

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for the Merit-based Incentive Payment System (MIPS) and Next Generation Model

Quality Assurance Guidelines Version 2021

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.

Revision History

VERSION	DATE	REVISION/CHANGE DESCRIPTION	AFFECTED AREA
1	05/2017		
2	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.
3	04/2019	Updated to reflect CMS procedures and specifications for 2019 survey administration.	Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.
4	06/2020	Updated to reflect CMS procedures and specifications for 2020 survey administration.	CAHPS for MIPS survey vendor training. Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.
2021	5/2021	Updated to reflect CMS procedures and specifications for 2021 survey administration. Added content unique to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) administering the CAHPS for MIPS Survey. Added content specific to Next Generation Model ACOs (NGACOs) administering the CAHPS for ACOs Survey.	Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.

CAHPS SURVEY FOR MIPS AND NEXT GENERATION MODEL QUALITY ASSURANCE GUIDELINES VERSION 2021

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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 CAHPS Survey for MIPS and Next Generation Model Quality Assurance Guidelines (QAG) to standardize the CAHPS data collection process for MIPS and the Next Generation ACO Model and to make sure the survey data collected across survey vendors are comparable within the program or model. The information included in this document is intended primarily for survey vendors, but may be of interest to groups, MIPS Alternative Payment Model (APM) Entities, Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs), and Next Generation Model ACOs (NGACOs).

This chapter gives users an overview of the content of this document. The detailed information on requirements and protocols for the CAHPS for MIPS Survey and CAHPS for ACOs Survey can be found in each section.

Contents of the Quality Assurance Guidelines Version 2021

The Quality Assurance Guidelines Version 2021 includes the following chapters:

2. Introduction and Overview

How the surveys were developed and a description of the surveys.

3. Roles and Responsibilities for Survey Implementation

Information regarding survey vendors' roles and responsibilities in implementing the CAHPS for MIPS Survey and CAHPS for ACOs Survey, including communication with patients. This section also provides an overview of the roles and responsibilities of CMS, groups, virtual groups, MIPS APM Entities, Shared Savings Program ACOs, and NGACOs.

4. Sampling

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

5. Data Collection Protocol

Details on the mixed-mode (mail with phone follow-up) data collection protocol survey vendors must use to administer the surveys 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 MIPS and ACO Data Warehouses.

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 for the surveys.

8. Data Analysis and Reporting

Information on the reports CMS prepares for groups, virtual groups, MIPS APM Entities, Shared Savings Program ACOs, and NGACOs and the data analysis of data for each survey. This section also talks about data analyses that survey vendors may conduct for groups, virtual groups, MIPS APM Entities, Shared Savings Program ACOs, and NGACOs.

9. Oversight

Information on the oversight activities conducted by the CMS-sponsored project team for the CAHPS for MIPS Survey and CAHPS for ACOs Survey (referred to as the “project team” throughout this document). The purpose of oversight activities is to make sure survey vendors comply with all protocols for the administration of the surveys.

10. Discrepancy Reports

How to notify CMS of any discrepancies from the standard 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 and Cover Letters (English)
- Instructions and Computer Assisted Telephone Interview (CATI) Script (English)

For More Information

Visit the [CAHPS for MIPS Survey](#) page for more information on the CAHPS for MIPS Survey and to see important updates and announcements. Visit the [Quality Payment Program](#) website to learn more about the overall program.

Visit the [CAHPS for ACOs](#) website for more information on the CAHPS for ACOs Survey and to see important updates and announcements.

To Provide Comments or Ask Questions

- Vendors should contact the project team for technical assistance and information about the CAHPS for MIPS Survey at:
 - MIPSCAHPS@hsag.com
 - Phone (toll free): 1-844-472-4274
- Vendors should contact the project team for technical assistance and information about the CAHPS for ACOs Survey¹ at:
 - ACOCAHPS@hsag.com
 - Phone (toll free): 1-855-472-4746
- Vendors should contact the data coordination team at
 - mips-datasupport@rand.org for the CAHPS for MIPS Survey
 - aco-datasupport@rand.org for the CAHPS for ACOs Survey

¹ Note: Beginning in PY 2021, Shared Savings Program ACOs will administer the CAHPS for MIPS Survey.

2. Introduction and Overview

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

- CAHPS Program
- MIPS Program
- Next Generation ACO Model Initiative
- CAHPS for MIPS Survey
- CAHPS for ACOs Survey
- Survey Administration

About the CAHPS Program

The CAHPS program, sponsored by the Agency for Healthcare Research and Quality (AHRQ), has developed a variety of standardized patient surveys that enable health care providers, purchasers, and regulators to track, compare, and improve patients' experiences in different health care settings. The CAHPS family of surveys includes surveys developed by CMS. All surveys officially designated as CAHPS surveys have been approved by the CAHPS Consortium, which is overseen by AHRQ.

About the MIPS Program

CMS is committed to measuring and reporting on the quality of health care from the consumers' perspectives. Consumer evaluations of health care measure important aspects of a patient's experience that can't be measured through other means.

MIPS is one track of the Quality Payment Program (QPP), where clinicians earn a performance-based payment adjustment to their Medicare payment. Clinicians participating in MIPS have the flexibility to choose the measures and activities that are most meaningful to their group to demonstrate performance. The CAHPS for MIPS Survey is an optional quality measure that groups, virtual groups, or Alternative Payment Model (APM) Entities participating in MIPS can elect to administer. The survey counts as one measure towards the MIPS quality performance category, as a patient experience measure. A MIPS eligible clinician may also be awarded points under the improvement activities performance category for administering the survey. Additional information on MIPS is available on the [Quality Payment Program](#) website.

Note: In the rest of the QAG, the term "groups" is used to refer to groups, virtual groups, and APM Entities administering the CAHPS for MIPS Survey.

MIPS and the Shared Savings Program

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.

Beginning in performance year (PY) 2021, Shared Savings Program ACOs are required to report via the APM Performance Pathway (APP) and will administer the CAHPS for MIPS Survey. The final policies can be found in the [CY 2021 Medicare Physician Fee Schedule Final Rule \(PDF\)](#) and in the [2021 Quality Payment Program Final Rule Resources \(ZIP\)](#).

The CAHPS for MIPS Survey is required for Shared Savings Program ACOs reporting via the APP. Additional information is available on the [Shared Savings Program](#) website.

About the Next Generation Model Initiative

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 Medicare patients.

The Next Generation ACO (NGACO) Model is an initiative for ACOs that are experienced in coordinating care for of patients across care settings. The goal of the 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 Original Medicare fee-for-service (FFS) beneficiaries. The CAHPS for ACOs Survey is a required measure of patients' experience of care for all NGACOs. A NGACO is eligible to get a portion of the savings, if earned, that accrue to Medicare if the NGACO meets both program requirements and quality performance standards.

Additional information on the Next Generation Model is available on the [Next Generation ACO Model](#) website.

About the CAHPS for MIPS Survey

The CAHPS for MIPS Survey data are collected from a sample of Medicare fee-for-service patients who get a plurality of their primary care from the participating group. Effective PY 2021, Shared Savings Program ACOs will be required to administer the CAHPS for MIPS Survey (85 FR 84718). The survey items address care received from a specific provider within the group or Shared Savings Program ACO to help orient the patient to the care he or she received. The named provider can be a physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

The CAHPS for MIPS Survey includes the CAHPS Clinician & Group Survey Version 3.0 (known as CG-CAHPS) supplemented with additional survey items to meet the needs of CMS and the MIPS program. The survey measures 10 key domains of patients' experience 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 MIPS 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

The first national administration of the CAHPS for MIPS Survey occurred in PY 2017, and is based on the CAHPS for PQRS Survey. CMS developed a streamlined version of the survey in response to (a) feedback from stakeholders requesting a shorter survey, and (b) to incorporate AHRQ's version 3.0 update to CG-CAHPS. The streamlined survey has been in use since PY 2018. The CAHPS for MIPS Survey was updated in PY 2021 to include an item to capture patient-reported use of telehealth in the form of visits by phone or video (85 FR 84873).

