



**Accountable Care Organization Realizing Equity, Access, and Community Health  
Consumer Assessment of Healthcare Providers and Systems  
(ACO REACH CAHPS)  
Performance Year 2024**

---

**Quality Assurance Guidelines for Survey Vendors  
Version 4.0**

**March 2024**

## Contents

Acronyms .....	viii
<b>Chapter 1: Quality Assurance Guidelines and Technical Assistance for Accountable Care Organization Realizing Equity, Access, and Community Health Consumer Assessment of Healthcare Providers and Systems (ACO REACH CAHPS) .....</b>	<b>1</b>
1.1 Purpose of the Quality Assurance Guidelines .....	1
1.2 Technical Assistance on ACO REACH CAHPS.....	1
<b>Chapter 2: Introduction and Overview .....</b>	<b>2</b>
2.1 About the ACO REACH Model.....	2
2.2 About the ACO REACH CAHPS Survey Instrument.....	3
2.2.1 Instrument changes for the PY 2024 ACO REACH CAHPS .....	4
2.3 About the ACO REACH CAHPS Survey Administration .....	4
<b>Chapter 3: Roles and Responsibilities .....</b>	<b>6</b>
3.1 Overview.....	6
3.2 CMS Responsibilities .....	6
3.2.1 Review Survey Vendor Applications, Provide Survey Vendor Training and Approve Vendors .....	6
3.2.2 Provide Survey Administration Procedures, Technical Assistance, and Updated Information to Vendors.....	6
3.2.3 Maintain and Distribute List of Approved ACO REACH CAHPS Vendors .....	7
3.2.4 Provide Survey Vendors with Sample Files .....	7
3.2.5 Review, Score, and Report Personalized Data to REACH ACOs .....	7
3.2.6 Determine REACH ACO Eligibility for the Survey and Notify Impacted REACH ACOs .....	7
3.3 Survey Vendors Roles and Responsibilities .....	7
3.3.1 Meet Minimum Business Requirements .....	8
3.3.2 Register on the ACO REACH CAHPS Website and Submit Vendor Application .....	8
3.3.3 Attend PY 2024 Training and Pass Training Certification .....	8
3.3.4 Submit Quality Assurance Plan (QAP) .....	9
3.3.5 Attest to the Accuracy of the Data Collection Process.....	9
3.3.6 Submit a Data Use Agreement (DUA) with CMS, Sign Business Associate Agreement with REACH ACOs, and Adhere to Data Security Protocols.....	9
3.3.7 Coordinate with REACH ACOs about Survey Vendor Authorization.....	10
3.3.8 Follow the ACO REACH CAHPS Quality Assurance Guidelines When Conducting Data Collection and Data Processing Activities .....	10
3.3.9 Participate in Oversight Activities Conducted by the ACO REACH CAHPS Survey Coordination Team.....	11

3.4	Participating REACH ACOs .....	11
3.4.1	Contract With and Authorize a Vendor to Conduct the Survey .....	11
3.4.2	Execute a Business Associate Agreement (BAA) with your Survey Vendor .....	12
3.4.3	Provide Updated Contact Information to Vendors.....	12
3.4.4	Notify Vendor of Residential Care/Assisted Living Facilities .....	12
3.4.5	Review Data Submission Summary .....	13
3.4.6	Communicate With Beneficiaries About the Survey in Accordance with CMS Specifications .....	13
3.4.7	Refrain from Administering Other Surveys While PY 2023 ACO REACH CAHPS is Surveying .....	15
<b>Chapter 4:</b>	<b>Sample Protocol .....</b>	<b>16</b>
4.1	Overview .....	16
4.2	CMS Prepares Sample Files .....	16
4.3	Vendors Download Sample for REACH ACO(s).....	18
4.4	Sample File Data Elements.....	19
4.5	Vendors Implement Sample File Download Quality Control Procedures .....	21
4.5.1	Identify Beneficiaries Residing in Facilities .....	22
4.5.2	Sampled Cases to Remove.....	23
4.5.3	Employ Address and Telephone Number Verification.....	23
<b>Chapter 5:</b>	<b>Data Collection Protocols .....</b>	<b>25</b>
5.1	Overview .....	25
5.2	Data Collection Schedule .....	25
5.3	Teaser Postcard Protocol.....	28
5.4	First Mailout Protocol .....	29
5.4.1	First Mailout Timing.....	29
5.4.2	First Mailout Formatting and Printing Requirements and Guidelines .....	29
5.4.3	First Mailout Mailing Procedures .....	32
5.5	Thank You/Reminder Postcard Protocol .....	32
5.5.1	Thank You/Reminder Postcard Timing.....	32
5.5.2	Thank You/Reminder Postcard Formatting and Printing.....	33
5.5.3	Thank You/Reminder Postcard Mailout Requirements .....	33
5.6	Second Mailout Protocol .....	34
5.6.1	Second Mailout Timing.....	34
5.6.2	Second Mailout Formatting and Printing Requirements and Recommendation Guidelines .....	34
5.6.3	Second Mailout Procedures .....	35
5.7	Mailout Quality Control Procedures.....	35
5.8	Conduct Receipt of Questionnaires Returned by Mail .....	36
5.9	Capture Survey Data from Returned Questionnaires .....	37

5.9.1	Requirements for All Data Capture Programs.....	37
5.9.2	Mandatory Quality Control Measures for Optical Scanning:.....	37
5.9.3	Mandatory Quality Control Measures for Data Entry:.....	38
5.9.4	Process White Mail .....	38
5.9.5	Store Data .....	38
5.9.6	Conduct Training for Staff in Mail Portion of Survey .....	38
5.10	Conduct Telephone Follow-up Protocol.....	39
5.10.1	Operate the Inbound Telephone and Email Help Desk.....	39
5.10.2	Notify REACH ACOs of Contact Information for Inbound Help Desk .....	40
5.10.3	Use a Phone Interviewing System.....	40
5.10.4	Removal of Completed/Finalized Mail Surveys from the Telephone Survey .....	41
5.10.5	Removal of Beneficiaries Living in Residential Care Facilities/Assisted Living .....	42
5.10.6	Predictive or Automatic Dialers .....	42
5.10.7	Auto-dialing of Cell Phone Numbers.....	42
5.10.8	Outgoing Caller-ID .....	42
5.10.9	Calling Times .....	43
5.10.10	Take Measures to Prevent Calls From Being Filtered as Spam.....	43
5.10.11	Take Measures to Complete “Breakoff” Interviews .....	43
5.10.12	Make Required Attempts to Reach Beneficiaries.....	43
5.10.13	Voicemail Messages .....	45
5.10.14	Utilize Only Approved FAQs and Interview Phone Script.....	46
5.10.15	Assign Status Codes after Every Call.....	46
5.10.16	Utilize a Protocol for Distressed Sample Members/Respondents .....	46
5.10.17	Train Telephone Interviewers on All Telephone Follow-Up Protocols .....	47
5.10.18	Conduct Phone Monitoring and Oversight.....	49
5.11	Exceptions Request Procedure .....	50
5.11.1	Conducting Remote Survey Operations .....	51
5.12	Discrepancy Notification Report Procedure.....	51
5.13	DNR Review Process.....	51
<b>Chapter 6:</b>	<b>Data Coding and Preparation.....</b>	<b>52</b>
6.1	Overview.....	52
6.2	Data Coding Guidelines .....	52
6.2.1	Handling Duplicate Surveys by Mail and Phone .....	52
6.2.2	Handling Blank Questionnaires .....	52
6.2.3	How to Code Blank Returned Questionnaires with No Note Indicating a Refusal or Ineligibility .....	53
6.2.4	Coding When There is Ambiguity in Which Response is Marked .....	54
6.2.5	Coding Questions That Have No Responses .....	54
6.3	Data Preparation and Coding.....	55

6.3.1	Definition of Complete and Partial Complete Surveys .....	55
6.4	Determine Partial or Complete Surveys and Assign Final Survey Status Codes .....	62
6.4.1	Survey Vendor Internal Survey Codes .....	64
6.4.2	Status Codes for Interim Submissions Only .....	65
6.4.3	Survey Status Codes for the Final Data Submission .....	65
<b>Chapter 7:</b>	<b>Data Submission.....</b>	<b>67</b>
7.1	Overview.....	67
7.2	Data File Requirements.....	67
7.3	Data to Submit .....	68
7.3.1	Header Record.....	68
7.3.2	Patient Administrative Data Record.....	68
7.3.3	Patient Response Record .....	69
7.4	XML File Quality Control Procedures .....	70
7.5	Data Submission Procedures.....	71
7.5.1	File Naming Conventions .....	72
7.5.2	Validations Performed Upon Upload .....	72
7.6	Reports for Survey Vendors and REACH ACOs.....	72
7.6.1	Reports for Survey Vendors .....	73
7.6.2	Reports for REACH ACOs.....	73
7.7	Resubmitting Files.....	73
<b>Chapter 8:</b>	<b>Data Analysis and Reporting .....</b>	<b>75</b>
8.1	Overview.....	75
8.2	CMS Analysis of the ACO REACH CAHPS Data Set .....	75
8.3	CMS Reports and Training Provided to REACH ACOs .....	75
8.4	Survey Vendor Analysis and Reporting of ACO REACH CAHPS Data.....	76
<b>Chapter 9:</b>	<b>Data Confidentiality and Data Security .....</b>	<b>77</b>
9.1	Overview.....	77
9.2	Assuring Sample Beneficiaries of Confidentiality.....	77
9.3	Safeguarding Beneficiary Data.....	78
9.3.1	Limit Access to Confidential Data to Authorized Staff.....	78
9.3.2	Physical Security of Beneficiary Data .....	78
9.3.3	Electronic Security of Beneficiary Data.....	78
9.4	Develop Procedures for Identifying and Handling Breaches of Confidential Data.....	79
9.5	Required Confidentiality Agreements .....	79
9.5.1	Business Associate Agreement with REACH ACO.....	79
9.5.2	Vendor and Subcontractor Staff Confidentiality Agreement.....	80
<b>Chapter 10:</b>	<b>Oversight .....</b>	<b>81</b>
10.1	Overview.....	81

10.2	Oversight Activities and Timeline .....	81
10.3	Quality Assurance Plans (QAPs).....	82
10.3.1	Submission by Vendors.....	82
10.3.2	Review by CMS and Resubmission of QAPs When Needed .....	83
10.3.3	Mail Templates and Telephone Survey Materials .....	83
10.4	Data Review.....	84
10.5	Site Visits .....	84
10.6	Corrective Action Plans .....	85

## Exhibits

<b>Number</b>	<b>Page</b>
Exhibit 4-1 Number of Beneficiaries CMS Will Sample, by REACH ACO Size .....	18
Exhibit 4-2 Data Elements Included in ACO REACH CAHPS Sample Files.....	20
Exhibit 5-1 ACO REACH CAHPS Survey Vendor Required Participation Dates, PY 2024.....	25
Exhibit 6-1 ACO REACH Standards and New Entrants CAHPS Survey Items and Survey Completeness Criteria .....	56
Exhibit 6-2 ACO REACH High Needs CAHPS Survey Items and Survey Completeness Criteria .....	59
Exhibit 6-3 ACO REACH CAHPS Final Status Codes .....	63
Exhibit 10-1 ACO REACH CAHPS Oversight Timeline .....	81

## Figures

<b>Number</b>	<b>Page</b>
Figure 5-1 Mail with Telephone Follow-up Timing .....	27
Figure 5-2 First Questionnaire Timing.....	29
Figure 5-3 Reminder Postcard Timing.....	32
Figure 5-4 Second Questionnaire Timing.....	34
Figure 5-5 Help Desk Opening Timing.....	40
Figure 5-6 Telephone Follow-up Timing.....	41
Figure 7-1 Data Submissions Timing.....	67
Figure 10-1 Quality Assurance Plan Timing.....	82

## Acronyms

### Acronym

### Term

ACO	Accountable Care Organization
ACO REACH Model	ACO Realizing Equity, Access and Community Health
ACO REACH CAHPS	ACO REACH Consumer Assessment of Healthcare Providers and Systems Survey
ADL	Activities of Daily Living
ATA	Applies to all
BAA	Business Associate Agreement
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CATI	Computer Assisted Telephone Interviewing
CMS	Centers for Medicare & Medicaid Services
GPDC CAHPS	Global and Professional Direct Contracting Consumer Assessment of Healthcare Providers and Systems Survey
DUA	Data Use Agreement
FAQ	Frequently Asked Questions (a list of frequently asked questions and suggested responses)
HIPAA	Health Insurance Portability and Accountability Act
PHI	Protected health information
PII	Personally identifiable information
PY	Performance Year
QAP	Quality Assurance Plan
SID	Sample Identification Number
The Innovation Center	Centers for Medicare & Medicaid Innovation
XML	Extensible Markup Language




## Chapter 1: Quality Assurance Guidelines and Technical Assistance for Accountable Care Organization Realizing Equity, Access, and Community Health Consumer Assessment of Healthcare Providers and Systems (ACO REACH CAHPS)

### 1.1 Purpose of the Quality Assurance Guidelines

The Centers for Medicare & Medicaid Services (CMS) developed the Quality Assurance Guidelines for the Accountable Care Organization Realizing Equity, Access, and Community Health Consumer Assessment of Healthcare Providers and Systems (ACO REACH CAHPS) to standardize the data collection process so that the survey data collected across survey vendors are comparable. The information included in this document is intended primarily for survey vendors, though participating REACH ACOs may also find it of interest. Survey vendors on ACO REACH CAHPS are required to adhere to all aspects of these Quality Assurance Guidelines.

### 1.2 Technical Assistance on ACO REACH CAHPS

#### Resources for Survey Vendor Organizations:

For general information, important news, updates, and all materials to support implementation:	<a href="https://acoreachcahps.org">https://acoreachcahps.org</a> 
For technical support:	<a href="mailto:acoreachcahps@rti.org">acoreachcahps@rti.org</a> 1-833-870-0486

#### Resources for Participating REACH ACOs:

For general information, ACO REACH Website:	<a href="https://innovation.cms.gov/innovation-models/aco-reach">https://innovation.cms.gov/innovation-models/aco-reach</a>
For technical support: ACO REACH Model Helpdesk:	<a href="mailto:ACOREACH@cms.hhs.gov">ACOREACH@cms.hhs.gov</a> 1-888-734-6433

## Chapter 2: Introduction and Overview

### 2.1 *About the ACO REACH Model*

The ACO REACH Model is part of a strategy by the Centers for Medicare & Medicaid Services (CMS) Center for Medicare & Medicaid Innovation (Innovation Center) to drive broader health care delivery system reform through the redesign of primary care. The ACO REACH Model builds on lessons learned from other Medicare ACO initiatives, such as Global Professional Direct Contracting, Medicare Shared Savings Program (Shared Savings Program) and the Next Generation ACO Model, and innovative risk-sharing approaches from Medicare Advantage and the private sector. ACO REACH Model participants are typically medical groups comprised of primary care providers and specialists.

The mission of Innovation Center models, including the ACO REACH Model, is to lower the cost of care for Medicare beneficiaries while maintaining or improving the quality of care provided. As such, REACH ACOs are expected to meet goals of improved quality of care and health outcomes for the Medicare beneficiaries they serve. The ACO REACH Model quality strategy provides achievable performance criteria that aim to incentivize changes in care delivery that reduce unnecessary utilization while improving quality of care.

REACH ACOs are expected to improve quality of care and health outcomes for Medicare beneficiaries. The ACO REACH Model is organized into performance years (PY), running from January 1 through December 31, and includes an assessment of quality during each PY, using several Quality Measures.

The REACH ACO Model began operations April 1, 2021, and the period of time April 1, 2021 – March 31, 2022 is known as Performance Year 2021 (PY 2021). The first cohort of participants, who were known as DCEs or Direct Contracting Entities, began participating in the Model in PY 2021. A second cohort of DCEs began participating in the Model in PY 2022. A third cohort, known as REACH ACOs, began participating in PY 2023. Beginning in PY 2023, all participants in all cohorts are known as REACH ACOs. CMS plans for the Accountable Care Organization Model to continue through PY 2026 at a minimum.

There are currently three types of REACH ACOs.

1. Standards
2. New Entrants
3. High Needs

The number of beneficiaries, providers and services differs between the three types of REACH ACOs.

Since PY 2022, all three types of REACH ACOs are required to conduct the CAHPS survey. Starting in PY 2024, CAHPS will be Pay-for-Performance for both High Needs Population and Standard and New Entrant ACOs. Under Pay-for-Performance, the CAHPS score achieved by the REACH ACO impacts their quality score and financial recoupment for that PY. To ensure

standardized uniform data collection across all participating REACH ACOs, REACH ACOs must select an ACO REACH CAHPS survey vendor to administer an annual beneficiary experience of care survey on their behalf. Only ACO REACH CAHPS survey vendors who have been fully approved by CMS for mixed mode surveys on a CMS program can apply for the ACO REACH CAHPS program. [Section 3.3.2, Register on the ACO REACH CAHPS website and Submit Vendor Application](#) outlines the process vendors follow to initiate, attain, and retain approval.

## 2.2 About the ACO REACH CAHPS Survey Instrument

The [CAHPS initiative](#) is a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, the RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service.

There are two ACO REACH CAHPS instruments, one for Standards and New Entrant REACH ACOs, and one for High Needs REACH ACOs. Both ACO REACH CAHPS instrument are based on the Accountable Care Organizations CAHPS (ACO CAHPS) Survey and include additional content relevant to beneficiary/caregiver experience with care delivered by a REACH ACO, as appropriate. Most questions are about experience in the last six months with the provider the beneficiary saw most often at this REACH ACO. These questions measure the extent to which beneficiaries experienced the REACH ACO provider demonstrating desirable behaviors associated with high quality care. These behaviors are important to ACO REACH because they help achieve ACO REACH Model goals such as improving beneficiary health, raising beneficiary engagement, and reducing unnecessary spending.

There is a base survey used for Standard REACH ACOs, New Entrant REACH ACOs, and High Needs Population REACH ACOs. It measures and scores beneficiary experience of care across eight domains:

- **Getting Timely Care, Appointments, and Information.** Questions in this domain ask beneficiaries how often they got appointments for care as soon as needed and timely answers to questions when they contacted the office.
- **How Well Providers Communicate.** Questions in this domain ask beneficiaries how often their providers explained things clearly, listened carefully, showed respect, and spent enough time with them.
- **Beneficiary's Rating of Provider.** This question asks beneficiaries to rate their provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.
- **Shared Decision Making.** Questions in this domain ask if the beneficiary is given a voice in making decisions about their care and sharing care information with family and friends.
- **Care Coordination.** These survey questions ask beneficiaries how often their providers knew their medical history, followed up to give results of tests, and ask about prescription medications being taken.
- **Courteous and Helpful Office Staff.** In this domain, questions focus on how often office staff were helpful and treated beneficiaries with courtesy and respect.

- **Health Promotion and Education.** Questions in this domain ask beneficiaries if their care team talked with them about what they can do to stay healthy.
- **Stewardship of Beneficiary Resources.** This question asks the beneficiary if the health care provider asked them about how much their prescription medications cost.

Three domains are included in the survey but REACH ACOs are not currently scored on them: **Health Status and Functional Status, Access to Specialist, and Activities of Daily Living**

The survey for High Needs REACH ACOs has additional questions which are divided into four domains: **Family Support, Emotional Support, Pain, and Preparation for Health Emergencies.**

### 2.2.1 Instrument changes for the PY 2024 ACO REACH CAHPS

CMS has made the following changes to the PY 2024 instruments, compared to the PY 2023 instrument.


- Minor formatting and punctuation changes, such as making parentheses and bolding consistent between languages and mail and telephone instruments.
- Omission of two open-ended questions (other language spoken at home, and helped in some other way) from the mail and telephone surveys.
- Revision to the race question to present the race categories in alphabetical order.
- Revision to the wording on the introductory questions in the series of questions about activities of daily living series. This change is more pronounced in the telephone survey. This question is designed to allow for swifter administration and less repetition on the part of telephone interviewers.
- Addition of text to be read by the telephone interviewer, only if necessary, at the start of the survey, to determine whether a respondent received no care from any providers in the last 6 months, in which case they are ineligible, or did not receive care from the focal provider, in which case they can continue to additional survey questions asking about other care they received in the last 6 months.

These changes impact English, Spanish, Standard/New Entrants and High Needs instruments. The mail questionnaires, telephone scripts, XML layouts, and schema validation available for download on <https://acoreachcahps.org> align with these changes.

## 2.3 *About the ACO REACH CAHPS Survey Administration*

The ACO REACH CAHPS is a mixed-mode (i.e., mail with telephone follow-up) survey conducted each Fall with a sample of adult Medicare beneficiaries from each participating REACH ACO. CMS selects a sample of up to 860 beneficiaries for each REACH ACO commensurate with REACH ACO size. Detailed information on sampling is in

**[Chapter 4, Sample Protocol](#)** and information on data preparation and submission is located in **Chapters 6–7**.

PY 2024 ACO REACH CAHPS will be conducted in the Fall of 2024. In general, each year of ACO REACH CAHPS will follow the same pattern, whereby REACH ACOs' new PY begins in January and the ACO REACH CAHPS Survey begins in the Fall. A general schedule and PY 2024 schedule are presented in **Table 5-1**. The dates for each survey year will be updated and published on the [ACO REACH CAHPS website](#) .

Note that the pre notification postcard, which was part of the data collection protocol in ACO REACH CAHPS PY 2022 and PY 2023, is eliminated for PY 2024.

## Chapter 3: Roles and Responsibilities

### 3.1 Overview

This chapter describes participation requirements for the ACO REACH CAHPS Survey, including the roles and responsibilities of the Centers for Medicare & Medicaid Services (CMS) and its contractor RTI International (RTI), survey vendors that administer the ACO REACH CAHPS Survey for REACH ACOs, and REACH ACOs.

### 3.2 CMS Responsibilities

#### 3.2.1 Review Survey Vendor Applications, Provide Survey Vendor Training and Approve Vendors

Each December, CMS invites candidate survey vendors to apply to become approved for ACO REACH CAHPS. Additionally, each December CMS instructs survey vendors already approved for ACO REACH CAHPS to submit their application, emphasizing changes from the previously accepted application.

CMS also provides the **ACO REACH CAHPS Survey Vendor Training** via webinar. Acceptance of application, successful completion of training, passing training certification, and acceptance of a vendor's Quality Assurance Plan (QAP) (see [Section 3.3.4, Submit Quality Assurance Plan](#) and [Section 10.3, Quality Assurance Plans](#) for more information) are required steps in attaining status as a Fully Approved vendor.

