

**MODEL QUALITY ASSURANCE PLAN**  
**In-Center Hemodialysis CAHPS Survey**  
**February 2025**

Survey vendors that meet the necessary business requirements to become a CMS-approved In-Center Hemodialysis (ICH) CAHPS Survey vendor and have participated in the ICH CAHPS Survey training session will receive conditional approval as an ICH CAHPS Survey vendor. Survey vendors will receive final approval after they have submitted an acceptable Quality Assurance Plan (QAP). This model QAP serves as a guide for survey vendors as they develop their procedures and materials for implementing and complying with the ICH CAHPS Survey *Administration and Specifications Manual*.

Each vendor must complete and submit a QAP to the ICH CAHPS Survey Coordination Team within 6 weeks after the vendor’s first semiannual submission of ICH CAHPS Survey data. The ICH CAHPS Survey Coordination Team will notify each vendor of its final approval status within 4 weeks after the QAP is submitted. In addition, each vendor will be required to update and resubmit its QAP annually on or before May 31 of each year thereafter, and whenever it makes key personnel or protocol changes.

<p><b>Approved Survey Modes Versus Actively Administering Survey Modes</b></p> <p><u>Throughout the QAP, a vendor must:</u></p> <ul style="list-style-type: none"><li>❖ Provide clear descriptions of its ICH CAHPS implementation for the survey mode(s) the vendor is approved for by CMS,</li><li>❖ Indicate which of the CMS-approved survey mode(s) it is actively administering on behalf of ICH CAHPS Survey clients,</li><li>❖ Focus detailed descriptions, documentation, and timelines on the CMS-approved survey mode(s) the vendor is actively administering, and</li><li>❖ Include copies of ICH CAHPS Survey materials for the CMS-approved survey mode(s) the vendor is actively administering.</li></ul>
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The vendor’s QAP should include the sections listed below. The specific requirements for these sections are described in the pages that follow.

- Organization Background and Staff Experience
- Work Plan for Each Approved Mode of Data Collection
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Survey and Materials Attachments (in each language being administered)

Each vendor will receive final approval as an ICH CAHPS Survey vendor after its QAP has been reviewed and approved by the ICH CAHPS Survey Coordination Team.

**A. Organization Background and Staff Experience**

1. Provide your organization's name and address. If your organization has multiple locations, include the address of both the main location and the address of the locations at which the primary operations, including data collection and data processing activities, are being conducted.
2. Describe the history and affiliation with any other organization (e.g., other company or university affiliation). Include the scope of business, number of years in business, and number of years of survey experience.
3. Provide an organizational chart that shows the names and titles of staff members, including subcontractors, who are responsible for each of the following tasks:
  - a. Overall project management, including tracking and supervision of all tasks below.
  - b. Obtaining the sample file.
  - c. Data collection, including overseeing implementation of the data collection mode for which your organization has been approved.
  - d. Data receipt and data entry/scanning procedures.
  - e. File development and submission processes.

The organizational chart must specify all staff reporting relationships, including those managing subcontractors. It must designate any individuals who have quality assurance oversight responsibility and indicate for which tasks they are responsible.

4. Summarize the background and experience of the individuals responsible for the tasks listed in Item 3 above, including a description of any subcontractors serving in these roles. The narrative of each individual's experience must include a discussion of how the person's qualifications are relevant to the ICH CAHPS Survey tasks that he or she is expected to perform. Resumes must be available upon request.

**B. Work Plan**

1. Describe how your organization is implementing the ICH CAHPS Survey for each mode for which your organization has been approved. This section of your QAP must describe the entire process that your organization is following to implement the survey, including your procedures for:
  - a. obtaining the sample file from the ICH CAHPS website;
  - b. fielding the survey, receiving and processing all data;
  - c. preparing and submitting final files;
  - d. ensuring that the final survey data match the SID assigned by the ICH CAHPS Survey Coordination Team; and
  - e. implementing quality control at each stage to ensure the quality and security of the data.

For each step above, describe who is responsible for overseeing the activity, and when that activity is completed (for example, x weeks after mailing the first survey).

2. Include a copy of your schedule or timeline for conducting all activities within the timeframes specified in the ICH CAHPS Survey *Administration and Specifications Manual*. The timeline must include receipt of files from the ICH CAHPS website/Survey Coordination Team, each step of the mail or telephone implementation, data file cleaning, and data file preparation and submission.