About the CAHPS for ACOs Survey

The first national administration of the CAHPS for ACOs Survey occurred in PY 2013. CMS developed a streamlined version of the survey in response to (a) feedback from stakeholders requesting a shorter survey, and (b) to incorporate AHRQ's version 3.0 update to CG-CAHPS. A pilot test of the streamlined survey was conducted with 18 ACOs in PY 2016 and informed the version of the survey in use since PY 2018. Effective 2021, the CAHPS for ACOs Survey is only used for the Next Generation ACO Model.

The CAHPS for ACOs Survey is the only survey NGACOs may use to meet Next Generation ACO Model requirements to measure patient experience of care. Prior to PY 2021, the survey was used by ACOs participating in the Shared Savings Program.

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

Similar to the CAHPS for MIPS Survey, the CAHPS for ACOs Survey includes CG-CAHPS, Version 3.0, supplemented with additional survey items to meet the needs of CMS and the ACO program. 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

Survey Administration

Both surveys are conducted with a sample of assigned Medicare fee-for-service patients who are at least 18 years of age. CMS makes efforts to exclude patients who are deceased or who are known to be institutionalized at the time of the sample draw. The surveys are administered using a single 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 Patients About the Surveys
- Roles and Responsibilities
- Survey Vendor Training

Overview

This section describes the roles and responsibilities for vendors administering the CAHPS for MIPS Survey and/or the CAHPS for ACOs Survey, including the requirements for communicating with Medicare patients about either survey. It also provides a brief description of the roles and responsibilities of CMS, groups, Shared Savings Program ACOs, and NGACOs with respect to survey implementation, as well as additional requirements for vendors implementing the surveys.

Communicating with Patients About the Surveys

Survey vendors, groups, Shared Savings Program ACOs, and NGACOs are allowed to notify patients that they may be asked to participate in the CAHPS for MIPS Survey or 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.

- Groups, Shared Savings Program ACOs, NGACOs, survey vendors, and their agents are encouraged to avoid asking any CAHPS survey items of patients with Medicare fee-for-service 4 weeks prior to, during, and 4 weeks after the CAHPS for MIPS Survey and the CAHPS for ACOs Survey administration period (for PY 2021, any time from September 21, 2021 to February 16, 2022). This guidance doesn't apply to other CMS-administered surveys.

Additionally, groups, Shared Savings Program ACOs, NGACOs, survey vendors, and their agents aren't allowed to:

- Attempt to influence or encourage patients to answer survey items in a particular way.
- Imply that the group, Shared Savings Program ACO, or NGACO, (including personnel agents), will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses or indicate that a given response is hoped for.
- Offer incentives of any kind for participation in the survey.
- Show or provide the survey materials (pre-notification letter, cover letter, or survey) to patients prior to the administration of the survey.
- Indicate that the goal is for all patients to rate their care a “10,” “Yes,” or “Always.”

Roles and Responsibilities

Survey Vendor Roles and Responsibilities

Survey vendors agree to:

- Participate in all vendor training sessions and successfully complete the post-training quiz at the end of each mandatory training.
- Follow the CAHPS for MIPS Survey and 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. The Enterprise Privacy Policy Engine (EPPE) is the CMS system used for all DUA requests and updates. Survey vendors must use the EPPE system to request new DUAs, as well as updates, extensions, and closures to existing DUAs. 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 2021 survey administration data.
 - Submit a DUA Addendum for each subcontractor and service provider that views patient-level data (e.g., name, address, telephone number). The DUA Addendum form must be signed and uploaded to CMS via the EPPE system.
 - Additional information about CMS DUAs and EPPE system training can be found at the [DUA](#) website.

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 patient survey data for the purpose of providing reports or analysis for group, Shared Savings Program ACO, or NGACO clients must be approved in advance. Survey vendors must submit all requests for approval in advance via email to:

- MIPSCAHPS@hsag.com for CAHPS for MIPS Survey data append requests.
- ACOCAHPS@hsag.com for CAHPS for ACOs Survey data append requests.

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 a Vendor Access to Data Warehouse Form by September 1, 2021.
- Receive and perform checks of the sample received for each group, Shared Savings Program ACO, or NGACO to make sure the sample file includes all required data elements.

- Administer the survey(s) and oversee the quality of work of staff and subcontractors, if applicable, according to protocols established by CMS and contained in this document.
 - Mail survey administration and telephone interviews may be conducted remotely on an as-needed basis during the COVID-19 Public Health Emergency. Vendors must continue to adhere to the vendor approval criteria codified in §414.1400 throughout 2021 administration of the survey. See the Minimum Survey Business Requirements for more detail.
- Verify that each group, Shared Savings Program ACO, and NGACO has authorized the survey vendor to submit data on their behalf.
- Submit data files to the MIPS and/or ACO Data Warehouse before CMS's data submission deadline following the data file specifications in this document (see Chapter 6).
- Review the 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 survey requirements and procedures to ensure the data collected on behalf of a client can be used by CMS for scoring and reporting.

Survey vendors are approved for 1 year. Approval as a survey vendor in prior years doesn't guarantee future approval.

CMS Roles and Responsibilities

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

CMS will:

- Give survey vendors the survey administration protocol, timeline, and description of the data submission tools, format, and procedures through this document.
- Train survey vendors to administer the surveys.
- Provide technical assistance to survey vendors.
 - CAHPS for MIPS Survey: 1-844-472-4274, MIPSCAHPS@hsag.com
 - CAHPS for ACOs Survey: 1-855-472-4746, ACOCAHPS@hsag.com
- Process, review, and analyze data files submitted by survey vendors.
- Prior to reporting, calculate and adjust survey data for case-mix effects.
- Give each group, Shared Savings Program ACO, and NGACO a report and Excel file detailing survey scores.
- Provide additional information about the surveys in the [Quality Payment Program \(QPP\) resource library](#) and the [CAHPS for ACOs](#) website.

Group, Shared Savings Program ACO, and NGACO Roles and Responsibilities

Groups, Shared Savings Program ACOs, and NGACOs agree to:

- Contract with a CMS-approved survey vendor for survey administration. The list of approved survey vendors can be found in the [QPP resource library](#) and on the [CAHPS for ACOs](#) website. Groups, Shared Savings Program ACOs, and NGACOs are responsible for the costs of the survey administration.
 - Groups, Shared Savings Program ACOs, and NGACOs aren't allowed to administer the survey themselves.
- Authorize the survey vendor to submit PY 2021 survey data on their behalf through the web-based survey vendor authorization tool.
 - Groups, Shared Savings Program ACOs, and NGACOs must authorize a survey vendor by September 15, 2021.
 - Annual authorization is required even if the group, Shared Savings Program ACO, or NGACO has previously authorized a vendor.

Note: Groups, Shared Savings Program ACOs, and NGACOs are responsible for instructing their vendor to administer the survey in one of the available translations, if needed.

Survey Vendor Training

Conditionally-approved survey vendors must complete a self-guided training in May 2021. The self-guided training must be completed by May 28, 2021 and is comprised of 2 modules:

- Survey overview and background, sample design and patient selection, and data analysis and public reporting
- Roles and responsibilities, CMS DUA, data collection protocol, and vendor oversight

The 2 modules that comprise the required self-guided training must be completed by key vendor and/or subcontractor staff named in the vendor's application as fulfilling the roles of Project Manager, Mail Center Supervisor, and Call Center Supervisor. Project staff member(s) fulfilling the following functional roles must also complete the self-guided training:

- 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 completion of a post-training quiz by those individuals for each module. All staff taking the self-guided training must answer the quiz questions for each training module. All key project staff must successfully pass the quiz for each module.

CMS requires vendors to participate in one additional training in 2021 to maintain their approval status:

- A webinar in November 2021 to provide training on data safeguarding, data coding, file preparation, and data submission.

Each staff member required to attend the webinar training must complete a quiz.

In the event that a single staff member is fulfilling all key roles as stated above, the survey vendor must formally identify a back-up staff person and this individual is also required to complete the self-guided training and webinar training sessions.

Note that there are no registration fees associated with training.

Review and Follow the Survey Protocols 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 contained in this manual and any updates to this manual.

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 doesn't adhere to the survey procedures or timeline may not be used in calculating and reporting scores for the group, Shared Savings Program ACO, or NGACO for the affected PY.

