Training Requirements

Mandatory Attendees	Optional Attendees
Vendors new to ACO REACH CAHPS: • Vendor's Survey Administrator – all modules and certification exam are mandatory • Key staff at vendor and subcontractor – modules relevant to their tasks are mandatory.	**Vendors new to ACO REACH CAHPS**: • Other vendor staff • Other subcontractor staff
Returning vendors to ACO REACH CAHPS: • Vendor's Survey Administrator (if new to ACO REACH CAHPS) – all modules and certification exam are mandatory • Key staff at vendor and subcontractor (if new to ACO REACH CAHPS) – modules relevant to their tasks are mandatory	**Returning vendors to ACO REACH CAHPS:** • Other vendor or subcontractor staff including any who would like a refresher **REACH ACOs:** • Any staff

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Agenda

Today's training session will cover the following

- Introduction and Overview of ACO REACH CAHPS Survey

- Roles and Responsibilities

- Sampling Protocols

- Data Collection Protocols

- Data Coding and Preparation

Agenda (cont'd, 2 of 2)

- Data Submission
- Data Analysis and Reporting
- Data Confidentiality and Data Security
- Oversight
- Online Training Evaluation

Post-Training Reminders

- All training attendees: please complete the Training Evaluation Survey
- ACO REACH CAHPS Survey Administrators <u>must</u> complete the Training Certification by April 15 if seeking to become a fully approved vendor

Section 2: Introduction and Overview of ACO REACH CAHPS Survey

ACO REACH CAHPS Quality Assurance Guidelines – Chapters 1-2

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Introduction and Overview of ACO REACH CAHPS Survey

ACO REACH Model Overview

ACO REACH CAHPS Survey Overview
- Instrument
- Timeline

Technical Assistance on ACO REACH CAHPS

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ACO REACH Model Overview

ACO REACH Goals

- **Transform risk-sharing arrangements in Medicare fee-for-service (FFS)** by offering payment systems that are different than FFS

- **Empower beneficiaries** to personally engage in their own care delivery

- **Reduce provider burden** to meet health care needs effectively

ACO REACH Model Overview (cont'd, 2 of 4)

ACO REACH Participants

- ACO REACH Model participants are medical groups comprised of primary care providers and specialists. Participants are referred to as **REACH ACOs**.

- REACH ACOs are expected to improve quality of care and health outcomes for Medicare beneficiaries using set criteria

- Assessment of quality during each Performance Year (PY), using Quality Measures

ACO REACH Model Overview (cont'd, 3 of 4)

Three Participation Tracks for REACH ACOs

ACO REACH provides new opportunities for **REACH ACOs** to participate in value-based care arrangements in Medicare FFS.

- **Standard REACH ACOs** have substantial experience serving Medicare FFS beneficiaries
- **New Entrant REACH ACOs** have not traditionally provided services to a Medicare FFS population
- **High Needs Population REACH ACOs** serve Medicare FFS beneficiaries with complex needs

ACO REACH Model Overview (cont'd, 4 of 4)

- REACH ACOs are required to conduct the ACO REACH CAHPS Survey
  - All three types: Standard, New Entrant, High Needs
- REACH ACOs are required to authorize a survey vendor to implement the ACO REACH CAHPS Survey
- Starting in PY 2024, CAHPS will be Pay-for-Performance for both High Needs Population and Standard and New Entrant ACOs
- After 2022, the name of model changed from GPDC to Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH)

ACO REACH CAHPS Survey Overview

- Consumer Assessment of Healthcare Providers and Systems®
- Family of surveys designed to collect data from patients, beneficiaries and other consumers about their experiences with the care they receive from their health care providers
- Developed by the Agency for Healthcare Research and Quality (AHRQ)
- CAHPS is a registered trademark of AHRQ, a U.S. government agency

ACO REACH CAHPS Survey Overview – Instrument

2 ACO REACH CAHPS Questionnaires:	Standard and New Entrant REACH ACOs
	High Needs REACH ACOs

Both ACO REACH CAHPS Surveys measure beneficiary experience of care across eight domains

- Getting Timely Care, Appointments, and Information
- How Well Providers Communicate
- Beneficiary's Rating of Provider
- Shared Decision Making

- Care Coordination
- Courteous and Helpful Office Staff
- Health Promotion and Education
- Stewardship of Beneficiary Resources

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ACO REACH CAHPS Survey Overview – Instrument (cont'd, 2 of 4)

Both surveys collect beneficiary information across three domains that do not impact the CAHPS scoring

- Health Status and Functional Status
- Access to Specialists
- Activities of Daily Living

ACO REACH CAHPS Survey Overview – Instrument (cont'd, 3 of 4)

High Needs REACH ACOs measure beneficiary experience of care across four additional domains

- Family Support

- Emotional Support

- Pain

- Preparation for Health Emergencies

ACO REACH CAHPS Survey Overview – Instrument (cont'd, 4 of 4)

- Annual mixed-mode survey (mail with telephone follow-up)
- Standards and New Entrants (ST_NE) mail survey contains 54 questions
- High Needs (HN) mail survey contains 60 questions
- Available in English and Spanish
- Include questions about experience in the last six months with the provider the beneficiary saw most often at this REACH ACO
- Based on the ACO CAHPS instrument

ACO REACH CAHPS Survey Overview – Timeline

Source: homepage of acoreachcahps.org ↗

Activity	Date(s)
Vendor Application, Approval and Authorization	
Survey vendor registration and application begins	12/14/2023
Survey vendor application period	12/14/2023 – 1/16/2024
ACO REACH CAHPS self-paced training for new-to-project vendors	4/3/2024 – 4/10/2024
ACO REACH CAHPS update training for returning vendors	4/10/2024
List of conditionally-approved ACO REACH CAHPS vendors is available on ACO REACH CAHPS website and disseminated to REACH ACOs	4/17/2024
Survey vendor Quality Assurance Plan submission deadline	5/9/2024
List of fully-approved ACO REACH CAHPS vendors is available on ACO REACH CAHPS website and disseminated to REACH ACOs	6/7/2024
REACH ACOs authorize a survey vendor for the PY2024 ACO REACH CAHPS Survey	6/7/2024 – 8/2/2024
Beneficiary Data Collection by Survey Vendors	
Beneficiary sample downloaded by survey vendors	8/19/2024
1st questionnaire mailed	9/9/2024
Vendor Help Desk opens	9/10/2024
Reminder/Thank you postcard mailed	9/30/2024
Non-response follow-up (2nd) questionnaire mailed	10/15/2024
Telephone (CATI) non-response follow-up	11/12/2024 – 12/6/2024
Last day to receive questionnaires by mail	12/6/2024
REACH ACOs can remove Waiting Room FAQs	12/6/2024
Data Submission	
1st interim data submission due date	10/7/2024
2nd interim data submission due date	11/25/2024
Final data submission due date	1/13/2025

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Technical Assistance on ACO REACH CAHPS

Resources for Survey Vendor Organizations	
For general information, important news, updates, and all materials to support implementation:	https://acoreachcahps.org ↗
For technical support:	acoreachcahps@rti.org 1-833-870-0486

Note that REACH ACOs receive technical support through the ACO REACH Model Helpdesk

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Section 3: Roles and Responsibilities

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 3

Roles and Responsibilities Overview

CMS Responsibilities → **Survey Vendor Responsibilities** → **REACH ACO Responsibilities**

CMS Responsibilities

1. Provide survey vendor training and approve vendors.

2. Provide survey administration procedures, technical assistance, and updated information to vendors.

3. Maintain and distribute a list of approved ACO REACH vendors to REACH ACOs.

4. Provide survey vendors with sample files.

5. Review, score, and report personalized data to REACH ACOs.

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Survey Vendor Responsibilities

1. Meet minimum business requirements

2. Register on the ACO REACH website and submit vendor application

3. Attend training and pass training certification

4. Submit Quality Assurance Plan

5. Attest to the accuracy of the data collection process

6. Submit Data Use Agreement, sign Business Associate Agreement with REACH ACOs, and adhere to data security protocols

7. Coordinate with REACH ACOs

8. Follow the ACO REACH CAHPS QAG when conducting data collection and data processing activities

9. Participate in oversight activities conducted by the ACO REACH CAHPS Survey Project Team

Survey Vendor Responsibilities – Training

Complete Project Training

Key staff from vendors and subcontractors attend either **Introduction to ACO REACH CAHPS Training** or **Update to ACO REACH CAHPS Training** (if returning).

Certification

Vendor Survey Administrator completes Training Certification exam.

Next Year

In future years, re-apply to become an ACO REACH CAHPS Survey Vendor and complete required training.

Survey Vendor Responsibilities – Quality Assurance Plan

- Vendors must submit a Quality Assurance Plan
- The main purposes of the QAP are to:
  - Document survey vendors' understanding, application and compliance with the Quality Assurance Guidelines
  - Guide administration of the ACO REACH CAHPS Survey, project staff training, and quality control and oversight activities
- Submit initial QAP after training
- Second QAP must include materials that CMS determines are relevant to the survey
  - For example, mailing materials, the survey, and screenshots of the telephone instrument
  - Due before data collection begins
- Follow the Model QAP outline on website

Survey Vendor Responsibilities – Attest to Accuracy of Data Collection

Attest to Accuracy

- Attest to the accuracy of your organization's data collection processes
- Attest that data collection processes conform to the requirements outlined.

Do Not Subcontract the XML Data Submission Task

- Data collected using procedures that do not adhere to the ACO REACH CAHPS procedures or timeline may result in unusable data.

Survey Vendor Responsibilities – DUA, BAA, and Data Security

- Sign a **Data Usage Agreement (DUA)** with CMS
  - Managed through CMS' EPPE system
  - Vendors sign annually
  - Vendors receive DUA confirmation from EPPE
  - Vendors email ACO REACH CAHPS Survey Coordination Team their DUA confirmation
- Sign a **Business Associate Agreement (BAA)** with REACH ACO
  - Permits vendors access to PII in sample files and any other files from REACH ACO
  - CMS recommends including the BAA in the contract with the ACO
- Adhere to data security protocols
  - Use systems, processes, and procedures to safeguard and protect the security of ACO REACH CAHPS data

Survey Vendor Responsibilities – Coordinate with REACH ACOs

- Vendors must ensure client REACH ACOs have executed a contract with and authorized them for the PY 2024 survey.
- The Vendor Authorization page does not allow REACH ACOs to authorize a vendor unless the REACH ACO attests that they have executed a contract.
- Authorization lasts one survey period
- New authorization required each survey period even if vendor does not change
- Consult *Survey Vendor Authorization Report*
  - Confirm completed/updated REACH ACO Vendor Authorization forms
  - To be aware of every REACH ACO who authorized them
- Check *Survey Vendor Authorization Report* weekly in the weeks leading up to the deadline for vendor authorization
- Understand REACH ACO requirements for vendor authorization

Survey Vendor Responsibilities – Follow Quality Assurance Guidelines (QAG)

- Administer the ACO REACH CAHPS in accordance with the *Quality Assurance Guidelines (QAG)* and oversee the quality of work performed by staff and any subcontractor *(Chapter 4-10)*

- Prepare and submit data files to CMS following the specified guidelines *(Chapters 6-7)*

- Follow specified guidelines when preparing reports for client REACH ACOs *(Chapter 8)*

- All survey protocols and requirements are in the QAG or in updates on the ACO REACH CAHPS website. Check regularly for updates.

Survey Vendor Responsibilities – Oversight

- Fully approved vendors, including subcontractors, participate in all oversight activities, such as remote site visits and/or teleconference calls, as requested by CMS or RTI

  - Correct survey protocols are followed

  - All materials relevant to survey administration are subject to review

  - See QAG *Chapter 10, Oversight*

- Vendors agreed to oversight requirements in the Vendor Application

- Continued vendor approval is contingent upon receiving satisfactory reports during oversight activities

REACH ACO Responsibilities

1. Authorize a vendor to conduct the survey

2. Execute a BAA with survey vendor

3. Provide updated contact information to vendors

4. Notify vendor of residential care/assisted living facilities

5. Review Data Submission Summary

6. Communicate with beneficiaries about the survey in accordance with CMS specifications

7. Refrain from administering ACO REACH CAHPS in conjunction with other surveys

*Document you may find useful: On the ACO REACH CAHPS website, under Quick Links for ACOs: REACH ACO Guidance ⬈

REACH ACO Responsibilities – Vendor Authorization

- REACH ACOs must contract with, and authorize, a CMS-approved ACO REACH CAHPS vendor to administer the ACO REACH CAHPS Survey
  - REACH ACOs can access a conditional list of approved vendors in April 2024 and a final list in June 2024
  - List is accessible in REACH ACO newsletter, 4i Knowledge Library, and on the ACO REACH CAHPS website
  - They may authorize a vendor June 7 – August 2, 2024
  - CMS does not review ACO and vendor contracts. CMS only ensures a contract is executed. Therefore, CMS prevents ACOs from saving their authorization unless they attest they have executed a contract.
- Vendor authorization allows CMS to know which vendor should receive the sample for which ACOs, and which vendor is submitting data for which ACOs.

REACH ACO Responsibilities – BAA

- HIPAA allows health care entities, like REACH ACOs, to release patient contact information to their agents for public health research if there is a Business Associate Agreement (BAA) in place.

- Therefore, REACH ACOs must execute a BAA with their survey vendor
  - Survey vendors are acting as agents of REACH ACOs
  - BAAs stand for the life of the project and do not require updates unless some information in the BAA changes

REACH ACO Responsibilities – Updated Beneficiary Contact Information

- It is recommended that REACH ACOs provide their vendor with updated contact information on all Medicare beneficiaries in their REACH ACO.
  - They may include all Medicare beneficiaries, or all Medicare beneficiaries who had a visit in the sampling window (July 1, 2023 – June 30, 2024 for PY 2024).
- Ensure
  - ACOs never see the sample file or know is/is not in the sample
  - Signed BAA between the vendor and the REACH ACO
  - Secure file transmission

REACH ACO Responsibilities – Residential Care/Assisted Living Facilities

- Beneficiaries residing in residential care facilities or assisted living facilities are eligible for ACO REACH CAHPS
- Harder to reach, telephone survey is burdensome to facilities staff
- Different protocol for these beneficiaries. It is recommended:
  - REACH ACOs provide their vendor names and addresses of residential care facilities and assisted living facilities prevalent among their sample members
  - Vendor is responsible for identifying whether these beneficiaries residing in those facilities are in the sample
  - These beneficiaries get a special envelope designed to catch the attention of facility staff and solicit proxy respondents
  - No telephone follow-up

REACH ACO Responsibilities – Data Submission

- It is recommended that REACH ACOs confirm that vendor submits data files on the ACO REACH CAHPS website before the final data submission deadline, January 13, 2025.

- REACH ACOs will receive instructions from CMS on how to access a report showing whether their vendor has submitted data and information about the data file.

- This is an aid that REACH ACOs use to ensure they are in compliance with quality reporting requirements

REACH ACO Responsibilities – Communications

- Beneficiary-facing survey materials refer to the survey as the **Medicare Provider Experience of Care Survey**
  - No mention of "ACO REACH CAHPS"
- Print Waiting Room FAQs
- Become familiar with Waiting Room FAQs
- Respond to beneficiary questions and comments about the survey

REACH ACO Communications That Are Not Permitted

REACH ACOs Cannot

- Provide a copy of the ACO REACH CAHPS questionnaire or survey materials to their beneficiaries.