#### 3.2.2 Provide Survey Administration Procedures, Technical Assistance, and Updated Information to Vendors

CMS will maintain an updated set of survey administration materials and instructions on the [ACO REACH CAHPS website](#). This website—to which all vendors will receive credentials—is the main communication channel through which vendors will access materials, updates, schedules, and transact files. Although CMS will send email notifications to survey vendors, alerting them to updates within each PY, CMS recommends survey vendors accustom themselves to regularly checking the [ACO REACH CAHPS website](#) for updates.

Throughout ACO REACH CAHPS, CMS will:

- provide technical assistance to survey vendors via a toll-free telephone number, emails, and the [ACO REACH CAHPS website](#), (see [Section 1.2, Technical Assistance on ACO REACH](#))
- publish an updated version of the **Quality Assurance Guidelines**, and,
- conduct oversight and quality assurance of survey vendors (described in [Chapter 10, Oversight](#)).

### 3.2.3 Maintain and Distribute List of Approved ACO REACH CAHPS Vendors

CMS communicates to REACH ACOs that they are required to contract with a CMS-approved survey vendor to conduct the ACO REACH CAHPS. CMS supports REACH ACOs in their requirement by assembling and maintaining an up-to-date list of ACO REACH CAHPS vendors. CMS is also responsible for disseminating this list, together with vendor contact information, on the [ACO REACH CAHPS website](#) and on the communication portal specific to the ACOs (4i). The list of vendors who have successfully completed training will be available in April and is considered a “conditional approval list” while the list of vendors who have completed all requirements for approval will be available in June. The dissemination of these lists gives REACH ACOs sufficient time to compare between available vendors and make a selection.

### 3.2.4 Provide Survey Vendors with Sample Files

CMS will select the sample for each REACH ACO. CMS is responsible for quality control, deduplication, confirming beneficiary eligibility, and selecting the sample for each REACH ACO. See [Section 4.2, CMS Prepares Sample Files](#), for sampling specifications.

### 3.2.5 Review, Score, and Report Personalized Data to REACH ACOs

CMS will review all survey data submitted by vendors to identify discrepancies between data and status codes and locate inconsistent data, as described in [Section 10.4, Data Review](#). Vendors may be consulted to explain, resolve, and/or repair problems.

CMS will calculate summary scores and will prepare and disseminate to each REACH ACO a personalized score report showing their results on all questions and summary domains, compared to results of REACH ACOs overall on ACO REACH CAHPS.


### 3.2.6 Determine REACH ACO Eligibility for the Survey and Notify Impacted REACH ACOs

Occasionally, the number of survey-eligible beneficiaries in a REACH ACO may be insufficient to conduct a reliable CAHPS survey. These minimum sampling thresholds are presented in ***Exhibit 4-1, Number of Beneficiaries CMS will Sample, By REACH ACO Size***. CMS will examine the number of survey eligible beneficiaries in each REACH ACO in April of each year and identify any REACH ACOs who fall below this threshold. CMS will notify those REACH ACOs that they are exempt from conducting the ACO REACH CAHPS survey for the upcoming PY. These REACH ACOs will be told they may conduct the survey on an elective basis, but their data will not be submitted to CMS and scores will not be calculated by CMS.


## 3.3 Survey Vendors Roles and Responsibilities

This section provides a synopsis of the roles and responsibilities of survey vendors on the ACO REACH CAHPS.

### 3.3.1 Meet Minimum Business Requirements


Survey vendors seeking approval as an ACO REACH CAHPS vendor must have the capability and capacity to collect and process all survey-related data on the ACO REACH CAHPS following standardized procedures and guidelines. The *Survey Vendor Minimum Business Requirements* that survey vendors must meet are available on the [ACO REACH CAHPS website](#) , in the Vendors tab. Survey vendors must adhere to all minimum business requirements throughout ACO REACH CAHPS, or their approval status could be revoked by CMS.

### 3.3.2 Register on the ACO REACH CAHPS Website and Submit Vendor Application

- Potential survey vendors must first designate a staff member as the ACO REACH CAHPS Survey Administrator who will serve as the vendor's main point of contact for ACO REACH CAHPS.
- The designated Survey Administrator must then complete [Vendor Registration Form](#)  to obtain their Username and initial password,
- Potential survey vendors will then complete and submit the online Vendor Application. The submission deadline will be announced on the website and emailed to all registered vendors.

After their applications have been reviewed by CMS, potential vendors will receive notification informing them whether their application is acceptable. Vendors with acceptable applications can proceed with training and the balance of the steps to receive Full Approval (steps are explained in [Section 3.2.1, Review Survey Vendor Applications, Provide Survey Vendor Training and Approve Vendors](#)).

### 3.3.3 Attend PY 2024 Training and Pass Training Certification

Training dates and registration deadlines will be announced on the [ACO REACH CAHPS website](#)  and disseminated via email to all registered vendors. Survey vendors who were previously approved for PY 2023 must participate in and successfully complete the ACO REACH CAHPS Update Webinar training session, which focuses on changes since PY 2023. Survey Vendors who were not previously approved must attend a self-administered Webinar that covers all project material. Participating in training includes:

- If the survey vendor is using a subcontractor and the subcontractor will be conducting a substantial component of the work on the ACO REACH CAHPS, the subcontractor's lead ACO REACH CAHPS staff member must participate in the ACO REACH CAHPS Webinar training session.
- The Designated CAHPS project manager must complete a Training Certification Form after completing the ACO REACH CAHPS Webinar training session.



### 3.3.4 Submit Quality Assurance Plan (QAP)

The main purposes of the QAP are to provide documentation of survey vendors' understanding, application and compliance with the Quality Assurance Guidelines. The QAP serves as the organization-specific guide for administering the ACO REACH CAHPS, training project staff to conduct the survey, and conducting quality control and oversight activities.

Conditionally-approved survey vendors must submit their initial Quality Assurance Plan (QAP) after training. A second QAP that includes templates of all mail survey materials as well as the full set of programmed CATI screenshots is required prior to the start of data collection (see timeline in **Exhibit 5-1**). Submission deadlines for these QAPs will be announced on the [ACO REACH CAHPS website](#) and disseminated via email to all conditionally-approved vendors.

Vendors should follow the [Model Quality Assurance Plan Outline](#) when creating their QAP.

### 3.3.5 Attest to the Accuracy of the Data Collection Process

- In submitting their initial QAP, survey vendors must attest to the accuracy of their organization's data collection processes and that the data collection processes conform to the requirements outlined in this document.
- **Survey vendors are prohibited from subcontracting the data submission task.**
- Data collected in a manner that does not adhere to the ACO REACH CAHPS procedures or timeline may result in data which CMS cannot use in calculating and reporting the REACH ACO's scores for the impacted performance period.

### 3.3.6 Submit a Data Use Agreement (DUA) with CMS, Sign Business Associate Agreement with REACH ACOs, and Adhere to Data Security Protocols

**Data Use Agreement.** Each vendor must sign a DUA with CMS annually. DUAs are managed through CMS' DUA tracking system, EPPE. If you need assistance with EPPE, please review the EPPE FAQs at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/EPPE\\_FAQ.PDF](https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/EPPE_FAQ.PDF). If you are unable to find the answer to your question, contact the EPPE Help Desk at 844-EPPE-DUA (844-377-3382) or [EPPE@cms.hhs.gov](mailto:EPPE@cms.hhs.gov). If you have questions regarding general information or DUA policies, please contact [datauseagreement@cms.hhs.gov](mailto:datauseagreement@cms.hhs.gov).

The executed DUA will permit the survey vendor to receive beneficiary-level information in the sample files provided by CMS. **CMS will not release any sample files to the vendor if the vendor does not have an executed DUA with CMS.** Vendors should notify RTI when their DUA with CMS is complete by emailing their DUA confirmation from EPPE to the ACO REACH CAHPS Survey Coordination Team.

**Business Associate Agreement.** Survey vendors must sign the Business Associate Agreements of each client REACH ACO. The BAA permits survey vendors access to PII, in sample files and any other REACH ACO files they receive. CMS recommends including the BAA in the contract with the ACO.

**Adhere to Data Security Protocols.** Survey vendors (and their subcontractors with PII access) must use systems, processes, and procedures to safeguard and protect the security of ACO REACH CAHPS data. These are described in the *Survey Vendor Minimum Business Requirements*, available in the Vendors tab of the [ACO REACH CAHPS website](#).

See [Chapter 9, Data Confidentiality and Data Security](#), for full information on DUAs, BAAs and data security protocols.

### 3.3.7 Coordinate with REACH ACOs about Survey Vendor Authorization

Survey vendors must ensure their client REACH ACOs have authorized them on the [ACO REACH CAHPS website](#) to conduct the survey on their behalf. CMS will verify that each client REACH ACO has authorized the vendor before data collection begins. Survey vendor authorization lasts for one survey period (e.g., PY 2022 survey, PY 2023 survey, PY 2024 survey, etc.) This means new authorization must be started each survey period even if there is no change to the survey vendor.

CMS provides survey vendors a convenient report, the *Survey Vendor Authorization Report*, which can be used to confirm that:

- all of a vendor's known REACH ACO clients have completed or updated their Vendor Authorization forms, and
- that vendors are aware of every REACH ACO who has authorized them.

Survey vendors should check their *Survey Vendor Authorization Report* weekly in the weeks leading up to the deadline for vendor authorization to make sure that all of their REACH ACO clients, especially any new or ending clients, have completed or updated the online Vendor Authorization Form.

Vendors are responsible for understanding the REACH ACO-facing requirements for vendor authorization. They are described in [Section 3.4.1, Authorize a Vendor to Conduct the Survey](#), below.

### 3.3.8 Follow the ACO REACH CAHPS Quality Assurance Guidelines When Conducting Data Collection and Data Processing Activities

- Survey vendors must administer the ACO REACH CAHPS in accordance with the protocols specified in **Chapters 4–9** of this manual and oversee the quality of work performed by staff and any subcontractors, if applicable.
- Survey vendors must prepare and submit data files to CMS (through their contractor, RTI) following the guidelines specified in **Chapters 6–7** of this manual.
- Survey vendors must review all data submission reports for ACO REACH CAHPS clients to ensure that data have been successfully uploaded and received by CMS.
- Survey vendors must follow guidelines in [Chapter 8, Data Analysis and Reporting](#), when preparing reports for client REACH ACOs.

### 3.3.9 Participate in Oversight Activities Conducted by the ACO REACH CAHPS Survey Coordination Team

Fully approved survey vendors and their subcontractors must be prepared to participate in all oversight activities, such as remote site visits and/or teleconference calls, as requested by CMS or RTI, to make sure correct survey protocols are followed. All materials relevant to survey administration are subject to review. (Details provided in [Chapter 10, Oversight](#)). The Vendor Application lists the participation requirements of oversight activities as well. All vendors who submitted their Vendor Application have already agreed to these requirements. Maintaining status as a Fully Approved vendor is contingent upon receiving satisfactory reports during oversight activities.

## 3.4 Participating REACH ACOs


### 3.4.1 Contract With and Authorize a Vendor to Conduct the Survey

As stated in the REACH ACO Onboarding materials, REACH ACOs must contract with a CMS-approved ACO REACH CAHPS vendor to administer the annual ACO REACH CAHPS. Starting in April 2023, REACH ACOs can find the list of conditionally approved survey vendors in the 4i Knowledge Library and on the [ACO REACH CAHPS website](#). The final list of approved vendors will be made available in June 2023. CMS will notify REACH ACOs when the lists are available. REACH ACOs are responsible for the costs of the survey administration.

In order for CMS to know which vendor should receive the sample and submit data for a REACH ACO, it is necessary to have this relationship carefully documented. This documentation is done through vendor authorization. Vendor authorization must be done annually, prior to the start of each survey for the PY (e.g., PY 2022 survey, PY 2023 survey, etc.).

REACH ACOs are required to follow the steps below for vendor authorization. All steps must be completed between June 7 and August 2, 2024:

- **Register a Survey Administrator.** REACH ACOs will first need to designate one of their staff members as the ACO REACH CAHPS Administrator. This person will serve as the REACH ACO's main point of contact for the ACO REACH CAHPS. The Survey Administrator (SA) follows a two-step process that requires registering on the website as the SA, associating their registration with a given REACH ACO or multiple REACH ACOs, and assigning a back-up administrator to carry out required tasks when they are unavailable.
- **Authorize their survey vendor.** The key responsibility of the REACH ACO's ACO REACH CAHPS Survey Administrator is to authorize their approved vendor on the [ACO REACH CAHPS website](#). This must be done no later than August 2, 2024, for the PY 2024 survey. The SA must choose a survey vendor and the start period (which is defined as the current PY) when they authorize that vendor to conduct the survey and submit data on their behalf.

- CMS will not select and provide a beneficiary sample for the REACH ACO unless the vendor authorization form is completed and the ACO attests a contract is executed.
- **Switch to a different vendor.** Once you have authorized a vendor for PY 2024, switching to a different vendor is not recommended as it will jeopardize your ability to meet PY 2024 ACO REACH quality reporting requirements. However, if necessary, vendors can be switched before August 2, 2024. Switching is a two-step process. First, delete your current Survey Vendor Authorization on the [ACO REACH CAHPS website](#) . Second, complete the online vendor authorization form for your new vendor.

### 3.4.2 Execute a Business Associate Agreement (BAA) with your Survey Vendor

HIPAA allows REACH ACOs to release beneficiary contact information to their agents for the purpose of public health research.

Survey vendors will be acting as agents of REACH ACOs. When a vendor is a Business Associate of a REACH ACO, vendors inherit all of a REACH ACO's HIPAA requirements with regard to data use and safeguarding. Therefore, each REACH ACO must execute a BAA with their survey vendor. More information about Business Associates can be found here: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html>. An example BAA can be downloaded from here: <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>.

An existing BAA between the same vendor and REACH ACO may be used to meet this requirement, provided the BAA is accurate, current, and contains the name of the vendor and REACH ACO.

### 3.4.3 Provide Updated Contact Information to Vendors

CMS encourages REACH ACOs to provide their vendor with updated contact information on all Medicare beneficiaries in their REACH ACO. REACH ACOs may restrict this list to Medicare beneficiaries who had a visit in the sampling window (July 1, 2023 – June 30, 2024 for PY 2024). Ensure the BAA between the vendor and the REACH ACO is executed and that any file(s) transmitted is/are properly secured (e.g., password protected, placed on secure transfer site, etc.)

### 3.4.4 Notify Vendor of Residential Care/Assisted Living Facilities

Beneficiaries residing in residential care facilities or assisted living facilities are eligible for ACO REACH and therefore eligible for the ACO REACH CAHPS. However, experience from similar projects teaches us that reaching these beneficiaries by telephone for a survey is challenging. Staff at these facilities can experience significant burden from the telephone-follow-up survey. CMS uses a different data collection protocol for these beneficiaries.

CMS strongly encourages REACH ACOs to provide their authorized survey vendor the names and addresses of residential care facilities and assisted living facilities where beneficiaries in

their REACH ACO reside. It is preferable if all such facilities can be identified, but at a minimum the REACH ACO should identify all such facilities where five or more of their beneficiaries reside. To identify facilities, the REACH ACO can scan through their beneficiary's addresses or do a geographical search of nearby residential care/assisted living facilities

After receiving the list of facilities from the REACH ACO, the survey vendor will be responsible for identifying whether beneficiaries residing at these facilities are in the survey sample. These beneficiaries will receive a special envelope which is designed to catch the attention of facility staff and solicit proxy respondents, and these beneficiaries will not receive telephone follow-up due to the burden this causes facility staff.

### 3.4.5 Review Data Submission Summary

Since REACH ACOs' participation in the ACO REACH CAHPS Survey is one of their Quality Reporting requirements, CMS encourages them to confirm that their survey vendor has submitted data files on the [ACO REACH CAHPS website](#) before the data submission deadline, January 13, 2025. The purpose of this review is to ensure each vendor meets its contracted requirements to submit REACH ACO data, so REACH ACOs will be in compliance with quality reporting requirements.

### 3.4.6 Communicate With Beneficiaries About the Survey in Accordance with CMS Specifications

Staff at REACH ACOs should be well-informed about the survey, communicate their support of it, and answer beneficiary questions about the survey with confidence. These are key tools for attaining good response rates.

REACH ACOs should follow these communication guidelines:

- **Be aware that all beneficiary-facing survey materials refer to the survey as the Medicare Provider Experience Survey.** Those materials do not mention ACO REACH CAHPS, so explaining the program and the REACH ACO's participation is an unnecessary distraction for most beneficiaries.
- **Print Waiting Room FAQs.** CMS-developed Waiting Room FAQs are provided on the ACO REACH CAHPS website (<https://acoreachcahps.org/Survey-and-Protocols>) and posted in the ACO REACH 4i Knowledge Library. REACH ACOs are strongly encouraged to print these and keep them in their waiting rooms beginning six months before the survey begins. They can be removed after the survey ends.
- **Become familiar with Waiting Room FAQs.** It is common for beneficiaries who are contacted by the survey to seek assurance from their providers that the survey is legitimate. Therefore, REACH ACO staff should be aware of the survey basics so they can respond to questions with confidence.
- **Respond to beneficiary questions and comments about the survey.** If a beneficiary talks to REACH ACO staff about the survey, REACH ACO staff should adhere to the following communication guidelines:

- Express your support of the survey with statements such as, “We are supportive of the survey and want to hear feedback from our beneficiaries” or “We think the survey is important.”
- Answer questions according to the response given in the Waiting Room FAQs.
- Tell beneficiaries that they may be asked to participate in the Medicare Beneficiary Experience survey about care received at your REACH ACO.
- Tell beneficiaries that the survey is legitimate.
- Tell beneficiaries that their response, while voluntary, is valued and paid attention to.
- Use these appropriate answers to assure beneficiaries who have concerns about confidentiality:
  - This survey is public health research. HIPAA allows the release of beneficiary contact information for the purpose of public health research.
  - This REACH ACO has no way of knowing who responded to the survey. Beneficiaries’ answers on the survey, whether negative or positive, are valued.
  - Their survey responses will never be reported with their name or other identifying information.
  - All respondents’ survey responses will be reported in aggregate.
  - They can skip or refuse to answer any question they do not feel comfortable with.
  - Their participation in the study will not affect their care at this REACH ACO or Medicare benefits that they currently receive or expect to receive in the future.

In addition to the above communication guidelines, REACH ACOs must take care not to influence beneficiaries’ answers on the survey. Therefore, REACH ACO staff may not do any of the following:

- Ask their beneficiaries if they would like to be included in the survey.
- Tell beneficiaries that the REACH ACO or provider hopes or expects their beneficiaries will give them the best or highest rating.
- 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.
- Imply that the REACH ACO, its personnel or its agents 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.
- Provide a copy of the ACO REACH CAHPS questionnaire or survey materials to their beneficiaries.
- Include any messages or materials promoting the REACH ACO in ACO REACH CAHPS materials, including mail survey cover letters, questionnaires, and telephone interview scripts.
- REACH ACOs cannot translate the survey into the beneficiary’s language. (A translation provided by the beneficiaries’ family member or friend is appropriate.)

### **3.4.7 Refrain from Administering Other Surveys While PY 2023 ACO REACH CAHPS is Surveying**

Some REACH ACOs may wish to conduct other beneficiary experience of care or satisfaction surveys to support internal quality improvement activities. A formal survey, regardless of the data collection mode employed, is one in which the primary goal is to ask standardized questions of the REACH ACO's beneficiary population. In contrast, contacting beneficiaries to assess their care at any time or calling a beneficiary to check on services received are both considered to be routine beneficiary contacts, not surveys.

To avoid imposing on beneficiaries, CMS strongly encourages REACH ACOs to refrain from conducting other beneficiary surveys from four weeks prior to and during the period when the ACO REACH CAHPS is actively surveying. CMS-sponsored surveys are exempt from this guidance.

When conducting other surveys, REACH ACOs are not permitted to ask beneficiaries any additional survey questions that are the same as or similar to those included in the ACO REACH CAHPS questionnaire. This guidance does not apply to other CMS-sponsored surveys.

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.

## Chapter 4: Sample Protocol

### 4.1 Overview

CMS (through their contractor RTI) is responsible for selecting the beneficiary sample for each REACH ACO. Vendors should be knowledgeable about beneficiary eligibility and CMS' sample file cleaning, deduplicating, and sample selection procedures described in this chapter.

### 4.2 CMS Prepares Sample Files

The source of the sample on ACO REACH CAHPS is CMS' claims databases. Vendors may assure ACOs that they do not need to do anything regarding sampling for ACO REACH CAHPS. CMS is responsible for creating the sample for each REACH ACO based on the beneficiary eligibility criteria listed below:

- All Medicare beneficiaries
- Ages 18 and above
- Among Standard/New Entrant ACOs, all beneficiaries who had at least two primary care visits July 1, 2022 – June 30, 2023. Among High Needs ACOs, the beneficiary must have had one visit in the past 12 months.
  - Visit conducted through online digital methods or by telephone are included.
  - Visits by specialists who provide primary care are included.
- If two or more sampled beneficiaries are living in the same household, then CMS attempts to replace one of the household members with an alternate beneficiary from the same ACO. This applies to both Standard/New Entrants and High Needs.
  - However, if no alternates are available from the ACO, then no replacement is made and the sampled beneficiaries from the same household remain part of the sample.
- People who live in residential care/assisted living facilities are eligible for the mail survey.
- An individual with either a phone number or an address is considered eligible. Eligibility is limited to people whose addresses are in the 50 U.S. states or one of the U.S. territories (comprising Puerto Rico, Guam, the U.S. Virgin Islands, Northern Mariana Islands, and American Samoa).
- Exclude as ineligible: beneficiaries who are deceased, who reside in nursing homes/skilled nursing facilities, beneficiaries receiving hospice care, beneficiaries whose addresses are APO/FPO addresses.

**Sampling:** When all cleaning and quality control is complete, CMS will select a systematic random sample of eligible beneficiaries from each REACH ACO, commensurate with REACH ACO size, as shown in *Exhibit 4-1* below.

**Contact information lookup:** Once the sample has been selected, CMS will use a commercial address and phone number service to obtain and/or verify contact information. CMS' action does not remove the requirement for vendors to verify addresses and phone numbers using one



of the ways described in [Section 4.5.3, Employ Address and Telephone Number Verification](#).