Submit Quality Assurance Plan

All conditionally-approved survey vendors must develop and submit a single Quality Assurance Plan (QAP) for CAHPS for MIPS Survey and CAHPS for ACOs Survey administration in accordance with the Quality Assurance Guidelines. The QAP must be submitted to MIPSCAHPS@hsag.com no later than May 28, 2021. Vendors receiving final CMS approval to administer the surveys should update their QAP, as needed, to reflect changes in resources and processes. Approved vendors must send notice of changes in key personnel to MIPSCAHPS@hsag.com as soon as the changes are known.

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 patient addresses
 - Include a detailed description of the process for obtaining and updating patient phone numbers
- Description of quality control processes and procedures
 - Include a summary outlining the results from previous survey administration quality control activities, including concerns identified during the site visit and/or remote monitoring session, and any corrective action plan(s)/changes that will be implemented for the future
- 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 DUA
 - Include education of staff who come in contact with patient 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 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 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 survey administration (including mailing materials such as cover letters, the survey, and screenshots of the phone script) for the project team to review. All materials must be received by the project team by the specified due date.

- CAHPS for MIPS Survey materials must be submitted by email to MIPSCAHPS@hsag.com.
- CAHPS for ACOs Survey materials must be submitted by email to ACOCAHPS@hsag.com.

Note: All conditionally-approved survey vendors must submit a QAP by May 28, 2021. Only CMS-approved survey vendors with clients will be required to submit survey materials. Depending on the issues identified during the QAP and survey material review, survey vendors may be required to revise and resubmit the survey materials and the QAP for re-review and approval.

Become a Registered User of the 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 groups, Shared Savings Program ACOs, and NGACOs the survey vendor has contracted with.
- Submit MIPS and/or ACO survey data to the Data Warehouse on their behalf.
- Designate a second person within the organization as a back-up data administrator who will also have access to the Data Warehouse.

The data administrator will serve as the main point of contact between the data coordination team and the survey vendor regarding issues related to downloading or uploading files from the 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 data coordination team by completing a Vendor Access to Data Warehouse Form. The survey project team will send a blank form to all approved survey vendors. Vendors must email a completed Vendor Access to Data Warehouse Form no later than September 1, 2021 to the data coordination team at mips-datasupport@rand.org. Once the team has verified the information on the form and confirmed that the survey vendor has been authorized by one or more groups, Shared Savings Program ACOs, or NGACOs 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 RANDkiteworks@rand.org) to the data warehouse, which will include a request to establish a password. The data coordination team will copy the data administrator, back-up data administrator and the project manager on all email communications related to the Data Warehouse and data submission.

The 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 given access to the Data Warehouse account and required to establish a password.

- Survey vendors will receive the sample files for the groups and Shared Savings Program ACOs they have contracted with via the Data Warehouse. Survey vendors must submit CAHPS for MIPS Survey data to the Data Warehouse, following the MIPS file specifications in Appendix D.
- Survey vendors will receive the sample files for the NGACOs they have contracted with via the Data Warehouse. Survey vendors must submit CAHPS for ACOs Survey data to the Data Warehouse, following the ACO file specifications in Appendix D.

Participate in Oversight Activities Conducted by the 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 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

Survey vendors must review and agree to the Rules of Participation in order to administer the survey for their client(s) by completing and signing the CAHPS for MIPS Survey and 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 Vendors

Overview

This section describes how CMS will select the samples for the CAHPS for MIPS Survey and CAHPS for ACOs Survey for PY 2021. The data coordination team will use a sample frame provided by CMS to draw a random sample of Medicare fee-for-service patients for each group, Shared Savings Program ACO, and NGACO. The sample draw will occur in September 2021.

Sample Size for Groups and Shared Savings Program ACOs

The sample size will vary based on the number of eligible clinicians (ECs) within the group.

- For groups of 100 or more ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 416 patients, all eligible patients will be surveyed. If there are fewer than 416 patients, the survey cannot be conducted and a sample will not be drawn.
- For groups of 25 to 99 ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 255 patients, all eligible patients will be surveyed. If there are fewer than 255 patients, the survey cannot be conducted and a sample will not be drawn.
- For groups of 2 to 24 ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 125 patients, all eligible patients will be surveyed. If there are fewer than 125 patients, the survey cannot be conducted and a sample will not be drawn.

Shared Savings Program ACOs will adhere to the group sample sizes detailed above, based on the number of clinicians within the Shared Savings Program ACO.

Sample Size for NGACOs

The data coordination team will draw a random sample of 860 Medicare fee-for-service patients for each NGACO. If an ACO has fewer than 860 eligible patients, the sample draw is 100% of survey eligible patients.

Sample Selection and Eligibility Criteria

Sample selection for each group and Shared Savings Program ACO participating in the CAHPS for MIPS Survey and each NGACO participating in the CAHPS for ACOs Survey occurs during September - October 2021. For groups, the sample is drawn at the level of the participating TIN.

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

Patients are sampled for the survey so that one quarter of the sample represents high users of care within the group, Shared Savings Program ACO, or NGACO. High users are defined as the top 10% of patients within the group, Shared Savings Program ACO, or NGACO, based on claims. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's patients. (See Chapter 8 for information on weighting.)

Sample Preparation

CMS will provide addresses of patients available in the CMS Integrated Data Repository (IDR) as of September 2021. Where possible, CMS will also provide a patient phone number as of September 2021. The data coordination team will conduct data checks for any irregularities in the sample file, such as truncated name or address information.

CAHPS for MIPS Survey Sample File Layout

Below, and in Appendix C, is a complete list of the variables that CMS will provide in the CAHPS for MIPS sample file, as well as the file record layout for the sample file. Shared Savings Program (SSP) is abbreviated in table format

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique patient finder number assigned by data coordination team
FNAME	9	30	Text	CMS patient first name
MNAME	39	15	Text	CMS patient middle name
LNAME	54	40	Text	CMS patient 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

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
MIPS_ID	287	5	[G]nnnn [A]nnnn	Five-character ID: <ul style="list-style-type: none"> Group begins with “G” followed by four numbers SSP ACO begins with “A” followed by four numbers
MIPSNAME	292	100	Text	Group or SSP ACO name provided by CMS
FOCALTYPE	392	1	1-2	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	Patient phone number
LAND_MOBILE	518	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable

CAHPS for ACOs Survey Sample File Layout

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

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique beneficiary finder number assigned by the data coordination team
FNAME	9	30	Text	CMS patient first name
MNAME	39	15	Text	CMS patient middle name
LNAME	54	40	Text	CMS patient last name
DOB_C	94	8	YYYYMMDD	Date of birth
ZIP	102	9	Char	Mailing address zip code, leading zero
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	[V]nnn	ACO identifier: Next Generation ACO Model begins with the letter "V" followed by 3 numbers
ACONAME	292	100	Text	NGACO name provided by CMS
FOCALTYPE	392	1	1-2	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)
PRFNAME	428	30	Text	Provider first name
PRLNAME	458	50	Text	Provider last name
TELEPHONE NUMBER	508	10	Numeric	Patient phone number
LAND_MOBILE	518	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable

Delivery of the Sample File to Survey Vendors

Once the data coordination team receives and prepares the sample, the team will create a vendor-specific sample file for each survey; each vendor's survey-specific sample file will be limited to the groups and Shared Savings Program ACOs, or NGACOs that have authorized the vendor to conduct the survey. The data coordination team will deliver each vendor's survey-specific sample files to the Data Warehouse for retrieval. Survey vendors will download their sample files and undertake their data collection activities.

Note: Survey vendors must be authorized by their client to obtain the sample files and to collect data on their behalf. Groups, Shared Savings Program ACOs, and NGACOs must authorize a survey vendor by September 15, 2021. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit a Vendor Access to Data Warehouse Form before receiving sample files. Sample files will be available in October 2021.

5. Data Collection Protocol

This chapter covers the following topics:

- Data Collection Schedule (PY 2021)
- Survey Administration Languages
- Mail Protocol
- Phone Protocol
- Proxy Respondents
- Incentives
- Confidentiality
- Timing of Other Data Collection Efforts

Overview

This section describes the data collection protocol and procedures for the CAHPS for MIPS Survey and 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 is the same for the CAHPS for MIPS Survey and the CAHPS for ACOs Survey. 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 groups, Shared Savings Program ACOs, or NGACOs. 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 project team will provide survey vendors detailed instructions and training on the data collection protocol and procedures.