- Attempt to determine which beneficiaries were sampled. Vendors are strictly prohibited from sharing this information with REACH ACOs both before and after the survey administration.

- Ask their beneficiaries if they would like to be included in the survey.

- Tell beneficiaries that the they hope or expect their beneficiaries will give them the best or highest rating.

REACH ACO Communications That Are Not Permitted (cont'd, 2 of 2)

REACH ACOs Cannot

- Imply that the doctors or medical group will be rewarded or gain benefits for positive feedback.
- Offer incentives of any kind to beneficiaries for participating (or not) in the ACO REACH CAHPS.
- Include any messages or materials promoting their doctors or medical group, in ACO REACH CAHPS materials.
- Require that their vendor include additional questions of the ACO's choosing on the survey.
- Translate the survey into the beneficiary's language. (A translation provided by the beneficiary's family member or friend is appropriate.)

REACH ACO Guidance– Administering Other Surveys

- ACOs are requested to refrain from conducting other beneficiary surveys 4 weeks prior to and during the ACO REACH CAHPS survey period

- In other surveys, REACH ACOs should not ask beneficiaries additional survey questions same or similar to ACO REACH CAHPS questions

- Other surveys can include questions that ask for more in-depth information as long as the questions are different from those included in the ACO REACH CAHPS

Section 4: Sampling Protocols

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 4

For Technical Assistance email acoreachcahps@rti.org

Sampling Protocols

- Overview
- CMS – Preparing the Sample Files
  - Sample file data elements
- Survey Vendors – Sample Download Process
- Survey Vendors – Preparing the Sample for Each REACH ACO
  - Beneficiaries residing in facilities
  - Sampled cases to remove
  - Address and telephone verification

Overview

- CMS (through their contractor RTI) is responsible for selecting the beneficiary sample for each REACH ACO

- This includes:
  - Selecting only eligible beneficiaries for the sample frame
  - File cleaning, deduplicating, and selection of the sample

ACO REACH CAHPS sample source: CMS' claims databases

CMS – Preparing the Sample Files – Eligible

- CMS creates a sample frame for each REACH ACO of Medicare beneficiaries who are:
    - Ages 18 and above
    - St/NE: Had at least two primary care visits between July 1, 2023 and June 30, 2024
    - HN: had one visit in past 12 months
        - Online digital or phone visits are eligible
        - Specialists who provide primary care are eligible
    - Residential care/assisted living facilities are eligible
    - Those with a phone number or an address are eligible, including US States and Territories (Puerto Rico, Guam, the U.S. Virgin Islands, Northern Mariana Islands, and American Samoa)
- If two or more sampled beneficiaries are living in the same household CMS attempts to switch out duplicate household members and replace them with an alternate beneficiary from the same ACO.
    - However, if no alternates in the ACO are available, no switch out is done. The sampled beneficiaries from the same household remain part of the sample.

CMS – Preparing the Sample Files – Ineligible

- The sample frame **excludes** as ineligible beneficiaries that are
  - Deceased
  - In nursing homes/skilled nursing facilities
  - In hospice care
  - At APO/FPO addresses
- After the sample has been selected CMS uses a commercial vendor to obtain beneficiary phone numbers and confirm/update beneficiary address for the sample members

CMS – Preparing the Sample Files – Sampling Size

Standards and New Entrant REACH ACOs	
REACH ACOs with 100 or more Participant Providers	• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries. • If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 416, all eligible beneficiaries will be surveyed. • If there are fewer than 416 survey-eligible aligned beneficiaries, the survey cannot be conducted.
REACH ACOs with 25 to 99 Participant Providers	• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries. • If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 255, all eligible beneficiaries will be surveyed. • If there are fewer than 255 survey-eligible aligned beneficiaries, the survey cannot be conducted.
REACH ACOs with two to 24 Participant Providers	• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries. • If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 125, all eligible beneficiaries will be surveyed. • If there are fewer 125 survey-eligible aligned beneficiaries, the survey cannot be conducted.
High Needs REACH ACOs	
All REACH ACOs	• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries. • If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 37, all eligible beneficiaries will be surveyed. • If there are fewer than 37 survey-eligible aligned beneficiaries, the survey cannot be conducted.

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Sample File Data Elements

Data Element Names	Data Element Descriptions
Identifying Information	
ACOID	5-digit REACH ACO ID
PERFYR	Performance Year
SAMPLEID	The unique de-identified sample identification number (SID) created and assigned by RTI to each sampled beneficiary. The SID number will be used to track the survey status of the beneficiary throughout the survey administration process and to designate sample beneficiaries on the data file submitted.
FNAME	Full text of beneficiary's first name
LNAME	Full text of beneficiary's last name
ADDRESS	Full content of beneficiary's street address (number, street name, and apt if applicable)
CITY	Full text of beneficiary's city
STATE	Two letter abbreviations of beneficiary's state
ZIP	Beneficiary's ZIP code
TELEPHONE	Beneficiary's telephone number (as provided from RTI Batch Tracing outcome)
ADDRESS_ORIG	Full content of beneficiary's street address (number, street name, and apt if applicable) before RTI Batch Tracing
CITY_ORIG	Full text of beneficiary's city before RTI Batch Tracing
STATE_ORIG	Two letter abbreviations of beneficiary's state before RTI Batch Tracing
ZIP_ORIG	Beneficiary's ZIP code before RTI Batch Tracing
DOB	Beneficiary's date of birth (DDMMYYYY)
SEX	Coded 1 if male; 2 if female

Sample File Data Elements (cont'd, 2 of 2)

Data Element Names	Data Element Descriptions
Additional Data Elements from RTI	
SURVEYVERSION	Survey Version 1 = Standard/New Entrants Survey 2 = High Needs Survey
ACONAME	Name of REACH ACO
PATIENTSSAMPLED	Number of beneficiaries sampled for this REACH ACO. This should be the total number of beneficiaries provided to the vendor from RTI.
DATEBEGAN	Date data collection begins (DDMMYYYY)
DATEENDED	Date data collection ends (DDMMYYYY)

Survey Vendors – Sample Download Process Requirements

- Download sample file within 2 business days
- Use credentials to log into the website and follow download instructions
- Receive Sample File Summary Report – shows number of beneficiaries sampled for each of the authorized REACH ACOs
- Before downloading, each vendor will be required to attest that they are taking responsibility for the sample file
- Once downloaded, use the password sent to the Survey Administrator to open, decrypt, and review the sample file

Survey Vendors – Sample Download Process

Sample File Download

Current File Available for Download

No file available

By checking the box below we attest to taking ownership of the sample file that contains the sample for all of the ACO REACH CAHPS ACOs that have authorized our organization to collect and submit data for the ACO REACH CAHPS Survey on their behalf for the survey period shown in the grid below. We attest that we have a formal contract with these ACO REACH CAHPS ACOs and are fully authorized to download the sample file on our client's behalf. We also attest that we will use the patient-level data included in this sample file only to administer the ACO REACH CAHPS Survey for our ACO REACH CAHPS ACO clients.

☐ I agree

File Download History

Data Collection Period	DownloadedBy	Filename	Downloaded Date
PY2022 Survey	RTI Vendor	001_2022_1.xlsx	4/26/2022 5:02:17 PM
PY2022 Survey	RTI Vendor	001_2022_1.xlsx	9/20/2021 3:26:17 PM
PY2022 Survey	RTI Vendor	001_2022_1.xlsx	8/3/2021 2:34:42 PM

Survey Vendors – Sample Download Process – Required QC Procedures

- Appropriate electronic equipment and software to securely download sample files
- Ensure controlled access to the data
- Vendors must open the file and verify it contains a sample for all their REACH ACOs
- If the file does not contain a REACH ACO's sample, vendors must verify that the REACH ACO has completed the vendor authorization
  - If the REACH ACO has not done so, the vendor and REACH ACO should notify CMS immediately by contacting acoreachcahps@rti.org
  - If you confirm that a REACH ACO has completed the vendor authorization and you did not receive a sample file, contact acoreachcahps@rti.org immediately
- If the file contains a REACH ACO you will not be collecting data for, alert acoreachcahps@rti.org

Survey Vendors – Sample Download Process – Required QC Procedures (cont'd, 2 of 2)

- Survey vendors must check the file to verify:
  - A focal provider is listed for every sample member. At minimum there should be a first and last name.
  - Version provided in the data element SURVEYVERSION is either High Needs or Standard/New Entrant REACH ACO
  - The number of sample members matches the number of beneficiaries indicated as sampled in the Sample File Summary Report and in the Excel sample file field PATIENTSSAMPLED.
  - The number of sample members aligns with the number of anticipated sampled cases

- Immediately report any discrepancies or problems detected with the sample file to acoreachcahps@rti.org or calling the ACO REACH CAHPS toll-free telephone number at 1-833-870-0486

Survey Vendors – Sample Download Process – Recommended QC Procedures

- Vendors are advised to store the sample files in an encrypted format
- Do NOT wait until the final day to download the sample file. Downloading the sample file early ensures sufficient time to notify CMS of any technical issues, problems or discrepancies in the sample file.

Survey Vendors – Preparing the Sample for Each REACH ACO

Maintain SID assigned by CMS

If an internal sample ID number is assigned, vendors must have a secure way to link the internal ID assigned to each beneficiary to the SID number assigned by CMS.

Confirm/update addresses and phone numbers
Use a commercial database. CMS encourages REACH ACOs to provide their vendors with updated addresses and/or telephone numbers for all their Medicare beneficiaries.

**Flag beneficiaries residing in residential care facilities**
Applies if REACH ACO provided vendor list of residential care facilities

Exclude cases where specifically instructed

Beneficiaries Residing in Facilities

- CMS recommends that REACH ACOs give their vendor names and addresses of residential care facilities (RCF)/assisted living facilities prevalent among their beneficiaries
- If vendors receive this list
  - Flag all beneficiaries
  - Different data collection protocol
  - Code mail nonresponse as <u>260 – No response to mail survey – RCF beneficiary</u>
- If do not receive this list
  - No need to identify, no different protocol
  - If encountered in telephone survey, discontinue and code as <u>260 – No response to mail survey – RCF beneficiary</u>

Sampled Cases to Remove

Do Not Contact List | **PY2024 Hostile Refusals**
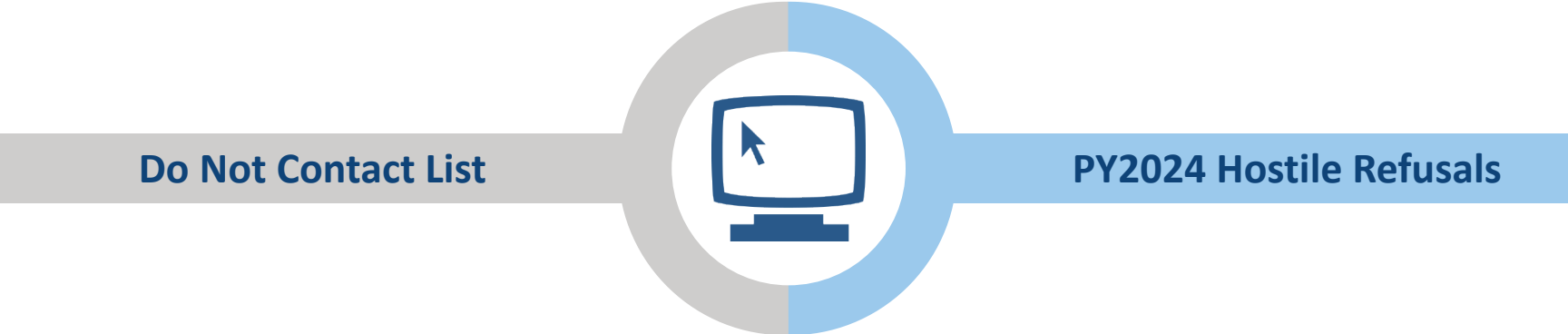
Do not send any ACO REACH CAHPS mailing materials or call beneficiary.

Assign a final status code of 230 – Hostile Refusal.

Assign a final status code of 200 – Excluded from Survey.

Store Hostile Refusals so they are not contacted again in current or future ACO REACH CAHPS

Non-US and APO/FPO addresses: 200 – Excluded from Survey

Address and Telephone Verification

After the sample file is downloaded, vendors must:

- Verify each mailing address and phone number in the sample by
  - Referring to beneficiary list supplied by REACH ACO, if received
  - Using commercial address update
- Vendors cannot give a list of the sample members to the REACH ACO
- Consider the information received from ACOs as the best patient contact information
- Update addresses to standardized format
- Send mailings to new/forwarding address

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Section 5: Data Collection Protocols

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 5

For Technical Assistance email acoreachcahps@rti.org

Data Collection Protocols

- Overview for PY 2024
- Data Collection Schedule
- Mail Survey Protocols
- Mail Survey Quality Control

- Telephone Survey Protocols
- Telephone Survey Quality Control
- Telephone and Email Helpdesk
- Staff Training for Telephone Interviewers and Help Desk Staff

Overview for PY 2024
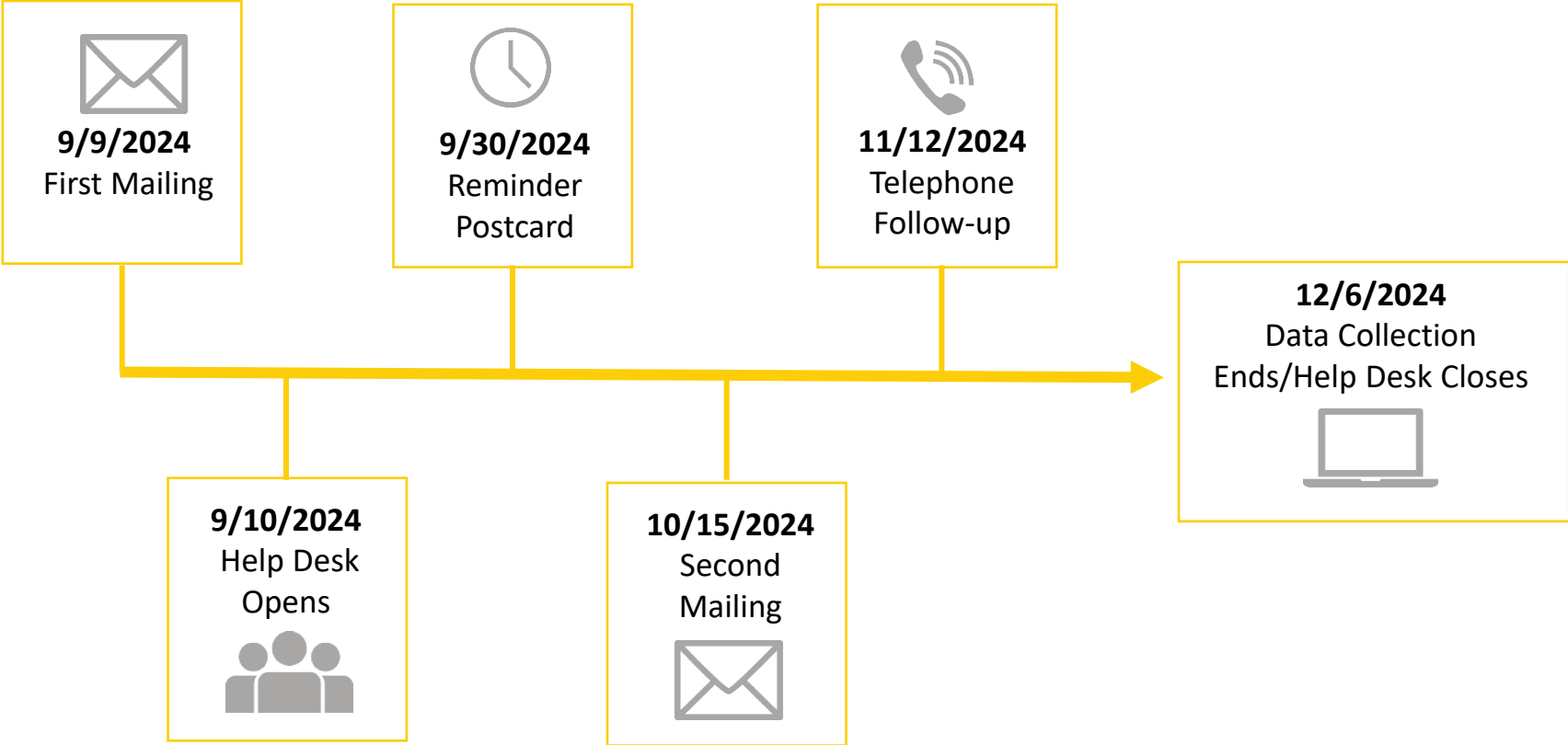
Standardized mixed-mode data collection protocol