**Exhibit 4-1  
Number of Beneficiaries CMS Will Sample, by REACH ACO Size**

Standard and New Entrant REACH ACOs	
REACH ACOs with 100 or more Participant Providers	<ul style="list-style-type: none"> <li>• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries.</li> <li>• If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 416, all eligible beneficiaries will be surveyed.</li> <li>• If there are fewer than 416 survey-eligible aligned beneficiaries, the survey cannot be conducted.</li> </ul>
REACH ACOs with 25 to 99 Participant Providers	<ul style="list-style-type: none"> <li>• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries.</li> <li>• If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 255, all eligible beneficiaries will be surveyed.</li> <li>• If there are fewer than 255 survey-eligible aligned beneficiaries, the survey cannot be conducted.</li> </ul>
REACH ACOs with two to 24 Participant Providers	<ul style="list-style-type: none"> <li>• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries.</li> <li>• If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 125, all eligible beneficiaries will be surveyed.</li> <li>• If there are fewer 125 survey-eligible aligned beneficiaries, the survey cannot be conducted.</li> </ul>
High Needs REACH ACO s	
All REACH ACOs	<ul style="list-style-type: none"> <li>• CMS will draw a random sample of 860 survey-eligible aligned beneficiaries.</li> <li>• If there are fewer than 860 survey-eligible aligned beneficiaries, but at least 37, all eligible beneficiaries will be surveyed.</li> <li>• If there are fewer than 37 survey-eligible aligned beneficiaries, the survey cannot be conducted.</li> </ul>

### 4.3 Vendors Download Sample for REACH ACO(s)

Approximately three weeks before the data collection period begins, the sample files will be available to vendors to download via a secured link on the [ACO REACH CAHPS website](#). The sample file will be a Microsoft Excel spreadsheet. An email will be sent to all fully approved survey vendors alerting them that the sample for their REACH ACO clients is available to be downloaded. CMS will not release a sample file for a REACH ACO unless:

1. that REACH ACO has authorized the vendor on the [ACO REACH CAHPS website](#). The vendor authorization deadline for PY 2023 is August 2, 2024. More information on survey

vendor authorization is included in [Section 3.4.1, Authorize a Vendor to Conduct the Survey](#) of this manual

and

2. the survey vendor has executed/renewed a DUA with CMS. More information on the DUA is in [Section 3.3.6, Submit a Data Use agreement \(DUA\) with CMS, Sign Business Associate Agreement with REACH ACOs, and Adhere to Data Security Protocols](#).

Once sample files are available, survey vendors will use their credentials to log into the secure links on the website and follow the download instructions that will be posted to retrieve their sample files.

Survey vendors will be required to download the sample file within 2 business days after the sample files are made available on the [ACO REACH CAHPS website](#). A schedule showing the vendor authorization date, sample file distribution date, the date by which survey vendors must download the sample file, and the data submission deadline will be posted on the [ACO REACH CAHPS website](#) well in advance of the deadlines.

Before downloading ACO REACH CAHPS sample files, the survey vendor must attest online that they are taking responsibility for the sample file, which includes beneficiary-level information for all sampled beneficiaries for each of the vendor's REACH ACO clients. Once the file is downloaded and securely saved, vendors should use the password that was sent to the Survey Administrator to open, decrypt, and review the sample file to verify that the file contains a sample for each REACH ACO that has authorized the vendor to administer the survey on its behalf.

Survey vendors will also receive **Sample File Summary Report**. Corresponding with each vendor's sample file, it shows the number of beneficiaries sampled for each of the REACH ACOs that authorized that vendor.

#### 4.4 Sample File Data Elements

The sample file will be a Microsoft Excel spreadsheet containing contact information for each sampled beneficiary. The sample beneficiary data elements contained in each sample file are listed in **Exhibit 4-2**. If a survey vendor is authorized to administer the survey on behalf of multiple REACH ACOs, beneficiary information for sampled beneficiaries from all of the REACH ACOs that have authorized the survey vendor will be included in one Excel file and will be sorted by REACH ACO ID. A dummy sample file will be available on the [ACO REACH CAHPS website](#) ahead of the actual sample files for download, to assist vendors with sample file preparation.

CMS will assign a unique sample identification (SID) number to each sampled beneficiary and will include this in the sample file. Vendors must not change this number, and it is the number that must be included in the final XML data file submission. Vendors can use their own internal

beneficiary ID number, but they must maintain the link between their internal beneficiary ID number assigned to each beneficiary and the SID number assigned by CMS that will be sent in the XML file.

**Exhibit 4-2  
Data Elements Included in ACO REACH CAHPS Sample Files**

<b>Data Element Names</b>	<b>Data Element Descriptions</b>
<b>Identifying information</b>	
ACOID	5-digit REACH ACO ID. Note: REACH ACO IDs will follow the same D##### format used in PY 2022 (formerly DCEID). Organizations who participated in PY 2022 will not change their IDs.
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

Data Element Names	Data Element Descriptions
<b>Information identifying the “focal provider” the survey will ask about</b>	
PRTITLE_VIS	Title for the provider included in FOCAL_VIS for each beneficiary. This should be “MD” for physicians, “NP” for nurse practitioners, and “PA” for physician assistants. Some provider title data may be blank. When a title is blank, use only the first and last name of the provider.
PRFNAME_VIS	Full text of the first name of the provider included in FOCAL_VIS.
PRLNAME_VIS	Full text of the last name of the provider included in FOCAL_VIS.
<b>Additional Data Elements From RTI</b>	
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)

#### 4.5 Vendors Implement Sample File Download Quality Control Procedures

The following section describes both required and recommended quality control steps for receipt and processing CMS-provided sample files.

##### Required Sample File Download Quality Control Procedures:

- Survey vendors must have the appropriate electronic equipment and software to securely download their REACH ACO clients’ sample files from the [ACO REACH CAHPS website](#) in addition to ensuring controlled access to the data (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).
- Survey vendors will be required to download the sample file within two business days after the sample files are made available on the [ACO REACH CAHPS website](#).
- Upon download of the sample file, survey vendors must open the file and verify that the file contains a sample for all their REACH ACO clients.
- If the file does not contain a sample for one or more of a survey vendor’s REACH ACO’s clients, the vendor should check to make sure that the REACH ACO has completed and submitted the online Authorize a Vendor form.

- If you confirm that an ACO REACH CAHPS REACH ACO has completed the vendor authorization, and you did not receive a sample file for that REACH ACO, contact [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org) as soon as possible.
- If you received a sample file for a REACH ACO that you will not be collecting data from because of nonpayment or other issues, please alert [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org) immediately.
- The data element SURVEYVERSION is the only indication vendors will receive from CMS as to whether the REACH ACO is Standard/New Entrant or High Needs. If this data element is inconsistent with information the vendor received from the REACH ACO as to whether they are participating as High Needs, Standard, or New Entrant, please alert [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org) immediately.
- Survey vendors must check the file to make sure that the number of beneficiaries for which sample information is provided matches the number of beneficiaries indicated as having been sampled on the Sample File Summary Report.
- Immediately report any discrepancies or problems detected with the sample file to [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org), or call the ACO REACH CAHPS toll-free telephone number at 1-833-870-0486.

### Recommended Sample File Download Quality Control Procedures:

- Once downloaded, survey vendors are advised to always store the sample files in an encrypted format when not in use. We highly recommend that survey vendors only use unencrypted sample files when access to the beneficiary information is required.
- We strongly urge survey vendors to NOT wait until the final day of the two business-days window to download their sample file. Downloading the sample file early ensures sufficient time to notify CMS of any technical issues, problems, or discrepancies in the sample file.

#### 4.5.1 Identify Beneficiaries Residing in Facilities

As described in [Section 3.4.4, Notify Vendor of Residential Care/Assisted Living Facilities](#), CMS encourages each REACH ACO to give its survey vendor the names and addresses of residential care facilities/assisted living facilities where its beneficiaries live. In giving the specifics of this recommendation, CMS tells REACH ACOs it is preferable if all such facilities can be identified, but at a minimum facilities where five or more of beneficiaries reside should be identified. To identify facilities, CMS suggests ACOs scan through their beneficiaries address or do a geographical search of nearby residential care/assisted living facilities.

If such a list was received from the REACH ACO, it is the vendor's job to flag all beneficiaries on the sample file who live in one of these facilities. In searching for the REACH ACO-identified names and addresses, survey vendors must consider that facility's addresses and names may not be in uniform format across beneficiaries on the sample file. For example, the facility's name may appear in Line One for some beneficiaries and Line Two for other beneficiaries. The facility's street address may be spelled or abbreviated differently for different beneficiaries. Nevertheless, it is important for the vendor to identify facility cases because these beneficiaries

have a different data collection protocol. In the mail portion, they receive a slightly different outgoing envelope. If they do not respond to the mail survey, they should be coded as 260—No response to mail survey—RCF beneficiaries, and they should not be included in the telephone follow-up survey.

If such a list was not received from the REACH ACO, the vendor does not need to identify these beneficiaries before starting the survey. The vendor does not need to give them the different outgoing envelope. When these beneficiaries are encountered in the telephone survey the vendor should discontinue the telephone survey and code them as 260—No response to mail survey—RCF beneficiaries.

#### 4.5.2 Sampled Cases to Remove

If an ACO REACH CAHPS sampled beneficiary is on the survey vendor's Do Not Contact List, based on a previous contact for another survey conducted by the survey vendor or based on a list provided by the client REACH ACO, the vendor should honor that beneficiary's request. These beneficiaries should not be sent any ACO REACH CAHPS mailing materials (questionnaire packages, reminder postcard) or called during the telephone follow-up and should instead be assigned a final disposition code of 200—Excluded from Survey. This process of checking the survey vendor's Do Not Contact List against the ACO REACH CAHPS sample file must be repeated each year before the ACO REACH CAHPS survey is administered, and any Do Not Contact beneficiaries should not be administered the ACO REACH CAHPS.

If a sample member is contacted and categorized as a hostile refusal on the ACO REACH CAHPS, the vendor should assign that beneficiary a final disposition code of 230—Hostile Refusal. The vendor should store this information to ensure they do not contact that beneficiary again in the current or future survey administrations of ACO REACH CAHPS.

Should vendors discover any non-U.S. or APO/FPO addresses in the sample they receive, they should not include these beneficiaries in survey and give them a status code of 200—Excluded From Survey (see **Exhibit 6-3, ACO REACH CAHPS Final Status Codes**). Includes any sampled cases on the survey vendor's Do Not Contact list.

#### 4.5.3 Employ Address and Telephone Number Verification

After the sample file is downloaded, survey vendors **must verify each** mailing address and phone number that is included in the sample file in the following ways:

1. by referring to a beneficiary list supplied by the REACH ACO (see [Section 3.4.3, Provide Updated Contact Information to Vendors](#)) if provided by the ACO. CMS strongly encourages ACOs to provide these lists. Remember that vendors cannot give a list of sampled beneficiaries to the REACH ACO.
2. by using a commercial address update

Please consider the patient address and telephone number you receive from your client REACH ACO as the best patient contact information, as it is preferred compared to address and telephone information obtained by CMS' commercial address verification.

Before mailing, addresses should also be updated to standardized format where required. When a new/forwarding address for a beneficiary is known, the survey vendor should take advantage of that and send the mailing to the forwarding address.

Unlike other CAHPS surveys which ask vendors to obtain from the practice sites a name of the organization that patients will recognize, ACO REACH CAHPS vendors should not do this. The only information shown to beneficiaries on ACO REACH CAHPS is the name of the beneficiary's provider, and this information is supplied by CMS in the sample file.



## Chapter 5: Data Collection Protocols

### 5.1 Overview

All survey vendors will use a standardized mixed-mode data collection protocol consisting of two mailouts with telephone follow-up, offered in both English and Spanish. The 12-week protocol begins with the first survey mailout, followed by a thank you/reminder postcard, followed by a second survey mailout to non-respondents, and a telephone follow-up of non-respondents using computer-assisted telephone interviewing. The protocol includes a beneficiary-facing Help Desk operated by each survey vendor, and vendors will receive FAQs for use with this Help Desk as well as the telephone follow-up. Additionally, beneficiary-facing survey information will be made available to REACH ACOs for distribution in waiting rooms. REACH ACOs and survey vendors are not permitted to add any supplemental questions to the ACO REACH CAHPS Survey. There are small changes to the overall protocol for beneficiaries who are identified as residing in residential care facilities.

The pre-notification postcard, also referred to as the teaser postcard, has been removed for the PY 2024 survey.

Survey vendors must make every reasonable effort to ensure optimal response rates and are expected to pursue contacts with potential respondents until the full data collection process has been completed.

### 5.2 Data Collection Schedule

The schedule of activities for vendor approval, survey data collection and oversight for PY 2024 of the ACO REACH CAHPS Survey schedule is shown **Exhibit 5-1**.

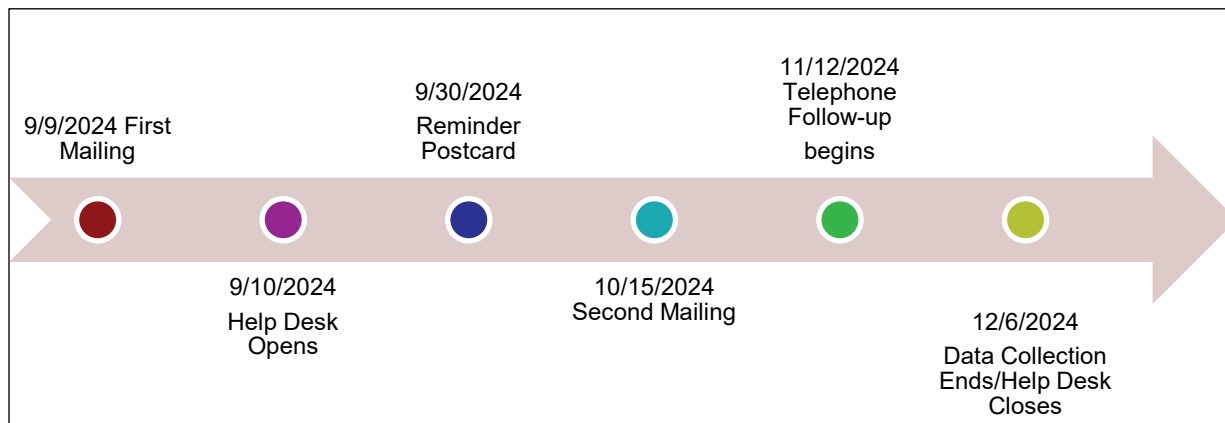
**Exhibit 5-1  
ACO REACH CAHPS Survey Vendor Required Participation Dates, PY 2024**

Activity	PY 2024
Vendors with accepted applications attend training	
Self-paced training (Introduction to Project) for new vendors	April 3–10, 2024
Live webinar training (Updates on Project) for returning vendors	April 10, 2024
List of vendors who successfully completed training is disseminated	April 17, 2024
Training-approved vendors submit Quality Assurance Plans (QAP) to ACO REACH CAHPS Team	No later than May 9, 2024
RTI reviews QAPs, provides feedback to vendors, and completes review process	No later than June 5, 2024
List of approved ACO REACH CAHPS vendors is disseminated	June 7, 2024

Activity	PY 2024
REACH ACOs authorize an ACO REACH CAHPS vendor	June 7–August 2, 2024
REACH ACOs receive Waiting Room FAQs from CMS, and begin displaying in prominent locations in provider office (optional)	March 22, 2024
Deadline for ACO REACH CAHPS vendors to notify client REACH ACOs of their toll-free number that must be updated on the FAQs	August 12, 2024
RTI reviews ACO REACH CAHPS vendors resubmitted approved QAP with completed templates of all mail and telephone survey materials (Due August 4, 2023)	August 2–30, 2024
RTI uploads sample files to ACO REACH CAHPS Survey website	August 19, 2024
ACO REACH CAHPS vendors mail Questionnaire #1 to all sampled beneficiaries	September 9, 2024
ACO REACH CAHPS vendors begin operating inbound beneficiary-facing Help Desk	September 10, 2024
ACO REACH CAHPS vendors mail Thank you/reminder postcard to all sampled beneficiaries	September 30, 2024
RTI reviews ACO REACH CAHPS vendors interim mail data file (submission due October 7, 2024)	October 8–22, 2024
ACO REACH CAHPS vendors mail Questionnaire #2 to sampled beneficiaries who have not responded	October 15, 2024
ACO REACH CAHPS vendors start telephone follow-up, among sampled beneficiaries who have not responded	November 12, 2024
RTI reviews ACO REACH CAHPS vendors interim mail/CATI data file (due November 25, 2024)	November 26–December 10, 2024
ACO REACH CAHPS vendors end telephone follow-up and close Help Desk	December 6, 2024
Last day of data collection; this is the cutoff date for accepting returned surveys and conducting telephone interviewing.	December 6, 2024
REACH ACOs can remove Waiting Room FAQs	December 6, 2024
ACO REACH CAHPS vendors submit beneficiary data to RTI ACO REACH CAHPS Team	January 13, 2025

**Figure 5-1** displays the data collection schedule for the ACO REACH CAHPS mail with telephone follow-up survey protocol.

**Figure 5-1  
Mail with Telephone Follow-up Timing**



Survey vendors must follow all required protocols for the mail with telephone follow up, Help Desk Operations, and data scanning or key entry, described in this chapter.

Please note the following points which apply throughout the protocols:

1. **Survey vendors must facilitate the administration of Spanish surveys.**
  - Whenever a translation of a beneficiary-facing survey material is required, CMS will provide it. Vendors and REACH ACOs are not permitted to translate any survey materials to Spanish or other languages. Beneficiary-facing survey materials that are in English contain a line in Spanish stating that if the beneficiary prefers to receive the survey in Spanish, they should call the toll-free number provided. Survey vendors must honor these requests.
  - It is recommended that REACH ACOs with a high percentage of Spanish-language beneficiaries provide their survey vendor with the names of Spanish-speaking beneficiaries so survey vendors can use a Spanish questionnaire for the first mailing, and the second mailing if needed, to these beneficiaries. **Survey vendors are not permitted to share sample files with REACH ACOs nor identify any beneficiaries in the sample.**
  - Survey vendors must provide Spanish-speaking telephone interviewing and Help Desk personnel commensurate with the volume of Spanish speaking population of their client REACH ACOs.
  - CMS may require additional languages in upcoming ACO REACH PYs
2. **Survey vendors must facilitate survey completions by Proxies and Helpers**
  - The survey instruments in both hardcopy and telephone allow beneficiaries who are unable to complete the survey to have someone knowledgeable about their health care, such as a caregiver, family member or friend, take the survey on their behalf, known as a "proxy." The instrument also allows someone to help the beneficiary with

- the survey, known as a “helper.” Proxies and helpers typically help beneficiaries who are too ill to take the survey or who have physical or cognitive limitations. Note that **staff or clinicians at the REACH ACO are not permitted to serve** as proxies or helpers.
- Survey vendors must ensure that telephone interviewers and Help Desk staff stay attuned to people declining survey participation because of the beneficiary’s health, disability, or language. These barriers can be overcome with a proxy or a helper, which should be encouraged and facilitated by survey vendor personnel.
  - As shown on the final question of the mail survey, proxies and helpers can:
    - Read questions
    - Write down the answer the beneficiary gave
    - Translate the questions into the beneficiary’s language
    - Answer the survey questions for the beneficiary.
  - To raise beneficiary awareness of the proxy/helper option, the ACO REACH CAHPS letters, postcard, Waiting Room FAQs and telephone scripts clearly state that someone can help the beneficiary take the survey.
- 3. Vendors must have a protocol to ensure the correct survey version (High Needs versus Standards/New Entrants) is used.**
- The sample file from CMS contains a data element, SURVEYVERSION, indicating if the sample members for each REACH ACO are High Needs or Standards/New Entrants.
  - Vendors who are administering the survey for both High Needs REACH ACOs as well as REACH ACOs who are Standards or New Entrants must ensure they use the appropriate versions of the mail and CATI questionnaires.
  - The two surveys can be distinguished as follows
    - The mail survey for Standards/New Entrants has 54 questions; the mail survey High Needs has 60 questions.
    - The additional questions in High Needs are about family involvement/support, pain, and health emergencies.
- 4. Incentives are not permitted**
- CMS does not allow REACH ACOs or survey vendors to offer incentives of any kind to beneficiaries or proxy/helper respondents.

### **5.3 Teaser Postcard Protocol**

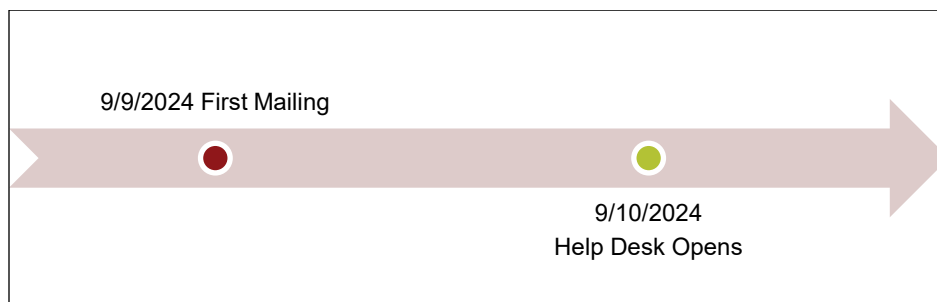
The teaser postcard is eliminated for PY 2024. The first questionnaire mailout date will move up to replace the teaser postcard mailing. This will allow sample members to have more time to complete the mail survey during the data collection period.

## 5.4 First Mailout Protocol

### 5.4.1 First Mailout Timing

The first questionnaire mailout is mailed approximately three weeks after receipt of the sample file.

**Figure 5-2**  
**First Questionnaire Timing**



### 5.4.2 First Mailout Formatting and Printing Requirements and Guidelines

#### Cover Letter

##### Cover Letter Requirements:

- The letter must be printed on a separate sheet of paper that displays the CMS logo and not attached to the survey. It must contain CMS signatories.
- It must use the exact text of the letter from the [ACO REACH CAHPS website](#).
- You must customize the text beneath the CMS signature block with the following survey vendor information:
  - Survey vendor name
  - Survey vendor Help Desk toll-free number, hours of operation, and email address
  - Survey vendor business address (or mail processing subcontractor's return address)
- The letter must contain salutation Dear before beneficiary's full name.
- The letter has English on one side and Spanish on the other.
- The letter must include the last date of each mailout.
- The letter must use a font size equal to or larger than Times New Roman 11 or Arial 11-point font.
- The SID or other sample tracking number can be printed on the letter. A barcode can be printed on the letter as well.
- Survey vendors can elect to print the cover letter in color or black and white.