For both surveys, the mail protocols start with a pre-notification letter mailed to all sampled patients, alerting them of the first mailing of the survey, and assuring the sampled patients that CMS sponsors the survey. If sampled patients fail to respond after **2 survey mailings**, survey vendors will attempt **6 phone follow-up calls**. The sampled patients may refuse to answer any or all of the survey items, but the survey vendor must make the attempt(s) to contact the sampled patients 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 patient 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 patient. CATI interviews may not be initiated until the start of the phone follow-up period.

Both mail and CATI surveys must be available to the sampled patients in English. Survey vendors have the option of offering the surveys in these additional languages:

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

Note: If a group, Shared Savings Program ACO, or NGACO 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 patients from survey administration. Documentation of request to be placed on a Do Not Survey/Call list must be maintained for a minimum of 3 years.

Data Collection Schedule (PY 2021)

The basic tasks and timing for conducting the CAHPS for MIPS Survey or the CAHPS for ACOs Survey for PY 2021 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 the QAP to the project team via MIPSCAHPS@hsag.com .	5/28/2021
Survey vendors provide toll-free customer support phone numbers for inclusion in pre-notification letter. CMS will generate a customized pre-notification letter for each survey vendor that includes the phone number provided at a later date. <ul style="list-style-type: none"> • The toll-free number to be used for 2021 CAHPS for MIPS Survey customer support must be provided to MIPSCAHPS@hsag.com. • The toll-free number to be used for 2021 CAHPS for ACOs Survey customer support must be provided to ACOCAHPS@hsag.com. 	7/23/2021
Survey vendors must submit English mail survey materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope*) to the project team. <ul style="list-style-type: none"> • CAHPS for MIPS Survey materials must be submitted via MIPSCAHPS@hsag.com. • CAHPS for ACOs Survey materials must be submitted via ACOCAHPS@hsag.com. <p>*Note: If using a window envelope, the survey vendor’s logo <u>and</u> return address must be visible through the envelope window in which the survey is mailed.</p>	7/23/2021

Task	Date
Confirm with the project team via MIPSCAHPS@hsag.com or ACOCAHPS@hsag.com that all required DUA actions have been completed. (Returning vendors must extend and update their existing DUA and new vendors must submit a DUA.) A DUA Addendum must be in place with CMS for subcontractors and service providers that see patient-level data (e.g., name, address, telephone number).	8/18/2021
Survey vendors must submit mail materials in all translations for which the survey will be administered to the project team for review. <ul style="list-style-type: none"> • CAHPS for MIPS Survey materials must be submitted via MIPSCAHPS@hsag.com. • CAHPS for ACOs Survey materials must be submitted via ACOCAHPS@hsag.com. 	8/23/2021
Survey vendors must complete and email a Vendor Access to Data Warehouse Form to mips-datasupport@rand.org .	9/1/2021
Groups, Shared Savings Program ACOs, and NGACOs must complete the web-based survey vendor authorization process.	9/15/2021
Survey vendors must submit CATI screenshots in English and all translations for which the survey will be administered to the project team. <ul style="list-style-type: none"> • CAHPS for MIPS Survey materials must be submitted via MIPSCAHPS@hsag.com. • CAHPS for ACOs Survey materials must be submitted via ACOCAHPS@hsag.com. 	9/17/2021
Group, Shared Savings Program ACO, and NGACO sample files become available to survey vendors.	10/6/2021
Survey vendors provide mail sample survey packets to the project team for review. Note: CMS requests all vendors submit prepared sample mail materials, including variable information, for review prior to the first survey mailing for PY 2021.	10/12/2021 – 10/15/2021

Data Collection Tasks

Survey Vendor Task	Date
Mail out a pre-notification letter to all sampled patients one week before the first survey mailing.	10/18/2021 – 10/19/2021
Customer support phone center opens (Toll-free phone number required).	10/19/2021
Mail-out of the first survey with cover letter.	10/25/2021 – 10/26/2021
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/15/2021 – 11/16/2021
Initiate telephone follow-up by CATI for all non-respondents to the mail survey. (1 st attempt must occur during this time.)	12/3/2021 – 12/10/2021
Submit interim survey data files to the Data Warehouse. Survey vendors should begin to submit data on 12/7/2021 and <u>must</u> have all interim data submitted by 12/9/2021 (including any requests for corrections).	12/7/2021 – 12/9/2021

Survey Vendor Task	Date
Conduct additional CATI follow-up 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 2 different calendar weeks • Call attempts must be scheduled at different times of the day and on different days of the week Note: CMS anticipates that vendors will suspend CATI interviews during 12/20/2021 – 1/2/2022 due to holidays.	12/11/2021 – 1/13/2022
Last day for inbound and outbound phone interviews.	1/13/2022
Cutoff date for returned mail surveys.	1/13/2022
Last day of operation for customer support toll-free line.	1/13/2022
Submit final survey data files to CMS after close of data collection via the Data Warehouse. Survey vendors should begin to submit data on 1/18/2022 and <u>must</u> have all final data submitted by 1/20/2022 (including any requests for corrections).	1/18/2022 – 1/20/2022

Survey Administration Languages

All groups, Shared Savings Program ACOs, and NGACOs must administer the survey in English with one exception: groups, Shared Savings Program ACOs, or NGACOs operating in Puerto Rico must administer the survey in Spanish, offering English to patients who request it.

All sampled patients 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 patients must call if they want an English version of the survey. Otherwise, all sampled patients residing in Puerto Rico shall receive a Spanish-language version of the survey on first mailing and subsequent mailings, if needed. Sampled patients 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 patients.

A group, Shared Savings Program ACO, and/or NGACO that serves a patient population with a plurality of individuals who speak one of the seven optional languages (Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese) has 4 options for implementing data collection in a language other than English.

- The group/Shared Savings Program ACO/NGACO can give the survey vendor information on the language preferences of all Medicare patients seen by a provider within the group/Shared Savings Program ACO/NGACO, but the survey vendor is prohibited from giving the group/Shared Savings Program ACO/NGACO information on which patients have been sampled for survey administration. The survey vendor may use language preference information from a group, Shared Savings Program ACO, or NGACO to mail survey packets in the preferred language. Survey vendors must conduct phone follow-up in the same languages.

- The group/Shared Savings Program ACO/NGACO 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 group/Shared Savings Program ACO/NGACO can contract with the survey vendor to include an insert with the pre-notification and all survey mailings that contains instructions for the patient 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(s) may be placed at the bottom of the survey cover letters providing patients with instructions for requesting a survey in that language.

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 mixed-mode data collection protocol. The same mail protocol is used for both the CAHPS for MIPS Survey and the CAHPS for ACOs Survey.

Survey Translations

Survey vendors will have the option of offering a translation of the 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 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 survey; inserts to request translations; cover letters; or any other survey materials.

For groups, Shared Savings Program ACOs, or NGACOs 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 surveys 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 aren't permitted to create or use any other translations of: the 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 patients who request the survey in a language other than the one they received (that is, in English or 1 of the 7 optional languages).

Note: Each survey vendor with a group, Shared Savings Program ACO or NGACO client must submit copies of their survey mailing materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope) for review by the project team by the specified due date. Each survey vendor must also submit a copy of their phone script (screenshots) for review by the project team by the specified due date. See Chapter 9 of this document for more information. If a survey vendor doesn't have a group, Shared Savings Program ACO, or NGACO client, the survey materials don't have to be submitted.

Pre-notification Letter

All correspondence sent to sampled patients must follow these guidelines:

- Full name and address are used to address all envelopes to the sampled patient.
- The pre-notification letter contains the salutation “Dear Medicare Patient”.
- 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 a group, Shared Savings Program ACO, or NGACO 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 used for the pre-notification letter mailing, CMS's return address shouldn't appear in the window.
- In order to update records for patients who have moved, the pre-notification letter envelope must be marked with one of the following:
 - “Return Service Requested” or
 - “Address Service Requested” or
 - “Change Service Requested” or
 - “Electronic Service Requested”

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.

