Frequently Asked Questions—English  
The In-Center Hemodialysis CAHPS (ICH CAHPS) Survey

Overview

This document provides survey customer support personnel guidance on responding to frequently asked questions from sample respondents answering the In-Center Hemodialysis CAHPS Survey (ICH CAHPS). It provides answers to general questions about the survey, concerns about participating in the survey, and questions about completing/returning the survey. Survey Vendors may amend the document to be specific to their operations, or revise individual responses for clarity.

Note: Survey vendors conducting the ICH CAHPS Survey must NOT attempt to influence or encourage patients to answer items in a particular way. For example, the Survey Vendor must NOT say, imply or persuade patients to respond to items in a particular way. In addition, Survey Vendors must NOT indicate or imply in any manner that the dialysis facility, its personnel, or its agents will appreciate or gain benefits if patients respond to the items in a particular way.

I. General questions about the survey

* Who is sponsoring this survey?

[*ICH Facility Name*] is taking part in a national survey from the Centers for Medicare & Medicaid Services, also known as CMS. The goal of the survey is to learn more about the quality of dialysis care patients receive from their in-center hemodialysis facility.

* Who is conducting this survey?

I’m an interviewer from [*Survey Vendor*], hired by [*ICH Facility Name*] to conduct this survey to help them get feedback from their patients.

* What is the purpose of this survey?

The purpose of this survey is to learn about your experiences with the dialysis care you receive. The survey results will help dialysis patients make more informed choices when choosing a dialysis facility as well as helping dialysis facilities participating in the study to improve the quality of dialysis care for their patients.

* How can I verify this survey is legitimate?

You can contact *[ICH Facility Name]* at [TELEPHONE NUMBER] for information about the survey.

* How do I know this survey is legitimate? How do I know you really are an interviewer for this survey?

You can contact my supervisor, [SUPERVISOR NAME], at [TELEPHONE NUMBER] for information about the survey.

* Who can I contact if I have questions about the study?

If you would like to speak to a study representative, please call [SUPERVISOR NAME], toll free at [TELEPHONE NUMBER].

* Is there a government agency that I can contact to find out more about this survey?

Yes, you can contact the Centers for Medicare & Medicaid Services (CMS), a federal agency within the Department of Health and Human Services through the ICH CAHPS Technical Assistance telephone number at 1-866-245-8083 or by email at [ichcahps@rti.org](mailto:ichcahps@rti.org).

* How do I know this is confidential?

Your answers will be seen by research staff, who have signed statements of confidentiality. Everyone’s answers will be combined to produce a summary report.

* How long will this take?

This survey takes on average about 16 minutes to complete. I’ll move through the questions as quickly as possible. [NOTE: SURVEY COMPLETION TIME WILL DEPEND ON WHETHER OTHER NON-CAHPS SURVEY ITEMS ARE ADDED TO THE QUESTIONNAIRE.]

* What kinds of questions will be asked?

The survey asks about your opinion of your kidney doctor, the dialysis facility staff you have encountered, your experiences with the dialysis care you receive at your treatment facility, and your rating of this care. It also asks some general health and demographic questions.

* How did you get my name? How was I chosen for the survey?

Your name was randomly selected from all patients at [*ICH Facility Name*].

* I am not happy with the care I’m getting from my facility. Who can I talk to about this?

Please call the ESRD Network that serves your ICH facility. That is Network [GIVE APPROPRIATE ESRD NETOWRK NUMBER] and their number is [GIVE APPROPRIATE ESRD NETWORK PHONE NUMBER]. You may also call Medicare at 1-800-MEDICARE (1‑800-633-4227).

II. Concerns about participating in the survey

* How are the results from the study going to be used?

Results from the survey will be used to help people make more informed decisions when choosing an in-center hemodialysis facility. Dialysis facilities will also use survey results to help improve the quality of care they give to their patients.

* Where can I see the results from the study?

Results from this survey will be publicly reported on the compare tool on Medicare.gov’s website. You can access the results by visiting [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).

* Do I have to take part in this study?

Your participation in this survey is voluntary; all information you give in this survey will be held in confidence and is protected by law. No dialysis facilities, including your current dialysis facility, will see your individual answers to this survey, nor will they know whether or not you participated.

You can also skip or refuse to answer any question you don’t feel comfortable with. But, we hope you will participate because the feedback you provide will help improve the quality of the dialysis care you and others like you receive.

* What do I have to do?

I would like to ask you some questions about your opinion of your kidney doctor, the dialysis facility staff you have encountered, and your experiences at the dialysis facility you use for treatment. This survey takes on average about 16 minutes to complete, and I will move through the questions as quickly as possible.

* Can my (wife, husband, child, legal guardian, etc.) answer these questions for me?

Because you were chosen at random to participate in this important study, and because you are the one receiving dialysis care, no other person can take your place. But, you may skip or refuse to answer any question you are uncomfortable with.

* Why do you want to know all this personal stuff about me if this is a survey about my in-center hemodialysis care experiences?

I understand your concern with the questions about your health and background. We have found that people’s experiences may differ based on their current health status and other characteristics. This is a very important survey. If a question bothers you, just tell me you’d rather not answer it, and I’ll move on to the next question.

* I’m on the *Do Not Call* list. Why are you calling me?

The Do Not Call list stops sales and telemarketing calls. We are conducting survey research on behalf of the Centers for Medicare & Medicaid Services, also known as CMS. We are not calling to sell or market a product or service.

* I’m not going to answer a lot of questions over the phone!

Your cooperation is very important to us. The information that you provide in this survey will help others make more informed choices about an in-center hemodialysis facility and will help your in-center hemodialysis facility to improve the care they give. All of the answers you give in this survey will be kept completely confidential and are protected by law. Let me start and you can see what the questions are like.

* I don’t like my dialysis facility!

I understand. Your opinions are very important and will help your dialysis facility understand how to improve its programs. Let’s start now. [NOTE: DO NOT ARGUE BACK. MAKE SHORT, NEUTRAL COMMENTS TO LET THEM KNOW THAT YOU ARE LISTENING AND IMMEDIATELY ASK THE FIRST QUESTION.]

III. Questions about Completing/Returning the Survey

* Is there a deadline to fill out the survey?

[Mail version]—Since we need to contact so many people, it would really help if you could return it within the next several days.

[Telephone version] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don’t have the time, maybe I could schedule an appointment for some time within the next several days.

* Where do I put my name and address on the questionnaire?

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire.

* Can someone else complete the survey on behalf of the patient?

No, their responses may differ from the patient’s responses. They may assist the patient with reading, writing, or translation, but only the patient may provide answers to the survey.

* As someone with Power of Attorney may I complete the survey?

No, the ICH CAHPS survey does not allow for proxy respondents.