##### Cover Letter Recommended Guidelines:

- Survey vendors can use windowed envelopes as a quality measure to ensure that each envelope is associated with the correct letter.

## Questionnaire

The survey vendor is expected to download the survey from the [ACO REACH CAHPS website](#). Survey vendors may make minor modifications to the format and layout of the surveys, but must adhere to the following specifications in formatting and producing the ACO REACH CAHPS mail surveys:

### Questionnaire Requirements:

- Vendors using a system that requires the respondent to bubble in a circle must replace the Survey Instruction page inside the survey document with the [Optical Scanning Survey Instructions](#) page.
- All surveys must be printed using a minimum font size equal to or larger than Arial 11 point. The image and full survey title must be placed on the cover.
- The Spanish sentence must be placed on the cover.
- The beneficiary's name must not be printed on the survey.
- There is no OMB Control Number to print on the cover of the survey. ACO REACH CAHPS is OMB-exempt.
- A tracking ID linked to the Unique Sample ID must be printed on each survey. A barcode is also acceptable.
- The Tracking ID differentiates between first and second questionnaires.
- The instructions for completing must remain on the top of the first page of the survey.
- Question and answer category wording must not be changed.
- No changes are permitted to the order of the survey items.
- No questions can be added to the survey.
- The "About You" items cannot be eliminated from the survey.
- No changes are permitted to the order of the answer categories.
- Question and answer categories must remain together in the same column and on the same page.
- Response choices must be listed individually for each item. For example, when a series of items is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories **must be repeated with every item**. A matrix format which simply lists the answer categories across the top of the page and the items down the side of the page is not allowed. The only exception is Activities of Daily Living questions which are formatted as a grid in the mail questionnaires (i.e., Because of a health or physical problem, are you unable to do or have any difficulty doing the following activities? Bathing, Dressing, etc.).
- The survey vendor's or mail processing subcontractor's return address must be added to the bottom of the last page to ensure the survey is returned to the correct address in case the beneficiary misplaces the enclosed return envelope.
- All surveys will be printed as booklets in black and white. However, survey vendors may opt to print the surveys in black and white with a highlight color.

- Survey vendors should mail an English survey. If a REACH ACO is heavily comprised of Spanish speakers and the vendor would like to send Spanish questionnaires for the first mailing, the survey vendor should contact [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org) to discuss.
- Each survey vendor must submit PDF copies of their English-language and Spanish-language ACO REACH CAHPS mail survey questionnaires as part of the vendor oversight process. Please see [Chapter 10, Oversight](#), for more information.

### Questionnaire Recommended Guidelines:

- It is permissible to place a code at the bottom of the mail survey to assist the survey vendor's staff in identifying the survey version.
- Survey vendors can use pre-codes placed to the left of the response options as subscript or superscript. Pre-codes should not be displayed on 0–10 response scales
- Survey vendors may consider the following formatting recommendations so that surveys are easy to read, thus improving the chances of receiving a completed survey:
  - Use ovals instead of boxes for response items
  - Use two-column format
  - 12-point font size
  - Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
  - Survey vendors have the option to provide their toll-free number on the last page of the survey, with the survey vendor's or mail processing subcontractor's return address, in case the beneficiary has questions about the survey and misplaced the cover letter.

## Envelopes

### Envelope Requirements:

- Outgoing envelopes must include the ACO REACH CAHPS image, Medicare Provider Experience Survey, and the survey vendor's return address. Do not include the survey vendor's logo. If there is a mail processing subcontractor, display the subcontractor's return address instead of the survey vendor's return address.
- Survey vendors may not alter the ACO REACH CAHPS image. It should be printed in black and white.
- Each outgoing package must include a pre-paid Business Reply Envelope (BRE) addressed to the survey vendor or to the mail processing subcontractor.
- Outgoing envelopes are available for download at the [ACO REACH CAHPS website](#) [↗](#).
- As noted previously ([Section 3.4.4, Notify Vendor of Residential Care/Assisted Living Facilities](#)), residential care/assisted living beneficiaries are given a different outgoing envelope that facilitates their receipt of the survey within their facility. This envelope is available for download on the [ACO REACH CAHPS website](#) [↗](#) and must be printed with the following messages on the front:

**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].

### 5.4.3 First Mailout Mailing Procedures

Survey vendors must follow these procedures when mailing out the first questionnaire:

- Mail materials must be addressed to the sampled beneficiary using the address given in the sample file (unless the survey vendor obtains an updated mailing address).
- Although not required, to ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the questionnaire package using first class postage or indicia.
- **Follow all quality control requirements and guidelines covered in [Section 5.7, Mailout Quality Control Procedures](#).**

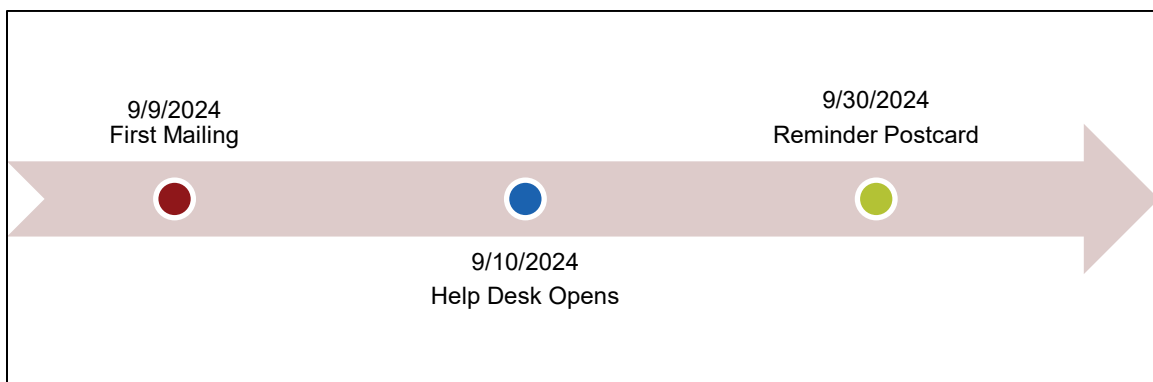
## 5.5 Thank You/Reminder Postcard Protocol

The [reminder postcard](#) is sent to all sampled beneficiaries. It serves as a Thank You note to beneficiaries who have completed their survey and reminds all other beneficiaries to complete their survey or contact the Help Desk with any questions.

### 5.5.1 Thank You/Reminder Postcard Timing

As shown in **Exhibit 5-1**, the reminder postcard is mailed three weeks after the first questionnaire is mailed.

**Figure 5-3  
Reminder Postcard Timing**





### 5.5.2 Thank You/Reminder Postcard Formatting and Printing

The reminder postcard can be downloaded from the [ACO REACH CAHPS website](#). Reminder postcard formatting and printing requirements are listed below.

- No text, image, or logos may be altered, added, or removed, except as follows:
  - On the side with the image and text, survey vendors must insert their own Help Desk email address and toll-free number. On the side with the address, on the row beneath Medicare Provider Experience Survey, survey vendors should insert their own mailing address. The CMS logo must not be modified in any way.
  - The TOPLINE of the recipient address is for vendors to insert a presort code or other USPS information on the top line, if they have such information.
- The printed size of the postcard must be at least 4.25" x 6"; a two-sided postcard.
- The minimum paper weight of the postcard is 79# card stock (meets a 7-pt. minimum caliper).
- Survey vendors can elect to print the image in color or black and white.
- Survey vendors can elect to use colored ink instead of black ink, or colored paper instead of white paper, provided good judgement is used for visible contrast and acuity.
- Updates from USPS such as Address Service and Change Service are optional.
- Vendors cannot place the SID created by CMS, nor any other sample tracking number created by the vendor, on the postcard.

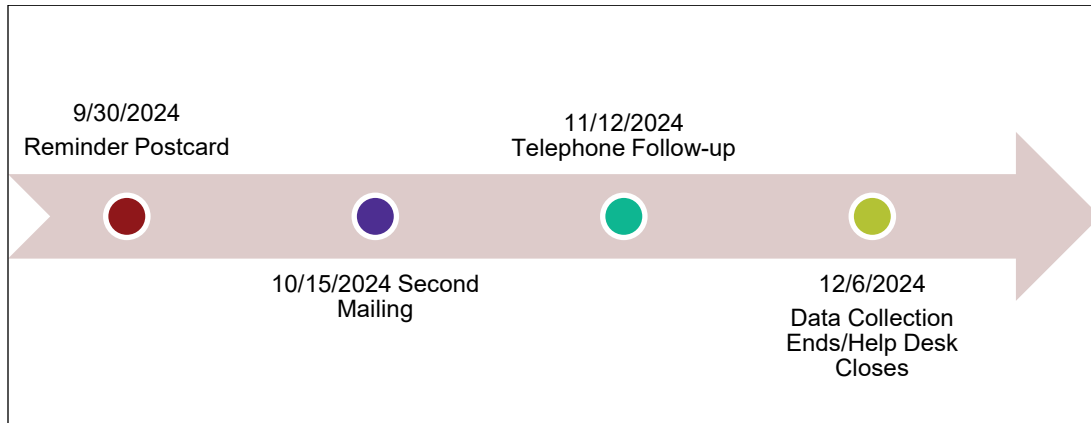
### 5.5.3 Thank You/Reminder Postcard Mailout Requirements

Survey vendors must mail the reminder postcard using first class postage. It can be stamped or bear permit-paid indicia.

## 5.6 Second Mailout Protocol

### 5.6.1 Second Mailout Timing

**Figure 5-4**  
**Second Questionnaire Timing**



Survey vendors must mail the second questionnaire approximately five weeks after the first questionnaire has been mailed.

Vendors must not send the second mailout to beneficiaries who:

1. Returned a questionnaire indicating refusal or ineligibility
2. Returned a questionnaire that has some questions answered and passes the threshold of partial complete
3. Returned a questionnaire that passed the threshold of complete
4. Contacted the Help Desk and indicated their refusal or ineligibility

Survey vendors should generate the beneficiary list for the second mailout sample file as close as possible to the second mailout date, to allow time for questionnaire returns from beneficiaries to accumulate. The list should not be prepared farther in advance than two weeks to reduce potential beneficiary confusion and burden from unnecessary mailouts. This is a very important aspect of the ACO REACH CAHPS.

### 5.6.2 Second Mailout Formatting and Printing Requirements and Recommendation Guidelines

#### Letter

The survey vendor is expected to download the [second cover letter](#) from the [ACO REACH CAHPS website](#). The text for the second cover letter is different from the text for the first letter, as it explains that the beneficiary is receiving a second copy of the questionnaire which they can disregard if they have already returned their first questionnaire. When sending the letter with the second mailout, survey vendors should use the same general formatting that they

used for the first letter. Required and optional formatting guidelines are described in [Section 5.4.2, First Mailout Formatting and Printing Requirements and Guidelines](#).

## Questionnaire

The questionnaires for the first and second mailouts are identical. The survey vendor must send a Spanish questionnaire to any beneficiary who requests it. Survey vendors should contact [acoreachcahps@rti.org](mailto:acoreachcahps@rti.org) for special circumstances.

All required and optional formatting questionnaire guidelines detailed for the first mailout in [Section 5.4.2, First Mailout Formatting and Printing Requirements and Guidelines](#) apply to the questionnaire sent in second mailout.

## Envelopes

The regular envelope for the survey for the second mailout differs from that used for the first mailout. Vendors must use the second mailout envelope, as it includes a note telling the beneficiary that this is a second copy of the questionnaire they received previously, and that they can disregard it if they already completed their questionnaire. **This note is very important for beneficiaries to see on the envelope.**

The special envelope for beneficiaries in residential care facilities is the same for both mailouts.

Apart from that, all required and optional formatting questionnaire guidelines detailed for the first mailout in [Section 5.4.2, First Mailout Formatting and Printing Requirements and Guidelines](#) apply to the questionnaire sent in the second mailout.

### 5.6.3 Second Mailout Procedures

Survey vendors must follow the same procedures as the first mailout in [Section 5.4.3, First Mailout Mailing Procedures](#).

## 5.7 Mailout Quality Control Procedures

### Required quality control measures:

- Survey vendors must prepare and maintain written documentation that all staff members involved with the mail survey implementation, including support staff and subcontractors, were properly trained on the survey specifications and protocols.
- Check a minimum of 10 percent of all printed materials (questionnaires, postcards, letters) to ensure the quality of the printing—that is, make sure that there is no smearing, misaligned pages, missing/duplicate pages, stray marks on pages, or bleed-throughs (which can impact or cause problems when scanning the data from completed questionnaires).
- Check a sample of cases for each REACH ACO to make sure that the name and address printed on letters (and the outside of the envelope if window envelopes are not used) matches the name and address included in the sample file.

- Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the questionnaire.
- Survey vendors must check to make sure that the number of questionnaire packages to be mailed matches the number of sampled cases.

**Recommended quality control guidelines:**

- Survey vendors are advised to “seed” each mailout (postcards and questionnaires). That is, include the name and address of designated survey vendor staff member in each mailout file to have the survey materials sent to that staff member. Once the survey materials are received, the vendor’s staff should review and assess the completeness of the questionnaire package and timeliness of package delivery. Note: do not include the seeded names in the telephone non-response follow-up or data submission files.

### 5.8 *Conduct Receipt of Questionnaires Returned by Mail*

The following requirements and recommended guidelines are provided for receiving and tracking returned questionnaires.

**Data receipt requirements:**

- The date the questionnaire was received must be entered into the data record created for each case.
- Questionnaires received must be logged into the tracking system in a timely manner to ensure that they are taken out of the cases being rolled over to the next data collection activity. Specifically, there must be no backlog of returned questionnaires when the sample file for the second questionnaire mailout is created, or the sample file for the telephone non-response follow-up is created.
- Once telephone follow-up begins, questionnaires that are returned must be processed in the tracking system in a timely manner. Beneficiaries given any final status code (including Complete, Refusal or Ineligible) should be removed as soon as possible (within 24–48 hours) from the telephone follow-up system to avoid calling beneficiaries who have already responded.
- Questionnaires must be visually reviewed prior to scanning for notes/comments. Notes can indicate whether the beneficiary is deceased, for example, or otherwise ineligible. Survey vendors must assign the proper status code (see ***Exhibit 6-3, Final Status Codes***).
- Beneficiaries who were already deceased **when their survey was received at their address** are ineligible. A proxy is not allowed for a deceased beneficiary. If a mail survey is received by the survey vendor as completed but the survey vendor learns later that the sample beneficiary is deceased (via a letter or telephone call received after the completed mail survey is received), the survey vendor should process and include the data if there is no indication that the survey was completed by someone else (based on the responses to Qs. 58–59) and the case meets the completeness criteria.

- In the event two surveys are received from the same beneficiary (either two mail questionnaires or one mail questionnaire and one telephone interview), retain the survey with the more complete data. If both surveys are equally complete, the survey vendor should use the first one received.
- Survey vendors must properly and promptly dispose of all questionnaires which arrive after the data collection cutoff; they should not be stored for three years like the rest of the questionnaires. Their data should not be captured or reported to CMS or REACH ACOs. The vendor must assign the appropriate final non-complete status code to the case.
- An ACO REACH CAHPS final status code (*Exhibit 6-3*) must be assigned to each case.

## 5.9 Capture Survey Data from Returned Questionnaires

Vendors can process data using an optical scanning process or data entry and must follow the requirements and quality control measures described below.

### 5.9.1 Requirements for All Data Capture Programs

- The scanning program or data entry program, whichever is used, must not permit out-of-range or invalid responses.
- The program must either alert staff to any duplicate questionnaires entered or prevent duplicate questionnaires from being entered.
- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, the scanning or data entry process, whichever is used, should select the response that is closest to the marked response.
- If two responses are checked for the same question, the scanning or data entry process should select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.
- If a mark is between two answer choices but is not clearly closer to one answer choice, the scanning or data entry process should code as “missing.”
- If a response is missing, the scanning or data entry process should leave the response blank and code as “missing.”
- Detailed specifications and decision rules for coding are located in [Chapter 6, Data Coding and Preparation](#).

### 5.9.2 Mandatory Quality Control Measures for Optical Scanning:

- A sample of questionnaires (minimum of 10 percent) must be rescanned and compared with the original scanned image of the questionnaire as a quality control measure. Any discrepancies must be reconciled by a supervisor.
- The survey responses marked in a sample of questionnaires (minimum of 10 percent) must be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.

### 5.9.3 Mandatory Quality Control Measures for Data Entry:

- Survey vendors must have a process in place to validate data entered in order to ensure that data entered accurately capture the responses on the original survey. A different staff member should re-key minimum of 10 percent of the surveys, and the results of the two keyers should be compared. Any differences should be reconciled. As necessary, keyers must be trained to improve keying accuracy.

### 5.9.4 Process White Mail

Beneficiaries and family members occasionally write notes or send items (e.g., literature, other surveys, medical bills) along with or instead of their questionnaires. The items sent most often are notes explaining the beneficiary is deceased, refuses, or describing their experience with this provider.

Survey vendors should update the sample member's status code based on information received, and must store the information received for oversight documentation purposes for three years.

In the unlikely event the beneficiary has sent important information, such as a medical bill with a check, survey vendors must mail it back to the beneficiary.

Survey vendors must never send white mail to a REACH ACO.

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

### 5.9.6 Conduct Training for Staff in Mail Portion of Survey

All staff involved in the mailout and data processing phase of survey implementation, including support staff and subcontractor staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this manual should be made available to all staff as needed. Staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

- Use of relevant equipment and software (case management systems for entering questionnaire receipts, scanning equipment, data entry programs);
- ACO REACH CAHPS protocols specific to their role (for example, contents of questionnaire package, requirements for visually reviewing questionnaires prior to scanning for notes/comments, how to document or enter returned questionnaires into the tracking system);
- Decision rules and coding guidelines for returned questionnaires (see [Section 6.3, Data Preparation and Coding](#)); and

- Proper handling of hardcopy and electronic data, including data storage requirements (see [Section 9.3, Safeguarding Beneficiary Data](#)).

If any of these mailout or data staff are also involved in providing beneficiary support via the toll-free Help Desk, they should also be trained on the accurate responses to FAQs, how to look up information about the caller, and the rights of survey respondents. They should receive training on appropriate sections of this manual, which include [Section 5.10.1, Operate the Inbound Telephone and Email Help Desk](#), and in the [Help Desk FAQs](#).

## 5.10 Conduct Telephone Follow-up Protocol

This section describes the protocol that survey vendors must follow for the telephone follow-up phase of the mixed-mode survey administration of the ACO REACH CAHPS. This phase requires the use of computer assisted telephone interviewing (CATI) system. Phone interviews may not be completed manually using paper/pencil surveys and then key-entered after the interview. Survey vendors are not allowed to administer the phone survey before the specified timeline unless a beneficiary calls the Help Desk and requests to complete the survey by phone.

### 5.10.1 Operate the Inbound Telephone and Email Help Desk

Survey vendors must operate a Help Desk to answer questions from sampled beneficiaries (or their family members, friends, or caregivers) who call or email with questions about the ACO REACH CAHPS. The telephone Help Desk must also provide the ability to quickly start a CATI interview with an inbound caller who is ready to complete their interview (within working hours). The Help Desk must be operational on the first day after the first questionnaire mailout. Sufficient Help Desk personnel, including Spanish-speaking personnel, should be trained and staffed on Help Desk commensurate with the expected volume. All Help Desk personnel should be familiar with the [Help Desk FAQs](#) and [CATI FAQs](#) so they can answer questions with ease and confidence.

After business hours, and when all Help Desk personnel are busy on other calls, the number must be serviced by a voicemail system. Survey vendors must check voicemail messages hourly during business and each morning, and return them as soon as possible, at the most within one business day. These timelines must be mentioned in the voicemail greeting. Consistent with beneficiary-facing communications, the greeting on the voicemail system should not mention ACO REACH.

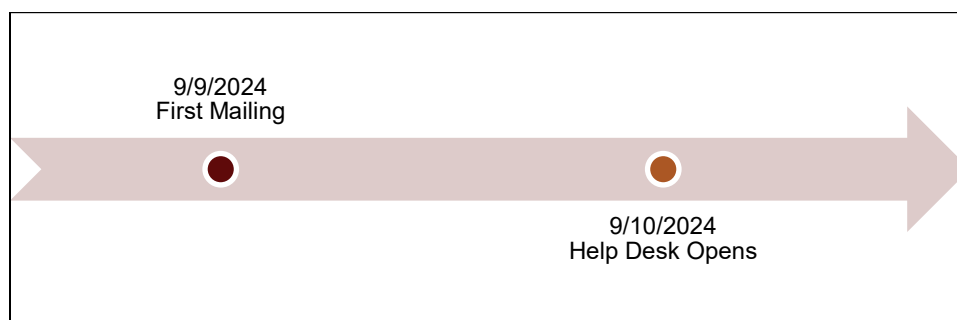
The Help Desk email address should be checked at least twice a day. Experienced Help Desk personnel should respond to all email inquiries within one business day, if not sooner. Survey vendors will need to describe their process for email responses in their QAPs.

During months of the year when the inbound Help Desk is not operational, such as before the first questionnaire mailout or after the survey period ends for that PY, the survey vendor must indicate the survey status to people who call the Help Desk and/or send email. The “closed” greeting should:

- thank the caller for their interest in the survey;
- state that the survey has ended;
- give the date the survey will resume for the coming year if appropriate; and,
- invite them to leave a voicemail message should they have questions.

An automatic-reply email message should similarly convey these points, and invite people who have questions to leave a voicemail message.

**Figure 5-5**  
**Help Desk Opening Timing**



### 5.10.2 Notify REACH ACOs of Contact Information for Inbound Help Desk

As explained in [Section 3.4.6, Communicate with Beneficiaries About the Survey](#), CMS provides REACH ACOs with Waiting Room FAQs and encourages them to display these beginning in March of each year, which corresponds to six months prior to survey start. These documents display the telephone number of the survey vendor’s Help Desk. **Survey vendors must notify their client REACH ACOs of the telephone number of their Help Desk as soon as the number is operational.** REACH ACOs will write/print the number onto the FAQs.

*Note: the guidance to REACH ACOs to place the telephone number on the FAQs as soon as it is available does not alter the timeline for Help Desk operations. CMS does not require the Help Desk to operate before the first questionnaire mailout is sent.*

### 5.10.3 Use a Phone Interviewing System

CATI has been shown to facilitate interviews, decrease the time needed to collect and edit data, reduce interviewer error, improve data quality (by customizing the flow of the survey based on the answers given as well as information already known about the participant), and remove the need for data entry after data collection. CATI requires a phone interviewer to follow a script programmed into a software application. When contact is made with a respondent, the interviewer reads the survey items that appear on the computer screen and records the respondent’s answers directly into the computer.



