

Vendor Update Webinar Training Session

**In-Center Hemodialysis Consumer Assessment of
Healthcare Providers and Services
(ICH CAHPS) Survey
February 15, 2018**



Overview of the ICH CAHPS Survey Vendor Update Training Session

Welcome to the 2018 ICH CAHPS Vendor Update Training Session!

The purposes of this session are to review issues related to:

- in-center hemodialysis (ICH) facility participation requirements and the schedule for the 2018 ICH CAHPS Surveys;
- sample selection;
- changes to survey materials and procedures;
- data coding and processing;
- data quality issues; and
- public reporting.

Training Session Logistics and Reminders

- We expect to take a short break about halfway through this session.
- If you leave the session at any time, do not disconnect from either the Web or telephone connections.
- If you get disconnected and have problems accessing the session, call the Webinar provider at

1-866-779-3239

2018 ICH Facility Participation Requirements

What are the ICH CAHPS facility participation requirements for calendar year (CY) 2018?

2018 ICH Facility Participation Requirements (cont'd)

- The requirements for administering the ICH CAHPS Survey have been published in the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) proposed and final rules for each calendar year since the rule for CY2014 was published in CY2013.
- The final ESRD PPS Rule for calendar year CY2018 was published on November 1, 2017.
- A link to the ESRD PPS final rule for CY2018 can be found in the “Quick Links” box on the homepage of the ICH CAHPS website.

2018 ICH Facility Participation Requirements (cont'd)

- The performance period is the year in which a facility administers the survey and provides clinical reporting measures to CMS.
- Payment year (PY) is the year in which payment for hemodialysis treatment is made.
- Administration of the two semiannual surveys in 2018 is part of the quality reporting requirements for PY2020.

2018 ICH Facility Participation Requirements (cont'd)

- ICH facilities must determine whether they are required to administer the ICH CAHPS Surveys in 2018 by counting the number of survey-eligible patients served in CY2017.
- Facilities that served 30 or more survey-eligible patients in CY2017 are required to administer the survey in 2018.
- Facilities that served 29 or fewer survey-eligible patients in CY2017 are not required to administer the surveys in 2018, but can do so if they choose.

2018 ICH Facility Participation Requirements (cont'd)

- The number of patients needed for reporting clinical measures is different from the number of patients used to determine whether survey administration is required.
 - Minimum number of patients served for reporting clinical measures is 11.
 - Facilities that served 30 or more survey-eligible patients in the preceding calendar year are required to administer the survey in the current calendar year.

2018 ICH Facility Participation Requirements (cont'd)

- **Difference between requirements for survey administration and public reporting**
 - If the facility served 30 or more survey-eligible patients in the preceding calendar year, a facility is required to administer the survey.
 - A facility must have 30 or more completed surveys over the two survey periods in the public reporting period for ICH CAHPS Survey results to be publicly reported.

2018 ICH Facility Participation Requirements (cont'd)

- To determine whether survey administration is required, facilities must count patients who:
 - were 18 years or older as of December 31, 2017, and known to be alive;
 - received outpatient hemodialysis treatments from the facility for 3 consecutive months or longer at any time during 2017; and
 - were not in a nursing home or other long-term facility or receiving hospice care as of December 31, 2017.

2018 ICH Facility Participation Requirements (cont'd)

- The following patients should NOT be included in a facility's count of survey-eligible patients:
 - Patients who receive home dialysis only
 - Patients who receive peritoneal dialysis only
- These patients are not eligible to participate in the ICH CAHPS Survey.

2018 ICH Facility Participation Requirements (cont'd)

Can a facility choose to administer the survey if it does not meet the requirements for participation?

2018 ICH Facility Participation Requirements (cont'd)

- ICH facilities that are not required to administer the survey in 2018 can choose one of the following options:
 - Option 1: Administer the survey following all ICH CAHPS Survey administration protocols and procedures. CMS will provide a sample to the facility's authorized survey vendor.
 - Option 2: Administer the survey without adhering to ICH CAHPS protocols. CMS will not provide survey samples to a survey vendor. If this option is chosen, ICH facilities must submit the 2018 Facility Non-Participation Form on the ICH CAHPS website before February 28, 2018.
 - Option 3: Not administer the survey at all. If this option is chosen, ICH facilities must also submit the 2018 Facility Non-Participation Form by the deadline.

Participation in the 2018 ICH CAHPS Survey

What does a facility that has never administered the ICH CAHPS Survey need to do before it can administer the Survey?

Participation in the 2018 ICH CAHPS Survey (cont'd)

- Before they can participate in the ICH CAHPS Survey for the first time, ICH facilities must:
 - select and contract with a CMS-approved ICH CAHPS survey vendor;
 - register on the ICH CAHPS website; and
 - complete the online “Authorize a Vendor” form on the ICH CAHPS website.

Participation in the 2018 ICH CAHPS Survey (cont'd)

Are there any steps or actions that a facility that administered the survey in a preceding survey period must take before each new survey period?

Participation in the 2018 ICH CAHPS Survey (cont'd)

- Facilities that authorized a vendor in 2014, 2015, 2016, or 2017 do not have to update the vendor authorization UNLESS:
 - they are switching to a different survey vendor; or
 - they entered an End Date prior to 2018 on their Vendor Authorization Form.
- Vendors should make sure their facility clients did not enter an End Date prior to 2018 on their Vendor Authorization Form.

