



CAHPS® Survey for Accountable Care Organizations (ACOs) and Merit-based Incentive Payment System (MIPS)

Survey Vendor Training for RY2018

Summer 2018

Medicare Shared Savings Program and Next Generation ACO Model

DISCLAIMER

- This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within this document for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

About This Self-Guided Training

Vendors applying for CMS approval to administer the 2018 CAHPS for ACOs and MIPS surveys are required to complete a self-guided training, and correctly answer the questions in each section. Vendor staff have until July 20, 2018 to complete this training.

Please contact acocahps@hcqis.org or mipscahps@hcqis.org with any questions about CAHPS for ACOs or CAHPS for MIPS training, respectively.

This CAHPS for ACOs and MIPS Survey Vendor Training covers content related to:

- Program Requirements
- Data Use Agreement and Data Safeguarding
- Data Collection Protocol
- Vendor Oversight
- Conclusion

Program Requirements

- Communicating with Beneficiaries
- Roles and Responsibilities

Communicating with Beneficiaries

- ACOs and groups may notify beneficiaries that they may be asked to participate in the CAHPS for ACOs or MIPS survey
 - ACOs and groups must notify all Medicare fee-for-service (FFS) beneficiaries
 - ACOs may use the approved template to communicate with all Medicare FFS beneficiaries
- ACOs, groups, and survey vendors are strongly encouraged to avoid asking any survey questions of Medicare FFS beneficiaries four weeks prior to, during, or after survey administration

Communicating with Beneficiaries (cont.)

- ACOs, groups, and survey vendors must not:
 - Attempt to influence or encourage beneficiaries to answer survey questions in a particular way
 - Imply that the ACO, group, its personnel, or agents will be rewarded or gain benefits for positive feedback
 - Offer incentives of any kind
 - Show or provide the CAHPS for ACOs or CAHPS for MIPS survey materials to beneficiaries prior to the administration of the survey
 - Indicate that the goal is for all beneficiaries to provide a rating of “10,” “Yes,” or “Always”

Roles and Responsibilities

- CMS provides:
 - Survey administration protocols and timeline
 - Quality Assurance Guidelines (QAG)
 - CAHPS for ACOs QAG V6
 - CAHPS for MIPS QAG V2
 - Training of survey vendors
 - Technical assistance
 - Tools, format, and procedures for submitting the collected data
 - Analyses of data and official reports
 - Reports and Excel files detailing survey scores

Roles and Responsibilities (cont.)

- ACOs and groups will:
 - Contract with a CMS-approved survey vendor
 - Authorize the survey vendor to collect and submit data on their behalf by 9/18/2018

Roles and Responsibilities (cont.)

- Survey vendors will:
 - Review and acknowledge agreement with the rules of participation
 - Participate in:
 - Required CAHPS for ACOs and MIPS survey self-guided training sessions
 - CAHPS for ACOs and MIPS survey live webinar in November 2018
 - Any CAHPS for ACOs and MIPS survey update training sessions, as scheduled

Roles and Responsibilities (cont.)

- Survey vendors will (cont.):
 - Follow CAHPS for ACOs and MIPS survey administration requirements
 - Complete and submit the Vendor Access to Data Warehouse Form
 - One form for each program
 - Assure the accuracy of their data collection processes
 - Implement security procedures aligned with HIPAA and CMS Privacy Requirements
 - Submit English mail materials by 7/31/2018
 - Submit English CATI screenshots by 9/25/2018
 - Participate in oversight activities

Roles and Responsibilities (cont.)