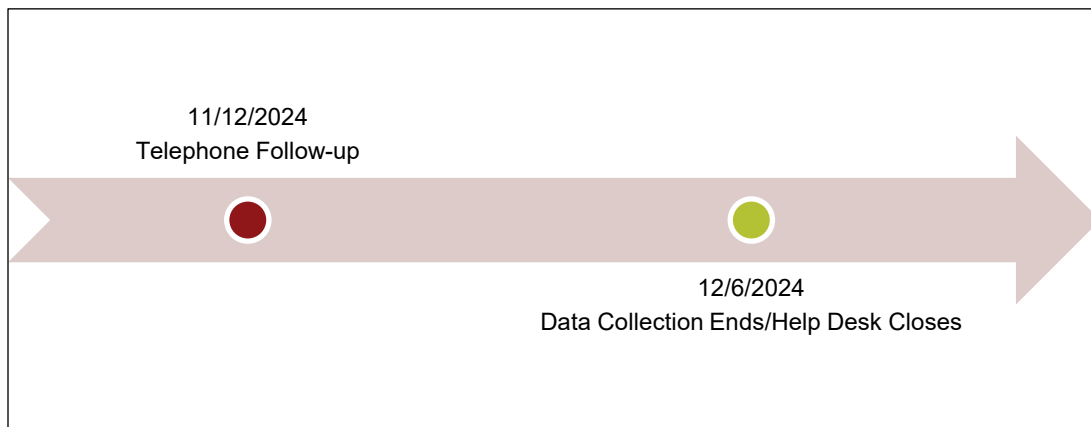
Survey vendors may use the CATI system of their choice, but the system must:

- be linked electronically to the survey management system to allow tracking of the sampled beneficiary through the survey administration process;
- save data from partially-completed interviews and allow interviewers and respondents to later resume the partial interview beginning with the first unanswered question;
- ensure beneficiaries are called at different times of the day and across multiple days of the week;
- be linked to the calling system so that the number of calls made can be tracked, appointments set, and follow-up calls made at appropriate times; and,
- allow the appropriate pending and final disposition codes to be easily accessible for all cases.

Survey vendors are expected to download the [telephone scripts for High Needs and/or Standards/New Entrants](#). They are responsible for programming the script and specifications for CATI application, including programming the CATI system to appropriately follow the survey's skip patterns. Survey vendors are also responsible for making sure there are adequate resources to complete the phone phase within the data collection protocol timeline.

Survey vendors' CATI systems must support the required functions on the ACO REACH CAHPS telephone survey, described in [Section 5.10.3, Use a Phone Interviewing System](#).

**Figure 5-6  
Telephone Follow-up Timing**



#### 5.10.4 Removal of Completed/Finalized Mail Surveys from the Telephone Survey

Survey vendors must use their survey management system to identify sampled beneficiaries who have returned their completed survey, are ineligible or incomplete, or have refused the survey. This information can come through the mail survey receipt process or can come if the beneficiary calls the Help Desk. These beneficiaries must be removed from the CATI calling lists promptly, as calling them unnecessarily is burdensome to the beneficiary. CATI calling lists

must be refreshed every 24–48 hours to remove all beneficiary cases which are already complete or final.

#### 5.10.5 Removal of Beneficiaries Living in Residential Care Facilities/Assisted Living

As described in [Section 4.5.1, Identify Beneficiaries Residing in Facilities](#), survey vendors who received notice from client REACH ACOs of assisted living and residential care facilities popular among their beneficiaries must flag beneficiaries on the sample file who live in these identified facilities. Such beneficiaries are eligible, however due to the challenges of surveying them they receive a different data collection protocol. They receive a slightly different outgoing envelope and are not included in the phone follow-up. When the telephone follow-up survey begins, survey vendors must follow a process to ensure such beneficiaries are not called.

Note: beneficiaries who reside in nursing homes/skilled nursing facilities are ineligible. If any are encountered the appropriate ineligible status code should be chosen.

#### 5.10.6 Predictive or Automatic Dialers

Predictive or automatic dialers are permitted, as long as they are compliant with FTC and FCC regulations, and as long as respondents can easily interact with a live interviewer. For more information about FTC and FCC regulations, please visit <https://www.ftc.gov> and <https://www.fcc.gov>.

#### 5.10.7 Auto-dialing of Cell Phone Numbers

Current FCC regulations prohibit 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.”

CMS does not require REACH ACOs or their providers to obtain express written consent from their patients to be contacted for this survey.

It is vendors’ responsibility to familiarize themselves with all applicable state and federal laws and abide by those accordingly in regard to calling cell phone numbers.

#### 5.10.8 Outgoing Caller-ID

Survey vendors must set an outgoing caller-ID text on the calls generated from their telephone survey. The recommended text is “Medicare Provider Experience Survey.” Survey vendors may not use the name of the REACH ACO, Centers for Medicare and Medicaid Services, Department of Health and Human Services, or any abbreviated version of these in their caller-ID text.

Many beneficiaries elect to use their phone to “call back” or “redial” the number that dialed them. Therefore, CMS recommends that the callback number pulsed out by the system leads to a telephone interviewer and/or Help Desk at the survey vendor.

### 5.10.9 Calling Times

Survey vendors must not place calls earlier than 9:00 AM respondent time on weekdays and 11 AM respondent time on weekends, and not later than 8:00 PM on weekdays and 7:00 PM on weekends.

The time zone of the sample member must be determined from the sample member's state, or in some cases zip code, not their area code.

### 5.10.10 Take Measures to Prevent Calls From Being Filtered as Spam

When a large volume of calls in a short period of time originates from one phone number, phone companies and service providers can flag the calls as spam. The company or service provider can identify these calls for their subscribers as "Likely Spam" or block delivery of these calls to their subscribers.

Survey vendors must conduct tests prior to survey launch to determine whether ACO REACH CAHPS calls are likely to be flagged as spam. If they are, the survey vendor must implement measure(s) to prevent this flagging, such as distributing the calls across different numbers of origination and not re-using numbers. Survey vendors will need to describe this in their Quality Assurance Plan (for more information, see [Chapter 10, Oversight](#)).

### 5.10.11 Take Measures to Complete "Breakoff" Interviews

If a respondent ends the interview before completing all questions, the survey vendor should attempt to recontact the respondent to obtain data for the questions in the un-administered portion of the survey. The one exception to this is if the respondent indicated to the interviewer that they no longer wanted to participate.

The CATI system must support a systematic way of identifying these "breakoff" interviews so interviewers can re-call respondents in a timely manner. CMS also requires that the CATI systems of ACO REACH CAHPS survey vendors save data from partially completed interviews and allow interviewers and respondents resume the partial interview beginning at the first unanswered question (as described in [Section 5.10.3, Use a Phone Interviewing System](#)), above.

### 5.10.12 Make Required Attempts to Reach Beneficiaries

Survey vendors must attempt to reach every beneficiary identified for phone follow-up. As explained above in [Section 5.10.4, Removal of Completed/Finalized Mail Surveys from the Telephone Surveys](#), beneficiaries identified for phone follow-up are all sampled beneficiaries except those with complete surveys or whose status is excluded, refused or ineligible. Survey vendors must make a maximum of six telephone contact attempts for each beneficiary identified for the telephone survey until the beneficiary completes the interview, refuses to participate, or is found ineligible. After six attempts by phone have been made, no further attempts are to be made.

A phone attempt is defined as an attempt to reach the respondent by phone at different times of day, on different days of the week, and during different weeks over the 28-day follow-up period. All call attempts cannot occur in a single week but must occur over no fewer than two weeks in the 4-week phone follow-up period.

It is permitted to call the beneficiary back one time after the sixth attempt if the beneficiary or his/her proxy establishes a firm callback date and time.

A call is considered a phone attempt if it meets one of the following criteria:

- The phone must ring at least six times with no answer
  - Please note, leaving voicemail messages is required. Voicemail messages add to the survey's perceived legitimacy and have been shown, in evidence-based research at RTI, to improve response rates. CMS recommends that vendors leave voicemails on the 2<sup>nd</sup> and 4<sup>th</sup> attempts; however, vendors may use their discretion to determine the best time to leave voicemails.
- The interviewer reaches a member of the beneficiary's household and is told that the beneficiary isn't available to come to the phone. The interviewer will attempt to schedule a callback date/time for the beneficiary and/or attempt to determine if the beneficiary needs a helper or proxy to complete the interview.
- The interviewer reaches the beneficiary but is asked to call back at a more convenient time
- The interviewer gets a busy signal during each of three consecutive phone dialings (if possible, the dialings must be made at approximately 20-minute intervals)
- The interviewer obtains an answering machine or privacy manager. The interviewer should leave a voicemail message on the 2<sup>nd</sup> and 4<sup>th</sup> dials (see [Section 5.10.13 Voicemail Messages](#)).
- There is a message that the phone number has been disconnected or is out of service (see the section below "**When to code numbers as "Permanently Out of Service."**)
- There is a fast busy signal (see the section below "**When to code numbers as "Permanently Out of Service."**)

Other requirements for attempting to contact beneficiaries:

- If an interviewer receives a new telephone number for the sampled beneficiary, the six attempts should start over with the new phone number. A total of six call attempts must be made on the new phone number, if there is enough time left in the data collection period.
- If a sample beneficiary is reached but is unable to speak with the telephone interviewer at that time, if he or she requests that a telephone interviewer call back at a different date/time (for either a callback or scheduled appointment), an effort must be made to recontact the respondent on that requested date/time.
- Survey vendors must maintain a call log that keeps track of the date and time phone calls were made for each sample beneficiary and apply the appropriate final disposition code to the case. Ideally, this should be done within the CATI system.

- If a respondent begins but cannot complete the interview on the same call, the interviewer should resume the interview at the last unanswered question when the respondent is recontacted (this is a requirement of the CATI software, per [Section 5.10.11, Take Measures to Complete “Breakoff” Interviews](#)).
- As a reminder, if an ACO REACH CAHPS sample beneficiary is on the survey vendor’s Do Not Contact List, based on a previous contact in another survey conducted by the survey vendor, based on a list provided by the client REACH ACO, or is a Hostile Refusal from the prior PY of ACO REACH CAHPS, the vendor should honor that beneficiary’s request. Such cases should be coded as Excluded and should not be contacted by mail or telephone for ACO REACH CAHPS.

**When to code numbers as Permanently Out of Service:**

- If the interviewer receives a recorded message indicating the telephone number is “temporarily out of service,” the interviewer should redial the telephone number three to five days after the initial call was made. If the second call attempt again results in the same recorded message, the interviewer should call the telephone number a third time, five days after the second call attempt was made. If the third call attempt again results in the same recorded message, the vendor should apply the appropriate final disposition code to the case.
- If the interviewer gets a fast-busy signal, the interviewer should redial the telephone number immediately after receiving the fast busy signal. If the interviewer again receives the same fast busy signal, the interviewer should call the telephone number again on a different day of the week and at a different time of day than the initial calls. If the third call attempt again results in the same fast busy signal, the vendor should apply the appropriate final disposition code to the case.

**5.10.13 Voicemail Messages**

Vendors are required to leave a voicemail message when the interviewer reaches the beneficiary’s voicemail inbox. We recommend voicemail messages should be left on the 2<sup>nd</sup> and 4<sup>th</sup> dials. CMS recommends the following voicemail messages:

<p>2<sup>nd</sup> dial</p> <p>Hello, my name is *** calling from [VENDOR] and I am trying to reach [FIRST_NAME] [LAST_NAME] about the Medicare Provider Experience Survey. This survey asks for your feedback on your experience of care with your primary care provider and we would like to hear from you. The survey is sponsored by the Centers for Medicare and Medicaid Services and you may remember receiving it in the mail. We have not heard from you and would like to complete the survey over the phone with you at your convenience. Please call us toll-free at 1-INSERT VENDOR’S TOLL-FREE NUMBER. Again, that’s 1-VENDOR’S TOLL-FREE NUMBER. Thank you so much.</p>
---

4<sup>th</sup> dial

Hello, my name is \*\*\* calling from [VENDOR] and I am trying to reach [FIRST\_NAME] [LAST\_NAME] about the Medicare Provider Experience Survey, sponsored by the Centers for Medicare and Medicaid Services. Your feedback on your experience of care with your primary care provider is very important. The survey is ending soon, and we would really like to hear from you. Please call us toll-free at 1-INSERT VENDOR'S TOLL-FREE NUMBER. Again, that's INSERT VENDOR'S TOLL-FREE NUMBER. Thank you so much.

#### 5.10.14 Utilize Only Approved FAQs and Interview Phone Script

Survey vendors must use the standardized CATI script, provided by CMS in English and Spanish when administering the survey by telephone. These scripts begin with an interviewer introduction and the informed consent process. The text of the phone script was developed by CMS and must not be modified. Survey vendors are not permitted to translate the phone script into other languages. The standardized CATI scripts for both the [Standard/New Entrant, and High Needs questionnaires](#) are available for download at the [ACO REACH CAHPS website](#).

*Note: Each survey vendor must submit screenshots from the English-language and Spanish-language ACO REACH CAHPS Phone Survey as part of the vendor oversight process. Please see [Chapter 10, Oversight](#), for more information.*

Telephone interviewers and Help Desk personnel must use the approved FAQs when answering beneficiary questions. Staff should be familiar with these questions and answers (and the FAQs should be posted in workstations) so they can respond to beneficiaries fluidly and confidently. The [Help Desk FAQs and CATI FAQs \(English and Spanish\)](#) should be downloaded from the [ACO REACH CAHPS website](#).

#### 5.10.15 Assign Status Codes after Every Call

As stated above in [Section 5.10.3, Use a Phone Interviewing System](#), one of the requirements of the phone interviewing system is to ensure status codes are easily accessible for all cases. The survey vendor must have a process such that telephone interviewers assign a status code after every call. Survey vendors should use their internal status codes, including those native to their system, to capture outcomes from calls. These internal codes should guide internal review and tracking. However, after the completion of data collection each sampled beneficiary must be assigned a final survey status code from **Exhibit 6-3**.

Survey vendors must include internal interim disposition codes with a crosswalk to final disposition codes in their Quality Assurance Plan deliverable.

#### 5.10.16 Utilize a Protocol for Distressed Sample Members/Respondents

A distressed respondent protocol describes proper interviewer behavior if the situation indicates that the respondent's health and safety are in jeopardy. Best interviewing practices recommend

having a protocol in place for handling distressed respondents. Survey vendors must develop a distressed respondent protocol, to be incorporated into all telephone interviewers and Help Desk training. Distressed respondent protocols balance respondents' rights to confidentiality and privacy with guidance about when and how to help those needing assistance.

Each approved ACO REACH CAHPS survey vendor must have procedures in place for handling distressed respondent situations and to follow those procedures. It is also important to note that respondents can be upset and distressed, without being in immediate danger. The ACO REACH CAHPS Survey Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization's Committee for the Protection of Human Subjects IRB for guidance. In addition, professional associations for researchers, such as the American Association for Public Opinion Research (AAPOR), might be able to provide guidance regarding this issue. The following is an excerpt from AAPOR's website that lists resources for the protection of human subjects. More information about the protection of human subjects is available at AAPOR's website at <https://www.aapor.org>.<sup>1</sup>

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)
- Federal OHRP
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)
- University of Minnesota Web-Based Instruction on Informed Consent

### 5.10.17 Train Telephone Interviewers on All Telephone Follow-Up Protocols

Interviewer training is essential to ensure that interviewers follow the protocols and procedures, and that survey data are collected accurately and efficiently. Properly trained interviewers are thoroughly familiar with the phone survey protocol and procedures, skilled in general interviewing techniques including enlisting cooperation and refusal avoidance.

Survey vendors must provide training for all telephone interviewing and Help Desk staff prior to beginning telephone survey data collection activities.

If the survey vendor subcontracts with another firm to conduct phone interviewers, the survey vendor is responsible for attending/participating in the subcontractor's interviewer training to make sure the subcontractor complies with the protocols, procedures, and [Telephone Interviewer Guidelines](#) established for the ACO REACH CAHPS Survey.

Telephone interviewer and Help Desk staff training must include training interviewers on all aspects of [Telephone Interviewer Guidelines](#) including:

---

<sup>1</sup> The AAPOR website at <https://aapor.org/standards-and-ethics/institutional-review-boards/>, March 2023.

- Establish rapport with the respondent
- Effectively communicate the content and purpose of the interview to sample beneficiaries
- Administer the interview in a standardized format, which includes reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards
- Use effective neutral probing techniques
- Use the list of frequently asked questions by beneficiaries and suggested answers to those questions (see [“Help Desk FAQs”](#) and [“CATI FAQs”](#), [↗](#)) so that they can answer questions with accuracy
- Reading questions verbatim
- Proper use of the 190 (Ineligible: Did Not Receive Care in the Last 6 Months) status code. The FAQs in the top left box provide guidance on navigating three distinct situations:
  1. a sample member who never saw this provider
  2. a sample member who didn’t see this provider in the last 6 months
  3. a sample member who didn’t see any providers in the last 6 months

Only the third situation is appropriate for exiting the questionnaire and assigning the status code of 190. This is an uncommon occurrence. An interviewer, upon hearing this from the respondent, may end the interview using the text on the FAQs. Because the most common place to hear the respondent say this are the screens with questions 1, 2,7 and 29Intro, appropriate text to remind the interviewer what to confirm, and to give the interviewer the correct script to read aloud to the respondent, appear on those screens.

- CMS changed the wording in the questions about difficulty performing activities to make administering these questions swifter and less repetitive. Review these question wordings in interviewer training, giving special attention to the all-capital text. All caps indicates interviewers should read this text only if the respondent has not grasped the question pattern and needs the interviewer to explicitly read the question.
- CMS changed the order in which the racial categories are read to respondents. They are now read alphabetically.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - WhiteIf “Asian” or “Native Hawaiian or Pacific Islander” is chosen, follow-up questions are asked about which race within Asian or which race within Native Hawaiian or Pacific Islander applies.



Interviewers should be trained on how to read the introduction to the question (“I am going to read a list of race categories. I must ask about all categories in case more than one applies. You may choose one or more of the following. Are you...” ). Interviewers should read the first race category, pause briefly to let the respondent indicate if they are this race, and proceed to read the next race category.

Survey vendors must conduct an interviewer certification process—oral, written, or both—for each interviewer and Help Desk personnel prior to permitting the interviewer or staff member to make or take calls on the ACO REACH CAHPS. The certification should assess the staff members’ level of knowledge and comfort with the ACO REACH CAHPS Questionnaire and ability to respond to sample beneficiaries’ questions about the survey. Documentation of training and certification of all telephone interviewers and Help Desk staff and outcomes will be subject to review by CMS.

#### 5.10.18 Conduct Phone Monitoring and Oversight

##### **Required oversight measures:**

- Survey vendors must prepare and maintain written documentation that all telephone interviewing and Help Desk staff members have been properly trained prior to the beginning of telephone data collection. Copies of interviewer certification exam scores must be retained as well. Documentation must be maintained for any retraining required and will be subject to review during oversight visits.
- Phone monitoring program: Phone interviewers must be adequately supervised and monitored throughout the phone data collection period to ensure telephone interviewers follow established protocols and procedures. Each survey vendor must put into place a phone monitoring and evaluation program during the phone component of the data collection protocol.

The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors must randomly monitor a minimum of 10 percent of all interviews through silent monitoring of interviewers using the electronic phone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers, times of the day, and days of the week.
- Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor’s interviewers across all times of day and days of the week, give the subcontractor feedback regarding interviewer performance, and make sure the subcontractor’s interviewers correct any areas that need improvement
- If a survey vendor uses a subcontractor for phone interviewing, the subcontractor and survey vendor combined must silently monitor a minimum of 10 percent of all interviews
- Interviewers who consistently fail to follow the phone script verbatim, fail to employ proper probes, fail to remain objective and courteous, or who are difficult to


understand or have difficulty in using the computer, must be identified and retrained or, if necessary, replaced.

- There are federal and state laws and regulations relating to the monitoring/recording of telephone calls. In certain states, consent must be obtained from every party or conversation if it involves more than two people (“two-party consent”). When calling sample beneficiaries who reside in these states, survey vendors must not begin either monitoring or recording the telephone calls until after the interviewer has read the following statement: “This call may be monitored or recorded for quality improvement purposes.”<sup>2</sup> All survey vendors must identify and adhere to all federal and state laws and regulations in those states in which they will be administering the ACO REACH CAHPS.
- Survey vendors must establish and communicate clear telephone interviewing quality control guidelines for their staff to follow. These guidelines must be used to conduct the monitoring and feedback process and must include clear explanations of the consequences of not following protocols, including actions such as removal from the project or termination of employment.

### Recommended oversight measures:

- Supervisory staff monitoring telephone interviewers should use the CATI system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.
- Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.
- Interviewers should be given the opportunity to correct deficiencies in their administration through additional practice or retraining; however, interviewers who receive consistently poor monitoring scores should be removed from the project.
- We recommend that survey vendors conduct regular quality control meetings with telephone interviewers and Help Desk staff to obtain feedback on issues related to telephone survey administration or handling inbound calls.

### 5.11 Exceptions Request Procedure

To request an exception to the ACO REACH CAHPS protocols, a survey vendor must access and submit an Exceptions Request Form (ERF) via the [ACO REACH CAHPS website](#) . After submitting the ERF, the vendor’s request is then forwarded to CMS, through their contractor, RTI. The ERF will allow the survey vendor to request a planned deviation from the standard ACO REACH CAHPS Survey protocols. The ERF allows a survey vendor to include multiple REACH ACOs for which it collects data, as necessary. Specific instructions on how to complete the form are located on the form. The ERF is available under the Vendor tab in the secured section of the website, accessible after logging in.

---

<sup>2</sup> The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Florida, Illinois, Maryland, Massachusetts, Montana, New Hampshire, Pennsylvania, and Washington.

Survey vendors should be aware that the CMS will not grant any requests to use a mode of data collection that is different from the mail with telephone follow-up, including Internet or web survey, and interactive voice recognition data collection modes.

#### 5.11.1 Conducting Remote Survey Operations

Vendors operating remotely for any portion of their printing, fulfillment, mailing, mail data capture, or telephone survey operations (including supervision) must submit an ERF to CMS for review. This ERF should be completed with the vendor application. For continuing remote operations from year to year, vendors should review and update their previously-approved ERF with changes, if any, to their remote work protocol or policies and resubmit it for continued approval. The online ERF form is available for organizations that have registered for vendor credentials on the [ACO REACH CAHPS website](#).

