

# CAHPS for ACOs Survey Vendor Training for RY2018

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Spring 2018



# About This Self-Guided Training

Vendors applying for CMS approval to administer the 2018 CAHPS for ACOs Survey are required to complete a self-guided training, and correctly answer the questions in each section. Vendor staff have until May 4, 2018 to complete this training.

Please contact [acocahps@hcqis.org](mailto:acocahps@hcqis.org) with any questions about CAHPS for ACOs vendor training.

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

- Overview and Background
- Sample Design and Beneficiary Selection
- Data Analysis and Public Reporting

# Overview and Background

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- Shared Savings Program and Next Generation ACO Model
- Patient Population
- Quality Measurement and Performance
- CAHPS for ACOs
- Summary Survey Measures
- Contacting Beneficiaries

# Shared Savings Program

## Goals

- The Medicare Shared Savings Program (Shared Savings Program) is an approach to the delivery of health care aimed at reducing fragmentation, improving population health, and lowering overall growth in expenditures by:
  - Promoting accountability for the care of Medicare fee-for-service (FFS) beneficiaries
  - Improving coordination of care
  - Encouraging investment in infrastructure and redesigned care processes

# Shared Savings Program (cont.)

## Vision

- ACOs promote the delivery of seamless, coordinated care that promotes better care, better health, and lower growth in expenditures by:
  - Putting the beneficiary and family at the center of care
  - Remembering patients over time and place
  - Attending carefully to care transitions
  - Managing resources carefully and respectfully
  - Evaluating data to improve care and patient outcomes
  - Using innovation focused on the three-part aim
  - Investing in care teams and their workforce

# Next Generation ACO Model

- The Next Generation ACO Model builds upon the experience from the Pioneer ACO Model (which ended in 2016) and Shared Savings Program to offer a new opportunity to ACOs that are experienced in coordinating care for populations of patients.
- The goal of the Next Generation ACO Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Medicare FFS beneficiaries.

# Patient Population

- ACO accepts responsibility for an “assigned” patient population
- Assignment will not affect beneficiaries’ guaranteed benefits or choice of doctor or any other provider
  - Shared Savings Program beneficiary assignment methodology depends on which “Track” ACO selects
    - Tracks 1 and 2: preliminary prospective beneficiary assignment with final retrospective beneficiary assignment
    - Track 3 and the Track 1+ Model: prospective beneficiary assignment
  - Next Generation Model: prospective beneficiary assignment

# Quality Measurement and Performance

- Quality measures are separated into the following four key domains that serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:
  - Better Care for Individuals
    1. Patient/Caregiver Experience
    2. Care Coordination/Patient Safety
  - Better Health for Populations
    3. Preventative Health
    4. At-Risk Population
- Each of the four domains is equally weighted and is 25 percent of an ACO's quality score



# CAHPS for ACOs

- The 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs measures ten key domains of beneficiaries' experiences of care that we refer to as summary survey measures (SSMs)
- The CAHPS for ACOs Survey includes the core questions contained in Version 3.0 of the CAHPS Clinician & Group Survey (CG-CAHPS), plus additional questions to measure:
  - Access to and use of specialist care
  - Patient involvement in decision-making
  - Experiences with a health care team
  - Health promotion and patient education
  - Patient functional status and general health

# Summary Survey Measures (cont.)

Measure	SSM Content	Source
ACO 1-7	<ul style="list-style-type: none"> <li>▪ Getting Timely Care, Appointments, &amp; Information</li> <li>▪ How Well Your Providers Communicate</li> <li>▪ Patient’s Rating of Provider</li> <li>▪ Access to Specialists</li> <li>▪ Health Promotion and Education</li> <li>▪ Shared Decision Making</li> <li>▪ Health Status &amp; Functional Status</li> </ul>	CG CAHPS Core, CG CAHPS Supplemental, Program Specific – Scored
ACO-34	<ul style="list-style-type: none"> <li>▪ Stewardship of Patient Resources</li> </ul>	CG CAHPS Supplemental – Scored
CG-CAHPS CORE	<ul style="list-style-type: none"> <li>▪ Courteous &amp; Helpful Office Staff</li> <li>▪ Care Coordination</li> </ul>	CG CAHPS Core – Not part of ACO Quality Score