- Survey vendors will (cont.):
 - Verify the ACO or group has authorized them as their survey vendor
 - Receive and perform checks of each program sample file (ACO or MIPS)
 - Administer the survey:
 - According to protocols and procedures established by CMS
 - Following the required data collection schedule
 - Overseeing the quality of work of staff and subcontractors
 - Submit interim and final data on behalf of ACO and/or Group clients
 - Review data submission reports

Data Use Agreement and Data Safeguarding

- Obtaining a CMS Data Use Agreement (DUA)
- Existing Vendors Must Maintain their DUA
- Safeguarding Personally Identifiable information (PII) and Personal Health Information (PHI)

Obtaining a CMS Data Use Agreement

A CMS Data Use Agreement is Required

- Vendors are required to obtain and maintain a CMS Data Use Agreement (DUA)
- Vendors new to CAHPS for ACOs and/or CAHPS for MIPS must enter into a DUA with CMS by 8/21/18
- Vendors that are continuing to participate in CAHPS for ACOs and/or CAHPS for MIPS must extend and update their DUA with CMS

Obtaining a CMS Data Use Agreement (cont.)

- Newly participating survey vendors must:
 - Execute a DUA with CMS by completing DUA form CMS-R-0235 to access sample and survey data by 8/21/2018
 - Follow instructions and complete the form
 - Scan and send PDF copy to CMS using the email template and following the instructions you will receive from CMS
 - CMS will not approve a new DUA if your organization has an existing DUA that has expired

Obtaining a CMS Data Use Agreement (cont.)

- Document any subcontractors by submitting an addendum to the DUA.
 - Complete Form CMS-R-0235A and send with the DUA agreement request
 - The addendum must list any subcontractor with direct access to the personally identifiable information (PII) and/or personal health information (PHI) provided by CMS

Obtaining a CMS Data Use Agreement (cont.)

- After you send your DUA request to CMS, you will receive:
 - Email approval of your DUA from the CMS COR and a copy of form CMS-R-0235 and form CMS-R-0235A, if applicable, signed by CMS program staff
 - Final approval of your DUA from the CMS DUA office
 - An electronic copy of your approved DUA from the CMS DUA office
- This process may take up to two weeks from start to finish

Existing Vendors Must Maintain their DUA

- 2017-approved CAHPS vendors must extend and update current DUAs and complete an addendum, if applicable*
 - Extend current DUA for another year to retain 2017 sample and survey data by sending an email request using approved template
 - Update current DUA to include 2018 CAHPS sample and survey data
 - Complete Form CMS-R-0235U and send scanned copy to CMS with request to extend DUA
 - Document a new subcontractor by submitting an addendum to the DUA:
 - Complete Form CMS-R-0235A
 - Any subcontractor with direct access to the PII and/or PHI provided by CMS must be included in your existing DUA

*2017-approved CAHPS vendors have received or will receive email instructions

Existing Vendors Must Maintain their DUA (cont.)

- After you send your DUA request to CMS, you will receive:
 - Email approval of your extension and update from the CMS COR, and a copy of your form CMS-R-0235U signed by CMS program staff
 - Final approval from the CMS DUA office
 - An electronic copy of your DUA that reflects your approved update and extension from the CMS DUA office
- This process may take up to two weeks from start to finish

Safeguarding PII and PHI

- The CAHPS for ACOs and CAHPS for MIPS sample files delivered to vendors contain PII and PHI
- As a CMS data user, you are required to keep all PII and PHI secure
- When transmitting PII data to service providers (e.g., phone look-up), or PII and PHI to subcontractors (for mail survey or telephone interviews) you must use secure methods
 - Secure file transfer protocol (SFTP) ensures an encrypted transmission connection
 - If email is used, files must be securely encrypted and the password or key to decrypt the file must be communicated directly (not via email)

Data Collection Protocol

- Overview
- 2018 Data Collection Schedule
- Mail Protocol
- Decision Rules for Data Capture
- Phone Protocol
- Languages

Overview

- Data collection procedures are the same for the ACO and MIPS surveys
- Mixed-mode survey administration
- No supplemental questions permitted
- Proxy respondents are permitted
 - Sampled beneficiaries who are unable to respond to the phone interview
 - Permission must be received from the beneficiary

Overview (cont.)