13-week duration

Maximize response rates

Data Collection Schedule

9/9/2024
First Mailing

9/30/2024
Reminder
Postcard

11/12/2024
Telephone
Follow-up

12/6/2024
Data Collection
Ends/Help Desk Closes

9/10/2024
Help Desk
Opens

10/15/2024
Second
Mailing

Survey Materials

ACO Realizing Equity, Access, and Community Health CAHPS®
The official website for news and information about the ACO REACH CAHPS Survey

| Home | General Information | ACOs | Vendors | **Survey and Protocols** | Training | Data Submission |

Survey and Protocols

PY2022 Survey Materials	English	Spanish
Quality Assurance Guidelines and Resource Documents		
QAG PDF	7/5/2023	N/A
Patient Outreach Materials		
Patient Waiting Room FAQs for ACOs	3/20/2023	3/20/2023
Questionnaire Files		
Standards/New Entrants Questionnaire	3/20/2023	8/23/2023
High Needs Questionnaire	3/20/2023	8/23/2023
Optical Scan Instructions for both Questionnaires	6/17/2022	6/17/2022
Mailing Materials		
Teaser Postcard	3/29/2022	N/A
First Survey Cover Letter	3/22/2023	3/22/2023
First Survey Mailing Envelope	3/29/2022	N/A
Facility Mailing Envelope for 1st & 2nd mailings	3/29/2022	N/A
Thank you/Reminder Postcard	3/29/2022	N/A
Second Survey Mailing Envelope	3/29/2022	N/A
Second Survey Cover Letter	6/15/2023	6/15/2023
Help Desk and Telephone Follow-up Materials		
Vendor Helpdesk FAQs	3/20/2023	3/22/2023
CATI FAQs for Vendors	3/21/2023	3/21/2023
Telephone Interviewer Guidelines	3/22/2023	N/A
Standards/New Entrants Telephone Script	3/21/2023	3/28/2023
High Needs Telephone Script	3/21/2023	8/2/2023

Overview for PY 2024 – Spanish Language Administration

Mail

- Initial and non-response letters
- First questionnaire
- Second questionnaire

Telephone

- Telephone Interviewer FAQs
- Help Desk FAQs
- Telephone interview scripts
- Vendors must provide sufficient bilingual staff for Telephone Interviewing and Helpdesk, commensurate with volume of Spanish speakers in their sample.

Overview for PY 2024 – How Can Proxies and Helpers Be Used, both Telephone and Mail Surveys

Read Questions,

Write Down Answers the Beneficiary Gave

("Helper")

Answer Questions for the Beneficiary

("Proxy")

Translate the Questions into the Beneficiary's Language

("Helper")

Help in Some Other Way

("Helper")

REACH ACO staff CANNOT be a helper or proxy.

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Mail Survey Protocols

- Questionnaire Mailout #1
- Reminder Postcard
- Questionnaire Mailout #2
- Mailout Procedures for All Mailouts
- Data Receipt of Mail Questionnaires
- Process Data from Mail Questionnaires
- Mail Survey Receipt Protocols

Questionnaire Mailout #1 – Letter

- Letter not attached to survey
  - Display CMS logo, CMS signatories
- Use exact text from letter on ACO REACH CAHPS website, custom info:
  - Survey vendor name
  - Help Desk phone number, hours of operation, email address
  - Vendor business address or mail sub return address
- "Dear" before beneficiary's full name
- English on one side, Spanish on other side
- Include the last date of each mailout
- Times New Roman 11 or Arial 11-point font
- SID, barcode printed on the letter
- Print in color or black and white
- Recommended: window envelope

First mailing is three weeks after sample is received

Questionnaire Mailout #1 – Questionnaires

Be aware of version!

- Remember there are two versions:
  - Standards and New Entrants
  - High Needs
- The only difference is the length – High Needs has a few extra questions
- Medicare Provider Experience Survey (Not ACO REACH CAHPS Survey)
- Download from website
- Format and produce per specs in QAG

Questionnaire Mailout #1 – Envelopes

Outgoing Questionnaire #1 Envelope

- Include ACO REACH CAHPS image, Medicare Provider Experience Survey
- Survey vendor's or mail subcontractor's return address
- No survey vendor logo

Outgoing Facility Envelope

- Different envelope with additional text:
- Please ensure the resident or their loved one sees this survey about visits to their primary care provider.
- If the resident no longer resides at this location, please let us know by returning this mailing to sender or calling the Help Desk toll-free at: [insert survey vendor's toll-free number]

Reminder Postcard

- Sent to all sample members
- Thank you to those who have completed, reminds others to complete or contact Help Desk for assistance
- Mail three weeks after Questionnaire Mailout #1
- Available for download on ACO REACH CAHPS website
- Formatting requirements:
  - Size: At least 4.25" x 6", two-sided
  - Weight: 79# card stock
  - Color: print in color or black and white
  - Can use colored ink, colored paper so long as good visible contrast and acuity
  - Optional: Address Service and Change Service on the top line of recipient address
  - Do not print SID nor any sample tracking number on the postcard
  - First class postage

Questionnaire Mailout #2 – Letter

- Exclude beneficiaries that returned
  - Blank questionnaire
  - Refusal or ineligible via questionnaire or Help Desk
  - Partially completed questionnaire
  - Completed questionnaire
- Prepare second mailout sample two weeks in advance
- Letter text on ACO REACH CAHPS website
- Different text than letter #1 – refers to second copy of questionnaire which they can disregard if first already returned
- Same formatting as first questionnaire

Questionnaire Mailout # 2 – Questionnaires and Envelopes

Questionnaires

- Same as first questionnaires
- Send Spanish if requested

Envelopes

- Different than first mailing envelope
- Note: Enclosed is a copy of the survey we previously sent you. Please disregard this if you have already sent in your survey. Thank you.
- Residential Care Facilities envelope same as #1

Same formatting and production specs as Questionnaire Mailout #1

Mailout Procedures for All Mailouts

Do

- Address mail to the sample member using the sample file address (required) (unless an updated mailing address is obtained)
- Mail the questionnaire package using first class postage (strongly encouraged)

Do not

- Offer incentives of any kind to beneficiaries or proxy respondents

Data Receipt of Mail Questionnaires

- Enter date of questionnaire receipt into the data record
- Log questionnaires into the tracking system in a timely manner
- Visually review questionnaires prior to scanning for notes/comments
- Code deceased beneficiaries as ineligible.
- If two surveys are received from the same beneficiary, retain the survey with the more complete data. If equally complete, use the first one received.
- Dispose of all questionnaires which arrive after the data collection cutoff
- Assign an ACO REACH CAHPS final status code to each case

Data Receipt – Final Status Codes

Code	Description
110	**Completed Mail Questionnaire** For this code to be assigned, the respondent must have met the criteria described for "Complete" in Section 6.3.1, Definition of Complete and Partial Complete Surveys.
120	**Completed Phone Interview** For this code to be assigned, the respondent must have met the criteria for described in for "Complete" in Section 6.3.1, Definition of Complete and Partial Complete Surveys.
130	**Partially Completed Mail Questionnaire** For this code to be assigned, the respondent must have met the criteria described for "Partial Complete" in Section 6.3.1, Definition of Complete and Partial Complete Surveys).
140	**Partially Completed Phone Interview** For this code to be assigned, the respondent must have met the criteria described for "Partial Complete" in Section 6.3.1, Definition of Complete and Partial Complete Surveys.
150	**Ineligible: Deceased** Assign this code if the sample member is reported as deceased at the time of the survey.
160	**Ineligible: Does Not Meet Eligibility Criteria** Assign this code to either mail or telephone survey cases if it is determined during the data collection period that the sample member does not meet the eligibility criteria for being included in the survey. This applies if the sample member: Is under age 18; Resides in a nursing home or other skilled nursing facility or other long-term facility; Resides in a jail or prison.
170	**Ineligible: Language Barrier:** Assign this code to sample members who do not speak English or Spanish and there is not a proxy who can translate the survey into the beneficiary's language.
180	**Ineligible: Mentally or Physically Incapacitated** Assign this code if it is determined that the sample member is unable to complete the survey because he or she is mentally or physically incapable and there is not a helper or a proxy who can help the beneficiary complete the survey.

Data Receipt – Final Status Codes (cont'd, 2 of 2)

Code	Description
190	**Ineligible: Did Not Receive Care in the Last 6 Months** Assign this code to sampled beneficiaries who indicate they received no care in the last 6 months. Typically, beneficiaries indicate this by calling the Help Desk or writing a note on survey. Note: beneficiaries who have no experience in the past 6 months with the *focal provider* should follow the skip instructions to answer the questions beginning with Question 26 about other providers they saw in the past 6 months.
200	**Excluded from Survey** Sample member was determined to be ineligible for survey after sampling but before data collection was initiated.
210	**Incomplete** Assign this code if the sample member responds to some questions but not enough to meet the either completeness criteria. Appropriate for partially answered questionnaires returned (no telephone follow-up), as well as telephone breakoffs.
220	**Refusal** Assign this code if the sample member indicates either in writing or verbally that he or she does not wish to participate in the survey.
230	**Hostile Refusal** Assign this code to hostile refusals. Includes any sampled cases on the survey vendor's Do Not Contact list.
240	**Wrong, Disconnected, or No Telephone Number** This code should be assigned if it is determined that the telephone number the survey vendor has for the sample member is bad (disconnected, does not belong to the sample member) and no new telephone number is available. This can also be assigned if no phone number was provided for the sample member.
250	**No Response After Maximum Attempts** Assign this code when the beneficiary has not responded to the mail survey, and the telephone non-response follow up survey has conducted the maximum number of contact attempts.
260	**No Response To Mail Survey – RCF Patients** Assign this code to Residential Care Facility beneficiaries who do not complete the mail survey. It can also be assigned to sample members upon learning, during the telephone follow-up, that they are RCF residents.

Process Data from Mail Questionnaires

Requirements

- Must not permit out-of-range or invalid responses
- The program must either alert staff to any duplicate questionnaires entered or prevent duplicate questionnaires
- Select the response that is closest to the marked response if a response falls between two answer choices
- Select the answer that appears darkest if two responses are checked for the same question
- Code answer as "missing" if a mark is between two answer choices
- Code answer as "missing" if a response is missing

Process Data from Mail Questionnaires (cont'd, 2 of 2)

Mandatory quality control measures for optical scanning

- 10 percent must be rescanned and compared with the original scanned image of the questionnaire
- 10 percent must be compared to the entries scanned for that case

Mandatory quality control measures for data entry

- Must have a process in place to validate data entered. Different staff member should re-key a minimum of 10 percent of the surveys and the results of the two keyers should be compared and differences reconciled.
  - As necessary, keyers must be trained to improve keying accuracy.

Mail Survey Receipt Protocols

Process White Mail

Store Data

Conduct Training for Staff
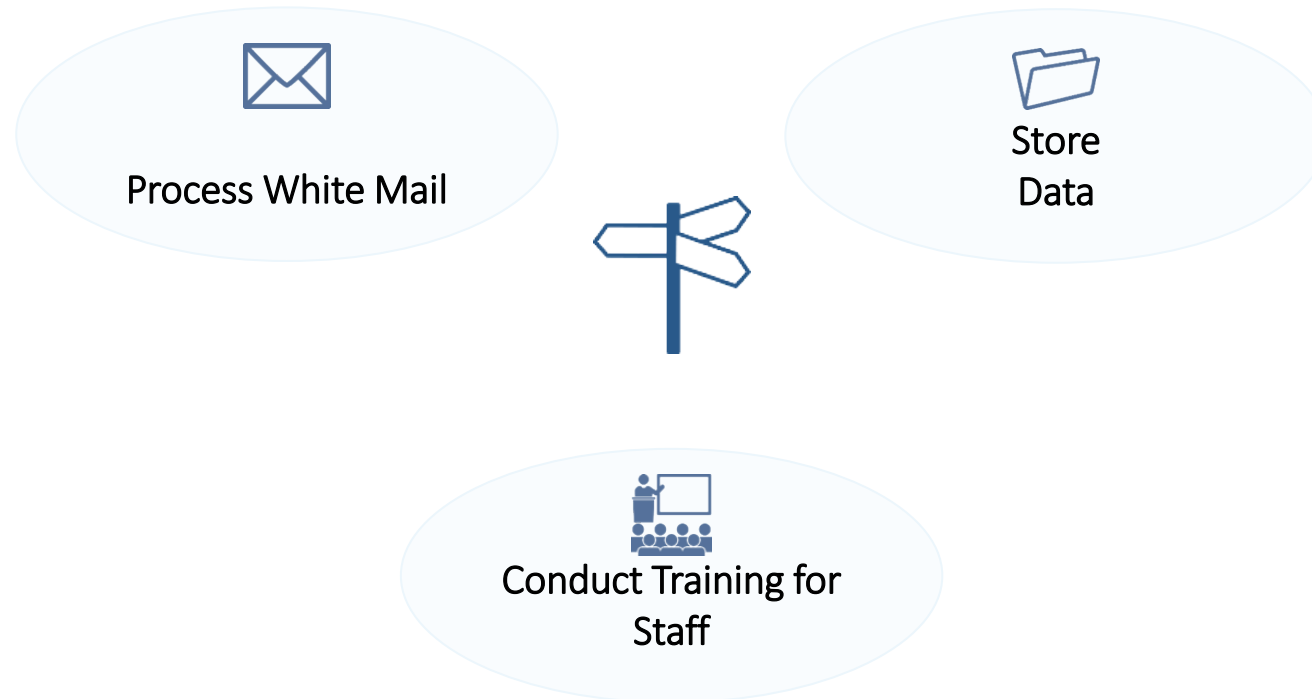
Mail Survey Receipt Protocols – Process White Mail

- White mail is notes (e.g., literature, other surveys, letters) respondent sends with or without their survey.

- Some white mail often explains patient is deceased, refuses, or describes experience with provider

  - Update the status code based on information received

  - Store the information received for oversight documentation purposes for three years

- If it's important information such as a medical bill with a check, mail it back to the patient.