Participation in the 2018 ICH CAHPS Survey (cont'd)

- To switch to a different vendor, the facility must:
 - Log onto the ICH CAHPS website and access the online Authorization Form.
 - Enter an End Date for the vendor that was previously authorized.
 - Click on the name of its new survey vendor from the drop down box.
 - Enter a Start Date for the new vendor.

Participation in the 2018 ICH CAHPS Survey (cont'd)

What should an ICH facility do if it decides not to administer the 2018 ICH CAHPS Survey?

Non-Participation in the 2018 ICH CAHPS Survey

Facilities that will not be administering the 2018 ICH CAHPS Survey must notify the ICH CAHPS Coordination Team.

- Complete and submit the 2018 Facility Non-Participation Form on the ICH CAHPS website.
- Deadline for submitting this form is 11:59 PM Eastern Time on February 28, 2018.
- 2017 Facility Non-Participation Form is no longer valid.
- The Coordination Team will not provide a sample for each CCN for which the Non-Participation Form is submitted.

Non-Participation in the 2018 ICH CAHPS Survey (cont'd)

Completing the Facility Non-Participation Form

- Log into the ICH CAHPS website.
- Click the Facility Non-Participation Form link, which is under the "For Facilities" tab.
- Enter the CCN(s) of the ICH facility for which the survey will NOT be administered in 2018.
- If there is more than one CCN, enter them in the display window, separating each CCN by placing a comma after the last digit of the CCN.

Non-Participation in the 2018 ICH CAHPS Survey (cont'd)

Completing the Facility Non-Participation Form (cont'd)

- After the CCN is entered, the system will display the facility name.
- The facility should read the information below the box containing the name and then hit the submit button.
- The system will automatically send an e-mail to the facility asking the facility to contact the Coordination Team if the Facility Non-Participation Form for the CCN(s) was submitted in error.

Non-Participation in the 2018 ICH CAHPS Survey (cont'd)

Difference between the QIP Attestation and the 2018 ICH CAHPS Facility Non-Participation Form

- The purpose of the Attestation required by QIP is to attest that the facility did not have 30 or more survey-eligible patients during the preceding calendar year.
- The Facility Non-Participation Form is a way by which the facility alerts the Coordination Team that it does not plan to administer the survey in the current year.

The 2018 ICH CAHPS Survey Schedule

What is the schedule for the 2018 ICH CAHPS Spring Survey?

Schedule for the CY2018 ICH CAHPS Spring Survey

Schedule for the CY2018 ICH CAHPS Survey

Activity	Date
Distribute sample to survey vendors	3/30/2018
Vendors attest to receipt of sample file	4/3/2018
Mail prenotification letter	4/20/2018
Begin data collection	5/4/2018
Mail questionnaire package to sample patients in mail only and mixed-mode samples	5/4/2018
Begin calling sample patients in telephone only samples	5/4/2018
Mail second questionnaire package to nonrespondents in the mail-only sample	6/1/2018
Begin telephone follow-up with mixed-mode sample patients who do not respond by mail	6/1/2018
End data collection activities	7/13/2018
Begin cleaning/processing final data and construct XML file	7/16/2018
Submit data to ICH CAHPS data center	7/25/2018

Schedule for the CY2018 ICH CAHPS Spring Survey (cont'd)

What are the facility and survey vendor deadlines for the upcoming 2018 Spring Survey?

Schedule for the CY2018 ICH CAHPS Spring Survey (cont'd)

Deadlines for ICH facilities

- If not participating in the 2018 Surveys, submit the Facility Non-Participation Form by 5:00 PM ET on February 28, 2018.
- If administering the survey for the first time, register on the ICH CAHPS website and complete the Vendor Authorization Form by 5:00 PM ET on February 28, 2018.
- If switching to a different vendor (or removing an End Date), update the online Vendor Authorization Form by 5:00 PM ET on February 28, 2018.

Schedule for the CY2018 ICH CAHPS Spring Survey (cont'd)

Deadlines for ICH CAHPS Survey vendors

- Submit information needed for preparing vendor-specific prenotification letters, January 31, 2018.
- Submit new facility-specific supplemental questions to CMS, January 31, 2018.
- Download sample file within 2 business days of notification that sample file is available (March 30, 2018).
- Attest that sample was downloaded successfully, within 2 business days of sample file being made available for download, April 3, 2018.

Schedule for the CY2018 ICH CAHPS Spring Survey (cont'd)

Deadlines for ICH CAHPS Survey vendors (cont'd)

- Submit the Updated Quality Assurance Plan, 11:59 PM ET on March 31, 2018.
- Administer the 2018 ICH CAHPS Spring Survey, April 20, 2018, through July 13, 2018.
- Submit data files for the 2018 ICH CAHPS Spring Survey, 11:59 PM ET on July 25, 2018.
- Submit application for renewal of the data use agreement (DUA) to CMS, one month before current DUA expires.

Questions?

Sample Selection

Sample Selection and Distribution

What is the difference between the sampling protocol for the 2018 Spring Survey and that used in previous survey periods?

Sample Selection and Distribution (cont'd)

- The 2018 Spring Survey sample will consist of patients who received dialysis July 1 through September 30, 2017.
- The Coordination Team will select and provide a sample for each CCN with a current vendor authorization in place, EXCEPT for those that submitted a Facility Non-Participation Form (NPF).