- Survey vendors must be prepared to administer questionnaires in English and one or more of the following languages:

ACO/MIPS		ACO Only
Cantonese Korean Mandarin	Russian Spanish Vietnamese	Portuguese

- May include an insert with the pre-notification letter and all survey mailings that identifies a number to call to request a translation of the survey
 - In place of an individual insert, a language-specific note may be placed at the bottom of the mail survey cover letters providing beneficiaries with instructions for requesting a survey in that language

2018 Data Collection Schedule

Task	Date
Vendors provide toll-free customer support phone numbers	7/31/2018
Vendors <u>must</u> submit English mail survey materials	7/31/2018
Vendors <u>must</u> complete and email the Vendor Access to Data Warehouse form(s) to aco-datasupport@rand.org for ACO, or mips-datasupport@rand.org for MIPS	8/1/2018
Vendors <u>must</u> provide confirmation that they've executed a new or updated DUA with CMS	8/21/2018
ACO or group <u>must</u> complete the web-based survey vendor authorization process for 2018 survey administration	9/18/2018

2018 Data Collection Schedule (cont.)

Task	Date
Vendors <u>must</u> submit English CATI screenshots	9/25/2018
Sample files become available to vendors	10/9/2018
Mail out pre-notification letter	10/23/2018 – 10/24/2018
Open customer support toll-free line	10/24/2018
Mail out first survey with cover letter	10/30/2018 – 10/31/2018
Mail out second survey with cover letter	11/13/2018 – 11/14/2018

2018 Data Collection Schedule (cont.)

Task	Date
Initiate CATI follow-up (first attempt <u>must</u> occur during this time)	12/4/2018 – 12/11/2018
Submit interim data	12/11/2018 – 12/13/2018
Conduct additional CATI follow-up <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays</i>	12/12/2018 – 1/16/2019
Complete the phone follow-up sequence	1/16/2019
Cutoff date for returned mail surveys	1/16/2019
Close customer support toll-free line	1/16/2019
Submit final data to CMS	1/23/2019 – 1/25/2019

Mail Protocol

- Pre-notification letter
- Two mailings that include:
 - Survey cover letter
 - Survey
- Data receipt and processing
- Quality control guidelines

Mail Protocol (cont.)

Pre-notification letter

- Full name and address on envelope
- Contains the salutation “Dear Medicare Beneficiary”
- Is dated October 24, 2018
- Include survey vendor’s customer service phone number
 - Provided to CMS in advance
- CMS logo in the return address section
- Envelope marked “Return Service Requested,” “Address Service Requested,” “Change Service Requested,” or “Electronic Service Requested”
- Font equal to or larger than
 - Times New Roman or Arial 11 point

Mail Protocol (cont.)

Survey cover letter

- Is dated:
 - October 31, 2018 (first survey mailing)
 - November 14, 2018 (second survey mailing)
- Printed on separate sheet of paper not attached to survey
- Salutation must be personalized with beneficiary name
- Signature of senior employee of survey vendor
- Survey vendor logo and return address
- Font size equal to or larger than
 - Times New Roman or Arial 11 point

Mail Protocol (cont.)

Mail survey

- Full survey title must be placed at the top of page 1
 - “Medicare Provider Experience Survey”
- Name of clinician provided in sample file printed in Question 1
- Question and answer category wording must not be changed
- No changes in the order of the questions or answer categories
- “About you” questions must be included
- All instructions written at top of page 1
- Return address for mail processing placed on bottom of last page
- Print survey as booklet in black and white
 - May include a highlight color

Mail Protocol (cont.)

Mail survey (cont.)

- A form tracking ID linked to the Unique Respondent Finder Number must be printed on each survey
 - Best practice: form tracking ID linked to the Unique Respondent Finder Number printed on each page
 - The ID may be printed on the first and/or last page
 - An internal tracking barcode next to the tracking ID on the survey and other materials is acceptable

Mail Protocol (cont.)