- Never send white mail to a REACH ACO

Mail Survey Receipt Protocols – Store Data

- Survey vendors must store returned paper surveys or scanned images of paper surveys in a secure and environmentally controlled location for a minimum of three years.

- This requirement does not apply to surveys received after the cutoff date for returned mail surveys. Do not scan, or key-enter, or store these surveys

Mail Survey Receipt Protocols – Conduct Staff Training on Mail Survey

- All mailout and data processing staff, including support staff and subcontractor staff, must be trained on all survey protocols, and relevant QAG chapters should be kept on-hand for easy access.

- Staff must be trained on:

    - Case management systems for entering questionnaire receipts scanning equipment, data entry programs

    - All mail survey protocols relevant to their role(s)

    - Decision rules and coding guidelines for returned questionnaires

    - Proper handling and storage of hardcopy and electronic data, including data storage requirements

    - Correct protocols for handling vendor helpdesk customer service phone line.

Mail Survey Quality Control

Required quality control measures

- Prepare and maintain written documentation that all staff members involved were properly trained on the survey specifications and protocols

- Check a minimum of 10 percent of all printed materials

- Check a sample of cases for each REACH ACO to make sure that the name and address printed on letters match

Mail Survey Quality Control (cont'd, 2 of 2)

- Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and have SID number
- Check that the number of questionnaire packages to be mailed matches the number of sampled cases

Recommended quality control measures

- Survey vendors are advised to "seed" each mailing (postcards and questionnaires)

Telephone Survey Protocols

- Conduct Telephone Follow-up
- Telephone Interviewing System
- Cases to Remove Before Telephone Survey
- Telephone Dialers
- Telephone Data Collection Protocols

- Required Call Attempts
- Disconnected/Out of Service and Voicemail
- Approved CATI FAQs for Telephone Interviewing
- Assigning Status Codes
- Distressed Respondent Protocol

Conduct Telephone Follow-up Protocol

Begin 4 weeks after questionnaire 2 is mailed

Use of computer assisted telephone interviewing (CATI) system

May not be completed manually and later keyed

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Telephone Interviewing System

- An electronic interviewing system must be used (CATI)
- Interviewer follows a telephone script
- CATI system must:
  - Link electronically to survey management system to track beneficiaries
  - Save partial data and to resume where left off
  - Allow for varied call days and times
  - Track calls number of calls made, appointments
  - Easy access to case status codes
- Vendors are responsible for programming
  - Skip patterns
  - Complete phone phase within timeline

Cases to Remove Before Telephone Survey

A
- Remove completed/finalized surveys

B
- Remove residential care residents
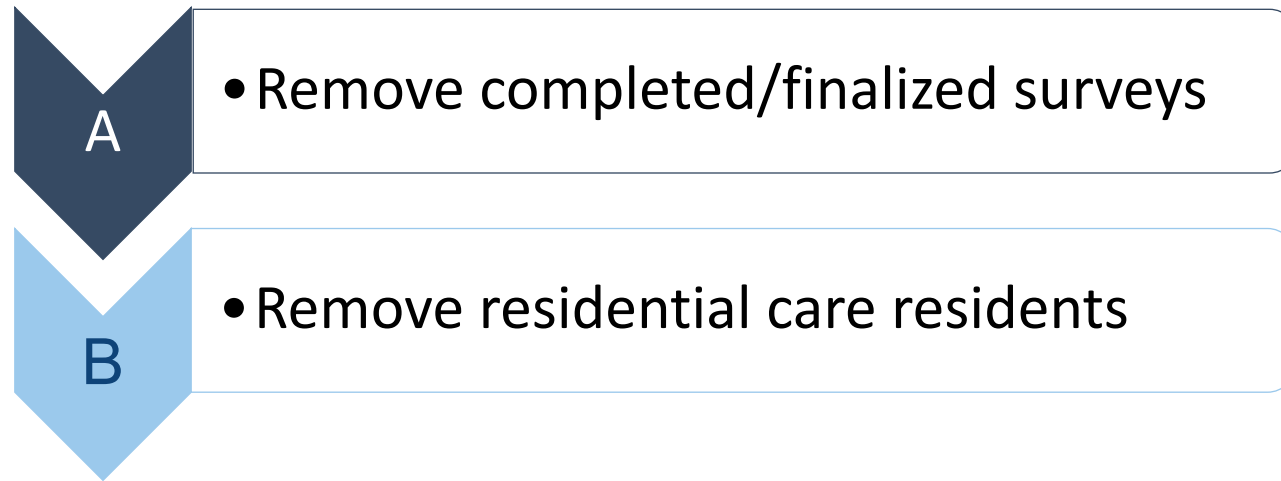
Telephone Dialers must be FTC and FCC compliant

Compliance guidelines provided by ACO REACH CAHPS

- FCC prohibits auto-dialing of cell phone numbers. Each call must be individually initiated by a human being; this method is often referred to as "preview dialing."

- Respondents must be able to easily interact with a live interviewer

- CMS does not require ACOs to collect patient permission to be surveyed by phone

**Vendors must comply with
state and federal regulations**

Telephone Data Collection Protocols

Outgoing Caller-ID

"Medicare Provider Experience Survey" is recommended.

Calling Times

Not earlier than 9:00AM weekdays or 11:00AM weekends

Not later than 8:00 PM weekdays or 7:00 PM weekends.

Times are in respondent's time zone.

Prevent Calls From Being Filtered as Spam

Complete "Breakoff" Interviews

Required Call Attempts

- Attempt to reach every beneficiary identified for telephone follow-up
- Maximum of 6 telephone contact attempts
- A call is considered a telephone attempt if it meets one of the following criteria:
    - The telephone must ring at least six times with no answer
    - The interviewer is told that the beneficiary is not available to come to the telephone
    - The interviewer is asked to call back at a more convenient time
    - The interviewer gets a busy signal three consecutive telephone dialings
    - The interviewer obtains an answering machine or privacy manager
    - There is a message that the number has been disconnected or is out of service
    - There is a fast busy signal

Required Call Attempts (cont'd, 2 of 2)

Other requirements for attempting to contact beneficiaries

- If an interviewer receives a new telephone number for the respondent, the 6 attempts should start over with the new telephone number.
- An effort must be made to recontact the respondent on the date/time requested by the respondent.
- Maintain a call log that keeps track of the date and time calls were made and apply the appropriate final status code to the case.
- If a respondent cannot complete the interview, resume the interview at the last unanswered question.
- If on the Do Not Contact List from a previous contact, honor that request. Code as 200 – Excluded from Survey.

Disconnected/Out of Service and Voicemail

When to Code Numbers as 240 – <u>Wrong, Disconnected, or No Telephone Number</u>

- Out of Service
  - 1st "temporarily out of service" message: redial the number 3 to 5 days after the initial call.
  - 2nd "temporarily out of service" message: call the number 5 days after the second call attempt was made.
  - 3rd "temporarily out of service" message: apply the appropriate final status code to the case.
- Fast-busy signal – redial the number immediately
  - Same fast busy signal: call the number on a different day of the week and different time of day.
  - 3rd attempt same fast busy signal: apply the appropriate final status code to the case.
- Required: leaving voicemail messages
- Recommendation: leave voicemail message on 2nd and 4th dials

Approved CATI FAQs for Telephone Interviewing

- Use standardized telephone script (available in English and Spanish)
- Do not translate telephone script into other languages
- Available in English/Spanish on ACO REACH CAHPS website
- Introduction, informed consent, REACH ACO name
- Developed by CMS and cannot be changed
- Be familiar with CATI FAQs to respond fluidly and confidently. It is recommended to post the CATI FAQs in workstations.

Assigning Status Codes

Assign status codes after every call

- Status codes must be easily accessible for all cases
- Telephone interviewers assign a status code after every call
- Survey vendors may use internal status codes to capture call outcomes
- At the end of data collection each sample member must be assigned a final ACO REACH CAHPS survey status code
- Survey vendors must include internal interim disposition codes with a crosswalk to final disposition codes in their Quality Assurance Plan.

Distressed Respondent Protocol

- Describes proper behavior if the situation indicates that the respondent's health and safety are in jeopardy

- Incorporated into all telephone interviewers and Help Desk training

- Distressed respondent protocols balance respondents' rights to confidentiality and privacy

- It is important to note that respondents can be upset and distressed without being in immediate danger

- We cannot provide specific guidelines on how to evaluate or handle distressed respondents

- Consult your Committee for the Protection of Human Subjects IRB for guidance

Telephone Survey Quality Control

Required

- Maintain written documentation of interviewer and Help Desk staff trained
- Phone monitoring program, for subcontractors too
  - Monitor 10% of interviews
  - Identify and retrain or replace interviewers as needed
- Monitor or recording after consent is obtained (where necessary)
- Establish and communicate clear telephone interviewing quality control guidelines

Telephone Survey Quality Control (cont'd, 2 of 2)

Recommended

- Observe the interviewer conducting the interview while listening to the audio
- Provide feedback to interviewers as soon as possible after monitoring
- Give interviewers a chance to correct deficiencies with additional practice or retraining
- Conduct regular QC meetings with staff to get feedback on telephone survey administration or handling inbound calls

Telephone and Email Help Desk

- Vendors must open the Help Desk the first day after the first questionnaire mailout
- Includes both telephone and email
- Be able to start CATI interview with inbound caller
- Spanish-speaking personnel
- Refer to **Help Desk FAQs** and **CATI FAQs**

9/9/2024
First Mailing

9/10/2024
Help Desk Opens

Telephone and Email Help Desk (cont'd, 2 of 3)

- Help Desk Telephone Number
  - Check hourly
  - Return messages in one business day
  - Voicemail
    - Include timeline in greeting
    - No mention of "ACO REACH"; the name of the survey is "Medicare Provider Experience Survey."
- Help Desk Email Address
  - Check twice a day
  - Reply to messages in one business day or sooner
  - Include email response process in QAP

Telephone and Email Help Desk (cont'd, 3 of 3)

- "Closed" greeting before/after survey period ends
  - Thank caller for their interest
  - Survey has ended
  - Date the survey will resume
  - Invite to leave a voicemail message
- Automatic-reply email message with same points
- Invite people with questions to leave a voicemail message

Staff Training for Telephone Interviewers and Help Desk Staff

- Survey vendors must:
  - Provide training for telephone interviewing and Help Desk staff using all relevant materials: *Telephone Interviewer Guidelines, CATI Scripts, CATI FAQs* and *Helpdesk FAQs*
  - Attend/participate in the subcontractor's interviewer training
- Training to:
  - Establish rapport, gain cooperation to complete interview
  - Communicate the content and purpose of the interview
  - Administer the interview in a standardized format
  - Use effective neutral probing techniques
  - Use comments correctly
  - Use CATI FAQs

Acceptable

Not acceptable

Neutral comments encouraging cooperation

Non-neutral comments on respondent's answers
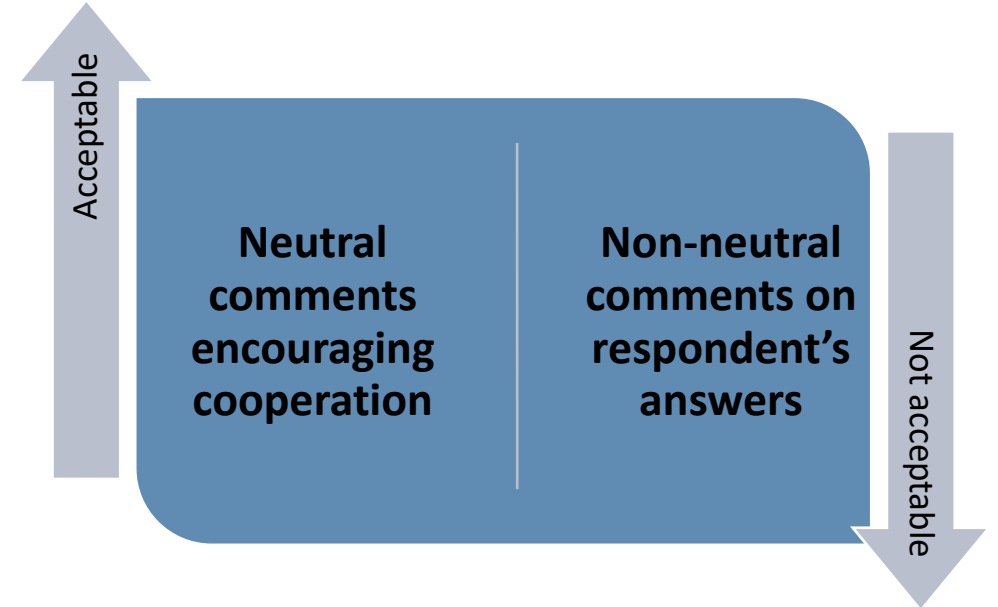
Staff Training for Telephone Interviewers and Help Desk Staff (cont'd, 2 of 2)

- Read questions and response options verbatim
- Use the status code 190 – Ineligible: Did Not Receive Care in the Last 6 Months
  - The FAQs provide guidance on when to use this or another status code
    - A sample member who never saw this provider
    - A sample member who didn't see this provider in the last 6 months, versus
    - A sample member who didn't see any providers in the last 6 months.
- Read all caps text only if needed

Conduct interviewer certification

Section 6: Data Coding and Preparation

Quality Assurance Guidelines – Chapter 6

For Technical Assistance email acoreachcahps@rti.org

Overview of Data Coding and Preparation

- Data Coding Requirements and Guidelines
- Data Preparation Requirements and Guidelines
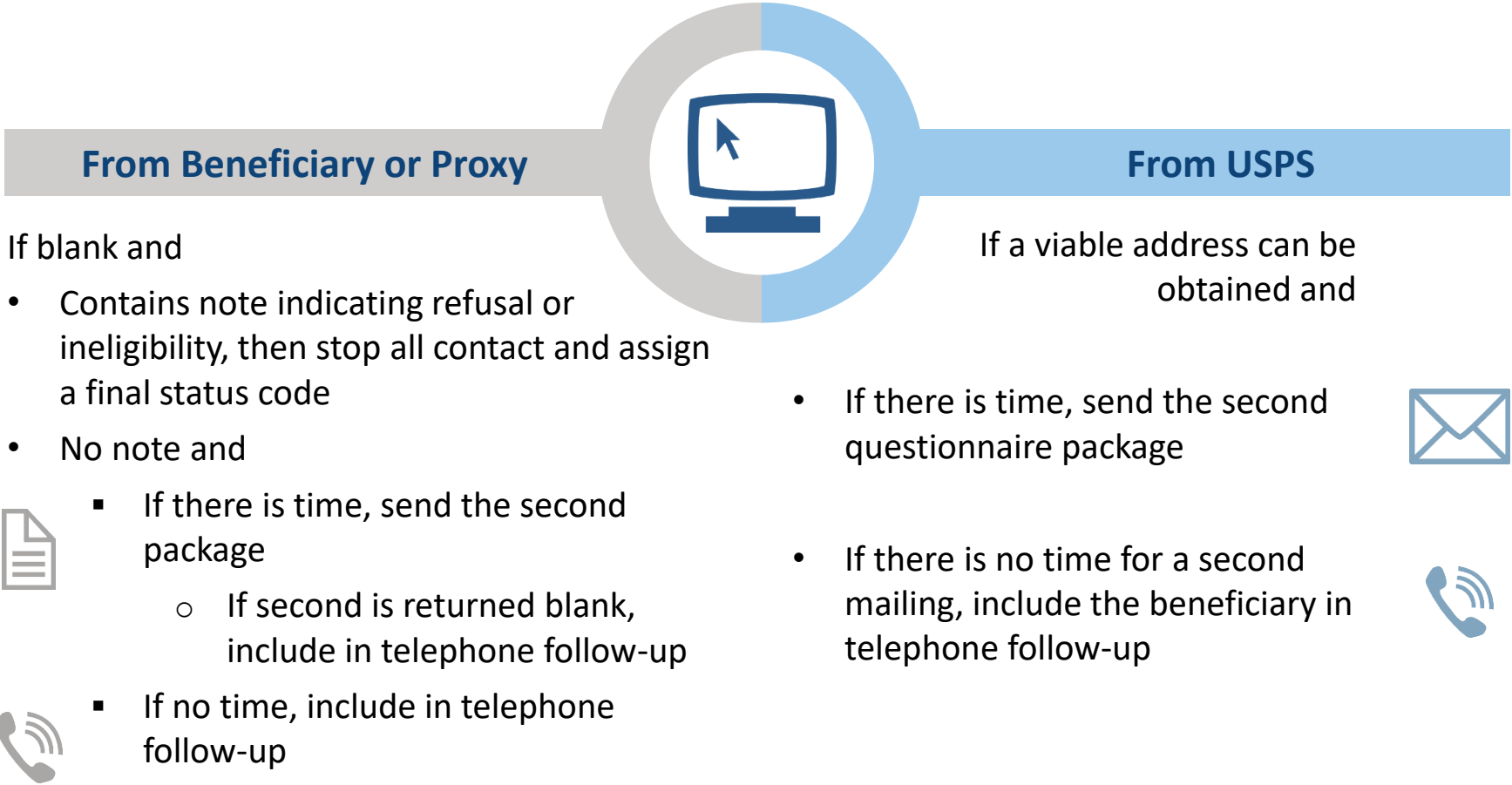- Assigning Final Status Codes for Surveys