- The CMS logo must appear with the survey vendor's return address or mail processing subcontractor's return address.
 - In addition to the CMS logo, the survey vendor's logo may also be printed on the pre-notification letter envelope.

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 patient'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(s) may be placed at the bottom of the survey cover letters providing patients with instructions for requesting a survey in that language.
- 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.

Survey 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 mail surveys:

- Full survey title must be placed at the top of page one.
- The Office of Management and Budget (OMB) clearance statement and control number must be printed on the first page of the mail CAHPS for MIPS Survey. The OMB clearance statement and number must be printed using a font size equal to or larger than Times New Roman 10 or Arial 10 point font.
 - The CAHPS for ACOs Survey doesn't include an OMB clearance statement and number.
- The name of the clinician provided in the sample file must be printed in Question 1.
- The name of the group, Shared Savings Program ACO, or NGACO may not be printed in Question 1 or any other location in the survey.
- Question and answer category wording must not be changed.
- No changes are permitted to the order of the survey items.
- The "About You" items can't be eliminated from the survey.
- No changes are permitted to the order of the answer categories for the survey items.
- Question and answer categories must remain together in the same column and on the same page.
- The patient'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 back cover of the survey and the bottom of the last page containing survey questions (may be the same page) to ensure the survey is returned to the correct address in case the patient 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. The survey booklets must be bound (using staples, stitches, adhesive, etc.) so there are no loose pages.
- All surveys must be printed using a minimum font size equal to or larger than Times New Roman or Arial 11 point font.
- Each outgoing package must include a pre-paid Business Reply Envelope (BRE) addressed to the survey vendor or to the survey vendor's subcontracted scanning service.
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on each survey. The form tracking ID may be printed on the first or last page of the survey, 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 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 or circles instead of boxes for response items.
- Survey vendors may include the provider title, as listed in the sample field PRTITLE, preceding the provider name in Q1 of the survey (for example: Physician John Smith).
- 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 patients' survey package is mailed to the address of record for that patient.
- 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 patient has questions about the survey and misplaced the cover letter.

Note: It's 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 shouldn't be displayed on 0-10 response scales.

Supplemental Questions

Supplemental items **aren't** approved for data collection for PY 2021. 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 data coordination team and assigned to each patient. CMS provides this identifier as part of the sample file to track the status of all patients in the sample file. The Unique Respondent Finder Number links each survey to a patient in the sample file, along with the patient'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 patient 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 patient's contact information and update the master file throughout the data collection period in order to track the status of each patient 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 patients, 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 group, Shared Savings Program ACO, or NGACO 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 patient, 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 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 patient 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 patients 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 6 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’s strongly recommended that recipients of the seeded mailing be 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 conducted 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. The same phone protocol is used for both the CAHPS for MIPS Survey and the CAHPS for ACOs Survey. This phase requires the use of CATI.

Survey vendors aren’t allowed to administer the survey phone protocol before the specified timeline of the phone component of survey administration. Survey vendors must not attempt to have a patient complete a survey by phone if a patient 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 patient 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.

Vendors must follow all applicable laws and regulations including all applicable requirements of the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations when collecting survey data.

Please note: Survey vendors may program the caller ID to display “on behalf of [GROUP/ACO NAME],” with the permission and compliance of HIPAA/Privacy Officer for the group or ACO. Survey vendors **must not** program the caller ID to display only “[GROUP/ACO NAME].”

Please note: The sample file provided to vendors includes a phone number-type variable LAND_MOBILE. CMS cannot guarantee all cell phone numbers are identified and flagged within the file.

Timing of the Phone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol, survey vendors will identify patients who are eligible for phone follow-up. These include patients who didn’t respond to the mail survey and patients who returned a blank or incomplete mail survey (see definition of an incomplete survey in Chapter 6).

Specifically, if a patient 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 patients 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, patients 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 patients 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 patients 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 patients. Survey vendors may request an entire patient file from the group, Shared Savings Program ACO, or NGACO in order to obtain phone numbers, as long as no information is given to the group, Shared Savings Program ACO, or NGACO identifying which patients are in the sample.

Phone Attempts

Survey vendors must attempt to reach every patient identified for phone follow-up. Repeated attempts must be made until the patient is contacted, found ineligible, or 6 attempts have been made. After 6 attempts to contact the patient 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 phone follow-up period. All call attempts can’t occur within a single week, but must occur over no fewer than 2 weeks and no more than the phone follow-up period.

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

A phone attempt must meet one of the following criteria:

- The phone must ring at least 6 times with no answer.
- The interviewer reaches a member of the patient's household and is told that the patient isn't available to come to the phone. The interviewer will attempt to schedule a callback date/time.
- The interviewer reaches the patient but is asked to call back at a more convenient time.
- The interviewer gets a busy signal during each of 3 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 patients must be called 6 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 patient indicates they have already returned the survey, please refer to the applicable FAQ in Appendix B to attempt to complete the interview by phone. If patient insists the survey was mailed back, phone attempts should proceed per the guidance outlined in this chapter.
- If a patient 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 patient 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 patient, 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. 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 aren't permitted to translate the phone script into any other language and must use the language translations provided by CMS. The 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 CATI screenshots for the CAHPS for MIPS Survey and CAHPS for ACOs Survey for review by the project team. If a group, Shared Savings Program ACO, or NGACO elects to offer the survey in any of the available translations, the survey vendor must submit CATI screenshots of the translation(s) to the project team for review. Please see Chapter 9 for more information.

Supplemental Questions

For PY 2021, supplemental items **aren't** 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

Survey data collected by CATI must be retained in a secure and environmentally controlled location for a minimum of 6 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 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 patient, the current status of all patients 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 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. 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% 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 using 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% 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 patients 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 patients who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled patients 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 doesn't allow groups, Shared Savings Program ACOs, NGACOs, or survey vendors to offer incentives of any kind to patients, caregivers, or proxy respondents.

Confidentiality

Sampling procedures are designed so that participating groups, Shared Savings Program ACOs, or NGACOs can't identify patients selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of patients and may not give any group, Shared Savings Program ACO, or NGACO the names of patients selected for the survey or any other patient information that could be used to identify an individual sampled patient (either directly or indirectly).

Timing of Other Data Collection Efforts

To avoid imposing on patients, we encourage groups, Shared Savings Program ACOs, and NGACOs not to conduct other surveys of patients with Medicare fee-for-service, 4 weeks prior, during, or 4 weeks after the CAHPS for MIPS and CAHPS for ACOs Survey administration period of October 18, 2021 to January 13, 2022. 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

Both the CAHPS for MIPS Survey and the CAHPS for ACOs Survey use standardized protocols for file specifications, coding, and data submission. Survey vendors will submit data files through the Data Warehouse.

This section contains information about preparing the 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 each record in the sample file. If a survey vendor needs assistance with preparing data files for submission, an email should be sent to the survey data coordination team.

- mips-datasupport@rand.org for CAHPS for MIPS data file queries.
- aco-datasupport@rand.org for CAHPS for ACOs data file queries.

File Encryption

Survey vendors are required to encrypt survey data files using Pretty Good Privacy (PGP) public key encryption before submitting the files to the Data Warehouse. PGP encryption is a widely used encryption standard that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP-compliant program if they don't already have one. Any version of Symantec File Share Encryption software meets this requirement as do a number of other commercial or open-source products. Prior to data submission, the data coordination team will arrange an exchange of public keys with each vendor. The 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 Data Warehouse must be encrypted using RAND's Public Key. The data coordination team will conduct a test with each vendor to ensure that files are encrypted correctly. Data files submitted to the Data Warehouse that aren't encrypted or aren't encrypted with the RAND key will be rejected and must be resubmitted.

ASCII File Specifications

Survey vendors will use a flat ASCII file format to submit the survey data files to the Data Warehouse. Separate files will be submitted for CAHPS for MIPS Survey data and CAHPS for ACOs Survey data. Survey vendors must submit data records for all patients sampled for MIPS groups and Shared Savings Program ACOs in one file, with one data record per patient included in the original MIPS sample file. Survey vendors must submit data records for all patients sampled for NGACOs in one file, with one data record per patient included in the original ACO sample file. No substitutions for valid data element values are acceptable.