Mail survey (cont.)

- Font size equal to or larger than Arial 11 point
- Optional formatting:
 - Two column format
 - Wide margins
 - Boxes or ovals are acceptable for response categories

Mail Protocol (cont.)

Mail packet

- Envelope must be printed with:
 - Survey vendor's logo
 - May add CMS logo
 - Survey vendor's return address
- Use of window envelope is permissible
- Include a prepaid business reply envelope addressed to the same address listed on the last page of the survey

Mail Protocol (cont.)

Data receipt and processing

- Track by date of receipt
- Key-entry or scanning technology
- If beneficiary returns more than one completed survey, use the first completed survey received
- Store returned paper surveys or scanned images of paper surveys
 - Secure and environmentally controlled location
 - Three years
- Ambiguous responses
 - Decision rules

Mail Protocol (cont.)

- The quality control guidelines contained in the QAG require:
 - Performing address validation and updates
 - Conducting interval checking of printed mail pieces
 - Conducting seeded mailings
 - Strongly recommend that recipients of seeded mailing(s) be survey vendor staff at an address other than the vendor's business address
 - Maintain seeded mail log to document survey receipt and quality checks performed on seeded mail packet
- Vendors are encouraged to perform additional quality control checks

Decision Rules for Data Capture

- If a mark falls between two choices and is obviously closer to one choice than another, select the choice to which the mark is closest

Example 1 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:
"Sometimes"

*Decision rules for data capture:
Example 1*

Decision Rules for Data Capture (cont.)

- If a mark falls equidistant between two choices, code the value of the item as “M – Missing”
- Do not impute

Example 2 (Mail)

Never

X

Sometimes

Usually

Always



Code as:
“M - Missing”

*Decision rules for data capture:
Example 2*

Decision Rules for Data Capture (cont.)

- If a value is missing, code it as “M – Missing”
- Do not impute

Note: Dependent questions appropriately skipped should be coded as “88 – Not Applicable”

Example 3 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:
“M - Missing”

*Decision rules for data capture:
Example 3*

Decision Rules for Data Capture (cont.)

- When more than one response choice is marked, code the value as “M – Missing”

- Do not impute

Exception: Several questions that have instructions to “mark one or more” may have multiple responses

Example 4 (Mail)

Never

Sometimes

Usually

Always



Code as:
“M - Missing”

*Decision rules for data capture:
Example 4*

Decision Rules for Data Capture (cont.)

- When more than one response choice is marked and the beneficiary's intent is obvious, select the obvious response option

Example 5 (Mail)

Never

Sometimes

Usually

Always

Code as:
"Never"

*Decision rules for data capture:
Example 5*

Phone Protocol

- Phone interviews must not be conducted via inbound calls until after the phone component of survey administration begins
- CATI:
 - Program with official phone script
 - Program skip pattern questions appropriately
 - Link electronically to survey management system
 - Automated dialing may be used
 - Interviewer records respondent answers electronically

Phone Protocol (cont.)

Eligible beneficiaries

- Did not respond to mail surveys
- Returned a blank or incomplete mail survey that does not fulfill the rules defining a completed or partially completed survey
- No valid address available after reasonable attempts to obtain one

Phone Protocol (cont.)

- Where possible, CMS will provide phone numbers for beneficiaries as part of the sample file
- In addition, vendors must attempt to obtain phone numbers for beneficiaries using one of the following:
 - Directly from the ACO or group
 - Via a file that contains all FFS beneficiaries
 - Sample must not be shared with the ACO or group
 - Share no information with the ACO or group that might identify a beneficiary
 - Commercial software
 - Internet directories
 - Directory assistance
 - Other tested methods

Phone Protocol (cont.)