### 5.12 Discrepancy Notification Report Procedure

To notify CMS of an unplanned deviation from the ACO REACH CAHPS protocols, a survey vendor must access and submit a Discrepancy Notification Report Form (DNR) via the [ACO REACH CAHPS website](#). The survey vendor must submit the report **within 24 hours after the discovery of the discrepancy**. Instructions on how to complete the DNR are located on the online form itself. The DNR is available under the Vendor tab in the secured section of the website, accessible after logging in.

Examples of instances requiring a DNR include the following:

- The survey vendor was unable to mail the materials on their scheduled mail-out dates;
- A questionnaire package was not mailed to all sample beneficiaries;
- A data element was incorrectly coded and submitted on the XML file.

### 5.13 DNR Review Process

CMS, through its contractor RTI, will review DNRs and evaluate the impact of the discrepancy on the scored data of the affected REACH ACOs. Some discrepancies may have no impact on scores, such as miscoding of a data element in the XML file that is not used in scoring. Other discrepancies can have profound implications, such as if the second questionnaire package were mailed late for all beneficiaries, as this would impact response rate. Depending on the impact, a footnote may be added to the affected REACH ACOs' scored data. The ACO REACH CAHPS Survey Coordination Team will notify the survey vendor about any required additional information needed to either document or correct the DNR.

## Chapter 6: Data Coding and Preparation

### 6.1 Overview

The ACO REACH CAHPS Survey guidelines for data coding have been developed to address situations in which survey responses are ambiguous, missing, or provided incorrectly. The guidelines for data preparations ensure a consistent approach across vendors with respect to categorizing the status of all sample members and the submission of ACO REACH CAHPS data. Survey vendors must use the following guidelines to ensure valid and consistent coding of these situations.

Survey vendors are responsible for reporting on the survey status of **every sampled beneficiary** using one of the status codes listed in *Exhibit 6-3, ACO REACH CAHPS Final Status Codes*. Specifications in this chapter guide vendors through typically encountered situations and details about which status codes to assign. Apart from assigning status codes, vendors are responsible for submitting response data for every sample member who provided any questionnaire data, even if such data is incomplete.

### 6.2 Data Coding Guidelines

#### 6.2.1 Handling Duplicate Surveys by Mail and Phone

As noted in [Section 5.9.1, Requirements for All Data Capture Programs](#), survey vendors must have a mechanism through which they are alerted to duplicate mail questionnaires. In addition, they must have a mechanism to determine if a sampled beneficiary has answered the survey through a paper questionnaire as well as by telephone. In the event of duplicates, the survey with the more complete data is retained. If both surveys are equally complete, the first survey received is retained. Data from unused surveys are not submitted to CMS.

#### 6.2.2 Handling Blank Questionnaires

Receipt of a questionnaire by mail that passes the completed or partially completed threshold removes the need for the survey vendor to send additional mailouts or include the beneficiary in the telephone non-response follow-up. Receipt of a blank questionnaire, however, does not eliminate this need. This section provides specifications for blank questionnaires.

In handling questionnaires that are returned blank, survey vendors should differentiate between mail questionnaires that are returned blank by the sample beneficiary or their family/friend, versus those returned because the United States Postal Service could not deliver the mail, versus those on which a message is included about survey status.

- Returns from the United States Postal Service typically contain messages specifying the reason for non-delivery. If a viable address can be obtained, the survey vendor should send the second questionnaire package to the sample beneficiary provided there is still time to do so. If there is not time to do so, the beneficiary is to be included in the telephone follow-up effort.

- Returns by the sample beneficiary or their family typically arrive in the business reply envelope.
- If the questionnaire contains a note indicating a refusal from the beneficiary or family member, or indicating a reason that makes the beneficiary ineligible, the survey vendor must stop all contact with this beneficiary and assign the appropriate final status code. Using the information in **Exhibit 6-3**, depending on the note, assign either an ineligible code: 150 (Deceased), 160 (Ineligible—Does not Meet Eligibility Criteria), 170 (Ineligible—Language Barrier), 180 (Mentally or Physically Incapacitated) or 190 (Ineligible—Did Not Receive Care in the Last 6 Months), or the Refusal code 220 (Refusal) or 230 (Hostile Refusal).
  - Questionnaires with a note indicating “never saw this provider” or “did not see this provider in the last 6 months” should be treated as 270, Pending and sent to CATI.
    - The telephone survey should ask question 1. Do not skip or auto-code question 1. Interviewers should expect a response of “No.” Interviewers should use the CATI FAQs as necessary (i.e., see FAQ for, “I never saw that doctor/I didn’t see that doctor in the last 6 months.”) If the answer to question 1 is “No,” then the CATI program should skip to question 26 to ask a series of questions about other health care providers.
      - Regarding breakoffs, if the respondent breaks off before question 1, and the interviewer cannot determine if the respondent saw the focal provider or not, the interviewer should code the case as 220, Refusal. If the respondent answers questions beyond question 1, the interviewer should apply the completeness criteria. For example, if the respondent answers question 1 only and then breaks off, then code the case as 210, Incomplete. Interviewers should assume respondents are eligible unless they learn explicitly that the respondent did not have any care/services/providers in the last 6 months.
  - Questionnaires with a note indicating “have not seen any providers in last 6 months” should be treated as 190, Ineligible.

### 6.2.3 How to Code Blank Returned Questionnaires with No Note Indicating a Refusal or Ineligibility

1. If the first questionnaire is returned blank, the survey vendor should send the second questionnaire package to that sample beneficiary provided there is still time to do so. If there is not time to do so, the beneficiary is to be included in the telephone follow-up effort.
2. If the second questionnaire is returned blank, the survey vendor is to include the beneficiary in the telephone follow-up effort.
3. Note that all cases that **are not finalized** as a result of the mail survey component must be assigned for telephone follow-up, including both cases that are returned blank and undeliverable mail.

#### 6.2.4 Coding When There is Ambiguity in Which Response is Marked

To ensure uniformity in data coding of mail surveys, survey vendors must use the following decision rules to resolve common ambiguous situations when scanning or key-entering mail surveys.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.
- If a mark falls equidistant between two response options, then code the value of the item as “M.”
- If a value is missing, code as “M.” Survey vendors **must not impute** a response.
- When more than one response option is marked but the respondent has made their intent clear, such as by adding a note, arrowing or circling to the correct response, or striking out an old response, survey vendors should code the survey with the respondent’s **clearly intended** response. If the respondent’s intent is not clear, code the value as “M.”
- **Take Note:** Two questions in the mail questionnaires (shown in Exhibit 6-1 and 6-2) have the instructions to “mark one or more.” These are items on race (Q52 (St/NE), Q54 (HN)) and help received on the survey (Q58 (St/NE), Q60 (HN)). They may have multiple responses. For these items, enter all responses that the respondent selected.
  - Specifically, for the race series of questions, if the respondent receives the subcategory race questions, meaning they stated in the previous screener question that they are a certain race category, then non-selected items should be marked as “M – Missing;” otherwise, the value should be “88” indicating the subcategory race questions were properly skipped.
  - The same is true for the help series of questions. If the respondent receives these questions, meaning they stated in the previous question that they did receive help from someone to take the survey, then non-selected items should be marked as “M – Missing;” otherwise, the value should be “88” indicating the question was properly skipped.

#### 6.2.5 Coding Questions That Have No Responses

**Mail:**

- Report all answers as marked by the respondent, even if the respondent does not correctly follow mail survey skip patterns.
- If a screener item is left blank, code it as “M.”
- Survey vendors **must not “clean” or correct skip pattern** errors on surveys. All answers marked by the respondent should be submitted.
- Gated items inappropriately skipped should be coded as “M” as well.
- Gated items appropriately skipped should be coded as “88” which has the meaning Not Applicable.

- Although the respondent may write “Don’t Know” or “Refuse” on the questionnaire, there are no codes for these on mail surveys. These should be coded as “M” regardless of whether they are screener or gated questions.

**Telephone:**

- In instances where the respondent answers “I don’t know” or refuses to answer, the response codes of “98” for Don’t Know and “99” for Refused are to be submitted in the data.
- Should the respondent give an answer of “I don’t know” or refusal to a screener, the skip pattern should follow the path that a “No” response would follow. The gated responses are to be coded as “88” which has the meaning Not Applicable.
- Appropriately skipped gated items should be coded as “88” as well.
- For St/NE, the response options for CATI Q58 do not correspond to the response options for the mail survey at Q53 and Q54, yet the XML data for both mail and telephone surveys need to be submitted in the same data elements. In the mail survey the process is straightforward as the answer to Q53 is delivered in helpyou and the answer to the code-all-that-apply at Q54 is delivered in helpread, helpwrote, helpanswer, helptranslate and helpother. In the CATI survey since there are no direct questions posed to the respondent comparable to “Did someone help you complete this survey?” and “How did that person help you?” vendors need to derive the data from the information they do have about this telephone interview. The information below explains how to derive this. The approach is the same for both St/NE and HN surveys:
  - To determine the value for the Q58 response in the St/NE XML data or the Q64 response in the HN XML data file, vendors need to internally create a flag indicating whether a proxy was interviewed. Using the non-submitted PROXY\_RELATION is one good way for vendors to set up that proxy flag in their CATI interviewing system. Accordingly, populate the data elements as follows:

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

**6.3 Data Preparation and Coding**

**6.3.1 Definition of Complete and Partial Complete Surveys**

**Definition:** A survey is a **Complete** if responses are available for at least fifty percent or more of the Applies To All (ATA) items and for at least one scored survey item. A survey is a **Partial Complete** if responses are available for fewer than fifty percent of the ATA items and at least one scored survey item.

**Exhibits 6-1** and **6-2** list all items in the Standards and New Entrants, and High Needs ACO REACH CAHPS Surveys, and delineates if each is an ATA item and if it contributes to the CAHPS score of the REACH ACO. Note that many of the ATA items are screener items. If the respondent leaves the screener item unanswered but answers the gated questions, the screener item does not count towards toward the number of ATA items answered (i.e., does not count towards reaching 14 of the 27 for Standards and New Entrants and 15 of the 29 for High Needs). However, the response to the gated question is counted as a response to a scored survey item. Note, the response “CATI, USING A PROXY” (Q58=86 in Standards and New Entrants and CATI Q64=86 in High Needs) counts toward the number of ATA items answered.

The multi-answer race and proxy items count as a single item regardless of how many responses are chosen.

**Exhibit 6-1  
ACO REACH Standards and New Entrants CAHPS Survey Items and Survey  
Completeness Criteria**

<b>Mail/CATI Survey Item #</b>	<b>Full ACO REACH CAHPS Text</b>	<b>ATA Item [Yes/No]</b>	<b>Scored Item [Yes/No]</b>
1.	Our records show that you visited the provider named below in the last 6 months [PROVIDER NAME]. Is that right? (If No, go to Q26)	Yes	No
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?	No	No
3.	How long have you been going to this provider?	No	No
4.	In the last 6 months, how many times did you visit this provider to get care for yourself? (If None, go to Q26)	No	No
5.	In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury or condition that needed care right away? (If No, go to Q7)	No	No
6.	In the last 6 months, when you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	No	Yes
7.	In the last 6 months, did you make any appointments for a check-up or routine care with this provider? (If No, go to Q9)	No	No
8.	In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	No	Yes
9.	In the last 6 months, did you contact this provider’s office with a medical question during regular office hours? (If No, go to Q11)	No	No
10.	In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?	No	Yes
11.	In the last 6 months, did you contact this provider’s office with a medical question after regular office hours? (If No, go to Q13)	No	No



**Quality Assurance Guidelines for ACO REACH CAHPS Survey Vendors, Version 4.0**

<b>Mail/CATI Survey Item #</b>	<b>Full ACO REACH CAHPS Text</b>	<b>ATA Item [Yes/No]</b>	<b>Scored Item [Yes/No]</b>
12.	In the last 6 months, when you contacted this provider's office after regular hours, how often did you get an answer to your medical question as soon as you needed?	No	Yes
13.	In the last 6 months, how often did this provider explain things in a way that was easy to understand?	No	Yes
14.	In the last 6 months, how often did this provider listen carefully to you?	No	Yes
15.	In the last 6 months, how often did this provider seem to know the important information about your medical history?	No	Yes
16.	In the last 6 months, how often did this provider show respect for what you had to say?	No	Yes
17.	In the last 6 months, how often did this provider spend enough time with you?	No	Yes
18.	In the last 6 months, did this provider order a blood test, x-ray, or other test for you? (If No, go to Q20)	No	No
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?	No	Yes
20.	In the last 6 months, did you and this provider talk about starting or stopping a prescription medication? (If No, go to Q22)	No	No
21.	When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	No	Yes
22.	In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	No	Yes
23.	Using any number from 0 to 10, where 0 is the worst number and 10 is the best provider possible, what number would you use to rate this provider?	No	Yes
24.	In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	No	Yes
25.	In the last 6 months, how often did the clerks and receptionists at this provider's office treat you with courtesy and respect?	No	Yes
26.	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, or doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?	Yes	No
27.	In the last 6 months, did you try to make any appointments with specialists? (If No, go to Q29)	Yes	No
28.	In the last 6 months, how often was it easy to get appointments with specialists?	No	No

**Quality Assurance Guidelines for ACO REACH CAHPS Survey Vendors, Version 4.0**

<b>Mail/CATI Survey Item #</b>	<b>Full ACO REACH CAHPS Text</b>	<b>ATA Item [Yes/No]</b>	<b>Scored Item [Yes/No]</b>
29.	Your health care team includes all the doctors, nurses, and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?	Yes	Yes
30.	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	Yes	Yes
31.	In the last 6 months, did you take any prescription medicine? (If No, go to Q34)	Yes	No
32.	In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	No	Yes
33.	In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	No	Yes
34.	In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	Yes	Yes
35.	In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	Yes	Yes
36.	In general, how would you rate your overall health?	Yes	No
37.	In general, how would you rate your overall mental or emotional health?	Yes	No
38.	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? (If No, go to Q40)	Yes	No
39.	Is this a condition or problem that has lasted for at least 3 months?	No	No
40.	Do you now need or take medicine prescribed by a doctor? (If No, go to Q42)	Yes	No
41.	Is this medicine to treat a condition that has lasted for at least 3 months?	No	No
42.	What is your age?	Yes	No
43.	Are you male or female?	Yes	No
44.	What is the highest grade or level of school that you have completed?	Yes	No
45.	How well do you speak English?	Yes	No
46.	Do you speak a language other than English at home? (If No, go to Q48)	Yes	No
47.	What is the language you speak at home?	No	No
48a/48.	Because of a health or physical problem, are you unable to do or have any difficulty bathing?	Yes	No
48b/49.	Because of a health or physical problem, are you unable to do or have any difficulty dressing?	Yes	No
48c/50.	Because of a health or physical problem, are you unable to do or have any difficulty eating?	Yes	No

**Quality Assurance Guidelines for ACO REACH CAHPS Survey Vendors, Version 4.0**

Mail/CAT I Survey Item #	Full ACO REACH CAHPS Text	ATA Item [Yes/No]	Scored Item [Yes/No]
48d/51.	Because of a health or physical problem, are you unable to do or have any difficulty getting in or out of chairs?	Yes	No
48e/52.	Because of a health or physical problem, are you unable to do or have any difficulty walking?	Yes	No
48f/53.	Because of a health or physical problem, are you unable to do or have any difficulty using the toilet?	Yes	No
49/54.	Do you ever use the internet at home?	Yes	No
50/55.	Are you of Hispanic, Latino, or Spanish origin? (If No, go to Q57)	Yes	No
51/56.	Which group best describes you?	No	No
52/57.	What is your race? Mark one or more.	Yes	No
53/58.	Did someone help you complete this survey? (If No, end of survey)	Yes	No
54.	How did that person help you? Mark one or more.	No	No

**Exhibit 6-2**

**ACO REACH High Needs CAHPS Survey Items and Survey Completeness Criteria**

Mail/CAT I Survey Item #	Full ACO REACH CAHPS Text	ATA Item [Yes/No]	Scored Item [Yes/No]
1.	Our records show that you visited the provider named below in the last 6 months [PROVIDER NAME]. Is that right? (If No, go to Q26)	Yes	No
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?	No	No
3.	How long have you been going to this provider?	No	No
4.	In the last 6 months, how many times did you visit this provider to get care for yourself? (If None, go to Q26)	No	No
5.	In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away? (If No go to Q7)	No	No
6.	In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	No	Yes
7.	In the last 6 months, did you make any appointments for a check-up or routine care with this provider? (If No, go to Q9)	No	No
8.	In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	No	Yes
9.	In the last 6 months, did you contact this provider's office with a medical question during regular office hours? (If no, go to Q11)	No	No

**Quality Assurance Guidelines for ACO REACH CAHPS Survey Vendors, Version 4.0**

<b>Mail/CAT I Survey Item #</b>	<b>Full ACO REACH CAHPS Text</b>	<b>ATA Item [Yes/No]</b>	<b>Scored Item [Yes/No]</b>
10.	In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	No	Yes
11.	In the last 6 months, did you contact this provider's office with a medical question after regular office hours? (If no, go to Q13)	No	No
12.	In the last 6 months, when you contacted this provider's office after regular hours, how often did you get an answer to your medical question as soon as you needed?	No	Yes
13.	In the last 6 months, how often did this provider explain things in a way that was easy to understand?	No	Yes
14.	In the last 6 months, how often did this provider listen carefully to you?	No	Yes
15.	In the last 6 months, how often did this provider seem to know the important information about your medical history?	No	Yes
16.	In the last 6 months, how often did this provider show respect for what you had to say?	No	Yes
17.	In the last 6 months, how often did this provider spend enough time with you?	No	Yes
18.	In the last 6 months, did this provider order a blood test, x-ray, or other test for you? (If no, go to Q20)	No	No
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?	No	Yes
20.	In the last 6 months, did you and this provider talk about starting or stopping a prescription medication? (If no, go to Q22)	No	No
21.	When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	No	Yes
22.	In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	No	Yes
23.	Using any number from 0 to 10, where 0 is the worst number and 10 is the best provider possible, what number would you use to rate this provider?	No	Yes
24.	In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	No	Yes
25.	In the last 6 months, how often did the clerks and receptionists at this provider's office treat you with courtesy and respect?	No	Yes

**Quality Assurance Guidelines for ACO REACH CAHPS Survey Vendors, Version 4.0**

<b>Mail/CAT I Survey Item #</b>	<b>Full ACO REACH CAHPS Text</b>	<b>ATA Item [Yes/No]</b>	<b>Scored Item [Yes/No]</b>
26.	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, or doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?	Yes	No
27.	In the last 6 months, did you try to make any appointments with specialists? (If no, go to Q29)	Yes	No
28.	In the last 6 months, how often was it easy to get appointments with specialists?	No	No
29.	Your health care team includes all the doctors, nurses, and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?	Yes	Yes
30.	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	Yes	Yes
31.	In the last 6 months, did you take any prescription medicine? (If no, go to Q34)	Yes	No
32.	In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	No	Yes
33.	In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	No	Yes
34.	In the last 6 months, did you have family or friends involved in your care?	Yes	No
35.	In the last 6 months, did this provider involve your family or friends in discussions about your health care as much as you wanted?	No	No
36.	In the last 6 months, did your family members or friends get as much emotional support as they wanted from this provider?	No	No
37.	In the last 3 months, did you have any feelings of anxiety or sadness?	Yes	No
38.	In the last 3 months, did you get as much help as you wanted for your feelings of anxiety or sadness?	No	No
39.	In the last 3 months, did you have any pain?	Yes	No
40.	In the last 6 months, did this provider give you as much help as you wanted for your pain?	No	No
41.	Did someone from this provider's office ever talk with you about what you should do during a health emergency?	Yes	No
42.	In general, how would you rate your overall health?	Yes	No
43.	In general, how would you rate your overall mental or emotional health?	Yes	No
44.	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? (If no, go to Q40)	Yes	No
45.	Is this a condition or problem that has lasted for at least 3 months?	No	No

Mail/CAT I Survey Item #	Full ACO REACH CAHPS Text	ATA Item [Yes/No]	Scored Item [Yes/No]
46.	Do you now need or take medicine prescribed by a doctor? (If no, go to Q42)	Yes	No
47.	Is this medicine to treat a condition that has lasted for at least 3 months?	No	No
48.	What is your age?	Yes	No
49.	Are you male or female?	Yes	No
50.	What is the highest grade or level of school that you have completed?	Yes	No
51.	How well do you speak English?	Yes	No
52.	Do you speak a language other than English at home? (If no, go to Q48)	Yes	No
53.	What is the language you speak at home?	No	No
54a/54.	Because of a health or physical problem, are you unable to do or have any difficulty bathing?	Yes	No
54b/55.	Because of a health or physical problem, are you unable to do or have any difficulty dressing?	Yes	No
54c/56.	Because of a health or physical problem, are you unable to do or have any difficulty eating?	Yes	No
54d/57.	Because of a health or physical problem, are you unable to do or have any difficulty getting in or out of chairs?	Yes	No
54e/58.	Because of a health or physical problem, are you unable to do or have any difficulty walking?	Yes	No
54f/59.	Because of a health or physical problem, are you unable to do or have any difficulty using the toilet?	Yes	No
55/60.	Do you ever use the internet at home?	Yes	No
56/61.	Are you of Hispanic, Latino, or Spanish origin? (If no, go to Q57)	Yes	No
57/62.	Which group best describes you?	No	No
58/63.	What is your race? Mark one or more.	Yes	No
59/64.	Did someone help you complete this survey? (If no, end of survey)	Yes	No
60.	How did that person help you? Mark one or more.	No	No

#### 6.4 Determine Partial or Complete Surveys and Assign Final Survey Status Codes

An ACO REACH CAHPS final status code (**Exhibit 6-3**) must be assigned to each case. Survey vendors must use the Partial and Completes scoring criteria described in [Section 6.3.1, Definition of Complete and Partial Complete Surveys](#) to determine which final survey status code to assign to surveys that have at least one response marked.

Beneficiaries who pass the complete threshold as defined in [Section 6.3.1](#) should be assigned a final status code of 110 (Completed Mail), or 120 (Completed Phone); Beneficiaries who do

not pass the complete threshold, but pass only the partial threshold should be assigned a final status code of 130 (Partially Completed Mail) or 140 (Partially Completed Phone).