### C. Survey Implementation Plan

1. Describe your process for receiving and tracking sample files from the ICH CAHPS website.
2. Describe your process for implementing your approved survey mode(s). This includes a description of the relevant hardware or software. For example, describe your electronic interviewing and case management systems and your mailing, scanning, or data entry equipment.
3. Describe the training for all ICH CAHPS Survey project staff, including telephone interviewers (if applicable), mail survey production, data receipt/data processing/data entry, and customer support staff. Subcontractors with significant roles will be required to attend the vendor training session. If you are using subcontractors for any roles, describe how the subcontractor's staff are being trained.
4. Describe your training-related quality control procedures to ensure compliance with ICH CAHPS Survey protocols and procedures established in the ICH CAHPS Survey *Administration and Specifications Manual*. Describe your documentation showing appropriate quality control of data collection and processing.
5. Describe your toll-free customer support telephone line, including the actual telephone number and who responds to questions from callers. Also include information on the days of the week and times of the day that you are staffing the customer support line and how you are handling after-hours contacts, and include text of any audio-recordings that are being used. Include a discussion of your quality control procedures to ensure compliance with ICH CAHPS Survey protocols and describe your documentation of this quality control.
6. Describe the production and posting process for mail surveys, if applicable, including indicating the name of the staff member responsible for the process, and quality control checks implemented at each stage (for example, monitoring the quality and content of mail survey packages, use of seeded mailings, and frequency of checks). Describe your quality control procedures to ensure compliance with ICH CAHPS Survey protocols and describe your documentation of this quality control. If you are using a mail survey subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is in compliance with ICH CAHPS Survey protocols.
7. Describe the receipt and data entry or scanning process for mail surveys, if applicable, including who is responsible for the process and what quality control checks are being implemented at the survey receipt, data entry, and scanning phases, and how frequently those checks are conducted. Describe your quality control procedures to ensure compliance with ICH CAHPS Survey protocols and describe your documentation of this quality control. If you are using a data entry or scanning subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is in compliance with ICH CAHPS Survey protocols.

8. Describe the process for implementing the telephone survey, if applicable, including who is responsible for training and monitoring interviewer performance, how training and monitoring are being documented, and your systems and procedures to ensure that all interviewing is conducted according to the ICH CAHPS Survey protocols (for example, varying times of day that calls are attempted and tracking the status of call attempts). If you are using a telephone survey subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is in compliance with ICH CAHPS Survey protocols.
9. If you are approved for mixed-mode administration, you must address all of the paragraphs above regarding both mail and telephone processes. In addition, you must include a discussion of the control system used to monitor case status as the case transitions from the mail phase of the survey to the telephone follow-up phase. Describe your survey receipt process to track surveys that are returned while the telephone follow-up phase is in effect. Describe the processes that you have in place to ensure that sample patients who have returned a completed survey are not called after the completed survey is received. How do you determine which completed survey to retain (mail or telephone interview data) if the sample patient returns a completed survey and participates in a telephone interview? If you are using a subcontractor, describe oversight activities you are conducting to ensure that the subcontractor is in compliance with ICH CAHPS Survey protocols.
10. Describe your processes to submit data files to the ICH CAHPS Data Center through the ICH CAHPS Survey website. Discuss your quality control during file creation, including documentation of quality control. Describe the process that will be used to ensure that final survey data are linked to the original SID assigned by the Coordination Team.

**D. Data Security, Confidentiality, and Privacy Plan**

1. Describe your process to ensure data security, including passwords, file encryption, backup systems, etc. For both hardcopy surveys and electronic data files, describe how and for how long these materials will be stored and when and how they will be destroyed.
2. Describe your vendor and subcontractor staff confidentiality agreements, including how affidavits of confidentiality are being stored and tracked. Include a copy of the confidentiality agreement that is being used.
3. Describe your measures to protect respondent privacy. Include your telephone survey script regarding privacy or confidentiality of the data collected. Vendors must ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements. Describe the required HIPAA training of staff working on the ICH CAHPS Survey project. If you are using any subcontractors for any roles, describe how the subcontractor's staff are being trained on HIPAA.
4. If you are approved for telephone surveys, include a screenshot or text indicating the voluntary nature of the sample patient's participation.
5. Please include a statement in your QAP confirming that you have a disaster recovery plan for ICH CAHPS Survey data.

**E. Survey and Materials Attachments**

1. Attach a copy of your prenotification letters for each language that you are administering.
2. If you are approved for mail-only or mixed mode administration, attach a copy of your formatted mail survey questionnaire if you are approved for mail-only or mixed-mode administration. Be sure to include the cover page and back page. Include the mail survey for **each** language that you are administering.
3. If you are approved for telephone-only or mixed-mode administration, attach all screen shots from your telephone interview program—beginning with the introductory screens and ending with the last question in the interview. Include the telephone script for both English and Spanish if you are administering both languages.
4. If you are approved for mail-only or mixed-mode administration, include a copy of your cover letters 1 and 2 for **each** language that you are administering.
5. Include a screenshot of your ICH CAHPS Survey Package Envelope template (used to send both prenotification letters and mail survey packages).