Data Coding Requirements and Guidelines

Handling Duplicate Surveys by Mail and Phone

- Vendors must have processes to know if duplicate questionnaires are received/completed
  - Two mail questionnaires, or
  - Mail questionnaire and telephone interview
- In the event of duplicates, the vendor should retain the most complete survey.
- If both are equally complete, the vendor should use the first survey

Handling and Coding Blank Questionnaires

From Beneficiary or Proxy

If blank and

- Contains note indicating refusal or ineligibility, then stop all contact and assign a final status code

- No note and

  - If there is time, send the second package

    - If second is returned blank, include in telephone follow-up

  - If no time, include in telephone follow-up

From USPS

If a viable address can be obtained and

- If there is time, send the second questionnaire package

- If there is no time for a second mailing, include the beneficiary in telephone follow-up

All cases that *are not finalized* from mail must have telephone follow-up

Handling Beneficiaries Who Did Not See The Listed Provider or Did Not Receive Care

First and foremost, remember:

ACO REACH CAHPS is a survey about quality of care that Medicare beneficiaries received in the last 6 months. The survey <u>first</u> asks about care received from a specific provider, and <u>second</u> asks about care received from all providers.
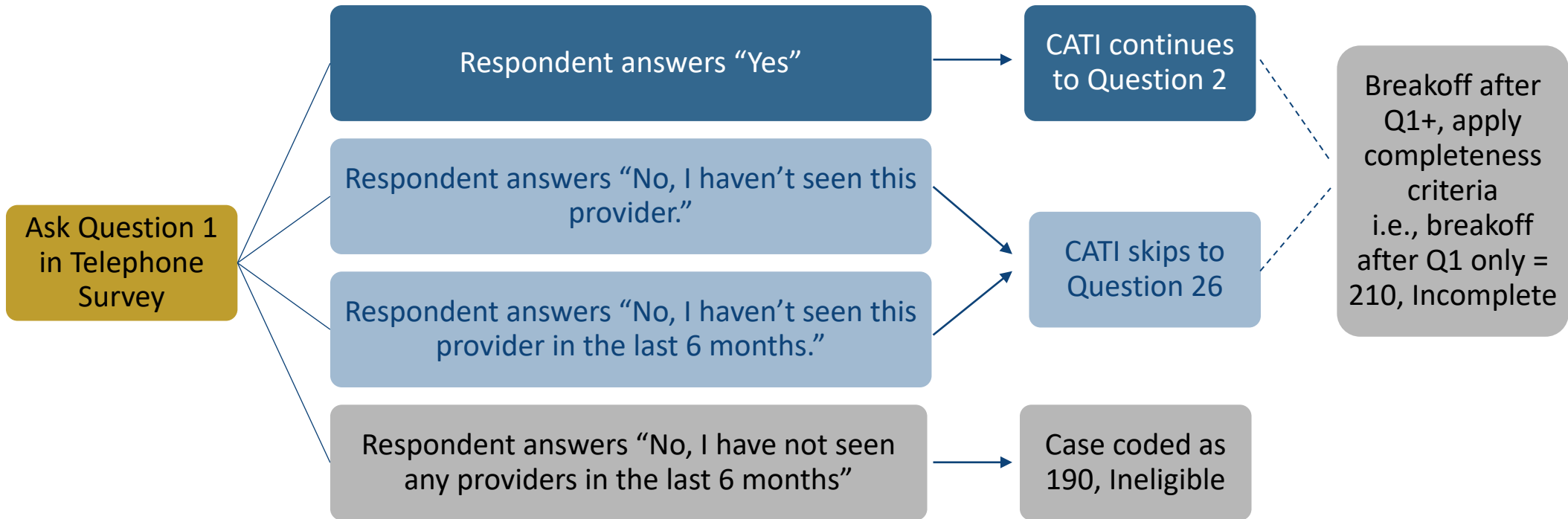
Mail and Telephone Follow-Up Protocols

"I never saw this provider" or "I did not see this provider in the last 6 months"

270, Pending; Continue to CATI

Ask Question 1 in Telephone Survey

Breakoff before Q1 = 220, Refusal

Mail

Telephone

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Mail and Telephone Follow-Up Protocols (cont'd, 2 of 2)

Ask Question 1 in Telephone Survey

- Respondent answers "Yes" → CATI continues to Question 2
- Respondent answers "No, I haven't seen this provider." → CATI skips to Question 26
- Respondent answers "No, I haven't seen this provider in the last 6 months." → CATI skips to Question 26
- Respondent answers "No, I have not seen any providers in the last 6 months" → Case coded as 190, Ineligible

Breakoff after Q1+, apply completeness criteria i.e., breakoff after Q1 only = 210, Incomplete

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Beneficiaries Who Did Not See Provider/Receive Care – Telephone

- Respondents can say No at Q1 and continue to become a Complete or Partial Complete.

- Q1 asks the respondent if they saw a specific provider in the last 6 months.

- Q1=No will skip to next section asking about care received from other providers in the last 6 months.

- Very rare: respondent received no care in the last 6 months. Use the "if needed" text at Questions 1, 27, or 29Intro to thank the respondent and break off the interview. Assign 190, Ineligible.

> 190, Ineligible is only determined by a beneficiary or proxy indicating through a note or verbally that they have had no care from **any** provider in the last 6 months.

Coding Where There Is Ambiguity

- If a mark falls between two response options but is obviously closer to one than the other, select the choice to which the mark is closest.

- If a mark falls equidistant between two response options, code the value of the item as "M".

- If a value is missing, code as "M". Do not impute a response.

- When more than one response option is marked but the intent is clear, code the survey with the intended response. If the respondent's intent is not clear, code as "M."

- Two questions (Race and Help Received) have the instructions to "mark one or more." They may have multiple responses. For these items, enter all responses that the respondent selected.

Coding Where There Is Ambiguity (cont'd, 2 of 3)

- If a response mark falls between two answer choices:
- Select the answer choice that is closest to the marked response; OR
- If the marked response is not clearly closer to one answer choice, code as "Missing"

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

☒ Yes
☐ No

Coding Guidance:
Use Yes

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

☐ Yes
☐ No

Coding Guidance:
Use M for Missing

Coding Where There Is Ambiguity (cont'd, 3 of 3)

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

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

53. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

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

Decision and Coding Rules for Questions that Have No Responses – Mail

Mail Surveys

- Report all answers as marked by the respondent, even if the respondent does not correctly follow mail survey skip patterns

- Survey vendors must not "clean" or correct skip pattern errors on surveys

- Screener items left blank: code as "M"

- Gated (or follow-up) items inappropriately skipped: code as "M"

- Gated items appropriately skipped: code as 88-Not Applicable

- No codes for "Don't Know" or "Refuse" on mail surveys. Code as "M" regardless of whether they are screener or gated questions.

Decision and Coding Rules for Questions that Have No Responses – Mail (cont'd, 2 of 5)

27. In the last 6 months, did you try to make any appointments with specialists?

☐ Yes

☐ No → **If No, go to 29 on page 5**

28. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☐ Sometimes
☒ Usually
☐ Always

Coding Guidance:
Code as M for Missing

Coding Guidance:
Code as 3 for Usually

Decision and Coding Rules for Questions that Have No Responses – Mail (cont'd, 3 of 5)

For gated questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question.

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

☐ Yes
☒ No → **If No, go to #20**

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

☒ Never
☐ Sometimes
☐ Usually
☐ Always

Coding Guidance:
Code as 2 for No

Coding Guidance:
Code as 1 for Never

Decision and Coding Rules for Questions that Have No Responses – Mail (cont'd, 4 of 5)

If the follow-up question is correctly left blank because the answer marked for the preceding screener question was "No," code the question as "Not Applicable."

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
☐ Yes
☒ No → **If No, go to #20**

19. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
☐ Never
☐ Sometimes
☐ Usually
☐ Always

Coding Guidance:
Code as 2 for No

Coding Guidance:
Code as 88 for Not Applicable

Decision and Coding Rules for Questions that Have No Responses – Mail (cont'd, 5 of 5)

If the follow-up question is incorrectly left blank because the respondent skipped it, enter "Missing."

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
☒ Yes
☐ No → **If No, go to #20**

Coding Guidance:
Code as 1 for Yes

19. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
☐ Never
☐ Sometimes
☐ Usually
☐ Always

Coding Guidance:
Code as M for Missing

Decision and Coding Rules for Questions that Have No Responses – Telephone

- "Don't Know" and "Refused" can be chosen on the Telephone Survey (although interviewers do not read them aloud)
- Code "98" for Don't Know and "99" for Refused
  - For "I don't know" or "Refused" to a screener question, the skip pattern should follow the path specified and gated responses should be coded as "88, Not Applicable"
  - Appropriately skipped gated items should be coded as "88" as well
- Skip patterns for "Don't Know" and "Refused" are specified in the CATI scripts

Coding Rules for Questions that Allow for Multiple Responses in CATI

Coding Race Subcategories – Q52/57 (St/NE) and Q58/63

If "Asian" = 2	If "Native Hawaiian or Pacific Islander" = 2
"Asian Indian", "Chinese", "Filipino", "Japanese", "Korean", "Vietnamese", and "Another Asian race" = 88	"Native Hawaiian", Guamanian or Chamorro", "Samoan", and "Other Pacific Islander" = 88

Coding "How did that person help you?" for CATI Interviews Using a Proxy*

If proxy used in CATI	If proxy not used in CATI
helpyou = 3 helpread, helpwrote, helptranslate, helpother = M and helpanswer = 1	helpyou = 86 helpread, helpwrote, helptranslate, helpother, and helpanswer = 88

*See ACO REACH CAHPS Quality Assurance Guidelines, section 6.2.5 *Coding Questions That Have No Responses*

Data Preparation Requirements and Guidelines

Definition of Complete and Partial Complete Surveys – Standards and New Entrants

Complete

- Responses for at least **14** or more of the **27** Applies to All (ATA) items

- A response to at least 1 Scored survey item

Partial Complete

- Responses for fewer than **14** of the **27** Applies to All (ATA) items

- A response to at least 1 Scored survey item

Exhibits 6-1 and 6-2 in the Quality Assurance Guidelines list the Applies to All and Scored Items.

Definition of Complete and Partial Complete Surveys – High Needs

Complete

- Responses for at least **15** or more of the **29** Applies to All (ATA) items

- A response to at least 1 Scored survey item

Partial Complete

- Responses for fewer than **15** of the **29** Applies to All (ATA) items

- A response to at least 1 Scored survey item

Exhibits 6-1 and 6-2 in the Quality Assurance Guidelines list the Applies to All and Scored Items.

Definition of Complete and Partial Complete Surveys (ST_NE) (cont'd, 2 of 4)

- Many Applies to All questions are screener items
  - If a respondent leaves the screener question blank, but answers the gated questions, the screener question does <u>not</u> count toward the number needed for completeness
  - The response to the gated question is counted as a response to Scored surveys items
- The multiple-response items (race & proxy) count as a single item for completeness

Definition of Complete and Partial Complete Surveys (ST_NE) (cont'd, 3 of 4)

Q27 is an "Applies to All" question and is a screener question.

If Q27 is blank, the responses to subsequent questions will not affect how vendors calculate completeness.

27. In the last 6 months, did you try to make any appointments with specialists?

☐ Yes
☐ No → **If No, go to 29**

28. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☒ Sometimes
☐ Usually
☐ Always

Data element "helpyou" (Q53/58 (St/NE)) is an "Applies to All" question.

Values 1-"Yes", 2-"No", 3-"CATI, using a proxy", and 86-"CATI, no proxy" should be counted towards completeness.

Definition of Complete and Partial Complete Surveys (ST_NE) (cont'd, 4 of 4)

COUNT ATA

- Count the number of Applies to All (ATA) questions the respondent answered.