# Contacting Beneficiaries

- ACOs may let Medicare beneficiaries know that they may be asked to participate in the 2018 CAHPS for ACOs Survey
  - Any communication or outreach must be targeted to all of an ACO's Medicare FFS beneficiaries
  - ACOs must use the CMS-approved communication template
- ACOs are strongly encouraged to avoid conducting surveys of Medicare FFS beneficiaries from September 2018 to February 2019
  - Competing surveys can contribute to respondent fatigue and lower response rates
  - Other CMS surveys are exempt from this guidance, as are surveys of patients other than Medicare FFS beneficiaries

# Sample Design and Beneficiary Selection

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- Overview
- Sample Selection and Eligibility Criteria
- Sample Files
- Sample File Layout
- Delivery of Sample File

# Overview

- CMS will draw samples for the 2018 survey
  - 860 Medicare FFS beneficiaries per ACO
  - At least two visits for primary care
  - Primary care was not delivered by a hospitalist or other excluded provider type

# Sample Selection and Eligibility Criteria

- CMS will select the sample for each ACO
  - Medicare FFS beneficiaries assigned to the ACO
  - 18 years or older
  - Live in the United States, Puerto Rico, or U.S. Virgin Islands
  - Ineligible beneficiaries include individuals known to be institutionalized
    - Living in an institution or residential facility

# Sample Files

- CMS will provide the most complete and current contact information available for sampled beneficiaries
  - Addresses and phone numbers as of September 2018
- Oversample high users of care
  - 25 percent of each ACO's sample
  - Drawn from top 10 percent of beneficiaries based on visits

# Sample File Layout

## File Record Layout for the Sample File

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique beneficiary finder number assigned by CAHPS for ACOs Survey Data Coordination Team
FNAME	9	30	Text	CMS beneficiary first name
MNAME	39	15	Text	CMS beneficiary middle name
LNAME	54	40	Text	CMS beneficiary last name
DOB_C	94	8	YYYYMMDD	Date of birth
ZIP	102	9	Char	Mailing address zip code
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



# Sample File Layout (cont.)

## File Record Layout for the Sample File

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
<b>GENDER</b>	286	1	1-2	Gender code: 1 = male, 2 = female
<b>ACO_ID</b>	287	5	[A]nnnn  [V]nnn	Five-character MSSP ACO identifier: begins with a letter "A" followed by 4 numbers  Four-character NGACO identifier: "V" followed by 3 numbers
<b>ACONAME</b>	292	100	Free text	ACO name provided by CMS
<b>FOCALTYPE</b>	392	1	Numeric	Provider type: 1 = primary care, 2 = specialist
<b>PRTITLE</b>	393	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
<b>PRFNAME</b>	428	30	Text	Provider first name
<b>PRLNAME</b>	458	50	Text	Provider last name
<b>TELEPHONE NUMBER</b>	508	10	Numeric	Beneficiary phone number
<b>LAND/MOBILE</b>	518	1	L/M/U/8	What type of phone number CMS is providing L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not Applicable

# Delivery of Sample File

- CAHPS for ACOs Survey Data Coordination Team will:
  - Provide a separate file for each survey vendor
  - Authorize survey vendors to access the secure ACO data warehouse
  - Deliver encrypted sample files via a secure ACO data warehouse

# Data Analysis and Public Reporting

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- Overview of SSMs
- Data Transformation
- Point Value Assignment for Scored Measures
- Benchmarks and Scoring
- Quality Performance Scoring
- Public Reporting of ACO Data
- Data Analyses Conducted by Survey Vendor

# Overview of SSMs

## What is an SSM?

- An SSM is a roll-up of multiple questions on a similar aspect of experience (e.g., care coordination)
  - Access to Specialists, Patient's Rating of Provider, and Stewardship of Patient Resources are single-item SSMs