Sample Selection and Distribution (cont'd)

- Vendors will attest that they have a contract with the facility as part of the sample file receipt attestation.
- If a vendor does not have a current contract with an ICH facility, do not download the sample files.
- Notify the Coordination Team immediately if you receive a sample for a facility with which you do not have a current contract.
- If a vendor will NOT be administering the survey for a facility because of payment or contract issues, contact the Coordination Team immediately.

Sample Selection and Distribution (cont'd)

What should vendors do to prepare for the 2018 Spring Survey?

Sample Selection and Distribution (cont'd)

- The vendor authorization report will show the facilities that authorized you to administer the 2018 Spring Survey.
- Vendors should monitor their vendor authorization report regularly until the February 28, 2018, deadline to ensure that the CCN for each of their facility clients is on the report.
- If there are CCNs with a 2017 Fall End Date, and an NPF was not submitted, contact those facilities and encourage them to update the Authorization Form before the deadline.
- The Coordination Team will send a report to each vendor of all CCNs that completed a 2018 Facility Non-Participation Form.

Sample Selection and Distribution (cont'd)

What are the quality control measures vendors should make on sample files they receive from the ICH CAHPS Coordination Team?

Sample Selection and Distribution (cont'd)

- Compare number of facilities on sample file to those on your vendor authorization report. Make sure all facility clients are accounted for.
- Make sure there are no duplicate SIDs on the file.
- Make sure there are no duplicate patients (by name, DOB, gender).
- Confirm that all patients are 18 or older.
- Confirm that patient-level data needed for the survey are provided for each patient.

Sample Selection and Distribution (cont'd)

What is the protocol for CCNs that change ownership?

Facility Ownership Changes

- Ownership changes **before** data collection begins:
 - Both the new and previous owners' ICH CAHPS Survey Administrator (SA) should notify the Coordination Team (CT) as soon as possible about the ownership change.
 - If the new owner's SA does not contact the CT, we will reach out for confirmation.
 - The CT will work with the new owner's SA to make sure that the CCN is registered to the correct person and the correct vendor is authorized. The new owner should have contract in place with the selected vendor.
 - The sample will be provided to the vendor selected by the new owner.

Facility Ownership Changes (cont'd)

- Ownership changes **after** data collection has begun:
 - The SA for both the previous and new owners should notify the CT as soon as possible about the ownership change.
 - The CT will work with previous and new owners, and the previous and new vendor (if applicable), to ensure that data are collected as required for that facility.

Facility Closures

What should a vendor do if the facility closes before or during the data collection period?

Facility Closures (cont'd)

Vendor Facility Closing Attestation Form

- If a facility has closed, the vendor should complete and submit the online Vendor Facility Closing Attestation Form, which is under the Survey Vendor tab on the ICH CAHPS website.
- When this form is submitted, the system will automatically send a confirmation e-mail to the facility.

Facility Closures (cont'd)

- If the closure occurs before data collection begins:
 - Vendor should complete Vendor Facility Closing Attestation Form immediately.
 - No data collection should take place.
 - If vendor already received sample for the facility, vendor should delete all PII provided for that CCN.
 - An XML will not be submitted for the CCN.
- If the closure occurs after data collection has begun:
 - Vendor must continue collecting data for the CCN.
 - An XML must be submitted for the CCN at the end of data collection.

Questions?

Survey Administration

Survey Administration

Changes to the survey materials or protocols that will be used in the 2018 ICH CAHPS Surveys

Survey Administration (cont'd)

Prenotification Letters

- New letters for 2018 Spring Survey.
 - Revised to make them easier to read and understand by the sample patient.
- Vendors have been asked to provide any new or updated information.
 - New PDFs in each administered language will be distributed to vendors in late February 2018.
 - Notify the Coordination Team immediately of any other vendor information changes.
- Reminder: The CMS logo must appear on the prenotification letter mailing envelope, along with the vendor's return address.

Survey Administration (cont'd)

Mail Cover Letters

- New for 2018 Spring Survey.
 - Revised to make them easier to read and understand by the sample patient.
 - Although the cover letters found on the website and in the manual only serve as examples, we encourage vendors to use the new versions.

Survey Administration (cont'd)

Mail Questionnaire

- The OMB expiration date has been added to the mail questionnaire cover.

Telephone Script

- Q45_INTRO
 - To clarify when to use Q45 INTRO vs. Q45INTRO2, a skip instruction was placed in the script.
 - Q45_INTRO This last set of questions asks for information about you. Please listen to all response choices before you answer the following questions. **[GOTO Q45]**
 - Q45_INTRO2 The following questions are about you and your health. This information will help the Centers for Medicare & Medicaid Services better understand how well you are doing.