COUNT SCORED ITEMS

- Respondent answered at least one Scored item

If 14+ ATA	**+**	If scored items = 1 or more	**=**	Complete
If <14 ATA	**+**	If scored items = 1 or more	**=**	Partial Complete
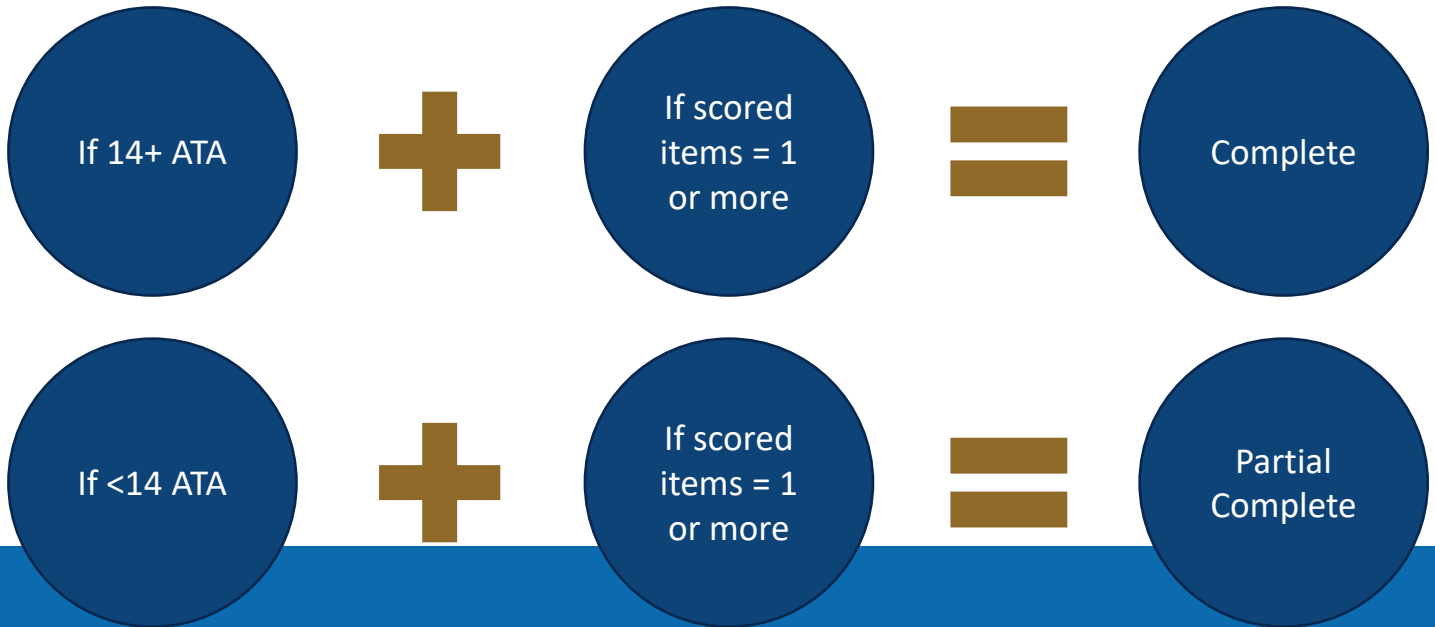
Incomplete Surveys

- INCOMPLETE: <50% of the Applies to All questions and 0 Scored questions
- INCOMPLETE: >50% of the Applies to All questions and 0 Scored questions
    - If no beneficiary ineligibility, assign final status code 210 (Incomplete) for these surveys (mail and telephone surveys)

Determining Completeness (Examples from Standards/New Entrants Survey)

Survey	Count of ATA Responses	Count of Scored Item Responses	Completeness Outcome
1	18	1	Complete
2	20	3	Complete
3	14	4	Complete
4	13	1	Partially Complete
5	14	0	Incomplete
6	2	0	Incomplete
7	17	0	Incomplete

Assigning Final Status Codes for Surveys

Survey Vendor Internal Survey Codes

- Maintain up-to-date survey status codes for each beneficiary
- Interim status codes indicate status of each sampled beneficiary during the data collection period
- Final status codes indicate final outcome of each sampled beneficiary at the end of data collection
- Vendors should use their internal interim status codes for tracking purposes and should not report these codes to CMS
- Include internal interim status codes with a crosswalk to ACO REACH CAHPS final status codes in QAP

Assigning Final Survey Status Codes

- Survey vendors must assign a final status code to each case to indicate the final result of work on case before submitting to CMS.

- The CMS-approved final status codes are in the ACO REACH QAG (Exhibit 6-3)

Assigning Final Survey Status Codes (cont'd, 2 of 2)

Code	Description
110	Completed Mail Questionnaire
120	Completed Phone Interview
130	Partially Completed Mail Questionnaire
140	Partially Completed Phone Interview
150	Ineligible: Deceased
160	Ineligible: Does Not Meet Eligibility Criteria
170	Ineligible: Language Barrier
180	Ineligible: Mentally or Physically Incapacitated
190	Ineligible: Did Not Receive Care in the Last 6 Months
200	Excluded from Survey
210	Incomplete
220	Refusal
230	Hostile Refusal
240	Wrong, Disconnected, or No Telephone Number
250	No Response After Maximum Attempts
260	No Response To Mail Survey – RCF Patients
270	Pending (Use only in Interim Data Submissions)

Completed Survey Status Codes

When Beneficiary is Eligible for the Survey

- Code 110 – Completed Mail Questionnaire
  - Mail survey was completed; meets the completeness criteria
- Code 120 – Completed Phone Interview
  - Telephone interview was completed; meets completeness criteria

Partially Completed Survey Status Codes

When Beneficiary is Eligible for the Survey

- Code 130 – Partially Completed Mail Questionnaire
  - Mail survey was returned; does not meet completeness criteria
- Code 140 – Partially Completed Phone Interview
  - Telephone interview was started; does not meet completeness criteria
- Do not assign these codes if it is known that the beneficiary is ineligible for any reason

Incomplete Survey Status Code

210 - Incomplete

- Assign when the case does not meet either completeness criteria. A beneficiary responds to some of the questions, but not enough to be either fully complete or partially complete.

- Appropriate for mail surveys that are mostly blank (no telephone follow-up) and for telephone breakoffs

Ineligible Survey Status Codes

Code	Description
150	<u>Ineligible</u>: Deceased
160	<u>Ineligible</u>: Does Not Meet Eligibility Criteria • Under Age 18 • Resides in a nursing home, skilled nursing facility, or other long-term facility (e.g., jail or prison)
180	<u>Ineligible</u>: Mentally or Physically Incapacitated • Use when no proxy respondent is available
190	<u>Ineligible</u>: Did Not Receive Care in the Last 6 Months • Only to sampled beneficiaries who indicate they received no care in the last 6 months. Typically, beneficiaries indicate this by calling the Help Desk or writing a note on survey. Note: beneficiaries who have no experience in the past 6 months with the *focal provider* should follow the skip instructions to answer the questions beginning with Question 26 about other providers they saw in the past 6 months.

Excluded From Survey Status Code

Code 200 – Excluded from Survey

- Sampled beneficiary was determined to be ineligible for survey after sampling but before data collection was initiated.

- Non-U.S. addresses

- On the vendor's Do Not Contact list

Language Barrier Survey Status Code

Code 170 – Ineligible: Language barrier

Assign this code to sample members who do not speak English or Spanish and do not have a proxy who can translate the survey into the beneficiary's language

Nonresponse Survey Status Codes

220 – Refusal

- Sample member indicates in writing or verbally that he or she does not wish to participate.

230 – Hostile Refusal

- Assign this code to hostile refusals

Nonresponse Survey Status Codes (cont'd, 2 of 2)

240 – Wrong, Disconnected, or No Telephone Number

- Assign when it is determined that the telephone number the survey vendor has for the sample member is bad (disconnected, does not belong to the sample member) and no new telephone number is available
- This can also be assigned if no phone number was provided for the sample member

250 – No Response after Maximum Attempts

- Contact information is assumed viable, but the beneficiary does not respond or cannot be reached during the data collection period

260 – No Response To Mail Survey – Residential Care Facility Patients

- Residential Care Facility sample members who do not complete the mail survey. It can also be assigned to sample members upon learning, during the telephone follow-up, that they are RCF residents.

Pending Survey Status Code

270 – Pending (Use only in Interim Data Submissions)

- This code should be assigned to beneficiaries who have not yet had all contact attempts and may still complete the survey between interim data submission(s) and final data submission.

- We recommend using 270, Pending for cases for which a blank mail survey was received (and was not a refusal nor ineligible)

    – Telephone effort results for blank mail surveys overwrite the 270 code

Section 7: Data Submission

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 7

For Technical Assistance email acoreachcahps@rti.org

Overview of Data Submission

- Preparing the Data Submission Files
- XML Data File Layout
- XML Data File Submission Process
- Data Submission Reports for Survey Vendors and REACH ACOs
- Data Submission Quality Control Procedures

Preparing the Data Submission Files – Timing

1st Interim Data Submission Deadline

11:59 PM Eastern Time

October 7, 2024

2nd Interim Data Submission Deadline

11:59 PM Eastern Time

November 25, 2024

Final Data Submission Deadline

11:59 PM Eastern Time

January 13, 2025

PENDING

XML Data File Layout

- Vendors will submit de-identified ACO REACH CAHPS Survey data to the ACO REACH CAHPS website, and will use XML (Extensible Markup Language) formatted files

- Vendors can download and review the required XML templates from the ACO REACH CAHPS website, under the Data Submission menu.

- Vendors will submit one XML file per REACH ACO

- Vendors must submit one of the two XML file templates (St/NE or HN)

- An XML file should consist of three sections:

  1. Header Record;

  2. Patient Administrative Data Record; and

  3. Patient Response Record.

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XML Header Record – Overview

- All XML files must contain a Header Record
- The header record MUST contain the following data variables:
  - Data Type (first interim, second interim or final submission file)
  - Survey Version (Standards/New Entrants or High Needs)
  - REACH ACO Name
  - REACH ACO ID
  - Performance Year (PY 2024)
  - No. of Patients Sampled
  - Date Data Collection Period Began
  - Date Data Collection Period Ended
- All fields in the Header Record must have a valid entry

Chapter 7 of the QAG has detailed information about each of these data elements.

XML Patient Administrative Data Record

- There **must** be a Patient Administrative Data Record for every beneficiary in the sample
- Data variables in the Patient Administrative Data Record include:
  - REACH ACO ID
  - Performance Year (PY 2024)
  - Sample ID (SID)
  - Final Survey Status
  - Date Survey received or completed
  - Survey Language
  - Completion Mode

Only de-identified data is submitted!

- If no survey has been received (Interim Submissions) or completed by the end of data collection (Final Submission), enter "88888888" for Date Completed and "X" for Survey Language and Completion Mode.
- All fields in the Patient Administrative Record must have a valid entry

XML Patient Response Record

- The Patient Response Record contains the recorded responses to each question in the questionnaire for an individual beneficiary.
- A single REACH ACO will use one of two XML data files
  - Submit data for High Needs REACH ACOs using High Needs Patient XML data file
  - Submit for Standards and New Entrants REACH ACOs submit using Standards/New Entrants XML data file
- All variables in the Patient Response Record must be populated. Acceptable data values:
  - Values from the survey item's code frame
  - M for Missing, 88 for Not applicable, 98 for Don't Know for Phone only, 99 for Refused for Phone Only.

XML Patient Response Record (cont'd, 2 of 4)

- The third section of the XML file is required for every sample member with the following final status codes:

  - 110 (Completed mail questionnaire)

  - 120 (Completed telephone questionnaire)

  - 130 (Partially completed mail questionnaire)

  - 140 (Partially completed telephone questionnaire)

  - 210 (Incomplete)

XML Patient Response Record (cont'd, 3 of 4)

- Cases assigned to the following codes should also have a Patient Response Record if any questionnaire data were captured:
    - 150 (Ineligible: Deceased)
    - 160 (Ineligible: Does not meet eligibility criteria)
    - 170 (Ineligible: Language Barrier)
    - 180 (Ineligible: Mentally or physically incapacitated)
    - 190 (Ineligible: Did Not Receive Care in the Last 6 Months)

XML Patient Response Record (cont'd, 4 of 4)

- Cases assigned the following codes *most likely will not have any questionnaire data captured, and therefore will not need* a Patient Response Record:

200 (Excluded from survey)	240 (Wrong, disconnected, or no telephone number)
220 (Refusal)	250 (No response after maximum attempts)
230 (Hostile Refusal)	260 (No response to mail survey – RCF patients)

- The following types of cases *should not have* a Patient Response Record either:
  - Seeded cases
  - Completed after the end of the data collection period
  - Beneficiaries deceased at the time their survey was completed by a proxy
  - A duplicated questionnaire

XML Data File Submission Process

- Log into the ACO REACH CAHPS website
- Proceed to the **Data Submission Tool** via the Data Submission tab
- Click "Choose Files" to select file from computer system to upload
- Survey vendors can upload:
  - Single XML file
  - Single zip file that contains 1 XML file each from multiple REACH ACOs
- Submit file(s) using the "Upload" button
- Click "Upload another XML file(s)" button to overwrite the submitted data file. **Only one XML or one zip file can be submitted. All subsequent data will overwrite any previously submitted data.**

XML Data File Submission Process (cont'd, 2 of 3)

XML Data File Submission Process (cont'd 3 of 3)

- Make sure you are using the correct XML (Standards/New Entrants or High Needs)
- Clearly name your XML file
  - Include the **REACH ACO ID** and **Survey Year** in the file name
  - Follow CMS' naming convention
  - Example: **D1234_2024.xml**
- Do not alter the XML template. This will create data upload errors.

XML Data File Submission Process – Validation

- XML files will have validations performed
- Initial step checks examples:
  - XML template is formatted correctly
  - If pass, then checks for no missing data in Header Record
  - If pass, the checks that vendor is authorized to upload data for REACH ACO
- Secondary step checks examples:
  - Cases with a final status code have a Patient Response Record
  - Header Record values match Patient Administrative Record
  - Completeness algorithm to check cases have correct final status code of Complete or Partial (but will not reject file if cases are miscoded)
- Vendor will receive results via email with a link to *Data Submission History Report,* including notification if partial completes were found
- If the file does not pass both validation steps it is not accepted and is not stored
  - Vendor must correct data errors and resubmit the file

XML Data File Submission Process – Summary
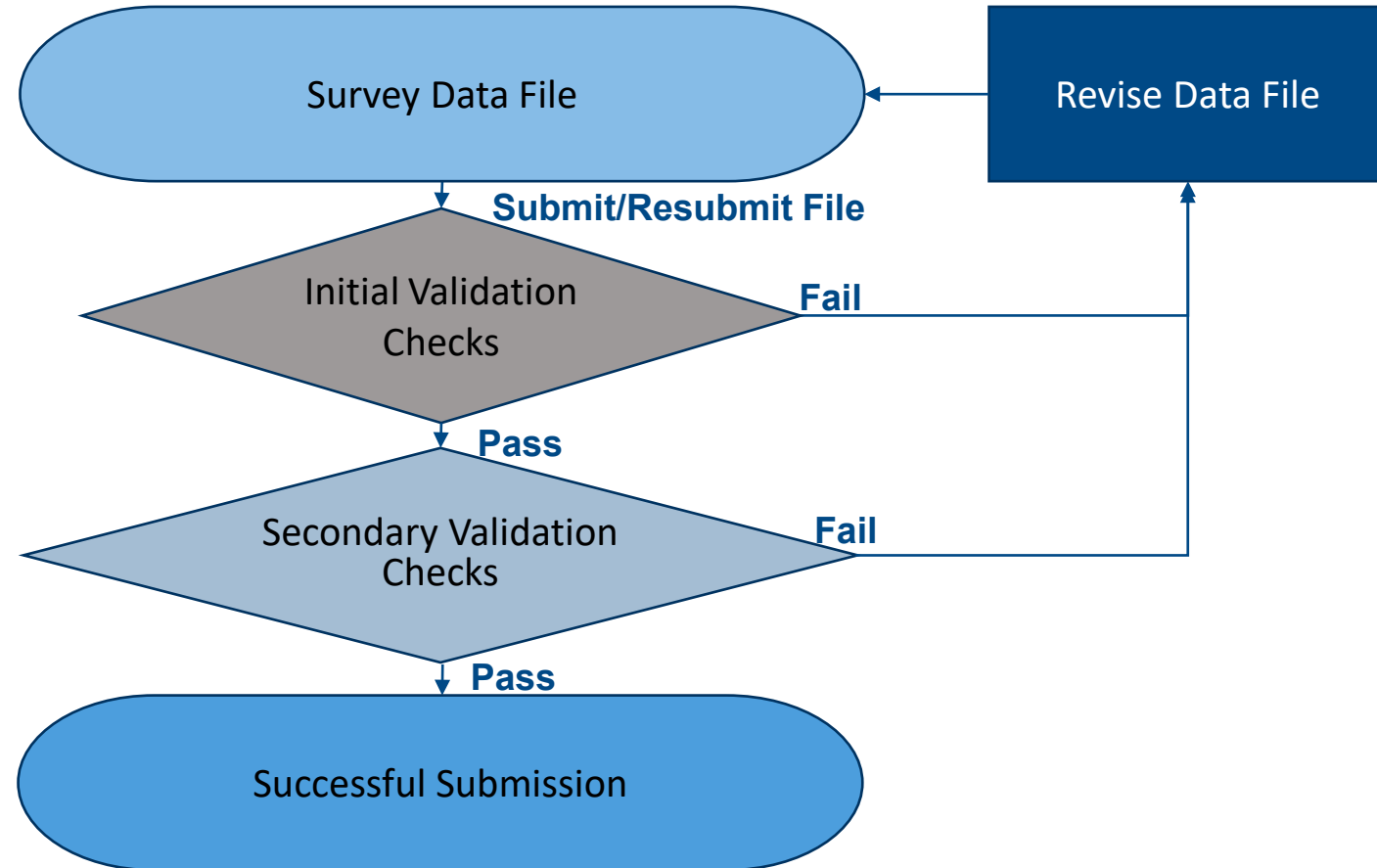
XML Data File Submission Process – Reasons Files May Be Rejected

✖ Most Common Reasons that Files Are Rejected

- Values for some data elements are out of range.
- Data for some data elements are left blank –
  - a value must be entered for every variable, even if it is Missing.
- The XML file is not named properly.
- The survey vendor attempts to submit the file after the data submission deadline.