## Steps to Score an SSM

1. Assign points for individual question responses
2. Apply sampling weights
3. Adjust for case-mix
  - Ensures a “level playing field” and that data represent ACOs fairly
4. Convert the score to a 0-100 scale using a linear transformation

# Data Transformation

## Transformation to 0-100 Scale

- For reporting, individual questions and SSMs are converted to a 0-100 scale
  - For all scores, 0 is the lowest and 100 is the best performance
  - Rescaling does not change ACO performance rankings (i.e., the best performers remain the best, the poorest performers remain the poorest)

## Data Transformation (cont.)

### Formula for 0-100 Transformation

- Let  $X$  = the CAHPS score on its original scale
- Let  $a$  = the minimum possible score on the original scale
- Let  $b$  = the maximum possible score on the original scale

The 0-100 score is calculated as:

$$Y = \frac{(X - a)}{(b - a)} \times 100$$

# Example

## Provider Rating

- Provider rating is a single-item SSM
- The original scale for this measure is 0 to 10

## Item Question

**Q21.** Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

# Example (cont.)

## Provider Rating (cont.)

- The table below shows the weighted and case-mix adjusted means for several hypothetical ACOs and the converted 0-100 score for each mean:

ACO	Mean Score Q21	Calculation of 0-100 Score	Converted Score
ACO A	7.5	$(7.5 - 0)/(10 - 0) \times 100$	75
ACO B	8.0	$(8.0 - 0)/(10 - 0) \times 100$	80
ACO C	9.0	$(9.0 - 0)/(10 - 0) \times 100$	90



# Example

## Courteous and Helpful Office Staff

- Courteous and Helpful Office Staff is composed of two survey items
- Each item has a 1 to 4 ordinal scale:
  - 1 = Never
  - 2 = Sometimes
  - 3 = Usually
  - 4 = Always

## Item Question

**Q22.** In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

**Q23.** In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

# Example (cont.)

## Courteous and Helpful Office Staff (cont.)

- The table below shows the weighted and case-mix adjusted means for several hypothetical ACOs and the converted 0-100 score for each mean:

ACO	Mean Score		Average of Adjusted Scores	Calculation of 0-100 Score	Converted Score
	Q22	Q23			
ACO A	1	2	1.5	$(1.5 - 1)/(4 - 1) \times 100$	17
ACO B	3	4	3.5	$(3.5 - 1)/(4 - 1) \times 100$	83
ACO C	2.5	2.5	2.5	$(2.5 - 1)/(4 - 1) \times 100$	50

# Point Value Assignment for Scored Measures

- Eight SSMs contribute to the final CAHPS quality score
- Each measure is worth a maximum of 2 points
- For RY18, all ACOs successfully reporting CAHPS receive an automatic 2 points for one pay for reporting measure
  - Health and Functional Status\*
- The point value for the remaining measures is determined by comparing the 0-100 scores against a set of established benchmarks
- ACOs that demonstrate significant improvement in performance may also receive quality improvement points

\* This measure is pay for reporting for all reporting years

# Benchmarks and Scoring

- ACO performance on each pay-for-performance measure is compared to the measure's benchmark (which is the same across all ACOs). ACOs earn points for each measure based on a sliding scale (see next slide):
  - For more information on the benchmarks, please refer to the Quality Measure Benchmarks for the 2018 Reporting Year, available on the Shared Savings Program website:  
<https://www.cms.gov/Medicare/Medicare-Fee-for-service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>
  - Incomplete reporting or performance below 30 percent (or below 30th percentile benchmark) would earn zero points for that measure

# Benchmarks and Scoring (cont.)

<b>ACO Performance Level</b>	<b>Quality Points (all measures except ACO-11 EHR measure)</b>
90 <sup>th</sup> percentile benchmark	2 points
80 <sup>th</sup> percentile benchmark	1.85 points
70 <sup>th</sup> percentile benchmark	1.7 points
60 <sup>th</sup> percentile benchmark	1.55 points
50 <sup>th</sup> percentile benchmark	1.4 points
40 <sup>th</sup> percentile benchmark	1.25 points
30 <sup>th</sup> percentile benchmark	1.10 points
<30 <sup>th</sup> percentile benchmark	No points