Note: For details on the ASCII file record layouts for each survey, see Appendix D.

As noted above, the survey data files will contain one record for each sampled patient. **Each record will consist of the Survey Status Section and the Patient Survey Data Section.** The data record for each sampled patient must have a completed survey status section.

Survey Status Section

The Survey Status Section of each record contains the Unique Respondent Finder Number for the sampled patient, the ID for the group, Shared Savings Program ACO or NGACO, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, and Survey Received/Completed date.

- Each field of the Survey Status Section requires a valid data value.
- Use code “8 – Not Applicable” when appropriate (for example, survey mode when a mail survey that was not returned AND no phone number was obtained).
- The Survey Status Section must contain data for all records included in the sample file, regardless of disposition code.
- A complete layout of the Survey Status Section can be found in Appendix D.

Patient Response Section

The second part of the data record is the Patient Survey Data Section, which contains responses to the survey for every record with a final survey disposition of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned.” If a Patient Response Section is being submitted for a given patient, all response fields must have a valid value, which can include “M – Missing” or “88 – Not Applicable.” **The Patient Response Section is blank for all other disposition codes.**

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

- For the mail survey administration of the “race” item, enter all of the response categories that the respondent has selected:
 - Where one or more race categories are marked and some of the race categories are left blank, code the categories left blank as “2” for “No.”
 - If no race categories are selected, enter “M – Missing” for all categories.

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

- For mail survey skip patterns:
 - Report all responses as marked by a patient, even if the patient doesn't correctly follow mail survey skip patterns. Survey vendors must not "clean" or correct skip pattern errors on surveys completed by a patient. Survey vendors must not impute responses based on how a patient answers items.
 - If a screener item is left blank, code it as "M – Missing"; it doesn't trigger a skip.
 - If the screener item is left blank, but patient has answered the dependent item(s) report the response to the dependent question; the screener item **isn't** 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 patient 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 patient 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 patient's record in the Survey Status Section. If any attempt to contact a patient is planned after the interim submission (i.e., the survey vendor hasn't 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 patient and the result is a non-deliverable mail piece for which a valid phone number wasn't obtained, the survey vendor should use code "35" to indicate unable to obtain a viable address and valid phone number for the patient.

Survey Completion Guidelines

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

A partially completed survey includes responses answered for at least one item from the 10 SSMs and less than 50% ($< 50\%$) of the ATA items.

A blank or incomplete survey is a returned mail survey or initiated CATI interview that does not meet the threshold for partial complete. The survey has no response items answered from the 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 CAHPS for MIPS Survey and CAHPS for ACOs 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 patient 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 patient responds by returning a survey but didn’t answer at least 1 item from the 10 SSMs, and in addition, follow-up phone attempts to reach the patient 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 MIPS or 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 patient 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 patient in the data submission files.

A screener item that is left blank doesn’t 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 survey administration process. Using the Unique Respondent Finder Number assigned to each patient by the data coordination team, the survey vendor assigns each patient a survey disposition code, which is used to track and report whether the patient has completed a survey or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each patient surveyed at the end of data collection—that is, “Final Disposition Code”).

Interim disposition codes document the disposition of patient cases that haven’t yet been finalized. Survey vendors should use their internal interim disposition codes only for tracking purposes and shouldn’t 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 patient must be assigned a final survey disposition code from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If a patient 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 patient 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 patient’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 patient is found to be institutionalized, assign code “11 – Institutionalized”:
 - For the purposes of survey administration, the disposition code of “institutionalized” should be applied to individuals who don’t 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 patient is deceased, assign code “20 – Deceased.”
- If a patient is found to be ineligible or excluded after the sample is drawn for any reason not listed above, the patient 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 (RECEIVED), the mode of survey administration (MODE), the language in which the survey was administered (DISPO_LANG), and number of phone attempts (PHONE_ATTEMPTS) or survey mailing returned (SURVEY_MAILING).
- 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) must contain the appropriate “not applicable” code for the date the survey was received (RECEIVED), the mode of survey completion (MODE), number of phone attempts (PHONE_ATTEMPTS), and survey mailing returned (SURVEY_MAILING).
- In cases when 2 disposition codes may be equally applicable, the hierarchy for determining the appropriate code is built into the disposition code values, and the final disposition code with the lowest number should be used. For example:
 - An incomplete or blank survey (code 34) is returned by mail and the patient is also identified as being institutionalized (code 11). In this example, the final reported disposition code should be 11.
 - The vendor determines that a patient resides in an institution (code 11) and due to a stroke is physically unable to respond to the survey (code 24). The final reported disposition code should be 11.
 - A partially completed survey (code 31) is returned by mail; however, the survey was received after the record went to CATI for follow-up and the CATI attempt resulted in a disposition of language barrier (code 22). The final reported disposition should be 22.

Note: In cases when a vendor receives a completed survey (code 10) but the patient was subsequently found ineligible (codes 11, 20, 22, 24), the lower disposition code (code 10) wouldn’t be applied since code 10 can only be used when there is no evidence the patient is ineligible.

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 patient 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 patient 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 patient 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 patient.
Excluded from survey	40	Was excluded from all survey processes	Patient 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 patient during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest it isn’t. If the survey vendor can’t show sufficient evidence that the contact information isn’t usable, the survey vendor must continue attempting to contact the patient 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 patient’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 patient
- 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 patient’s address isn’t viable includes:

- Address validation search doesn’t 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 patient’s phone number is not valid includes:

- The survey vendor is unable to obtain a phone number for the patient.
- The phone interviewer dials the patient’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 patient’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 patient’s phone number isn’t 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 Data Warehouse
- File Encryption
- Instructions for Accessing the Data Warehouse
- Data Auditing and Validation Checks

Overview

This section contains information about preparing and submitting survey data files to the data coordination team, including the survey vendor authorization process, the survey vendor data submission registration process, and the data submission process itself (through the Data Warehouse). Both the CAHPS for MIPS Survey and CAHPS for ACOs Survey will use a standardized protocol for preparation and submission of all data. If you encounter any problems when accessing the Data Warehouse, contact the survey data coordination team by email:

- mips-datasupport@rand.org for CAHPS for MIPS data warehouse access
- aco-datasupport@rand.org for CAHPS for ACOs data warehouse access

Data Submission Process

The data coordination team has developed a secure Data Warehouse hosted by the RAND Corporation. The Data Warehouses will operate as a secure file transfer system that survey vendors will use both to retrieve the 2021 sample files and to submit survey data to CMS. Except for acquiring a program for PGP standard public key file encryption, survey vendors don't need to install special software or need a licensing fee to submit data through the Data Warehouse. The 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 p.m. ET on December 9, 2021 and the final survey data file by 7:59 p.m. ET on January 20, 2022. 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.

Notes:

1. Survey vendors should begin to submit interim data on December 7, 2021; however, a correct, error-free interim data file must be submitted by the December 9, 2021 deadline.
2. Survey vendors should begin to submit final data January 18, 2022; however, a correct, error-free final data file must be submitted by the January 20, 2022 deadline.

Survey Vendor Authorization Process

Groups, Shared Savings Program ACOs, and NGACOs must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the Data Warehouse hosted by RAND. Only survey vendors authorized by one or more groups, Shared Savings Program ACOs, or NGACOs will be contacted and provided access to the Data Warehouse.

Preparation for Data Submission

As mentioned in Chapter 3, each survey vendor participating in the CAHPS for MIPS Survey or CAHPS for ACOs Survey is required to designate a data administrator within their organization.

- Data administrators will receive the sample files for the groups and Shared Savings Program ACOs they have contracted with via the Data Warehouse. Data administrators must submit CAHPS for MIPS Survey data to the Data Warehouse, following the MIPS file specifications in Appendix D.
- Data administrators will receive the sample files for the NGACOs they have contracted with via the Data Warehouse. Data administrators must submit CAHPS for ACOs Survey data to the Data Warehouse, following the ACO file specifications in Appendix D.