XML Data File Submission Process – Resubmitting Files

- No limit to the number of times vendors can submit files (either interim or final) before the deadline.

- Each time you resubmit an XML file, the system will overwrite the data from the previously submitted file.

  - Interim data files will not be saved.

  - Therefore, the last submission is the one CMS accepts.

- Files cannot be accepted after the data submission deadline.

  - We strongly encourage vendor to submit their data files well in advance of the submission deadline

Data Submission Reports for Survey Vendors and REACH ACOs

- Reports for Survey Vendors

  - Data Submission History

  - Data Submission History by Upload Date

  - Data Submission Validation Status Report

  - Survey Vendor Authorization Report

- Reports for REACH ACOs

  - Data Submission Report

Reports for Survey Vendors – *Data Submission History Report*

- Emailed to the survey vendor and available on the website immediately after file upload process is complete

- Provides transmission details on each file submitted

- Confirmation of record count for files successfully uploaded

Data Submission History Report – Error Messages

Error	Error message
XML file not properly formatted	Rejects file immediately
Missing values for required variables	Report will list each variable with missing values
Invalid values	Report will list any value that is outside of the allowed range
Duplicate records	Report will list any sample ID that is duplicated for given REACH ACO
Missing response record values	Report will list any missing values
Patient Response Record does not pass the completeness test	Report will list any sample ID that does not pass the completeness test

Reports for Survey Vendors – Other Data Submission Reports

- ***Data Submission History by Upload Date*** – allows search for Data Submission History report by upload date
- ***Data Submission Validation Status*** report
  - Shows latest submissions by REACHACOID
  - Failed submissions on top
  - Shows whether failure is the result of a vendor authorization issue
  - To quickly see whether there are REACH ACOs that need to start/correct a vendor authorization

Reports for Survey Vendors – *Survey Vendor Authorization Report*

- Allows vendors to see which REACH ACOs have authorized them to upload data.
- Vendors are responsible for verifying that any REACH ACO with which they have contracted has authorized them.
- In "Vendor" tab on the ACO REACH CAHPS website

Report for REACH ACOs – *Data Submission Report*

ACO Realizing Equity, Access, and Community Health CAHPS®
The official website for news and information about the ACO REACH CAHPS Survey

| Home | Dashboard | General Information | ACOs | Vendors | Survey and Protocols | Training | Data Submission |

ACOs / Data Submission Report

Data Submission Report

ACO: <Show All ACOs>

Sample Date Range: Start Year: 2023   End Year: 2023

Show Report

Export to Excel

Vendor	Survey Year	ACO ID	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
RTI Vendor	2023	Z9990	RTIVENDOR_Z9990_STD.xml	10/24/2023	10	9	0	Passed
RTI Vendor	2023	Z9991	RTIVENDOR_Z9991_HN.xml	10/24/2023	2	2	0	Passed

2 record(s) in report.

Data Submission Quality Control Procedures

Required Quality Control Procedures

Prior to data submission, use the **XML Schema Validation Tool** to conduct an initial quality control of XML file formatting prior to submission.

- Located on the ACO REACH CAHPS website under the "Data Submission" tab
- Download tool and test XML files as many times as needed
- Allows you to perform the following checks:
  - Well formed test: Is your XML file a properly formatted file?
  - Schema validation: Does your XML file match the ACO REACH CAHPS Schema for the initial validation checks?
  - Data element range checks: Do the values for your data elements fall within the acceptable ranges?

Required Quality Control Procedures (cont'd, 2 of 3)

- Patient Administrative Data Record of XML file should contain info for every sampled beneficiary

  - If 860 beneficiaries were sampled, a record for each of the 860 sample beneficiaries must be included on the Patient Administrative Data Record

- SID numbers on XML file should match the SID numbers in the sample file

- Survey response data should match the correct beneficiary

Required Quality Control Procedures (cont'd, 3 of 3)

- Confirm the completeness criteria on all surveys and reconcile case statuses before submission
  - Final status codes 110 or 120 have passed completeness criteria
  - Final status codes of 130 or 140 have passed partial completeness criteria
  - Reverse: Those who passed completeness criteria have correct status of 110/120/130/140
  - Those that are not 110/120/130/140 must also be submitted. For final data submission, they typically have a status code of 210--Incomplete, though other codes are possible.
- Compare a sample of cases on the XML file to the matching hardcopy questionnaire or original CATI data file, to ensure that the data on the XML file are accurate.

Recommended Quality Control Procedures

- Make sure to assign the not applicable code (88) and the code for missing response (M) correctly

- Generate frequencies and compare them to survey response coding from the hardcopy mail questionnaire and for the raw CATI file.

  - Look for anomalies, outliers and unusual patterns of missing data.

Section 8: Data Analysis and Reporting

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 8

For Technical Assistance email acoreachcahps@rti.org

Data Analysis and Reporting

- CMS Analysis of the Data Set
- Survey Vendor Data Analysis and Reporting for Client REACH ACOs

CMS Analysis of the Data Set

Analysis Data Set	Domain Scores	Patient-mix Adjustment

Complete and Partially Complete surveys

Scored survey questions are translated into 8 domain-specific measures:

Getting Timely Care, Appointments and Information;

How Well Providers Communicate;

Shared Decision Making;

Patient Rating of Provider;

Care Coordination;

Courteous and Helpful Office Staff;

Health Promotion and Education;

Stewardship of Beneficiary Resources

Adjusts for respondent characteristics outside of the REACH ACO's control

CMS Analysis of the Data Set – Reports and Training Given to REACH ACOs

- CMS
  - Is responsible for scoring the ACO REACH CAHPS data
  - Provides REACH ACOs with an Annual Quality Report every July (approximately)
- Results included in the PY 2024 Annual Quality Report
  - All question wordings and domain composition.
  - Patient-mix adjusted scores for all domains
  - Frequency distributions for scored questions
  - Responses distributions for all response options for unscored questions
  - PY 2024 highest benchmark threshold met for each domain
  - All results show for the individual REACH ACO, plus results across the ACO REACH Model
- CMS also provides training and learning opportunities to REACH ACOs to help improve quality
- No need for survey vendor to provide REACH ACO with quality improvement training

CMS Analysis of the Data Set – Questions from REACH ACOs About Data Analysis and Reporting

ACOREACH@cms.hhs.gov

Toll-Free Number
1-888-734-6433

Quality Measurement Methodology Report

Survey Vendor Data Analysis and Reporting for Client REACH ACOs

Include disclaimer that vendor reports are not official CMS results

Suppress cells and percentages based on fewer than 11 responses

If you want to append sample information to the survey data, obtain CMS approval

Contact the ACO REACH CAHPS Team for guidance

Survey Vendor Data Analysis and Reporting for Client REACH ACOs (cont'd, 2 of 5)

- CMS-calculated results and reports are the official survey results.
- Survey vendors will not have sufficient information to replicate CMS scoring.
- Any reports vendors provide to ACO REACH CAHPS REACH ACOs must include a statement that vendor results are not official CMS results and are for REACH ACO's internal quality improvement purposes only.
  - The statement must be printed in a minimum 14-point font size.

Survey Vendor Data Analysis and Reporting for Client REACH ACOs (cont'd, 3 of 5)

- Survey vendors may provide ACO REACH with survey data or information from their REACH ACO as long as the survey vendor suppresses any display of data that is based on fewer than 11 observations.

  - No information based on fewer than 11 respondents can be released. This means 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 client REACH ACOs.

  - When suppressing the number of observations in cells because they have fewer than 11 observations, the survey vendor must not report row and column totals as this would allow the cell value to be derived.

Survey Vendor Data Analysis and Reporting for Client REACH ACOs (cont'd, 4 of 5)

- Survey vendors must have CMS approval to append data from the sample file to the survey data.

    - For example, if survey vendor wants to report on survey responses, or survey response rate by the variables on or derived from the sample file, the vendor must submit to CMS a specific list of the items to be merged as well as an analytic plan that explains how the data will be used.

    - The survey vendor may not append data until written approval from CMS is received.

    - CMS will not approve requests if the appending allows identification of the sample member or beneficiary.

Survey Vendor Data Analysis and Reporting for Client REACH ACOs (cont'd, 5 of 5)

- Contact the ACO REACH CAHPS Team for additional guidance if not clear on whether certain types of survey response data can be shared with a REACH ACO

Section 9: Data Confidentiality and Data Security

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 9
Requirements apply to vendors and subcontractors who have access to PII

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Data Confidentiality and Data Security Overview

- Assuring Beneficiaries of Confidentiality
- Electronic and Physical Security Measures
- Identifying and Reporting Data Breaches
- Confidentiality Agreements
- Business Associate Agreements
- Data Use Agreements and Using the EPPE System

Assuring Beneficiaries of Confidentiality

- Beneficiaries are more willing to participate when they feel confident that their identity is confidential and not disclosed to provider or medical group. Assurance steps include:
- Telephone scripts and letters for beneficiary's state:
  - Answers are confidential
  - Will not be shared with their provider
  - Will not affect health care benefits
  - Introductory statements in the telephone interview reference protection under the Privacy Act
- Help Desk and Telephone Interviewing staff must be trained to provide information to beneficiaries concerned about confidentiality

Assuring Beneficiaries of Confidentiality – Safeguarding Beneficiary Data

- HIPAA training is required for all approved survey vendors and their subcontractors
- Identifying information associated with a beneficiary should be considered private and must be protected
- Data must be handled in a way to ensure that the beneficiary information is kept confidential and that only authorized personnel have access to it
- Survey vendors are not permitted to share any beneficiary identifying information with any individual or organization, including their REACH ACO clients

Electronic and Physical Security Measures

1 **Limit Access to Confidential Data to Authorized Staff**

Action Steps
- Consider which staff need access
- Ensure only those staff have access

2 **Physical Security of Beneficiary Data**

Action Steps
- Store paper copies in a secure location
- Never remove paper copies
- Store and lock paper copies for 3 years

3 **Electronic Security of Beneficiary Data**

Action Steps
- Protect electronic data from confidentiality breaches (encryption, and access control)
- Do not transfer data via email
- Website files contain de-identified data only
- Secured and stored for 3 years
- Disaster recovery plan for survey data
- Offsite and cloud data storage is permitted for data backup

Identifying and Reporting Data Breaches

- Required to develop protocols for identifying a breach in security with ACO REACH Survey data
  - Includes unauthorized individuals gaining access to or distributing confidential data
- Plans must include:
  - A system to notify the ACO REACH CAHPS Team in a timely manner of a security breach
  - Means to detect the level of risk represented by the breach in security
  - Means to take corrective action against the individual who created the breach
  - Means of notifying any persons affected by the breach, including beneficiaries, if necessary

Confidentiality Agreements

Vendor and Subcontractor Staff Confidentiality Agreement

- Receive HIPPA-appropriate training before receiving access to beneficiary data
- Includes telephone interviewers, supervisors, Help Desk staff, coders, fulfillment, programming staff, etc.
- Sign and retain electronic and hard copies of the affidavits

Business Associate Agreements

- All approved ACO REACH CAHPS survey vendors must become Business Associates of their client REACH ACO.
- They must follow all applicable HIPAA guidelines regarding privacy and security of PII.
- Survey vendors must sign the Business Associate Agreement (BAA) of each client REACH ACO.

Data Use Agreements and Using the EPPE System

- Submit a Data Use Agreement (DUA) Application to CMS using CMS' DUA tracking system, EPPE
- EPPE FAQs: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/EPPE_FAQ.PDF
- Additional questions
  - EPPE Help Desk: 844-EPPE-DUA (844-377-3382)
  - EPPE@cms.hhs.gov
- For general information on DUA policies
  - datauseagreement@cms.hhs.gov

Section 10: Oversight

ACO REACH CAHPS Quality Assurance Guidelines – Chapter 10

Oversight

- Oversight Activities
- Quality Assurance Plan (QAPs) Requirements
- Site Visits
- Data Review
- Exceptions and Discrepancy Requests

Oversight Activities

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Ensure Vendor Compliance

Review Survey Administration Materials

Oversight Activities – Timeline

Oversight Task	Timing of Oversight Task
Training-approved vendors submit initial Quality Assurance Plans (QAP)	On or before May 9, 2024
CMS reviews QAPs from training-approved vendors Vendors revise and resubmit QAP, where requested.	May 10–May 20, 2024
CMS reviews revised QAPs	May 21–June 7, 2024
Vendors are approved	June 7, 2024
Vendors submit second QAPs with completed templates of all mail survey materials and CATI screenshots	On or before August 2, 2024
CMS reviews second QAPs	August 5–August 30, 2024
Vendors submit mail interim data files	October 7, 2024
CMS review vendors' mail interim data file	October 8–29, 2024
Site visits	November 2024-January 2025
Vendors submit mail/CATI interim data file	November 25, 2024
CMS reviews vendors' mail/CATI interim data file	November 26–December 20, 2024
Vendor submit final data files submitted	January 13, 2025
CMS reviews final data files	January–February 2025

Quality Assurance Plan (QAP) Requirements for May

Documents survey administration procedures

Used to train subcontractors and staff

Needed to obtain "Fully Approved" status

Quality Assurance Plan (QAP) Requirements (cont'd, 2 of 2)