Survey Administration (cont'd)

Chapter	Page	New or Additional Information
Global	NA	Dates changed to reflect the 2018 surveys
Global	NA	Section numbers added for ease of reading and searching
Chapter II, Section 2.3	9	Information about publicly reported data updated to reflect most recent DFC refresh
Chapter III, Section 3.1	13-14	Added information about facilities being permitted to hang posters related to the ICH CAHPS Survey
Chapter IV, Section 4.2	28	Footnote added to Exhibit 4.1 to explain change in 2018 Spring Survey sampling window
Chapter IV, Section 4.3	31	Reminder added for vendors to check the new NPF Report provided by the CT when reviewing the Vendor Authorization Report
Chapter IV, Section 4.4	32	Reminder added for vendors to use the facility name that sample patients will recognize in their survey materials
Chapter V, Section 5.1	36	Footnote added to Table 5.1 to explain change in 2018 Spring Survey sampling window
Chapter V, Section 5.2.1	37	Revised prenotification letter making it easier for sample patients to understand
Chapter V, Section 5.2.1	38	"Electronic Services Requested" added to options for prenotification envelopes (when new address is available from USPS)
Chapter V, Section 5.2.2	39	Revised cover letters making them easier for sample patients to understand
Chapter V, Section 5.2.2.1	39	Vendors option to submit an ERF if they would like to print their own ID number on the cover letter instead of the SID
Chapter VI, Section 6.1	54	Footnote added to Table 6.1 to explain change in 2018 Spring Survey sampling window
Chapter VI, Section 5.1.1	54	Revised prenotification letter making it easier for sample patients to understand
Chapter VI, Section 6.1.1.1	55	"Electronic Services Requested" added to options for prenotification envelopes (when new address is available from USPS)
Chapter VI, Section 6.3.1	61	Protocol added for starting 10 attempts over if new phone number received
Chapter VI, Section 6.3.1	62	Protocol added for handling interview calls where sample patient states he or she is currently receiving dialysis at time of call
Chapter VII, Section 7.1	68	Footnote added to Table 7.1 to explain change in 2018 Spring Survey sampling window

Survey Administration (cont'd)

Chapter	Page	New or Additional Information
Chapter VII, Section 7.2	69	Revised prenotification letter making it easier for sample patients to understand
Chapter VII, Section 7.2.1.1	69	"Electronic Services Requested" added to options for prenotification envelopes (when new address is available from USPS)
Chapter VII, Section 7.2.2	71	Revised cover letters making them easier for sample patients to understand
Chapter VII, Section 7.2.2.1	71	Vendors' option to submit an ERF if they would like to print their own ID number on the cover letter instead of the SID
Chapter VII, Section 7.8.1	87	Protocol added for starting 10 attempts over if new phone number received
Chapter VII, Section 7.8.1	88	Protocol added for handling interview calls where sample patient states he or she is currently receiving dialysis at time of call
Chapter IX, Section 9.1.1.1	100	Clarification on coding when Q1 and/or Q2 indicates ineligibility
Chapter IX, Section 9.2	105	Reminder to vendors to check systems to ensure that automatically assigned final disposition codes are assigned correctly
Chapter IX, Section 9.2	106	Code 170 in Table 9.1 has been updated
Chapter IX, Section 9.2.1	108	Code 130 has been updated
Chapter IX, Section 9.5	115	"Total Number of Ineligible Surveys" definition has been revised to remove Code 199
Chapter XV, Section 15.0	155	Information about publicly reported data updated to reflect most recent DFC refresh
Appendix C	C-1	Mail survey cover letters updated to new versions. Telephone script updated to clarify to skip to Q45 after reading the Q45INTRO.
Appendix D	D-1	Mail survey cover letters updated to new versions. Telephone script updated to clarify to skip to Q45 after reading the Q45INTRO.
Appendix E	E-1	Mail survey cover letters updated to new versions
Appendix F	F-1	Mail survey cover letters updated to new versions
Appendix G	G-1	Mail survey cover letters updated to new versions

Survey Administration (cont'd)

Mail Survey Administration - REMINDERS

- Make sure that the OMB# is printed on the front cover of the survey, even if the OMB disclosure notice (which contains the OMB#) is printed on the front cover.
- Review white mail and comments written on returned mail surveys. Final code, as applicable.
- Check scanning systems/equipment periodically to ensure that responses are being scanned correctly and accurately.
- Must print SID on questionnaire.
 - Submit ERF if vendor would rather print internal ID.

Survey Administration (cont'd)

Telephone Survey Administration - REMINDERS

- Ensure that interviewers are administering the telephone interview following protocol. Retrain on probing, as needed.
- Make sure that calls are spread out on different days of the week, at different times of the day, throughout the data collection period.
- Make sure that 10 attempts are being made for each case.
 - If you receive a new phone number for a sample patient, the number of calls should start again at 1 (making 10 calls to the new number).

Survey Administration (cont'd)

Telephone Survey Administration – REMINDERS (cont'd)

- Vendors should not be calling after 9 PM, respondent's time.
- Do not conduct telephone interview if it is known that patient is at the ICH facility when the interviewer calls.
- Do not add additional screens to your telephone interview unless you have approval from the CT. Remember that all vendor- or facility-specific supplemental questions must be approved by CMS.
- If you have multiple telephone numbers for a sample patient but learn via one number that the sample patient is ineligible, a final code should be applied and no calls placed to the other number(s).

Survey Administration (cont'd)

Does CMS have plans for providing the survey in other languages?

- Let the Coordination Team know if additional languages are needed.
- We are open to translating into other languages if needed.

Survey Administration (cont'd)

Is CMS considering allowing proxy responses on ICH CAHPS?

- At this time, proxy responses are not permitted. If this changes, an announcement will be made.

Survey Administration (cont'd)

Protocol requires that outgoing envelopes use one of three phrases to indicate address service requested. Is it permitted to also use "Electronic Service Requested" to receive this information back electronically?