- Survey vendors must attempt to reach every beneficiary identified for phone follow-up until the beneficiary is contacted, found ineligible, or six attempts have been made
 - No further attempts are to be made after attempting to reach the beneficiary by phone six times
- Each additional phone number dialed may receive up to six attempts
- An attempt is defined as:
 - Phone rings six times with no answer
 - Beneficiary requests call back
 - Phone answered by someone other than beneficiary who is unavailable
 - Busy signal for each of three consecutive attempts (made approximately at 20 minute intervals, if possible)
 - Answering machine/privacy manager reached
 - Disconnect/out of service

Phone Protocol (cont.)

Phone scripts

- Standardized phone scripts provided by CMS
- Text must not be modified
- Scripts must be read verbatim
 - All questions and response choices must be read exactly as they appear in the CMS-provided CATI scripts
 - If a beneficiary provides a response prior to an interviewer reading all response choices, the interviewer must continue to read all response choices
 - Text that is underlined, bolded, highlighted, in uppercase lettering, or italicized must be emphasized

Phone Protocol (cont.)

- Phone interviewer training:
 - Phone scripts and CATI programs
 - Guidelines for reaching beneficiaries
 - Survey introduction
 - Identification of possible ineligible beneficiaries
 - Definition of phone attempts
 - Interviewing guidelines and conventions
 - System conventions, e.g., CATI screens, interim disposition codes
 - Avoiding refusals
 - Probing for complete answers
- Customer support FAQs
 - Interviewers must be familiar with and have access to the FAQs to effectively answer beneficiary's questions

Phone Protocol (cont.)

- Monitoring and oversight
 - 10 percent of all interviews through silent monitoring
 - Attempts and completed interviews
 - All interviewers
 - All times of day
 - Different days of the week
 - Interviewers who consistently fail to follow the phone script verbatim, fail to employ proper probes, fail to remain neutral and courteous, are difficult to understand, or have difficulty using the computer must be identified and retrained or replaced, if necessary
- Monitor subcontractors, if applicable

Languages

- Surveys will be administered in English and additional languages from the list below:

ACO/MIPS		ACO Only
Cantonese Korean Mandarin	Russian Spanish Vietnamese	Portuguese

- ACOs and groups in Puerto Rico must administer the survey in Spanish and offer English, if requested
- Vendors must be prepared to conduct phone surveys in the same languages offered for the mail survey
- Use of optional languages is at the request of the ACO or group

Languages (cont.)

- Four options for implementing data collection in a language other than English
 1. ACO or group may provide language preference for the entire FFS Medicare population to survey vendor to support language-specific survey mailings
 2. Dual language survey mailings
 3. Include an insert with pre-notification letter and all survey mailings that contains instructions for the beneficiary to request a survey in the optional language
 - This option can be exercised if one or more non-English survey language is being offered by the client
 4. A language specific note may be placed at the bottom of the first and second survey cover letters providing beneficiaries with instructions for requesting a survey in that language
 - This option can be exercised if only one non-English survey language is being offered by the client

Vendor Oversight

- Oversight Activities
- Non-compliance and Sanctions
- Discrepancy Reports

Oversight Activities

Ensure:

- Compliance with survey protocols
- Survey data collected and submitted are complete, valid, and timely
- Standardization and transparency of survey results
- Data security

Oversight activities include:

- Review of Quality Assurance Plan (QAP) and survey materials
- Conducting site visits and conference calls
- Analysis of submitted data

Oversight Activities (cont.)

QAP

- Documents understanding, application, and compliance with survey protocols
- Follows the Model QAP specifications
- Provides a guide for the site visit
- Vendor submits each year

Oversight Activities (cont.)

Review of survey materials

- Review for compliance with survey protocols and guidelines
- Submitted each year of survey administration
- Only survey vendors with a contracted client(s) need to submit survey materials
- Submit via the Technical Assistance email:
 - CAHPS for ACOs Survey: acocahps@hcqis.org
 - CAHPS for MIPS Survey: mipscahps@hcqis.org
- **English mail survey materials due 7/31/2018**
- **English CATI screenshots due 9/25/2018**

Oversight Activities (cont.)