See “Become a Registered User of the 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

CAHPS for MIPS Survey Data

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

Vendorname.MIPS.mmddyy.N.txt.pgp

The following information belongs in the file name:

- Vendorname = Abbreviated vendor name
 - This **must** match the name portion of the MIPS 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
- MIPS = Capital letters, as shown, to distinguish 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
- All files **must** be encrypted and end with the .pgp file extension (see “File Encryption” below).

Example: XYZResearch.MIPS.011822.1.txt.pgp

Notes:

1. Survey vendors should submit all records for all groups and Shared Savings Program ACOs in a single file.
2. Files should include a record for every patient present in the CAHPS for MIPS sample file the survey vendor received. For interim data submission, if the survey vendor hasn’t yet obtained a completed survey for a patient, that patient record shall be assigned the disposition code “33.”
3. Survey vendors need to accept an email invitation (described in Chapter 3) to access the Data Warehouse before the interim data submission period. Survey vendors can send an email to mips-datasupport@rand.org if they have any questions about or need assistance in updating passwords.

CAHPS for ACOs Survey Data

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

Vendorname.ACO.mmddyy.N.txt.pgp

The following 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 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
- All files **must** be encrypted and end with the .pgp file extension (see “File Encryption” below)

Example: XYZResearch.ACO.011822.1.txt.pgp

Notes:

1. Survey vendors should submit all records for all NGACOs in a single file.

- Files should include a record for every patient present in the CAHPS for ACOs sample file the survey vendor received. For interim data submission, if the survey vendor hasn't yet obtained a completed survey for a patient, that patient record shall be assigned the disposition code "33."
- Survey vendors need to accept an email invitation (described in Chapter 3) to access the 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 or need assistance in updating passwords.

Organization of the Data Warehouse

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

File Encryption

As described in Chapter 6, all interim and final data submissions must be encrypted using the Public Key provided by the 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 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 isn't properly encrypted. Therefore, the file won't be processed and will need to be resubmitted correctly. The 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 Data Warehouse

- Each authorized survey vendor's data administrator can access the Data Warehouse at <https://kiteworks.rand.org>.
- The survey vendor's data administrator will be prompted for his/her user ID and a password.
- On the first login only, the survey vendor's data administrator will be presented with a page to change his or her password.
- Once the password has been updated, the survey vendor data administrator will be transferred to the File Manager tab of the Data Warehouse.
- Selecting the ACO or MIPS folder name link in the File Manager tab will allow the user to download 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 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 data coordination team will audit survey data files as they're submitted by survey vendors for compliance with the CAHPS for MIPS and CAHPS for ACOs file specifications outlined in Chapter 6 Data Coding and Data Preparation and Appendix D.

The data audit process involves various checks of the CAHPS for MIPS and CAHPS for ACOs survey data submitted by survey vendors. The first check will be integrated into the Data Warehouse. It involves testing for the appropriate file extension “.pgp,” to indicate that a survey file has been encrypted. As mentioned above, any MIPS or ACO file uploaded to the 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 p.m. ET 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 p.m. ET 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 during the first day of the submission window.

Note: Survey vendors must inform the data coordination team if the vendor intends to submit another interim or final data file after receiving notification that a file passes all data verification checks and has been accepted.

8. Data Analysis and Reporting

This chapter covers the following topics:

- CMS Analysis of Survey Data
- Reporting CAHPS Results
- Survey Vendor Analysis of Survey Data

Overview

This section describes the data analysis of the CAHPS for MIPS Survey and CAHPS for ACOs Survey conducted by CMS, public reporting of the survey scores, and reporting to the groups, Shared Savings Program ACOs, and NGACOs administering the 2021 survey. It also provides a discussion of data analyses that survey vendors may conduct for their clients. Survey results for PY 2021 will be available to groups, Shared Savings Program ACOs, and NGACOs by fall 2022.

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 CAHPS for MIPS or CAHPS for ACOs SSM are typically given equal weight in calculating the SSM score. The only exception is for the percent of patients with or without a chronic condition. Patients were counted as having a chronic condition if they reported having seen a provider 3 or more times in the past 12 months for a condition lasting at least 3 months, AND reported taking medication prescribed by a doctor to treat a condition that has lasted at least 3 months. All CAHPS for MIPS and CAHPS for ACOs SSMs and the individual survey items within each SSM are case-mix adjusted, appropriately weighted to account for oversampling of patients who are high users of care, and linearly transformed to a 0-100 scale for scoring.

Weighting and Case-Mix Adjustment

For the CAHPS for MIPS Survey and CAHPS for ACOs Survey, patients were sampled for the survey such that one quarter of the sample represented patients with high use of services. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's patients. (See Chapter 4 for information on sampling.)

The weighted survey results are further adjusted for case-mix. Certain respondent characteristics, such as age and education, aren't under the control of the organization, but are related to the sampled patient'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 the above 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.

- The case-mix model used for analyzing CAHPS for MIPS Survey data includes the above 4 self-reported characteristics, together with indicators of Medicaid dual eligibility/eligibility for low-income subsidy status 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.
- The Shared Savings Program ACO case-mix model used for analyzing CAHPS for MIPS Survey data for Shared Savings Program ACOs includes all the characteristics and indicators listed above for CAHPS for MIPS plus Asian language of survey completion (Cantonese/Korean/Mandarin/Vietnamese).

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

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

CMS Analysis of CAHPS for MIPS Survey Data

Final Analysis Dataset

The final analysis dataset used for CAHPS for MIPS scoring will include all completed and partially completed surveys.

Contribution of the CAHPS for MIPS Survey to the MIPS Final Score

The MIPS Final Score factors performance in 4 weighted categories into a single score, from 0 to 100. The categories are:

1. Quality
2. Cost
3. Improvement Activities
4. Promoting Interoperability

Within the quality performance category, most groups report 6 measures:

- One of the 6 must be an outcome measure
- If an outcome measure isn't available that is applicable to a specialty or group, a high priority measure must be reported
 - CAHPS for MIPS is a high priority quality measure

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

CMS Analysis of CAHPS for ACOs Survey Data

Final Analysis Dataset

The final analysis dataset used for CAHPS for ACOs scoring will include all completed and partially completed surveys.

Reliability

Reliability is assessed for each item and SSM. Reliability may be interpreted as the fraction of variation in NGACO mean scores that is attributable to actual differences among NGACOs (“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’re unable to detect any true variation among NGACOs and apparent differences in the data are only random error. An SSM is considered to have low reliability when measure reliability is at least 0.60, but less than 0.75, and in the lowest 12% of NGACOs. An SSM with reliability below 0.60 is considered to have very low reliability.

Reliability of the estimates is affected by a number of factors including the fraction of the NGACO’s survey respondents eligible to answer an item based on their experiences, the variability of responses within the NGACO, and the amount by which NGACOs differ from each other on that measure.

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 NGACO score averages.

CMS uses a 2-20 scoring system for the patient experience domain. One SSM (Health Status/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 9 scored SSMs, each organization is assigned between 0-2 points to summarize the organization’s performance. CMS computes the points by comparing an organization’s 0-100 case-mix adjusted score in each SSM to a set of benchmarks. An overall score for the patient experience domain is calculated by summing points earned from the 10 equally-weighted SSMs into a combined score which ranges from 2-20 points. Each NGACO that has participated in the program for at least 2 years is also eligible for up to 4 quality improvement points that are awarded to the NGACOs 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 can’t exceed 20 points. The scoring and benchmarking methodology is available to Next Generation ACOs via the [NGACO Connect](#) site.

Note: The NGACO’s official results are the weighted, case-mix adjusted scores provided by CMS.

Reporting CAHPS Results

Public Reporting of CAHPS for MIPS Survey Scores

Per the CY 2017 Quality Payment Program final rule, the scores from the CAHPS for MIPS Survey are available for public reporting (81 FR 77395). Care Compare will include MIPS Survey scores for both MIPS eligible groups and the Shared Savings Program. Public reporting of CAHPS for MIPS Survey scores helps people with Medicare to make objective and meaningful health care decisions. For information on public reporting, please contact QPP@cms.hhs.gov.

Reporting of CAHPS for MIPS Survey Scores to Groups and Shared Savings Program ACOs

CMS will report CAHPS for MIPS Survey scores to groups and Shared Savings Program ACOs by fall 2022. Report contents will be finalized in 2021.