# Example

## Health Promotion and Education

- As an illustration, we consider the actual RY18 benchmarks for Health Promotion and Education
- Based on these benchmarks, an ACO with a score of 70 for this measure will receive the full 2 points, while an ACO with a score of 58 would receive 1.55 points

Score	Points Earned
63.45-100	2.00
61.00-63.44	1.85
59.40-60.99	1.70
57.96-59.39	1.55
56.73-57.95	1.40
55.49-56.72	1.25
54.19-55.48	1.10
0-54.18	0

# Quality Performance Scoring for ACO Survey Data

CAHPS for ACOs Survey Data	
<b>7 SSMs</b>	<b>Points Earned</b>
▪ Getting Timely Care, Appointments, and Information	0-2 Points
▪ How Well Your Providers Communicate	0-2 Points
▪ Patient's Rating of Provider	0-2 Points
▪ Access to Specialists	0-2 Points
▪ Health Promotion and Education	0-2 Points
▪ Shared Decision Making	0-2 Points
▪ Stewardship of Patient Resources	0-2 Points
<b>1 SSM</b>	<b>Points Earned</b>
▪ Health Status and Functional Status	2 Points
<b>2 SSMs</b>	<b>Points Earned</b>
▪ Courteous and Helpful Office Staff	Not Scored
▪ Care Coordination	Not Scored
<b>Total Possible Points for Scored 8 SSMs</b>	<b>2-16 Possible Points</b>

# Public Reporting of ACO Data

- A subset of CAHPS for ACOs scored SSMs are reported on on the Physician Compare website (<https://www.medicare.gov/physiciancompare/search.html>)
  - The Health Status and Functional Status SSM is not reported on Physician Compare
  - SSM scores with low reliability are flagged and scores with very low reliability are suppressed from reporting
    - Reliability summarizes the extent to which variation in patient experience responses reflect true differences between organizations
- Scores for all SSMs for all ACOs are reported here:
  - Shared Savings Program: <https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/yuq5-65xt>
  - Next Generation ACO Model: <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>



# How Data are Reported to ACOs

- CMS provides ACO-specific reports
  - SSMs are reported as case-mix adjusted mean scores. SSM scores with low or very low reliability are reported and flagged in individual reports to ACOs.
  - Responses to multi-question measures
  - Responses to individual questions
  - Response rate information
  - Program-specific data

# Data Analyses Conducted by Survey Vendor

- Survey vendors may conduct their own analyses of data for quality improvement purposes, however, per your CMS DUA:
  - Cell sizes must not be fewer than 11
    - 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 question as a whole
  - Intervention or follow-up with low- or high-scoring individuals is not permitted
  - Survey vendors cannot provide individual-level data to ACOs

# Data Analyses Conducted by Survey Vendor (cont.)

- CMS-calculated results are official results
  - Vendors will not have sufficient information to replicate CMS analyses
  - Any report provided to an ACO must include a statement on each page indicating vendor results are unofficial and are for ACO's internal quality improvement purposes only. The statement must be printed in a minimum 14-point font size.
- CMS-calculated results include data from completed and partially completed surveys

# Contact Us

## Information and Technical Assistance

### CAHPS for ACOs Survey

Website	<a href="http://acocahps.cms.gov">acocahps.cms.gov</a>
Email	<a href="mailto:acocahps@hcqis.org">acocahps@hcqis.org</a>
Phone	Toll free 855-472-4746

# Resources

Resource	Description
<a href="#"><u>Shared Savings Program website</u></a>	For more information about the Shared Savings Program
<a href="#"><u>Next Generation ACO Model website</u></a>	For more information about the Next Generation ACO Model
<a href="#"><u>CAHPS for ACOs Survey website</u></a>	For more information about CAHPS for ACOs Survey implementation