Site visits and conference calls

- Review and observe systems, procedures, facilities, and resources
- Discussions with project staff
 - Including subcontractors, if applicable
- All materials related to survey administration are subject to review
- Feedback report includes action items for follow-up
- Conference calls as needed

Oversight Activities (cont.)

Analysis of submitted data

- Intended to detect errors in data submission
- Includes review of outliers, anomalies, unusual patterns, etc.
- Follow-up as appropriate
- Survey vendors may be required to submit scanned images of random sample of mail surveys to the data warehouse

Non-compliance and Sanctions

- If survey vendors fail to adhere to CAHPS for ACOs and MIPS survey protocols, including missing deadlines/due dates, they will be required to develop and implement corrective actions
- If survey vendors do not fix problems, they may lose “approved” status for conducting the ACO and/or MIPS surveys
- Other sanctions may also be applied such as increased oversight or a special monitoring plan

Discrepancy Reports

- Report variations from survey protocols during survey administration
- Complete and submit the Discrepancy Report within one business day of identifying the issue
 - For ACO:
 - Submit the online report at acocahps.cms.gov
 - For MIPS:
 - A blank discrepancy form will be emailed to survey vendors prior to the start of survey administration
 - If needed, additional copies of the blank discrepancy form can be requested via email to mipscahps@hcqis.org
 - Submit the form via email to mipscahps@hcqis.org
 - A second updated report may be submitted once root cause, scope of issue and/or corrective action has been identified
 - Vendors must not wait until the discrepancy has been resolved to submit an initial Discrepancy Report

Discrepancy Reports (cont.)

- Required Discrepancy Report detail includes:
 - Description of discrepancy; how and when it was discovered
 - All affected ACO or Group names and ID numbers impacted by the discrepancy
 - For each ACO or Group listed:
 - Affected timeframe
 - ACO or Group Practice ID number
 - Count of sample members affected by the discrepancy
 - Description of corrective action to be taken along with proposed timeline
- Provide as much information as possible in initial report
- File updated Discrepancy Report with any additional information

Discrepancy Reports (cont.)

CMS Review Process

- Acknowledgment of receipt
- Assessment of actual or potential impact on data
- Additional information may be requested
- Notification of review outcome

Conclusion

- Wrap Up and Next Steps
- DUA Resources
- Contact Us

Wrap Up and Next Steps

Important Dates

Task	Date
English mail survey materials due	7/31/2018
Vendor Access to data warehouse form(s) due Survey vendors must complete and email the Vendor Access to data warehouse form(s) (to ACO-DataSupport@rand.org for ACO, or MIPS-DataSupport@rand.org for MIPS)	8/1/2018
Submit DUA to CMS and copy ACO or MIPS Project Team	8/21/2018
Complete web-based vendor authorization process ACOs and groups will receive an email notification with instructions on completing the process	9/18/2018
English CATI screenshots due	9/25/2018

DUA Resources

Resource	Description
CMS DUA webpage	Provides general information about DUAs
CMS DUA Forms webpage	Provides forms and instructions

Technical Assistance and Communication

CAHPS Survey Information and Technical Assistance

CAHPS for ACOs Survey

Website	acocahps.cms.gov
Email	acocahps@hcqis.org
Phone	Toll free 855-472-4746

CAHPS for MIPS Survey

Website (CAHPS for MIPS Survey)	www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/mips.html
Website (Quality Payment Program)	https://qpp.cms.gov/
Email	mipscahps@hcqis.org
Phone	Toll free 844-472-4274

Technical Assistance and Communication (cont.)

- For data warehouse or data submission issues:
 - CAHPS for ACOs
 - Email: ACO-DataSupport@rand.org
 - CAHPS for MIPS
 - Email: MIPS-DataSupport@rand.org