CMS gives each group and Shared Savings Program ACO a detailed report that summarizes the organization's survey results and compares the organization's CAHPS for MIPS Survey scores to average scores from all participating organizations.

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 groups and Shared Savings Program ACOs includes the scores for the 10 SSMs.

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
- Courteous and Helpful Office Staff
- Care Coordination
- Stewardship of Patient Resources
- Health Status/Functional Status

These SSMs are 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.

Public Reporting of CAHPS for ACOs Survey Data

Per the 2015 Physician Fee Schedule Final Rule, the scores from the CAHPS for ACOs Survey are available for public reporting rule (79 FR 67772). Public reporting of CAHPS for ACOs Survey scores helps people with Medicare to make objective and meaningful health care decisions. For information on public reporting, please contact OPP@cms.hhs.gov.

Quality and financial data for NGACOs can be found on the [Next Generation ACO Model](#) website. 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 NGACOs

CMS gives each NGACO a detailed report that summarizes the NGACO survey results and compares the organization's CAHPS for ACOs Survey scores to average scores from all participating NGACOs.

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 NGACOs includes the scores for the 10 SSMs required by the Next Generation Model ACO Program.

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
- Courteous and Helpful Office Staff
- Care Coordination
- Stewardship of Patient Resources
- Health Status/Functional Status

These SSMs are 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 MIPS Survey and CAHPS for ACOs Survey Data

CMS-calculated results for the CAHPS for MIPS Survey and 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, so long as cell sizes are composed of **at least 11 observations**. Survey vendors should ensure that the group, Shared Savings Program ACO, or NGACO clearly recognizes that these survey vendor analyses **aren't** official survey results and should **only** be used for quality improvement purposes.

Survey vendors must have CMS approval to append data to the sample data or survey data. Survey vendors requesting to append data by merging sample data OR survey data with group, Shared Savings Program ACO, or NGACO administrative data must submit to CMS for approval a specific list of the 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 organization wants to report the survey data by region, the survey vendor must submit a request to the 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 organization ID number from the sample file (variable MIPS_ID or ACO_ID).

Survey vendors may provide their clients with preliminary survey data that the survey vendor develops specifically for the group, Shared Savings Program ACO, or NGACO **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 groups, Shared Savings Program ACOs, or NGACO must include a statement that vendor results are unofficial and are for internal quality improvement purposes only. The statement must be printed in a minimum 14-point font size.** Survey vendors, groups, Shared Savings Program ACOs, and NGACO must keep in mind that the sample design for the survey is not designed for analysis at the provider-level.

In addition, survey vendors aren't permitted to provide groups, Shared Savings Program ACOs, or NGACO with patient-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 project team conducts oversight of participating survey vendors to ensure compliance with CAHPS for MIPS Survey and CAHPS for ACOs Survey protocols. This section describes the oversight activities for the surveys. All materials and procedures relevant to survey administration are subject to review. **By signing the CAHPS for MIPS Survey and CAHPS for ACOs Survey Participation Form, you are signifying that you agree with all of the Rules of Participation, including all survey oversight activities.**

Oversight Activities

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

- CAHPS for MIPS Survey and CAHPS for ACOs Survey QAP
The QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors for documenting their current administration of the surveys and compliance with the survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The project team will review each QAP to make sure the survey vendor's stated processes are compliant with survey protocols. In addition, survey vendors are required to submit materials relevant to the 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.

Notes:

1. All conditionally-approved survey vendors must submit a QAP by May 28, 2021.
2. CMS-approved survey vendors with clients must submit English mail survey materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope) by July 23, 2021.
3. CMS-approved survey vendors with clients must submit mail survey materials (initial and second mailing cover letter and mail survey) in all translations for which the survey will be administered by August 23, 2021.

4. CMS-approved survey vendors with clients must submit CATI screenshots in English and all translations for which the survey will be administered by September 17, 2021.
 - a. The CATI screenshots provided by survey vendors should be labeled to match the question numbers in the PY 2021 CMS-approved CATI script. If the survey vendor's CATI system doesn't use the same numbering sequence, please use another format (i.e. comment or note) on the page to clearly indicate which screenshot corresponds to which CMS survey question.
 5. Survey vendors must submit mail sample survey packets (cover letter, mail survey, business reply envelope) to the project team for review during the week of October 12, 2021. The project team will provide review outcomes of submitted mail survey packets within 2 business days of receipt. Survey vendors are responsible for correcting any identified issues prior to the first survey mailing.
- Assessment of Submitted Data
The data coordination team will review all survey data that survey vendors submit to the 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 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 project team. The site visits allow the project team to review and observe systems, procedures, facilities, resources, and documentation used to administer the CAHPS for MIPS Survey and CAHPS for ACOs Survey. The conference calls allow the project team to discuss issues with the survey vendor related to survey administration.

Note: If the site visit, conference call, or any other oversight activity conducted by the project team suggests that actual survey processes differ from 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 MIPS Survey and CAHPS for ACOs Survey Quality Assurance Plan (QAP)

Each conditionally-approved survey vendor must submit the QAP by May 28, 2021, using the Model QAP provided via email by the project team. We expect conditionally-approved survey vendors to use the Model QAP as a template for developing their own QAP (see "Submit Quality Assurance Plan" in Chapter 3). The project team's acceptance of a QAP submission doesn't constitute or imply approval or endorsement of the survey vendor's processes. The site visit and other oversight activities are used to examine, verify, and accept the actual processes by which the surveys are administered.

Assessment of Submitted Data

The 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 these Quality Assurance Guidelines, and to those periodically posted on the [CAHPS for MIPS Survey](#) website and the [CAHPS for ACOs](#) website. Please check the websites on a regular basis for additional data submission information and updates.

Site Visits/Conference Calls

The project team will conduct site visits and conference calls with survey vendors to ensure compliance with the 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 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 project team will review the site visit agenda with survey vendor staff in advance of the site visit. The 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 project team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The 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 project team will review the survey vendor's survey systems and will assess protocols based upon these 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 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 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 MIPS Survey and/or 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 project team of discrepancies that occurred during survey data collection or submission.

The discrepancy report process and the Discrepancy Report Form have been established for use by survey vendors to notify the project team of any discrepancies in following standard survey protocols, including the data collection timeline. Survey vendors are required to notify the project team of any discrepancies or variations in following standard CAHPS for MIPS Survey or CAHPS for ACOs Survey protocols that occur during survey administration. **Survey vendors must notify the 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 survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with survey protocols. Survey vendors are required to notify CMS of these discrepancies as soon as they are identified. In its oversight role, the 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.

- CAHPS for MIPS Survey Discrepancy Report: The survey vendor must submit a CAHPS for MIPS Survey Discrepancy Report using the blank Discrepancy Report Form received before the start of survey administration (if needed, additional copies of the blank form can be requested via email to MIPSCAHPS@hsag.com). The completed Discrepancy Report should be emailed to MIPSCAHPS@hsag.com.
- CAHPS for ACOs Survey Discrepancy Report: The survey vendor must submit a CAHPS for ACOs Survey [Discrepancy Report](#) form online through the [CAHPS for ACOs](#) website.

The discrepancy report notifies the 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 isn't 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 organization ID number from the sample file (variable MIPS_ID or ACO_ID) on the form.

Discrepancy Report Review Process

CMS and the project team will review the discrepancy report, and then make a determination of the actual or potential impact of the discrepancy on reported MIPS or ACO 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 MIPS Survey and CAHPS for ACOs Survey. To learn more about the CAHPS for MIPS Survey and to see important new updates and announcements, visit the [CAHPS for MIPS Survey](#) website. To learn more about the CAHPS for ACOs Survey and to see important new updates and announcements, visit the [CAHPS for ACOs](#) website.

Information and Technical Assistance

For additional information and technical assistance with the CAHPS for MIPS Survey, contact the project team:

- Email: MIPSCAHPS@hsag.com
- Phone (toll free): 1-844-472-4274

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

- Email: ACOCAHPS@hsag.com
- Phone (toll free): 1-855-472-4746

For additional information and technical assistance related to the use of the Data Warehouse or data submission issues, contact the data coordination team:

- Email: mips-datasupport@rand.org
- Email: aco-datasupport@rand.org