- Yes, vendors may use "Electronic Service Requested" on outgoing survey envelopes.

Survey Administration (cont'd)

Would CMS consider adding a web or e-mail option for the ICH CAHPS Survey?

- CMS is exploring the feasibility of using web/Internet on CAHPS Surveys.
- At this time, CMS will not be offering a web or e-mail data collection mode for the ICH CAHPS Survey.

Survey Administration (cont'd)

Are there any potential changes to the frequency of survey administration – that is, will the survey be administered more frequently or less frequently per year?

- There are no changes to the frequency of survey administration at this time; however, CMS continues to look at ways to reduce burden on ICH facilities and sample patients.

Survey Administration (cont'd)

Is CMS to considering shortening the questionnaire length on ICH CAHPS?

- CMS and the Coordination Team are conducting some analysis to determine which, if any, of the core CAHPS and non-core survey items can be removed from the survey.

Survey Administration (cont'd)

Is there a way to get facilities more engaged in updating patient addresses in CROWNWeb?

- Vendors should continue efforts using commercial updating services, reaching out to facilities for updated contact information, and remind facilities to update their patients' contact information in CROWNWeb.
- The CT will discuss with CMS possible solutions for better contact information, including asking ESRD networks to send reminders to encourage ICH facilities to update patient contact information in CROWNWeb on a regular basis.

Survey Administration (cont'd)

Would the CT be able to provide podcasts to deliver updated survey announcements and information?

- This year the CT plans to produce and post an ICH CAHPS newsletter that will be released semiannually.
- We will also discuss the use of podcasts to disseminate survey information.

Questions?

ICH CAHPS Survey Data Processing and Coding

Data Processing and Coding

Common data issues found during data cleaning and data digging during site visits

Data Processing and Coding (cont'd)

- **Check to make sure that all completed survey cases meet the completeness criteria**
 - Investigate cases that do meet the completeness criteria, but system assigns a non-complete final code.
- **Make sure that all cases assigned Code 110 and 120 have survey data on the XML file.**
 - Check raw data files to make sure that survey response data were captured via scanning or data entry.
 - Check telephone survey data files to make sure that survey response data are captured correctly.

Data Processing and Coding (cont'd)

- **The correct use of Code X vs. Code M.**
 - If the screener question is left blank, code it as M for "missing."
 - If both the screener question and the follow-up questions are blank, code each question as M.
 - If the follow-up question should have been answered but was incorrectly left blank, assign Code M to indicate that the response is missing.
 - If the follow-up question is blank because the respondent correctly followed the skip instruction beside the response option marked in the preceding screening question, assign the "not applicable" code (Code X) to the response.

Data Processing and Coding (cont'd)

- **The correct use of Code X vs. Code M (cont'd).**
 - If the response to Q1 is "At home" (response option 1) or "I do not currently receive dialysis" (response option 3), and the sample patient correctly skips to Q45, assign Code X to Questions 2-44.
 - If the response to Q1 is "At the dialysis center" (response option 2) AND the response to Question 2 is either "Less than 3 months" (response option 1) or "I do not currently receive dialysis at this dialysis center" (response option 5), and the sample patient correctly skipped to Q45, assign Code X to Questions 3-44.

Data Processing and Coding (cont'd)

- **The correct use of Code X vs. Code M (cont'd).**
 - If Q1 and Q2 are left blank in a mail survey, and the sample patient skips to Q45, assign Code M to questions 1–44 and assign final disposition Code 130 to the case.
 - If Q1 or Q2 are answered Don't Know or Refused in a phone interview, and the CATI program correctly skips to Q45, assign Code M to Q1 or Q2 (whichever is answered DK/REF), then assign Code X to questions 2 or 3–44.

Data Processing and Coding (cont'd)

- **Guidelines for coding both multiple responses and ambiguous responses.**
 - If respondent marked two or more response options for a single-response option question, when coding the responses select the one that appears darkest.
 - If it is not possible to make that determination, leave the response blank and code it as "Missing" (Code M) rather than guess.
 - All responses or response boxes that are not circled, checked, underlined, or in some other way clearly designated by the respondent as his or her intended response must be coded M for "Missing."

Data Processing and Coding (cont'd)

- **Check data collection and data processing systems and computer programs.**
 - CATI and data capture programs (data entry and scanning) should be checked on a periodic basis to ensure that programmed skip logic is working accurately.
 - Example 1: A respondent mentioned more than one race category in response to the race question, but only one race category was marked for that case on the XML file.
 - Example 2: There was an error in the CATI skip logic, which resulted in a response being automatically applied for a question that the respondent never received.

Data Processing and Coding (cont'd)

- **Verify that the correct final disposition code has been assigned to each sample case.**
 - Discrepancies between the disposition code listed in their data system and the code entered in the XML file submitted to the Data Center.
 - Within 2 to 3 weeks after the data collection period begins and then after data collection ends, survey vendors should generate and review the interim and final disposition codes assigned to a sample of cases.

Data Processing and Coding (cont'd)

Examples of Coding Issues:

- Code 120 was incorrectly assigned to sample members who are ineligible for the survey.
- Code 160 was assigned to some mail survey cases that were completed by a proxy respondent.
- Codes 140, 160, and 190 should be assigned based on a respondent's answers to Q1 and Q2, or via a note or phone call to the vendor.
- Code 190 should be assigned if phone and Q1 and/or Q2 = DK/REF, and skipped to Q45.

