



**Accountable Care Organization
Realizing Equity, Access, and Community Health (ACO REACH)**

**Performance Year 2023 - ACO REACH CAHPS Survey Vendor
Update Training and Introductory Training
Question and Answer Summary Document**

May 2023

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the ACO REACH CAHPS website <https://acoreachcahps.org/Training/Training-Materials>. Subject-matter experts researched and answered the following questions which were raised during the live webinar. The questions may have been edited to clarify the question and answer and for grammar. ACO REACH CAHPS Survey Vendors are expected to reference the most current and up to date documents posted on the ACO REACH CAHPS website via <https://acoreachcahps.org/>. For any questions, please contact acoreachcahps@rti.org or 1-833-870-0486.

Questions and Answer from Update Training, April 4, 2023, 12:00 pm – 2:00 pm

Q1. Regarding the phone verification process and using third party applications to review phone numbers, are vendors required to verify phone numbers that have been provided in the sample file or to identify phone numbers where no phone number was provided?

- A. Vendors are required to do both – verify the phone numbers provided by RTI and attempt to obtain phone numbers where none were provided.

Q2. Regarding slide 51 (Revisions to the Handling of Beneficiaries Who Did Not See the Listed Provider or Did Not Receive Care), should vendors pre-code Q1 on the phone survey if the respondent sent back a mail survey that indicates they did not see the named provider in the last 6 months? (Mail Survey Q1: Our records show that you visited the provider named below in the last 6 months. Is that right?)

- A. Vendors should not pre-code Q1 in the phone survey. Vendors should ask Q1 in the phone survey but expect the response to be “No.” Following a “No” response, the survey will then skip to the next section asking about care received from other providers they saw in the past 6 months.

Q3. When the phone survey begins in mid-November, the “last 6 months” is inferred to mean May to November when in fact the patient roster file is from a different period. What is the actual timeframe vendors should provide if the patient indicates a pre-May visit?

- A. The ACO REACH CAHPS survey does not collect a patient roster directly to create the sample frame. The ACO REACH CAHPS sample frame is based on Medicare claims from patients who saw providers in last 12 months. Some patients will have had a visit in the last 12 months but not in the last 6 months. There is an exit point programmed into the survey for patients who have had no visits with any providers in last 6 months.

The ACO REACH CAHPS survey has a moving lookback period. The 6-month lookback period is the time of the phone survey call minus 6 months, no matter when the call takes place. The lookback period is sliding.

Q4. Regarding St/NE, a vendor pointed out that the response options for CATI Q58 do not correspond to those in mail survey Q53, helpyou (and the questions that follow that determine if it was a proxy mail survey), in the XML file layout, although those two questions are presented as corresponding to each other in that XML file layout. Last year the vendor used the proxy relationship question in the CATI script, PROXY_RELATION, to create a proxy flag that was used for Q58 in the XML data file. This was very confusing last year because the XML file layout did not clearly define from where to pull the proxy information for CATI.

- A. For St/NE: You are correct that the response options for these two questions did not correspond, and that remains the case for PY 2023. For CATI interviews, to

determine the value for the Q58 response in the St/NE XML data file (i.e., “3” if a proxy was interviewed versus “86” if a proxy was not interviewed), 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. The other thing to remember about helpread, helpwrote, helptranslate and helpother is that they take on the value of “M” (helpanswer should retain a value of “1”) if a proxy was used in CATI. If a proxy was not used in CATI, a value of “88” should be retained for helpread, helpwrote, helpanswer, helptranslate, and helpother.

For HN: Vendors should use the same process described above to determine the value for the Q64 response in the HN XML data file.

Q5. How do we help a prospective or current client who does not know if they are a REACH ACO or an SSP ACO?

- A. Please provide the following response: “ACOs have a choice of models they can join. The best way to determine in which model your ACO participates is to ask the leadership of your ACO.”

Please keep us informed if this is a recurring issue.

Update Training Recording

You may access the recordings of the Update training session using the information below.

Update to ACO REACH CAHPS Survey Vendor Webinar Training Session, Tuesday, April 4, 2023

- Topic: Update to ACO REACH CAHPS Survey Vendor Webinar Training
- Start Time: Apr 4, 2023 12:00 PM ET
- Meeting Recording:
<https://rtiorg.zoom.us/rec/share/ZkuSIH7IOIBOH3aEhRYII0TD8VVKos-ySddLc0rxVNPJ8Ov4vgXo-HjPJ0jUil3a.2BiehHrQYUnxiT0n>
- Access Passcode: gmtt4i

Comments from Update Training

Below we address your responses to the following questions asked in the Update to ACO REACH CAHPS Survey Vendor Webinar Training post-training evaluation.