Organization Background and Staff Experience

Work Plan

Questionnaire and Materials

Survey Implementation Plan

Data Security, Confidentiality, and Privacy Plan
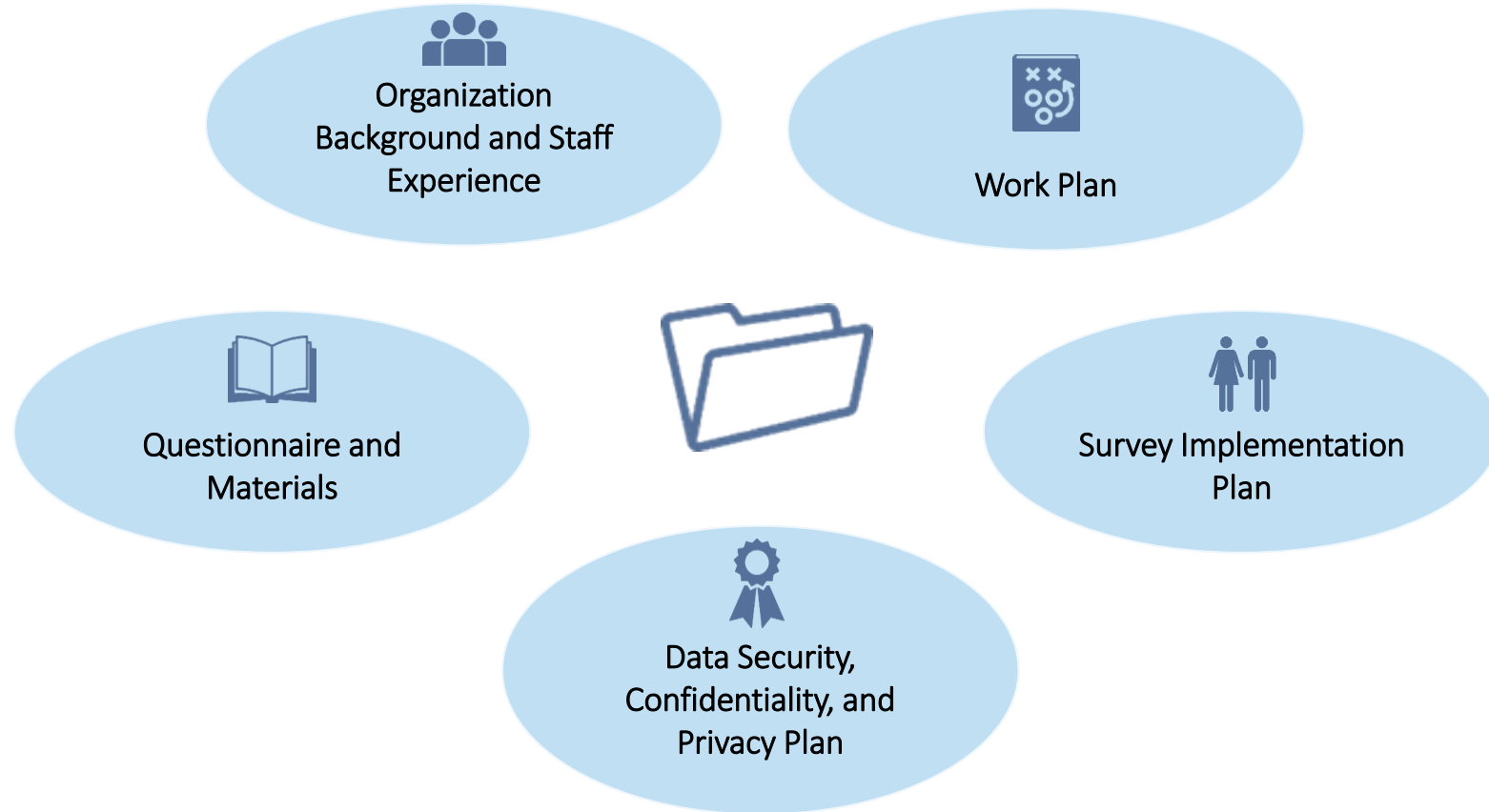
QAP Requirements – Review and Resubmission

4/3-4/10, 2024

ACO REACH CAHPS Training for Survey Vendors

5/10–6/7, 2024

QAP review, submission of revised QAPs

On or before 8/2/2024

Resubmission of QAP with mail and telephone materials

On or before 5/9/2024

Vendors submit initial QAP

6/7/2024

Vendor approval
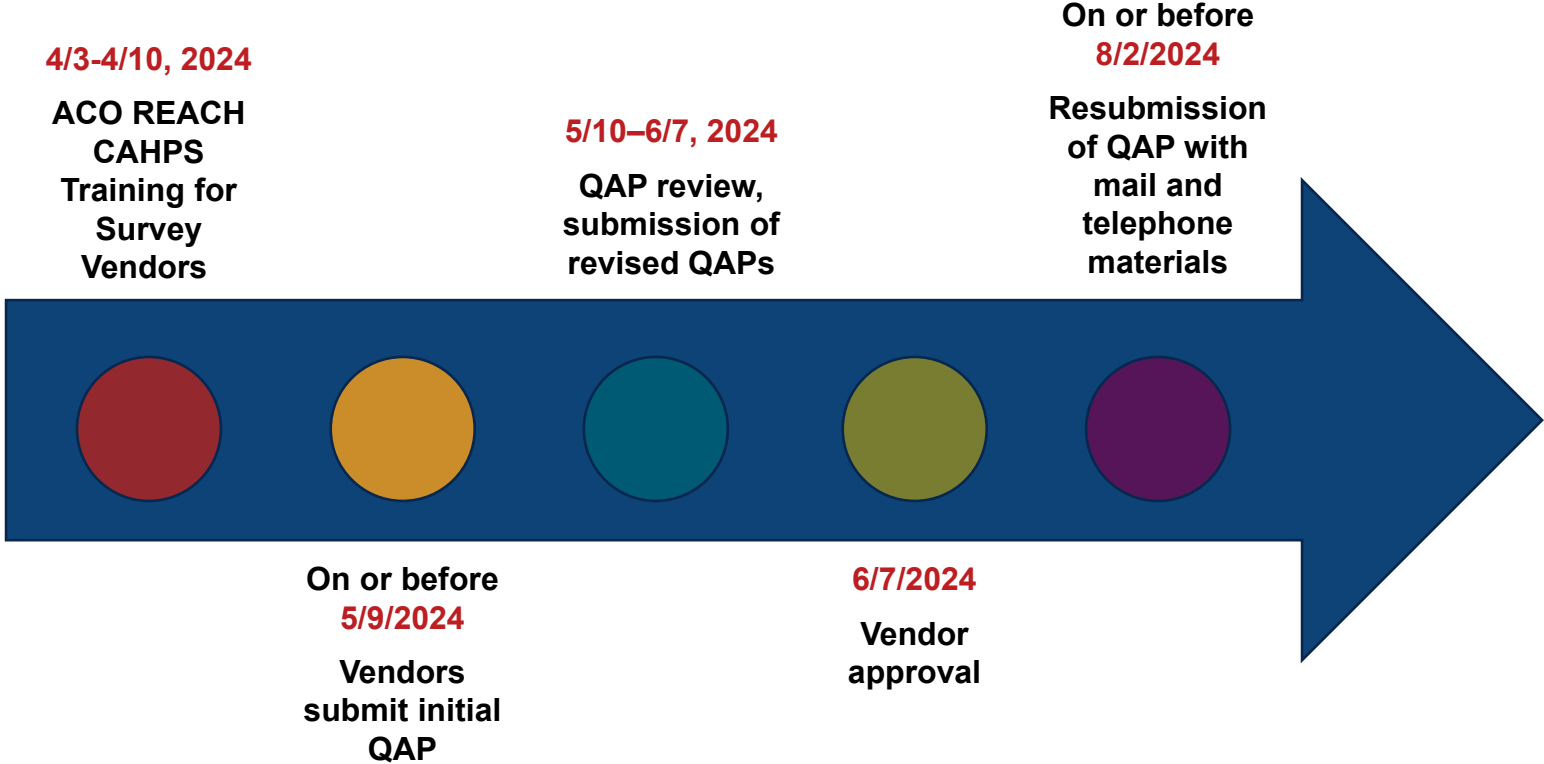
QAP Requirements for August – Materials

Required for Resubmission

Mail

- Questionnaire #1 (both versions)
- Reminder postcard
- Questionnaire #2 (both versions)
- Spanish Questionnaire (both versions)

Telephone

- CATI Screenshots / CATI test program (both versions)
  - Including proxy paths and fills

Both questionnaire versions – Standard/New Entrant and High Needs – are required for vendors servicing High Needs REACH ACOs

Remote Site Visits – Fall

- **To ensure compliance**

- **Notification will be provided**

- **Agenda may include:**

- Interviews with the key ACO REACH CAHPS project staff
- Video walk-through of area for interviewing, mailing, or data processing
- Document step-through of systems/processes from sample file to final data file
- Software/programs in downloading and storing the sample file
- Monitor telephone interviews (live and/or recorded)
- Review of telephone interviewing monitoring logs
- Walkthrough of methods used for tracking contacts made and status codes
- Documentation/observation re: SPAM flagging

- Review of documentation of all survey administration procedures
- Discussion about the Help Desk voicemail and email
- Walkthrough of the systems to protect the confidentiality of electronic data received from the ACO REACH CAHPS Survey team and survey data received from beneficiaries
- Review a sample of mail and telephone survey data
- Closing conference review, where RTI will share a summary of the site visit findings, including deficiencies and problems observed, and collect questions/concerns from the vendor to share with CMS

CMS
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Site Visits – Remote (cont'd, 2 of 2)

Confidential Disclosure Agreement

- Everything reviewed in site visit will be confidential
- RTI and vendor will sign a Confidential Disclosure Agreement (CDA)
- Allows team to assess vendor compliance with ACO REACH CAHPS protocols

Post-site Visit

- RTI will submit a Site Visit Report summary of findings to CMS
- Deficiencies, problems, remaining questions, corrective actions
- Vendor will receive copy after CMS review

QAP Requirements – What if a Vendor Does Not Follow ACO REACH CAHPS Protocols?

RTI may:

- Notify the vendor that they are being placed on a Corrective Action Plan, or

- Notify the vendor that:

  - their data submissions and oversight deliverables will be given heightened scrutiny and

  - they will be given the opportunity to supply additional quality-related documentation. If their performance is found to be unsatisfactory after these opportunities, they will be placed on a Corrective Action Plan.

Data Review

- Interim and final files reviewed for formatting, completeness, accuracy of record count, out-of-range/missing values

- Vendor: use the Schema Validation Tool to correct errors before submission

- ACO REACH CAHPS Team: check for outliers, patterns, unusual data

INTERIM FILE EMPHASIS	**FINAL FILE EMPHASIS**
Identify and explain problems; revisions for future data files	Explain questions (if any); RTI to repair identified problems (if any)
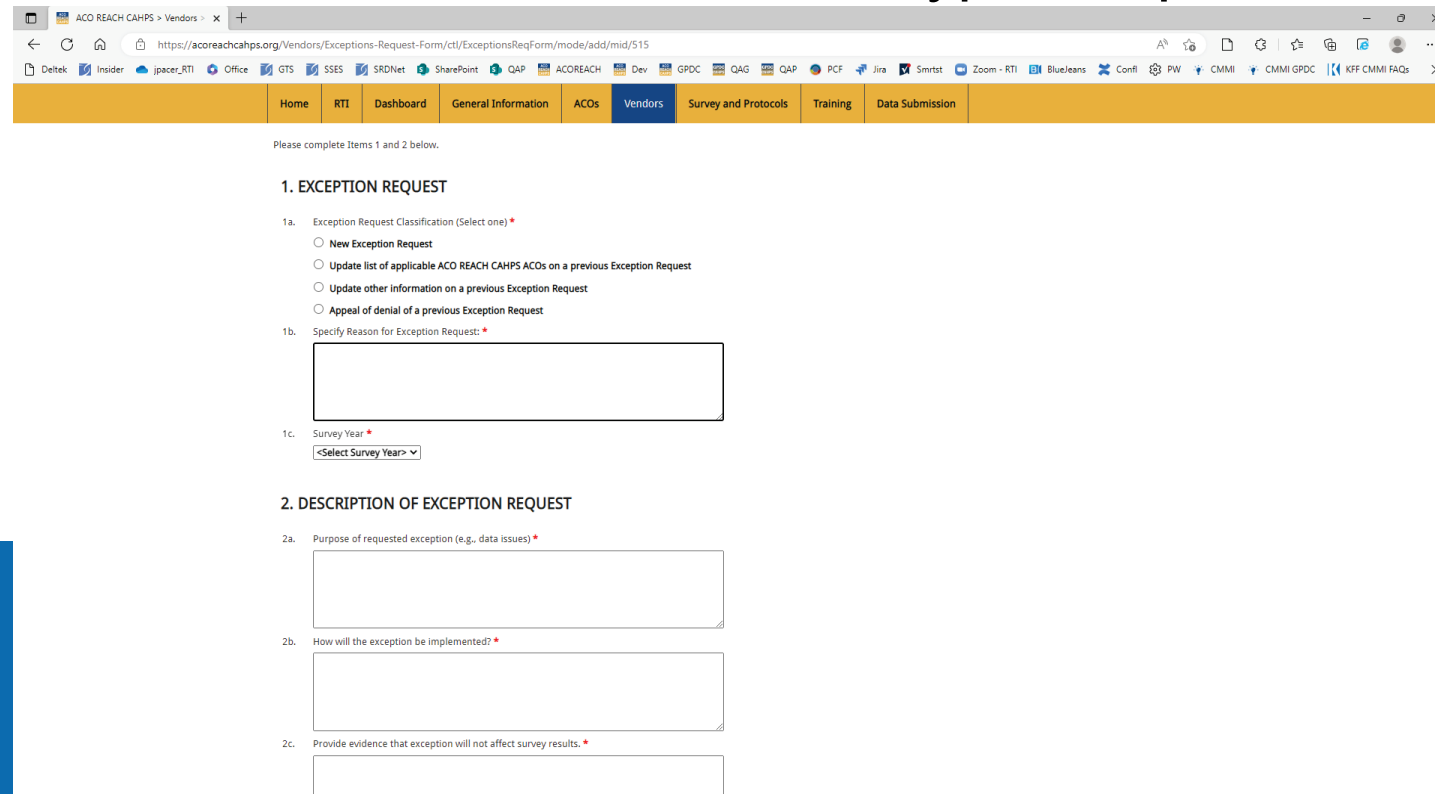
- ACO REACH CAHPS Team may request more detailed processes discussions if necessary

- Vendor and REACH ACO response rates and missing data will be monitored

Exceptions Request Procedure

- Request an exception to the protocols using the Exceptions Request Form via the website

- Request is sent to CMS

- No deviations from data collection mode type are permitted

Conducting Remote Survey Operations

- Vendors and their subcontractors who will work remotely for any portion of their mail and/or telephone operations ACO REACH CAHPS must submit an Exceptions Request Form (ERF) to CMS for review for approval.

- Submit after submitting the vendor application

- ERF is located on the website

  - Login into website

  - Vendors tab → Exceptions Request Form

  - Edit

- Update any time there are changes to remote work protocol

Discrepancy Notification Procedure

- Notify CMS of an unplanned deviation using the Discrepancy Notification Report Form via the website

- Must be submitted within 24 hours

- CMS will review the report and evaluate the impact

Section 11: Online Training Evaluation

Training Certification

Final Reminder

All conditionally approved ACO REACH CAHPS Survey Administrators for vendors must log onto the ACO REACH CAHPS website and complete the Training Certification by

April 15, 2024

Thank You!

- The Survey Administrator will be notified via email when the Training Certification Exam becomes available on the website.
- Please complete the Training Session Evaluation Survey we send in the coming days.
- Thank you for your participation in the Introduction to Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) CAHPS Survey Vendor Webinar Training!

ACO REACH CAHPS Support

https://acoreachcahps.org/ ⬈

Toll-Free Number
Vendors: 1-833-870-0486
REACH ACOs: 1-888-734-6433

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Vendors: acoreachcahps@rti.org
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Quality Assurance Guidelines