**Exhibit 6-3  
ACO REACH CAHPS Final Status Codes**

Code	Description
110	<b>Completed Mail Questionnaire</b> For this code to be assigned, the respondent must have met the criteria described for “Complete” in <a href="#">Section 6.3.1, Definition of Complete and Partial Complete Surveys</a> .
120	<b>Completed Phone Interview</b> For this code to be assigned, the respondent must have met the criteria for described in for “Complete” in <a href="#">Section 6.3.1, Definition of Complete and Partial Complete Surveys</a> .
130	<b>Partially Completed Mail Questionnaire</b> For this code to be assigned, the respondent must have met the criteria described for “Partial Complete” in <a href="#">Section 6.3.1, Definition of Complete and Partial Complete Surveys</a> .
140	<b>Partially Completed Phone Interview</b> For this code to be assigned, the respondent must have met the criteria described for “Partial Complete” in <a href="#">Section 6.3.1, Definition of Complete and Partial Complete Surveys</a> .
150	<b>Ineligible: Deceased</b> Assign this code if the sample beneficiary is reported as deceased at the time of the survey.
160	<b>Ineligible: Does Not Meet Eligibility Criteria</b> Assign this code to either mail or telephone survey cases if it is determined during the data collection period that the sample beneficiary does not meet the eligibility criteria for being included in the survey. This applies if the sample beneficiary: <ul style="list-style-type: none"> <li>Is under age 18;</li> <li>Resides in a nursing home or other skilled nursing facility or other long-term facility;</li> <li>Resides in a jail or prison.</li> </ul>
170	<b>Ineligible: Language Barrier</b> Assign this code to sample beneficiaries who do not speak English or Spanish and do not have a proxy who can translate the survey into the beneficiary’s language.
180	<b>Ineligible: Mentally or Physically Incapacitated</b> Assign this code if it is determined that the sample beneficiary 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.

Code	Description
190	<b>Ineligible: Did Not Receive Care in the Last 6 Months</b> 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, writing a note on the paper survey, or telling the telephone interviewer. Note: beneficiaries who have no experience in the past 6 months with the <i>focal provider</i> should follow the skip instructions to answer the questions beginning with Question 26 about other providers they saw in the past 6 months.
200	<b>Excluded from Survey</b> Sampled beneficiary was determined to be ineligible for survey after sampling but before data collection was initiated. Includes any sampled cases on the survey vendor's Do Not Contact list.
210	<b>Incomplete</b> Assign this code if the sample beneficiary responds to some questions but not enough to meet either completeness criteria. Appropriate for mail surveys that are mostly blank and telephone breakoffs.
220	<b>Refusal</b> Assign this code if the sample beneficiary indicates either in writing or verbally that he or she does not wish to participate in the survey.
230	<b>Hostile Refusal</b> Assign this code to hostile refusals.
240	<b>Wrong, Disconnected, or No Telephone Number</b> This code should be assigned if it is determined that the telephone number the survey vendor has for the sample beneficiary is bad (disconnected, does not belong to the sample beneficiary) and no new telephone number is available. This can also be assigned if no phone number was provided for the sample member.
250	<b>No response after maximum attempts.</b> 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	<b>No response to mail survey – RCF Beneficiaries.</b> Assign this code to beneficiaries living in residential care facilities who do not complete the mail survey. It can also be assigned to beneficiaries who upon learning, during the telephone follow-up, that they reside in RCFs.

#### 6.4.1 Survey Vendor Internal Survey Codes

Maintaining up-to-date survey status codes is a key part of the ACO REACH CAHPS Survey administration process. Typically, status codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each sampled beneficiary at the end of data collection). Survey vendors should use their internal interim status codes for tracking purposes and should not report such codes to CMS. However, they must include internal interim status codes with a crosswalk to ACO REACH CAHPS final status codes in their QAP.



As explained in [Chapter 7, Data Submission](#), ACO REACH CAHPS requires two interim data submissions prior to the final data submission. When submitting data files, either interim or final, each beneficiary must be assigned an ACO REACH CAHPS status code.

#### 6.4.2 Status Codes for Interim Submissions Only

At the time of interim data submissions, many sampled cases will still be in a pending state. Survey vendors must submit a non-final status code of 270 (Pending) for those cases that do not have a completed survey or interview or another final non-complete status code. We recommend using 270 (Pending) for cases for which a blank mail survey was received and there was no indication of refusal nor ineligibility, prior to telephone follow-up. Telephone effort results for these blank mail survey cases will overwrite the 270 code.

#### 6.4.3 Survey Status Codes for the Final Data Submission

Survey vendors can only deliver final status codes on the final data submission. Use the following guidelines.

- If a beneficiary or proxy responded and passed the complete threshold, assign 110 (Completed Mail) or 120 (Completed Phone). The date of phone completion or receipt of the paper survey must also be submitted.
- If the beneficiary or proxy responded and passed the partial threshold only, assign 130 (Partial Mail) or 140 (Partial Phone). The date of phone completion or receipt of the mail survey must also be submitted.
- If the beneficiary or proxy indicated through a note or verbally that they have not seen any providers in last 6 months, assign 190 (Ineligible: Did Not Receive Care in the Last 6 Months). The code 190 applies to both telephone and mail cases.
- Assign 150 (Ineligible: Deceased) when learning of a beneficiary who is deceased at the time of the survey. Also assign 150 upon hearing that a proxy completed the survey on behalf of a deceased beneficiary.
  - However, if a beneficiary dies after completing the survey or obtaining another final status code such as 190, do not change the final code; the original code should remain.
- Assign 160 (Ineligible: Does Not Meet Eligibility Criteria) to either mail or telephone survey cases if it is determined that the sample beneficiary is under age 18 or resides in a nursing home or other skilled nursing facility or other long-term facility.
- Assign 160 (Ineligible: Does Not Meet Eligibility Criteria) when the beneficiary resides in a jail or prison.
- Assign 170 (Ineligible: Language barrier) to sample beneficiaries who do not speak English or Spanish, and do not have a proxy who can translate the survey into the beneficiary's language.
- Assign 180 (Ineligible: Mentally or Physically Incapacitated) if it is determined that the sample beneficiary 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.

- Assign 210 (Incomplete) if the sample beneficiary responded to some questions but not enough to meet either completeness criteria, and there is no evidence of the beneficiary's ineligibility. This code is appropriate for mostly blank questionnaires returned (no telephone follow-up), as well as telephone breakoffs.
- Assign 220 (Refusal) if the sample beneficiary indicates either in writing or verbally that he/she does not want to participate or wants us to stop calling him/her.
- Assign 230 (Hostile Refusal) Assign this code to true hostile refusals. Include any sampled cases on the survey vendor's Do Not Contact list.
- Assign 240 (Wrong, Disconnected, or No Telephone Number) upon finding evidence that the telephone number the survey vendor has for the sample beneficiary is disconnected, non-working, out of order/service, or does not belong to the sample beneficiary and no new telephone number is available. (See "When to code numbers as Permanently Out of Service" in [Section 5.10.12, Make Required Attempts to Reach Beneficiary](#)). 240 can also be assigned if no phone number was provided for the sample member.
- Assign 250 (No Response After Maximum Attempts) if there is no evidence that the beneficiary's address or telephone number is not viable but the sample beneficiary has not responded after all questionnaire mailouts or telephone attempts have been implemented.
- Assign 260 (No Response To Mail Survey – RCF Beneficiaries) to beneficiaries flagged as Residential Care Facility beneficiaries and for whom no other final code (Ineligible, Complete, Refusal) from the mail survey has been recorded. Note: RCF beneficiaries are ineligible for the telephone survey.
- Use code 200 (Excluded from Survey) for beneficiaries, if any, determined to be ineligible before data collection was initiated.
- If a questionnaire was returned after the data collection cutoff, it is to be discarded and disregarded (see [Section 5.8, Conduct Data Receipt of Questionnaires Returned by Mail](#)). These beneficiaries should not have a patient response record, and the final status code of the sampled beneficiary should reflect the beneficiary's status prior to this late arrival (i.e., 250, 240, etc.).

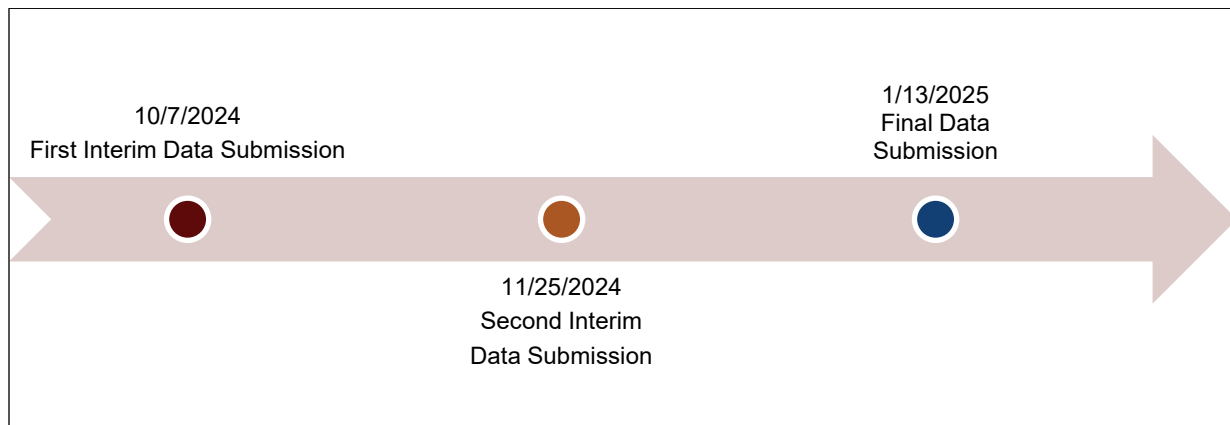
## Chapter 7: Data Submission

### 7.1 Overview

This chapter contains information about submitting ACO REACH CAHPS Survey data files to CMS’ contractor, RTI. CMS requires that all survey vendors submit two interim and one final data submission for all of their associated REACH ACOs. The interim data submissions will allow RTI to conduct quality control review and provide early feedback to vendors if errors are detected. Interim data submissions are for quality control purposes only and do not satisfy the final data submission requirement. All interim and final data submission deadlines are shown in **Figure 7-1**. Survey vendors should routinely check the [ACO REACH CAHPS website](#) for updated information. Survey vendors must submit files no later than 11:59 PM ET on January 13, 2025 for PY 2024.

This chapter describes the file specifications, validations performed on the file, and reports designed to help survey vendors pinpoint errors, if any, in their submissions. Any differences between submitting interim and final files are also explained.

**Figure 7-1  
Data Submissions Timing**



### 7.2 Data File Requirements

CMS expects a data submission from every active REACH ACO and expects this submission to be supplied by each REACH ACO’s authorized survey vendor. CMS provides survey vendors a convenient report, the Survey Vendor Authorization Report, which gives transparency into all REACH ACOs who have authorized them. If the survey vendor finds that this list does not reflect *exactly* those REACH ACOs for whom the vendor will be conducting a survey and submitting data, the vendor should contact the REACH ACO(s) in question as soon as possible to have them correct the vendor authorization. **Failure to conduct the ACO REACH CAHPS Survey and submit data will result in the REACH ACO forfeiting part of its quality reporting requirement for the ACO REACH Model.**

Note that CMS and their contractor RTI cannot be involved in business arrangements between vendors and REACH ACOs.

### 7.3 Data to Submit

ACO REACH CAHPS Survey vendors must upload ACO REACH CAHPS data using XML (extensible markup language) data files. Each XML file must consist of three sections:

- one Header Record;
- one patient administrative record for every sampled beneficiary, and
- one patient response record for every beneficiary with questionnaire or CATI data. This applies to both interim and final file submissions.

The XML data file layouts of all records will be available in the [Data Submission area](#) of the [ACO REACH CAHPS website](#). The sections below describe them.

#### 7.3.1 Header Record

The Header Record is the first part of the XML file and contains the identifying information for the REACH ACO for which data are included on the file. Standard, New Entrant and High Needs REACH ACOs follow identical formats in their Header Record. All fields in the Header Record must have a valid entry. The fields are:

1. Data Type: first interim, second interim or final submission file.
2. Survey Version: Standard/New Entrants or High Needs
3. REACH ACO Name: Text Name of the REACH ACO
4. REACH ACO ID: 5-digit code for the REACH ACO
5. Performance Year: PY 2024
6. No. of Beneficiaries Sampled: The # of beneficiaries in the file received from RTI
7. Date Data Collection Period Began
  - a. Use the official mail date of the first questionnaire mailout, even if for this REACH ACO there is a late mailing (which must be documented by a Discrepancy Notification Report).
  - b. The official begin date must also be used when submitting interim files.
8. Date Data Collection Period Ended
  - a. Date data collection period ended. Use the official period end date for this PY survey, even if for this REACH ACO there is a late end date. The official end date shall also be used when submitting interim files.

#### 7.3.2 Patient Administrative Data Record

The second part of the XML file contains data about each beneficiary who was sampled, including both respondents and nonrespondents. Standard, New Entrant and High Needs REACH ACOs follow identical formats in their Patient Administrative Record.

In this section of the file, some of the information provided in the Header Record is repeated, including the REACH ACO's ID and PY. All other information included in this section of the file is about the beneficiary. *Only de-identified data will be submitted; however, the unique SID number that was assigned to the sampled beneficiary by RTI must be included on the file.*

The fields in the patient administrative record are:

1. REACH ACO ID: 5-digit REACH ACO ID
2. Performance Year: PY 2024
3. Sample ID (SID): as assigned by RTI to the beneficiary.
4. Final Survey Status (must be one of the codes in **Exhibit 6-3**)
5. Date Survey received or completed
  - a. For cases meeting the definition of Full or Partial Complete, provide mail receipt date (for mail surveys) or date interview completed (for telephone surveys). For cases not meeting the definition of Full or Partial Complete but do have response data, use the mail receipt date (for mail surveys) or interview/breakoff date (for telephone surveys). Use 88888888 for beneficiaries who have no response data, on Interim and Final submissions.
6. Survey Language:
  - a. use 1 if English, 2 if Spanish, X if no response record.
7. Completion Mode:
  - a. use 1 if mail, 2 if phone interview, X if no response record). On the interim mail-only submission (first interim submission), all cases shall be coded as either 1 or X. On the second interim submission, cases could be 1, 2, or X.

A valid value must be entered for each data element in the Beneficiary Administrative Data Record.

### 7.3.3 Patient Response Record

The third part of the XML file is the patient response record, which must contain the responses to the ACO REACH CAHPS Survey from every beneficiary with any survey data. The patient response record contains one field for every item in the ACO REACH CAHPS Survey.

Because the survey instrument for High Needs REACH ACOs differs from the survey instrument for Standards and New Entrants REACH ACOs, there are two XML data files, one for each survey type. Survey vendors must be sure to use submit the right type of XML data file corresponding to the type of REACH ACO.

Acceptable data values include all values from the survey item's code frame as well as M for "Missing," 88 for "Not Applicable," 98 for "Don't Know" for phone only, and 99 for "Refused" for phone only. Two survey items have multiple fields. Mail survey Q52 (St/NE) and Q58 (HN) ("What is your race? Mark one or more.") contain 14 fields, one for each possible choice which

can be selected. Similarly, mail survey Q54 (St/NE) and Q60 (“How did that person help you? Mark one more more.”) contain five fields, one for each possible choice which can be selected.


As mentioned previously, the following exceptions are to be excluded from the patient response record:

- Seeded cases should be excluded from the XML file.
- Beneficiaries whose surveys arrived or whose phone interview was completed after the end of the data collection period
- Beneficiaries who the vendor becomes aware were completed by a proxy and were deceased at the time their survey was completed
- Where there are duplicate questionnaires for the same beneficiary, or a mail questionnaire and a phone interview, submit data for only one following the rules in [Section 6.2.1, Handling Duplicate Surveys by Mail and Telephone](#). Vendors must ensure they exclude the un-chosen duplicate from the patient response record.

## 7.4 XML File Quality Control Procedures

Before submitting XML files—either interim or final— vendors must follow all required quality control procedures. CMS also advises following the recommended quality control procedures.

### Required Quality Control Procedures

- Use the website-based XML Schema Validation Tool to conduct initial quality control on their XML files. Located under the “Data Submission” tab, this Validation Tool is formatted in accordance with the XML Data File Specifications described in this chapter. The Validation Tool contains some, but not all, of the same validation checks that are applied when the data file is submitted to the Data Center, so using the Validation Tool in advance will reduce the number of attempts vendors have to make when they submit the data file (see [Section 7.5.2, Validations Performed Upon Upload](#)). The XML Schema Validation Tool also checks that data element ranges in all records fall within acceptable ranges.
- Ensure that there is information included in the Beneficiary Administrative Section of the XML file for every sample beneficiary who was included on the sample file that the survey vendor downloaded for this particular survey year. For example, if 860 beneficiaries were sampled for the PY 2024 survey, a record for each of those 860 sample beneficiaries must be included on the administrative data record that the survey vendor submits.
- Check to make sure that the SID numbers included on the XML file match the same set of SID numbers that were included on the sample file that survey vendors downloaded from the [ACO REACH CAHPS website](#) . Survey vendors must also conduct quality control checks to make sure that survey response data are matched to the correct beneficiary.
- Confirm the completeness criteria on all surveys and reconcile case statuses before submission. Specifically:

1. Beneficiaries with final status codes 110 or 120 must have response data which passed the completeness criteria,
  2. Beneficiaries with final status codes of 130 or 140 must have response data which passed the partial completeness criteria.
  3. The reverse is true as well: beneficiaries who have passed the completeness criteria must be given a status of 110 or 120 if complete or 130 or 140 if partially complete.
  4. Beneficiaries with survey response data that do not meet the criteria for status codes of 110, 120, 130 or 140 must also be submitted. For the final data submission, these beneficiaries will typically have a status code of 210--Incomplete, though other status codes may be 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 Guidelines:**

- When preparing XML files, survey vendors should make sure that they are assigning the Not Applicable code (88) and the code for Missing response (M) correctly.
- Vendors are strongly encouraged to generate response distributions (also referred to as frequencies) and compare them to survey response coding from the hardcopy mail questionnaire (if the survey was completed by mail), and for the raw CATI file (for interviews completed by phone). Look for anomalies or outliers and for unusual patterns of missing data. This step can help identify data problems.

## 7.5 Data Submission Procedures

To submit ACO REACH CAHPS Survey data files, survey vendors must access the secure portion of the [ACO REACH CAHPS website](#)  by logging in with their unique password and user ID

The steps in data submission are summarized as follows:

1. Log on to the [ACO REACH CAHPS website](#) . When logged on, the system will display the vendor's dashboard.
2. Move your cursor over the *Data Submission* tab and select the *Data Submission Tool*.
3. Click the "Choose Files" button to search for and select the file to upload. The "Choose Files" button permits users to locate and directly upload a file that has been saved in their own computer system. Survey vendors can select either a single XML file or a single zip file that contains 1 XML file each from multiple REACH ACOs.
4. After selecting the file to be uploaded, click "Upload" to submit the file.
5. To write over the already-submitted file, click the "Upload another XML file(s)" button on the same screen. Only one XML file or one zip file can be submitted. All subsequent data files that are uploaded will overwrite any previously submitted data files.

### 7.5.1 File Naming Conventions

When creating a REACH ACO's XML data file, include the REACH ACO ID and PY. This will make it easy for you keep the files organized, especially when you have multiple REACH ACOs with whom you have contracted and may be including all their XMLs in a single zip file. An example of an XML file name:

REACH ACO ID\_Year.xml:

D1234\_2023.xml

### 7.5.2 Validations Performed Upon Upload

When survey vendors upload ACO REACH CAHPS Survey interim or final data files to the [ACO REACH CAHPS website](#), they will undergo up to two validation steps. The first check (during upload) of the submitted data file is to make sure that the XML template is properly formatted. If the survey vendor has an incorrectly formatted template, the data upload process will stop immediately and send an error message to the vendor that describes the problem detected. After the system verifies that a properly formatted template has been used, it will begin a series of data checks. It will look for any fields in the Header Record with missing data. Finally, the system will check that the vendor is authorized to upload data for the particular REACH ACO. Any files during this first check for which problems are detected will be immediately rejected and not stored.

Files that have successfully passed the initial upload validation process are then run through a second validation process. ACO REACH CAHPS Survey data files must pass this secondary validation check (run within an hour) before they are formally accepted and stored. The second validation process includes a check to make sure that each record with a final status code (110, 120, 130, 140, or 210) has a patient response record, and a consistency check to make sure the values in the header record match the values in the patient administrative record. In addition, the system will run a completeness algorithm to verify that all patient response records included on the file meet survey completeness criteria (this step will be used to ensure that the appropriate cases are assigned a disposition code of Complete or Partial, but will not be a reason for rejecting a file if cases are miscoded).

Vendors are emailed the results of the initial and second validation checks along with a link to their *Data Submission History Report*. If this Report indicates that a file did not pass the upload validations, none of the data on the file are accepted and stored, and the survey vendor must correct any data errors on the XML file and resubmit the file.

## 7.6 Reports for Survey Vendors and REACH ACOs

CMS, through its contractor RTI, will generate and provide reports to indicate the status of data submissions, the quality of the data submitted, and the status of REACH ACOs survey vendor authorizations. Reports will be generated for both ACO REACH CAHPS Survey vendors and REACH ACOs.



### 7.6.1 Reports for Survey Vendors

Survey vendors will be able to access three data submission reports via the secured section of the [ACO REACH CAHPS website](#). These reports are located under the Data Submission Report menu: Data Submission History, Data Submission History by Upload Date, and Data Submission Validation Status Report.

- *The Data Submission History* report allows vendors to see a summary or detailed list of data submission activity.
- *The Data Submission History by Upload Date* allows vendors to search for a data submission report by upload date.
- *The Data Submission Validation Status* report shows vendors their latest submissions by ACO REACH ID, with failed submissions pulled to the top, along with a column showing whether the failure is the result of a vendor authorization issue. This report was developed to allow vendors to quickly identify whether there are any REACH ACOs that need to initiate or correct a vendor authorization.

Another important report is the *Survey Vendor Authorization Report*, which allows the survey vendor to view all REACH ACOs that have authorized the survey vendor to collect and submit data on their behalf. This Report is located on the Vendors Dashboard in the secured section of the website.

### 7.6.2 Reports for REACH ACOs

The *Data Submission Report* provides a means by which a REACH ACO can monitor its vendor's data submission activities. Only survey data files that have passed both validation checks are presented in these Reports.