1. *Please list technical difficulties you experienced, if any?*
2. *What improvements could be made in the future?*
3. *What additional content or topics would be helpful in future trainings?*

#1 (Technical Difficulties). I did not get the email with the link to join after I registered.

- A. To those who registered for the Update Training on the same day of the training, we express our sincere apologies that we were unable to provide the Zoom access information including the attendee link. We will be sure to modify our PY 2024 processes to make this information available to all who register, including those who register on the day of the training session.

#2 (Improvements). Post the slides in advance for prior review; Make slides available sooner.

- A. For future trainings we will post the training slides and notify vendors of their availability ahead of the training, for advance review.

Make new employee (Introductory) training available sooner so that we can watch that and be more prepared for the Update Training information.

- A. For PY 2024, we will review the ACO REACH CAHPS timeline to consider how we can make the Introductory Training and its materials available earlier, ahead of the Update Training.

Provide the "what to do if you're disconnected information" in the chat, or in the invite.

- A. For PY 2024, we will be sure to include the instructions for addressing technical difficulties in both the training access information that is sent when you register. We will also include it in the webinar chat at the start of the training session.

#3 (Additional Content). More anticipation regarding some fundamental questions from entities – like how to differentiate between certain types or coding for something a certain methodology that doesn't have a data element, etc.

- A. Please see the response to Q4 above.

I second the request for helping make sure clients get the right program, since some still refer to "CAHPS for MIPS" as "CAHPS for ACOs." With the change to ACOs for ACO REACH, I'm concerned people will be confused; I appreciated the question asked about providing guidance to our partners regarding SSP ACOs vs. REACH ACOs. We often have partners who are confused about which they are and therefore what their CAHPS requirements are.

- A. Please see the response to Q5 above.

Can you share any data on the efficacy of the teaser postcard? You must feel that it actually helps the response rate. I'd love to see data behind that.

- A. The ACO REACH CAHPS survey data collection protocols align with the Agency for Healthcare Research and Quality's Guidelines for Using the CAHPS Clinician & Group

Survey.¹ We do not have data on the efficacy of the teaser postcard from the PY 2022 GPDC CAHPS survey. However, mailed introductory postcards have been found to improve response rates in mail with phone follow up surveys (RTI internal data on Comprehensive Primary Care First – Plus, 2020), mail surveys (Whiteman et al. 2003), telephone surveys (Iredell et al. 2004), and patient experience surveys (Anhang Price et al. 2022).²

Comments from Introduction Training

Below we address your responses to the following questions asked in the Introduction to ACO REACH CAHPS Survey Vendor Self-Paced Training post-training evaluation.

1. *Please list technical difficulties you experienced, if any?*
2. *What improvements could be made in the future?*
3. *What additional content or topics would be helpful in future trainings?*

#1 (Technical Difficulties). I didn't have time to watch them all from beginning to end simultaneously. If I had to step away, it logged me out. When I logged back in, it took me to the beginning, and I had to step through videos to get back to where I was; Make it so that you can see the list of slides (and length of video); Break the training into segments.

- A. For future trainings, we will explore additional options available for the self-paced training.

#2 (Improvements). I would appreciate getting the Intro videos with more time to complete before the update training. I like to get a good foundation of knowledge from the Intro course before I attend the Update course for further reinforcement; it would have been helpful if we could download the slides ASAP. They didn't end up on the site until 4/11; Make slides available.

- A. For future trainings, we will post the training slides and notify vendors of their availability ahead of the training, for advance review.

¹ <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/guidance-cg-cahps.pdf>

² Anhang Price, R., D.D. Quigley, J.L. Hargraves, J. Sorra, A.U. Becerra-Ornelas, R.D. Hays, P.D. Cleary, J. Brown, and M.N. Elliott. 2022. "A Systematic Review of Strategies to Enhance Response Rates and Representativeness of Patient Experience Surveys." *Medical care*, 60(12): 910–918.

Iredell, H., T. Shaw, P. Howat, R. James, and J. Granich. 2004. "Introductory Postcards: Do They Increase Response Rate in a Telephone Survey of Older Persons?" *Health Education Research* 19 (2): 159–64.

Whiteman, M.K., P. Langenberg, K. Kjerulff, R. McCarter, and J.A. Flaws. 2003. "A Randomized Trial of Incentives to Improve Response Rates to a Mailed Women's Health Questionnaire." *Journal of Women's Health* 12 (8): 821–28.