Data Processing and Coding (cont'd)

- Code 199 should be assigned if mail and Q62 = answered questions for me.
- Code 210 should be assigned if Q1 and Q2 indicate eligibility, but the case does not meet the completeness criteria.
- Code 130 should be assigned if both Q1 and Q2 are blank but then skipped to Q45.

Data Processing and Coding (cont'd)

- Code 130 should also be assigned if the respondent answered one or more of Questions 2 through 44 **AND** one or more of the following applies:
 - Q1—The answer to Q1 is “Receive dialysis care at home.”
 - Q1—The answer to Q1 is “I am not currently receiving dialysis.”
 - Q2—The answer to Q2 is “Less than 3 months.”
 - Q2—The answer to Q2 is “No longer receives dialysis at this facility.”
 - Q1 is blank.
 - Q2 is blank.
 - Q1 and Q2 are both blank.
 - Q1 and Q2 both indicate ineligibility.

Data Processing and Coding (cont'd)

What are the quality control steps that vendors should apply when processing ICH CAHPS Survey data and on the XML files they construct?

Data Processing and Coding (cont'd)

- Survey vendors should conduct quality control on the final disposition codes that are assigned.
 - If systems are set up to assign these codes automatically, a staff member should check a certain percentage of final codes to ensure that they were assigned correctly.
 - If final codes are assigned manually, a second person should review the final codes assigned to make sure they are correct.
- One person or system should not be the sole assigner of final disposition codes.

Data Quality

- Use the XML Schema Validation tool to conduct initial quality control on their XML files.
- Ensure that there is information included in the Patient Administrative Section of the XML file for every sample patient who was included on the sample file that the survey vendor downloaded for the semiannual survey.
- 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 they downloaded for the semiannual survey.

Data Quality (cont'd)

- Conduct quality control checks to make sure that survey response data are matched to the correct patient/SID.
- Run the completeness criteria on all completed surveys to ensure that they meet the completeness criteria.
- Assign either a completed interview code or a partial data/breakoff code based on whether the survey passes the completeness criteria.
- Check to make sure that the correct final disposition code has been assigned to each case. Also check the XML file to ensure that survey response data are included for every case for which final disposition code 110 or 120 is assigned to the case.

Data Quality (cont'd)

- Conduct additional quality control measures on the data included on XML files to ensure that the data from completed mail and telephone surveys are being captured accurately.
 - Includes running frequencies of distributions on the patient response data to look for outliers or anomalies, and for unusual patterns of missing data.

Data Quality (cont'd)

- Compare survey responses on the final XML file for a sample of cases to responses on the actual hardcopy completed questionnaire (for mail cases) or to the original CATI file (for phone cases).
- If there are any discrepancies found, vendors should increase their quality control efforts to ensure that the final XML file contains accurate data.

Data Quality (cont'd)

- Review the use of Not Applicable (X) vs. Missing (M).
 - When follow-up questions are appropriately skipped by the respondent, the follow-up question response should be coded as “Not Applicable,” which is Code X.
 - When follow-up questions should have been skipped (based on the response to the screening question) but are answered, scan or key the response that the respondent provides.
 - If a question should have been answered but was not, assign Code M for “Missing” to the survey item.

Questions?

Data File Submission

Data Submission Reminders

Data Submission Deadlines

- The data submission deadline for the 2018 Spring Survey is 11:59 PM ET on July 25, 2018.
- The data submission deadline for the 2018 Fall Survey is 11:59 PM ET on January 30, 2019.
- Data submission deadline for the Spring Survey will always be the last Wednesday in July.
- Data submission deadline for the Fall Surveys will always be the last Wednesday in January.

Data Submission Reminders (cont'd)

- Submit your data as early as possible. Do NOT wait until the data submission deadline to begin uploading files.
- Survey vendors must submit one file per CCN in each survey period in which a sample file was provided.
- If a facility has both a primary and alternate CCN and samples were provided for each, the vendor must submit a separate file for each CCN.
- If a sample was provided for a facility that closed after data collection began, you must still submit the survey data for that facility to the Data Center.

Data Submission Reminders (cont'd)

- Do NOT alter the XML template; this will create data upload errors.
- Make sure you have downloaded and use the most current version of the Data Submission Validation Tool.
- Make sure you have the most current version of XML Schema Definition, or XSD, files (required for XML validation).
- Clearly name your XML files; include the facility's CCN and the survey period in the file name; do not use spaces.
 - Example: ICHCAHPS_201801_2018spring.xml

Data Submission Issues

- Be sure to check the Data Submission Reports.
- A file is not accepted until after it passes all validation checks.
- Survey vendors should submit at least 2 days before the data submission deadline to ensure that all files are accepted.
- If a survey vendor resubmits an XML data file, the system will overwrite the data from the file that was previously submitted.

Data Submission Issues (cont'd)

Most common reasons that files may be rejected:

- Values for some variables are out of range. For example, the year entered for date interview was completed was 1999.
- Data for some variables are left blank (a value must be entered for every variable, even if it is Missing).
- The survey vendor changed the XML name space.
- The survey vendor resubmitted a file for a survey period but the resubmitted file did not pass all validation checks, therefore it was not accepted.

Questions?

