting a file that has no discrepancies by 7:59 PM Eastern Time on the final date of the submission window. If the submitted data file 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 (no errors) before 7:59 PM Eastern Time on the final date of the submission window are at risk for not being included in the results that are scored and reported. Therefore, it's essential that survey vendors make their first data submission **at least one business day before** the 7:59 PM Eastern Time close of the submission window.

8. Data Analysis and Reporting

This chapter covers the following topics:

- CMS Analysis of CAHPS for ACOs Survey Data
- Reporting
- Survey Vendor Analysis of CAHPS for ACOs Survey Data

Overview

This section describes the data analysis of the CAHPS for ACOs Survey conducted by CMS, public reporting of the CAHPS for ACOs Survey scores, and reporting to the ACOs that elect to administer the 2018 survey. It also provides a discussion of data analyses that survey vendors may conduct for their ACO clients. Survey results for the CAHPS for ACOs Survey for the 2018 quality performance period will be available to ACOs by Fall of 2019.

CMS Analysis of CAHPS for ACOs Survey Data

Final Analysis Dataset

The final analysis dataset used for scoring 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 to form SSMs. The items in a SSM are typically given equal weight in calculating the SSM score. Beneficiaries were counted as having a chronic condition if they reported having seen a provider three or more times in the past 12 months for a condition lasting at least three months, AND reported taking medication prescribed by a doctor to treat a condition that has lasted at least 3 months. All SSMs and the individual survey items within each SSM, are case-mix adjusted, appropriately weighted to account for oversampling of beneficiaries who are high utilizers, and linearly transformed to a 0-100 scale for scoring.

Reliability

Reliability is assessed for each item and SSM. Reliability may be interpreted as the fraction of variation in ACO mean scores that is attributable to actual differences among ACOs (“signal”) rather than sampling variability (“noise”). Thus, reliability close to one indicates that sampling variability is negligible, while reliability close to zero means that we are unable to detect any true variation among ACOs and apparent differences in the data are only random error. SSMs for which reliability is at least 0.60 but below 0.75 and in the lowest 12 percent of ACOs are considered to have low reliability. SSMs for which reliability is below 0.60 are considered to have very low reliability.

Reliability of the estimates is affected by a number of 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.

Weighting and Case-Mix Adjustment

Certain respondent characteristics, such as age and education, aren't under the control of the organization, but are related to the sampled beneficiary's survey responses. To make sure comparisons between organizations reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing organizations.

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, together with indicators of Medicaid dual eligibility/eligibility for low-income subsidy status, Asian language of survey completion (Cantonese/Korean/Mandarin/Vietnamese), and information indicating whether another person helped the respondent complete the survey. 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 sampling method so that survey results represent the general population of an organization's beneficiaries.

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

Scoring and Benchmarks

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

CMS uses a 2-16 scoring system for the patient experience domain. One SSM, Health Status and Functional Status, is currently pay-for-reporting; all organizations that appropriately report data currently receive a full score of two points for this measure. For the remaining seven scored SSMs, each organization is assigned between 0-2 points to summarize the organization's performance. CMS computes this score by comparing an organization's 0-100 case-mix adjusted

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

score in each SSM to a set of benchmarks. Points are allocated according to the achievement of specific benchmarks. An overall score for the patient experience domain is calculated by summing the eight equally-weighted SSMs into a combined score which ranges from 2-16 points. Each ACO that has participated in the program for at least two years is also eligible for up to four quality improvement points, that are awarded to the ACOs that demonstrate significant improvement in performance. Quality improvement points are added to the quality points, though the total number of points awarded for the patient experience domain cannot exceed 16 points. Additional information on scoring and benchmarking for Shared Savings Program ACOs is available at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2018-and-2019-quality-benchmarks-guidance.pdf>

The scoring and benchmarking methodology is available to Next Generation ACOs via the connect site <https://app.innovation.cms.gov/NGACOConnect/> and is similar to the scoring and benchmarking methodology for Shared Savings Program ACOs.

Reporting

Reporting of CAHPS for ACOs Survey Data

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

Reporting of CAHPS for ACOs Survey Scores to ACOs

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

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

CAHPS data are organized and displayed within the report according to their different purposes. The report to ACOs includes the scores for the eight SSMs required by the Shared Savings Program and the one CG-CAHPS CORE measure.

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

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 SSM not used in scoring:

- Care Coordination Composite

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.

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 the ACO clearly recognizes 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 requesting 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 from the sample file (variable ACO_ID).

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, as indicated in the CMS DUA.**

- No information based on fewer than 11 sampled members can be released, meaning no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms
- 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

Survey vendors will not have sufficient information to replicate CMS scoring. **All reports provided to the ACOs must include a statement that vendor results are unofficial and are for ACOs' internal quality improvement purposes only. The statement must be printed in a minimum 14-point font size.** 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 are not permitted to 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: The CMS DUA prohibits display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10

9. Oversight

This chapter covers the following topics:

- Oversight Activities
- Non-compliance and Sanctions

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.**

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. After the first year of survey administration, 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: All conditionally approved survey vendors must submit a QAP by May 14, 2018. CMS-approved survey vendors must submit CAHPS for ACOs English mail survey materials by July 31, 2018 and English CATI screenshots by September 25, 2018.

- Assessment 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.

More detail on each of these oversight activities is provided below.

CAHPS for ACOs Survey Quality Assurance Plan (QAP)

Each conditionally approved survey vendor must submit the QAP by May 14, 2018, using the Model QAP provided via email by the CAHPS for ACOs Survey project team. We expect conditionally approved survey vendors to use the Model QAP as a template for developing their own QAP (see “Submit CAHPS for ACOs Quality Assurance Plan” in Chapter 3). 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.

Assessment 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 *CAHPS for ACOs Survey Quality Assurance Guidelines*, and to 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 review the site visit agenda with survey vendor staff in advance of the site visit. 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 *CAHPS for ACOs Survey 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
- A corrective action plan
- 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

10. Discrepancy Reports

This chapter covers the following topics:

- Discrepancy Report Process
- Discrepancy Report Review Process

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 as soon as they are identified. 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 online through the [CAHPS for ACOs Survey website](#). This report notifies the CAHPS for ACOs Survey project team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy, to the extent this information is immediately available.
 - 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 available within the required report submission timeline, 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 on the form

Discrepancy Report Review Process

CMS and the CAHPS for ACOs Survey project team will review the discrepancy report, and then 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.

11. 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](#).