## 7.7 Resubmitting Files

There is no limit to the number of times survey vendors can resubmit their 2 interim data submission files and final submission files for a REACH ACO. The website will accept submissions from shortly before each interim deadline and remain open to vendors until the interim submission deadline, and will follow the same process for final data submission files. We recommend survey vendors submit after each REACH ACO passes the initial validation and all checks in the Schema Validation tool.

Once the final submission option opens, survey vendors can also submit a final file as many times as they need to prior to the final data submission deadline.

**Important Note:** survey vendors must keep in mind that each time a data file (interim or final) for a REACH ACO is submitted, it overwrites all of the data for that same REACH ACO that were previously submitted for that PY. **When the submission deadline for interim or final submission arrives, the last successful submission is the one which CMS accepts.**

CMS will not accept final data files that are submitted after the data submission deadline; therefore, we strongly encourage survey vendors to submit their data files well in advance of the data submission deadline.

## Chapter 8: Data Analysis and Reporting

### 8.1 Overview

This chapter briefly explains CMS' scoring of the ACO REACH CAHPS data and explains the data analyses that survey vendors can conduct for their REACH ACO clients.

### 8.2 CMS Analysis of the ACO REACH CAHPS Data Set

CMS' responsibilities (described briefly in [Section 3.2.5, Review, Score, and Report Personalized Data to REACH ACOs](#)) include scoring the ACO REACH CAHPS Survey data and providing REACH ACOs a report with their official survey results. Should a REACH ACO have any questions about the scoring or measures beyond the basics covered in this **Quality Assurance Guidelines**, they should contact the ACO REACH Model Helpdesk at [ACOREACH@cms.hhs.gov](mailto:ACOREACH@cms.hhs.gov) or 1-888-734-6433 or consult the current ACO REACH Quality Measurement Methodology Report available on 4i.

**Standards and New Entrants REACH ACOs:** After the PY 2024 ACO REACH CAHPS survey data is collected, the scoring phase occurs. There are eight domain-specific Survey Summary Measures (SSMs) formed from the contributing survey questions. The categorization of questions into these SSMs can be found in the [Frequently Asked Questions for ACOs](#) on the CAHPS website. The SSMs which contribute to the REACH ACO's quality score will be converted to linear means a standard CAHPS method of computing the percentage of an entity's beneficiaries who provide the most positive score to questions. The SSMs are then risk adjusted and compared to national benchmarks. ACOs performance on each SSM relative to the national benchmarks determines each REACH ACO's quality score for the Performance Year.

**High Needs REACH ACOs.** As mentioned previously, starting in PY 2024, CAHPS for High Needs REACH ACOs will be Pay-for-Performance. CMS will combine High Needs REACH ACOs' PY 2023 and PY 2024 scores into a benchmark to be used for Pay-for-Performance in PY 2024.

### 8.3 CMS Reports and Training Provided to REACH ACOs

CMS will prepare and disseminate to each REACH ACO an Annual Quality Report, which gives a personalized score report showing their results on all domains and all questions, compared to results at the overall ACO REACH program. Results in the PY 2024 Annual Quality Report include 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, and the PY 2024 highest benchmark threshold met for each domain. All results show for the individual REACH ACO, plus results across the ACO REACH Model.

Vendors should be aware that CMS provides REACH ACOs with this report and training on how to understand their CAHPS Survey scores, as well as other quality measure scores in order to

facilitate quality improvement. Services which many vendors provide in the quality improvement realm are not necessary for REACH ACOs, as they will receive pertinent and specific training at no cost from CMS.

#### *8.4 Survey Vendor Analysis and Reporting of ACO REACH CAHPS Data*

A survey vendor may analyze the survey data in order to provide their client REACH ACOs with earlier or additional reports on their survey results. This section will present guidelines vendors must follow should they elect to provide reports.

1. CMS-calculated results and reports are the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring. **All reports provided by vendors to 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.**
2. Survey vendors may provide REACH ACOs with survey data or information from their ACO as long as the survey vendor suppresses any report or display of data that is based on fewer than 11 observations.
  - a. No information based on fewer than 11 respondents can be released, meaning no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms.
  - b. 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.
3. 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 data elements on or derived from the sample file (e.g., region, age), the vendor must submit to CMS (via their contractor RTI) 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.
4. Survey vendors should contact the ACO REACH CAHPS Survey Coordination Team for additional guidance if they are not clear as to whether certain types of survey response data can be shared with a REACH ACO.

## Chapter 9: Data Confidentiality and Data Security

### 9.1 Overview

This chapter describes vendor requirements for ensuring data confidentiality and security of sample beneficiary information. All requirements for vendors are also required for subcontractors who receive PII. The chapter begins with instruction on assuring sample beneficiaries about confidentiality. Procedures for handling and storing confidential data in physical and electronic formats, as well as when electronic data is in transit, are then explained. This chapter also delineates the confidentiality agreements, which were mentioned in earlier sections, that are required for the ACO REACH CAHPS Survey.

### 9.2 Assuring Sample Beneficiaries of Confidentiality

Some beneficiaries might not be willing to participate in the survey, or share honest and potentially negative feedback on their provider if they believe the provider or medical group can attribute their survey responses to them personally. Giving beneficiaries the information to feel confident that their identity is confidential is critically important. This is accomplished through the following:

- The letters sent to sampled beneficiaries state that their answers are confidential and will not be shared with their provider and will not affect health care benefits.
- The introductory statements in the telephone interview state this as well, adding that their information is protected by the Privacy Act.
- Help Desk and Telephone Interviewing staff should give the following information, as needed, to sample beneficiaries concerned about confidentiality:
  - “The information you provide is protected by the Federal Privacy Act of 1974” (if the vendor so chooses, it may exclude the word “Federal” or the phrase “of 1974”).
  - “Project staff have signed affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study.”
  - If a beneficiary questions why HIPAA allowed the release of their information to a survey organization: “HIPAA allows the release of beneficiary contact information for the purpose of public health research, such as this survey.”
  - “Your survey responses will never be reported with their name or other identifying information.”
  - “All respondents’ survey responses will be reported in the aggregate; no REACH ACO will see individual answers.”
  - “You can skip or refuse to answer any question you do not feel comfortable with.”
  - “Your participation in the study will not affect your care or Medicare benefits you currently receive or expect to receive in the future.”

### 9.3 Safeguarding Beneficiary Data

All survey vendors, including their subcontractors, if any, approved to implement the ACO REACH CAHPS Survey must adhere to HIPAA requirements. All identifying information associated with a beneficiary should be considered private and must be protected in accordance with HIPAA. The sample file that survey vendors download contains beneficiary PII, such as the name, address and telephone number of the beneficiary. From the moment the survey vendor downloads the sample, the 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. REACH ACOs must never know which of their beneficiaries were included in the survey and whether their beneficiaries completed the survey. It is advised that vendors review [Section 8.4, Survey Vendor Analysis and Reporting of ACO REACH CAHPS Data](#) rules #1–4, where the allowable information sharing with REACH ACOs is defined.

Survey vendors must adhere to the following requirements when conducting the ACO REACH CAHPS Survey. All of the requirements in this chapter apply to both vendors and their subcontractors who have access to PII.


#### 9.3.1 Limit Access to Confidential Data to Authorized Staff

Survey vendors should consider carefully which of their staff (and subcontractor staff if appropriate) need access to confidential beneficiary data, and then ensure that only those staff members have access to the portions of the data required for their activities.

#### 9.3.2 Physical Security of Beneficiary Data

- Paper copies of questionnaires or sample files must be stored in a secure location, such as a locked file cabinet or within a locked room.
- At no time should paper copies be removed from the survey vendor's premises, even temporarily.
- Paper copies of questionnaires must be stored in a secure location at the survey vendor's facility, such as a locked room or file cabinet, for three years. Paper copies of questionnaires do not need to be kept if electronic images of the questionnaires are being kept instead.
- The above requirements apply to vendors and their subcontractors who have access to PII.

#### 9.3.3 Electronic Security of Beneficiary Data

- All files submitted to the [ACO REACH CAHPS website](#)  must contain de-identified data only. Only the unique Sample ID number originally assigned to each sample beneficiary should be included on the file for each data record.

- Electronic data must be protected from confidentiality breaches. Electronic security measures may include firewalls, restricted-access levels, or password-protected access. Vendors are strongly urged to implement unique user accounts that are not shared. Data stored electronically must be backed up nightly or more frequently to minimize data loss.
- If it is necessary to transmit beneficiary data between or within organizations, vendors may not use email. They must use network share drives, secure ftp sites, or access-limited websites where data may be placed for transfer. Files shall be transmitted in encrypted format and password protected. Any files transmitted between organizations using a website or ftp site must be downloaded promptly by the receiving organization and removed by the originating organization immediately thereafter. (Note: the transmission of the sample files from RTI to survey vendors is accomplished through RTI's secure website, where it is protected by Secure Socket Layer (SSL) certificate.)
- Electronic images of paper questionnaires or keyed data, including CATI data, must be retained for three years, also in a secure location at the survey vendor's facility.
- Vendors must have a disaster recovery plan for the ACO REACH CAHPS Survey data. The ACO REACH CAHPS Survey Coordination Team cannot provide specific guidelines on the contents of this plan. However, survey vendors are encouraged to consult with their organization's Data Security team/division for guidance, if they have questions.
- Offsite data storage is permitted for data backup, including cloud data storage.

#### ***9.4 Develop Procedures for Identifying and Handling Breaches of Confidential Data***

Survey vendors and subcontractors as appropriate are required to develop protocols for identifying when there has been a breach of security with ACO REACH CAHPS Survey data, including when an unauthorized individual has gained access to confidential information and when an authorized individual has distributed confidential data in an unauthorized manner. The survey vendor's plans must include a system to notify the ACO REACH CAHPS Survey Coordination Team at RTI within three business days of learning of a security breach. The survey vendor's plans must also include providing within two weeks of breach identification: a means to detect the level of risk represented by the breach in security, a means to take corrective action against the individual who created the breach, and a means of notifying any persons affected by the breach, including sample beneficiaries, if necessary.

#### ***9.5 Required Confidentiality Agreements***

##### **9.5.1 Business Associate Agreement with REACH ACO**

All approved ACO REACH CAHPS survey vendors must become Business Associates of their client REACH ACO (see [\*\*Section 3.3.6, Submit a Data Use Agreement \(DUA\) with CMS Sign Business Associate Agreement with REACH ACOs, and Adhere to Data Security Protocols\*\*](#)). They must follow all applicable HIPAA guidelines regarding privacy and security of REACH ACO-generated PII.

### 9.5.2 Vendor and Subcontractor Staff Confidentiality Agreement

Any vendor and subcontractor staff must receive HIPAA-appropriate training on confidentiality and data security before receiving access to beneficiary information on ACO REACH CAHPS. Staff in need of training include telephone interviewers, supervisors, Help Desk staff, coders, and fulfillment staff, programmers and other staff. Staff must sign affidavits attesting to their training and their agreement to uphold beneficiary confidentiality. Vendors must retain electronic or hard copies of the affidavits and submit them to RTI if requested.

Note that some survey organizations have a general Confidentiality Agreement that applies to all surveys that they conduct; survey vendors can use a general Confidentiality Agreement that applies to all surveys on which their employees work, as long as it includes HIPAA training and adherence requirements.



## Chapter 10: Oversight

### 10.1 Overview

CMS, through its contractor RTI, conducts oversight of ACO REACH CAHPS Survey vendors to ensure compliance with ACO REACH CAHPS Survey protocols. This chapter lists the oversight activities for the ACO REACH CAHPS Survey and summarizes vendors’ requirements for participating in this oversight. In addition, vendors should be aware that any and all materials relevant to survey administration are subject to CMS’ review.

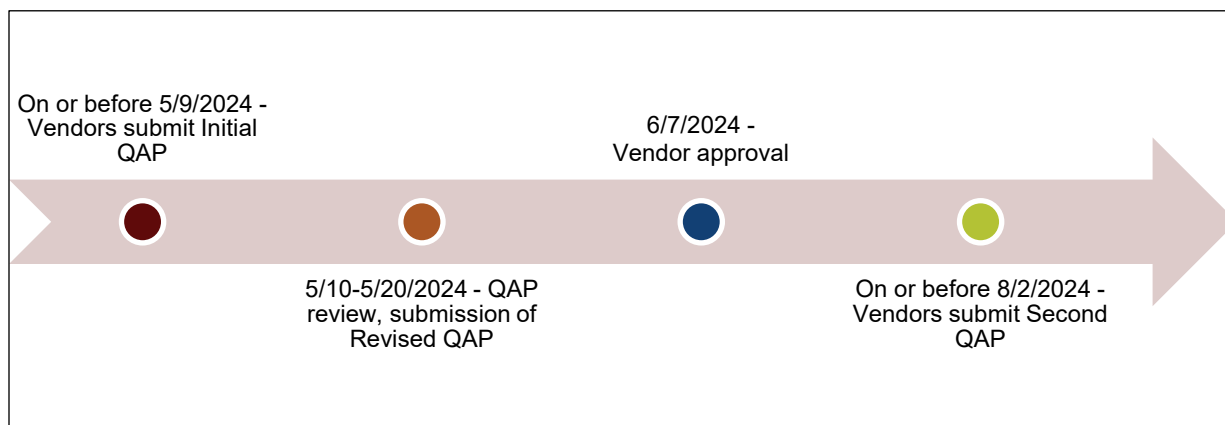
### 10.2 Oversight Activities and Timeline

**Exhibit 10-1** presents the anticipated dates of oversight activities for PY 2024. Vendors should consult the [ACO REACH CAHPS website](#) for updated dates.

**Exhibit 10-1**  
**ACO REACH CAHPS Oversight 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

**Figure 10-1**  
**Quality Assurance Plan Timing**



### 10.3 Quality Assurance Plans (QAPs)

The QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors for documenting their administration procedures for the ACO REACH CAHPS Survey. Vendors should use the QAP as a training tool for project staff and subcontractors. The submission and approval of a QAP is a component in the process through which vendors attain the status of Fully Approved. Only Fully Approved vendors are named on list of ACO REACH CAHPS vendors that is disseminated to REACH ACOs. Several months after attaining Full Approval, survey vendors are required to submit an updated QAP containing all mail and telephone survey materials (see **Figure 10-1**).

#### 10.3.1 Submission by Vendors

A [model QAP outline](#) is available on the [ACO REACH CAHPS website](#) to assist vendors in the development of their own QAP. It is divided into the following sections:

- Organization Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Questionnaire and Materials Attachments (section not required in the original QAP submission)

Survey vendors should organize the information in their QAPs to conform to the sections included in the model QAP's outline. Survey vendors should answer the outline's questions in sufficient detail to demonstrate their understanding, implementation ability, and soundness of QAPs for these aspects of ACO REACH CAHPS.

Vendors must submit their QAPs to the [ACO REACH CAHPS website](#) no later than 11:59 PM ET on the day of the deadline.

### 10.3.2 Review by CMS and Resubmission of QAPs When Needed

CMS evaluates the QAPs to determine if they demonstrate understanding of the ACO REACH CAHPS program, and compliance with all protocols for implementation and quality control/assurance. If a QAP lacks sufficient detail to confirm this, CMS will explain the deficiency to the vendor and give the vendor a date by which a revised QAP must be submitted. The vendor will be required to correct the identified issue and resubmit. Delays in QAP submission or resubmission may result in vendors not appearing on the list of Fully Approved Vendors when that list is first disseminated.

### 10.3.3 Mail Templates and Telephone Survey Materials

Vendors will be required to submit templates of all mail materials and screenshots from their CATI system in a revised version of their QAP. Vendors may submit the revised QAP containing these materials at any point prior to the deadline noted in **Exhibit 10-1**.

#### 10.3.3.1 Mail Templates

One dummy beneficiary in one REACH ACO should appear on all mail templates. Templates for the following materials must be supplied:

- Questionnaire Mailout #1 including letter, English mail questionnaire, outgoing envelope, outgoing envelope for residential care beneficiaries, and return mail envelope
  - Vendors with High Needs REACH ACO clients must submit both the High Needs and Standard/New Entrant mail questionnaires.
- Reminder postcard
- Questionnaire Mailout #2 including letter, English mail questionnaire, outgoing envelope, outgoing envelope for residential care beneficiaries, and return mail envelope
  - Vendors with High Needs REACH ACO clients must submit both the High Needs and Standard/New Entrant mail questionnaires.
- Spanish mail questionnaire
  - Vendors with High Needs REACH ACO clients must submit both the High Needs and Standard/New Entrant Spanish mail questionnaires.

The ACO REACH CAHPS Survey Coordination Team evaluates the templates for accuracy and visual clarity. Vendors may condense instructions and questions on mail questionnaires for optimal printing. RTI will review and approve templates within four weeks. All templates must receive RTI approval before they can be used. Only approved templates may be used for ACO REACH CAHPS.

#### 10.3.3.2 Screenshots

Screenshots of the entire questionnaire from their CATI interview (both English and Spanish) must be submitted, including a subset of CATI screenshots showing proxy fills. Vendors with High Needs REACH ACO clients must submit both the High Needs and Standard/New Entrant screenshots. The full question wording and answer categories must be visible. Vendors may

submit a secure link and credentials to the ACO REACH CAHPS Survey Coordination Team to test the CATI program in lieu of submitting screenshots.

#### 10.4 Data Review

The ACO REACH CAHPS Survey Coordination Team will review XML data files submitted by each vendor. Both interim and final files are reviewed immediately upon submission for proper formatting, completeness, accuracy of record count, and out-of-range and missing values. XML files which fail this immediate review are not captured by the ACO REACH CAHPS System. As stated in [Section 7.4, XML File Quality Control Procedures](#), vendors are required to download and use the Schema Validation Tool on every XML file prior to its submission. This tool will help vendors pinpoint errors and correct them prior to submission.

Once the data files are captured by the system, the ACO REACH CAHPS Survey Coordination Team will run a series of edits on submitted data to check for such issues as outliers, patterns, inconsistency between status codes and survey data, or unusual data elements. The ACO REACH CAHPS Survey Coordination Team will provide detailed feedback to vendors to understand and explain issues, with a focus toward correct data in the next submission. If at any point the ACO REACH CAHPS Survey Coordination Team believes there are any significant issues with a survey vendor's data, or if repeated discussions and contact with a survey vendor fail to result in cleaner data, a more thorough review of the survey vendor's data processing and survey implementation activities may be initiated. At that time, RTI may request copies of documentation associated with whatever the data issue is—for example, if out-of-range values are found repeatedly, RTI may request copies of documents showing the training program used to train Data Entry/optical scanning staff, training records, and documentation showing that recommended quality assurance protocols associated with data entry/scanning were followed. Survey vendors are expected to comply with all such requests for documentation.

RTI will observe vendor and REACH ACO response rates and levels of missing data to detect possible trends or quality problems on the part of any particular vendor.

#### 10.5 Site Visits

Site visits for ACO REACH CAHPS will be conducted to ensure compliance with the ACO REACH CAHPS requirements. In PY 2024, site visits will be conducted remotely.

**Notification:** RTI will notify vendors by email when the remote site visit is required for their organization. RTI will convey information about the proposed date, any area(s) of concern, members of the CMS/RTI team who will be in attendance, and specific vendor personnel who should be in attendance. RTI and the vendor will schedule the site visit at a mutually agreeable time.

**Agenda and materials:** Five or more business days prior to the remote site visit, the remote site visit team will send a Site Visit Agenda to the vendor. The agenda will specify the document or other resource the vendor is expected to present during the video conference call(s).

Examples of such documents/resources will include but are not limited to:

- Interviews with the survey vendor’s key ACO REACH CAHPS project staff, including the project manager and data manager
- A video “walk through” of the physical area used for interviewing, mailing, or data processing, if feasible
- A document “step through” of the systems and processes used from the point of receiving the sample beneficiary file to preparation of a final data file
- Software/programs in downloading and storing the sample beneficiary file
- Monitoring of telephone interviews
- Review of telephone interviewing monitoring logs
- Walkthrough of methods used for tracking contacts made and status codes
- Documentation and observation related to SPAM flagging
- A review of documentation of all survey administration procedures
- A discussion about the Help Desk voicemail and email
- Walkthrough of the systems in place to protect the confidentiality of electronic data received from the ACO REACH CAHPS Survey Coordination Team and survey data received from beneficiaries
- A review of 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

**Confidential Disclosure Agreement:** All discussions, observations, and materials reviewed during the site visit will remain confidential. RTI acknowledges that certain systems or processes may be proprietary to a survey vendor. Full cooperation with the site visit team is expected so that the team may adequately assess survey vendor compliance with all ACO REACH CAHPS Survey protocols and guidelines. It is for this reason that the RTI Contracts Office requires both the site visit team from RTI and the designated survey vendor staff sign a Confidential Disclosure Agreement (CDA). The CDA states that RTI project staff must maintain in confidence or restrict the disclosure of all proprietary information received or observed during the site visit.

**Post-site visit:** After each site visit, RTI will prepare and submit to CMS a *Site Visit Report* summarizing the findings from each site visit, including deficiencies and problems observed and remaining (if any), and questions/concerns posed by the vendor. The *Site Visit Report* will also describe corrective actions that the survey vendor will be required to take to correct any deficiencies or problems noted. The ACO REACH CAHPS Survey Coordination Team will send the *Site Visit Report* to the survey vendor after it has been reviewed with CMS project staff.

## **10.6 Corrective Action Plans**

If a survey vendor, or its subcontractor, fails to demonstrate adherence to the ACO REACH CAHPS Survey protocols and guidelines, as evidenced by ongoing problems with its submitted data or oversight deliverables, or as observed in an implementation process during a site visit, CMS, may notify the survey vendor that:

- They are being immediately placed on a Corrective Action Plan, or
- They are being given corrective steps which, if not taken in a specific time period, will lead to the vendor being placed on a Corrective Action Plan.

If the survey vendor is put on a corrective action plan, or alternatively given corrective steps, RTI will determine a schedule by which the survey vendor must comply with the tasks set forth. This schedule will include interim monitoring dates, when RTI and the survey vendor will meet via teleconference to discuss the status of the plan and what changes the survey vendor has made or is in the process of making. The nature of the requested changes that the survey vendor is asked to implement will dictate the kind of “deliverables” the survey vendor will be expected to provide and the dates by which the deliverable must be provided. Vendors who have a corrective action plan in place will have the following notation added to the ACO REACH CAHPS List of Approved Survey Vendors: (CMS is reviewing [vendor’s name]’s vendor approval status).

Survey vendors that fail to comply with the corrective action plan may be subject to having their “approved” status rescinded. The affected REACH ACO(s) will be notified of their survey vendor’s loss of approval due to their failure to comply with oversight activities or unsatisfactory implementation.