Public Reporting

Public Reporting

- ICH CAHPS Survey results are publicly reported on the Dialysis Facility Compare (DFC) website at <http://www.Medicare.gov>.
- Results are reported for each ICH Facility that had 30 or more completed surveys combined over the two most recent semiannual survey periods.
- If a facility has multiple CCNs under which patients were surveyed, data from patients at both CCNs are combined and the results are reported on the DFC for the “Primary” CCN.

Public Reporting

- Results currently shown on the DFC are based on data from the 2016 Spring and Fall Surveys.
- Results are “refreshed” on the DFC on a periodic basis, (usually in April and October) with the next refresh scheduled for April 2018.
- Results included in the April 2018 DFC refresh will be based on data from the 2016 Fall and the 2017 Spring Surveys.
- Results publicly reported in October 2018 will be based on combined data from the 2017 Spring and 2017 Fall Survey.

Public Reporting (cont'd)

- Composite scores and global ratings are reported by facility CCN.
- Composites are:
 - Kidney Doctors' (Nephrologists') Communication and Caring
 - Quality of Dialysis Center Care and Operations
 - Providing Information to Patients
- Global Items
 - Rating of kidney doctors (nephrologists)
 - Rating of the dialysis center staff
 - Rating of the dialysis facility

Public Reporting (cont'd)

For the Kidney Doctors Care and Communications and Quality of dialysis Care and Operations composites, top-, middle-, and bottom-box scores are reported on the DFC.

- Top-box scores include responses of "Always" or "Yes" to the survey items in the composite.
- Bottom-box scores include responses of "Sometimes" and "Never."
- Middle-box scores are the difference between the top and bottom-box scores.

Public Reporting (cont'd)

All survey items in the Providing Information composite have "Yes" or "No" response options; therefore, there are only two scoring levels:

- Top-box includes all "Yes" responses
- Bottom-box includes all "No" responses

For the three global ratings,

- Top-box scores include responses of "9" and "10"
- Middle-box scores are ratings of "7" and "8"
- Bottom-box scores include ratings of "6" and below

Public Reporting (cont'd)

- Used data from a mode experiment to:
 - determine whether and to what extent patient characteristics and data collection mode affect survey results, and
 - detect potential nonresponse bias.
- Results of these analyses are used to apply statistical adjustments that need to be made on survey data from each semiannual survey.

Public Reporting (cont'd)

- The Coordination Team also calculates and provides average state and national scores that are publicly reported on the DFC.
- The state scores are the weighted average of the CCN-level scores. The CCN-level scores are weighted by the number of completed surveys so CCNs with more completed surveys have more influence in the state-level score.
- The national scores are calculated in the same manner.

Public Reporting (cont'd)

- The response rate and number of completed surveys are also included on the DFC for CCNs that have 30 or more completed surveys.
- A footnote is included on the DFC for all CCNs for which ICH CAHPS scores are not publicly reported.

Public Reporting (cont'd)

- State and national averages for each composite and rating are posted on the ICH CAHPS website.
- A document describing how results were calculated and the adjustment factors used to statistically adjust survey results is posted on the ICH CAHPS website for each public reporting period.

Public Reporting (cont'd)

- CMS is considering using Star Ratings to report ICH CAHPS Survey measures.
- Star rating will make it easier for consumers to use the information on Dialysis Facility Compare.
- Star Ratings will be:
 - generated for the three publicly reported ratings and the three composites, and will be
 - based on the same patient survey results publicly reported on the DFC since October 2016.

Public Reporting (cont'd)

- Star Ratings will use the actual scores (also called linearized means) as opposed to top-box, middle-box, or bottom-box.
- A clustering algorithm puts the linearized mean into a group of one to five stars. One star has the lowest ratings while five stars has the highest.
- An overall rating is also created which is a simple average of the six star ratings (3 ratings plus 3 composites).
- A document describing how star ratings will be calculated is available on the ICH CAHPS website.

Public Reporting (cont'd)

Questions?

Information Provided to ICH Facilities

Preview Reports

Information Provided to ICH Facilities

- CMS's Quality Incentive Program (QIP) provides a "Preview Report" to ICH Facilities, which includes:
 - ICH CAHPS Survey scores for the three composites and the three global ratings
 - Scores for various clinical measures
- ICH facilities can review their results before the results are published on the DFC.
- The ICH CAHPS Coordination Team does not have access to information included in the Preview Report.
- ICH facilities should direct all questions about their results to QIP.

Compliance With ICH CAHPS Participation Requirements

- The Coordination Team does not determine facility compliance with ICH CAHPS participation requirements.
- ICH CAHPS compliance for PY2019 is determined by participation in the 2017 Spring and Fall Surveys. Compliance for PY2020 will be based on 2018 Surveys.

Compliance With ICH CAHPS Participation Requirements (cont'd)

- A facility is considered compliant if it authorized a survey vendor on the ICH CAHPS website **AND**:
 - received sample and submitted data for both survey periods;
 - did not have any sample for one period, but received sample and submitted data for the other survey period; or
 - did not have any sample in both survey periods.

Compliance With ICH CAHPS Participation Requirements (cont'd)

Vendors should ask ICH facilities that have questions about whether they have met participation to contact CMS's QIP team.

Other Information About the Survey

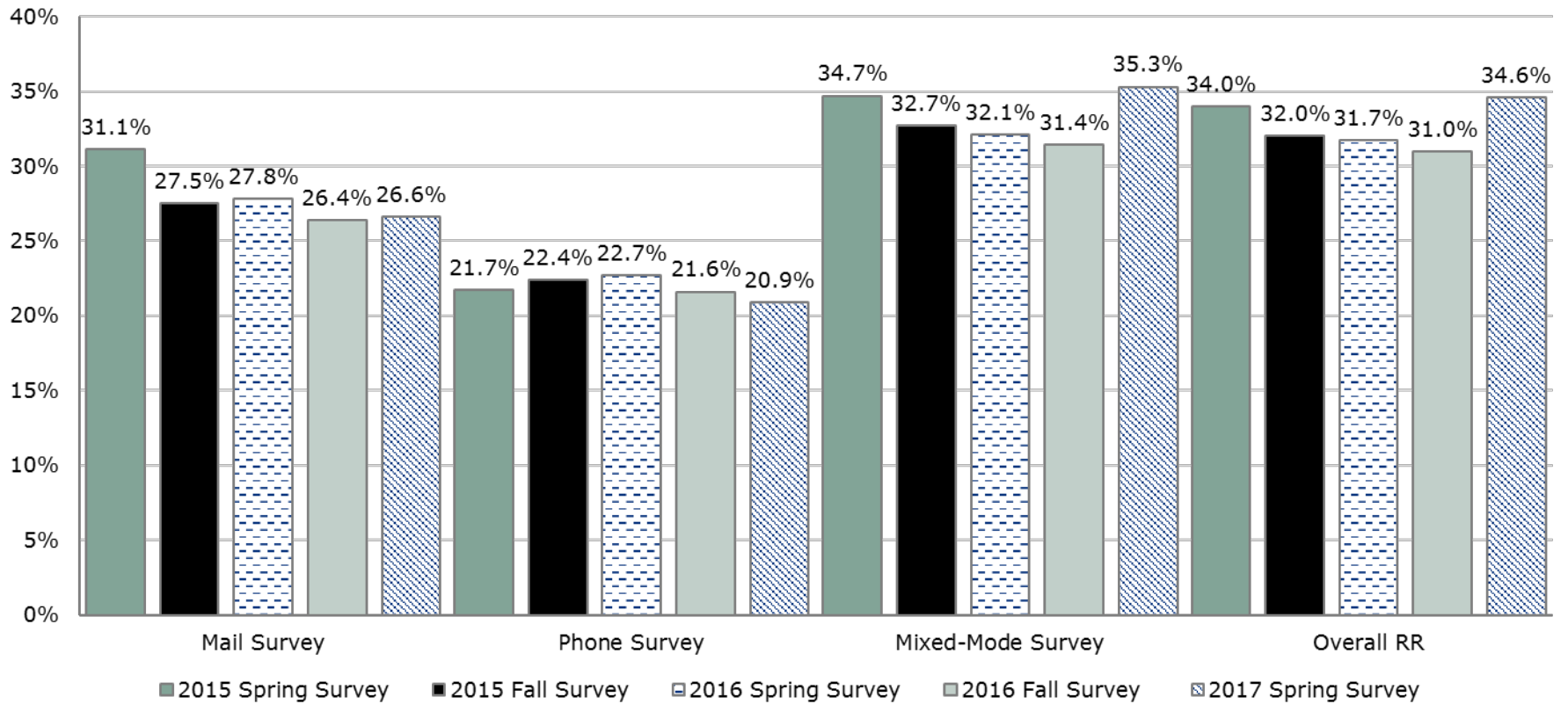
Response Rates

Response Rates

	Mail Survey	Phone Survey	Mixed-Mode Survey	Overall RR
2015 Spring Survey	31.1%	21.7%	34.7%	34.0%
2015 Fall Survey	27.5%	22.4%	32.7%	32.0%
2016 Spring Survey	27.8%	22.7%	32.1%	31.7%
2016 Fall Survey	26.4%	21.6%	31.4%	31.0%
2017 Spring Survey	26.6%	20.9%	35.3%	34.6%

Response Rates (cont'd)

ICH CAHPS Survey Response Rates



Response Rates (cont'd)

Overall		No. Sampled	Eligible	No. Completed Surveys	RR
	2014 ICH CAHPS Survey	329,493	305,590	113,935	37.3%
	2015 Spring	363,181	337,316	114,847	34.0%
	2015 Fall	356,721	324,139	103,808	32.0%
	2016 Spring	363,670	339,092	107,582	31.7%
	2016 Fall	347,879	323,386	100,184	31.0%
	2017 Spring	348,024	323,185	111,851	34.6%
	All Survey Periods	2,108,968	1,952,708	652,207	33.4%
By Mode	Mail Only	133,011	128,519	37,765	29.4%
	Phone Only	52,253	47,552	10,555	22.2%
	Mixed-Mode	1,923,704	1,776,637	603,887	34.0%
	All Modes	2,108,968	1,952,708	652,207	33.4%

Interesting Facts

Interesting Facts About the ICH CAHPS Survey Results

Interesting Facts (cont'd)

Median Number of Returned Surveys per Facility in 2016

- For the 2016 Spring and Fall Surveys combined, median number of completed surveys is 29.
- For facilities that had a sample selected in at least one survey period in 2016, the median number of completed surveys is 30.
- For facilities that had a sample selected in both survey periods in 2016, the median number of completed surveys is 31.

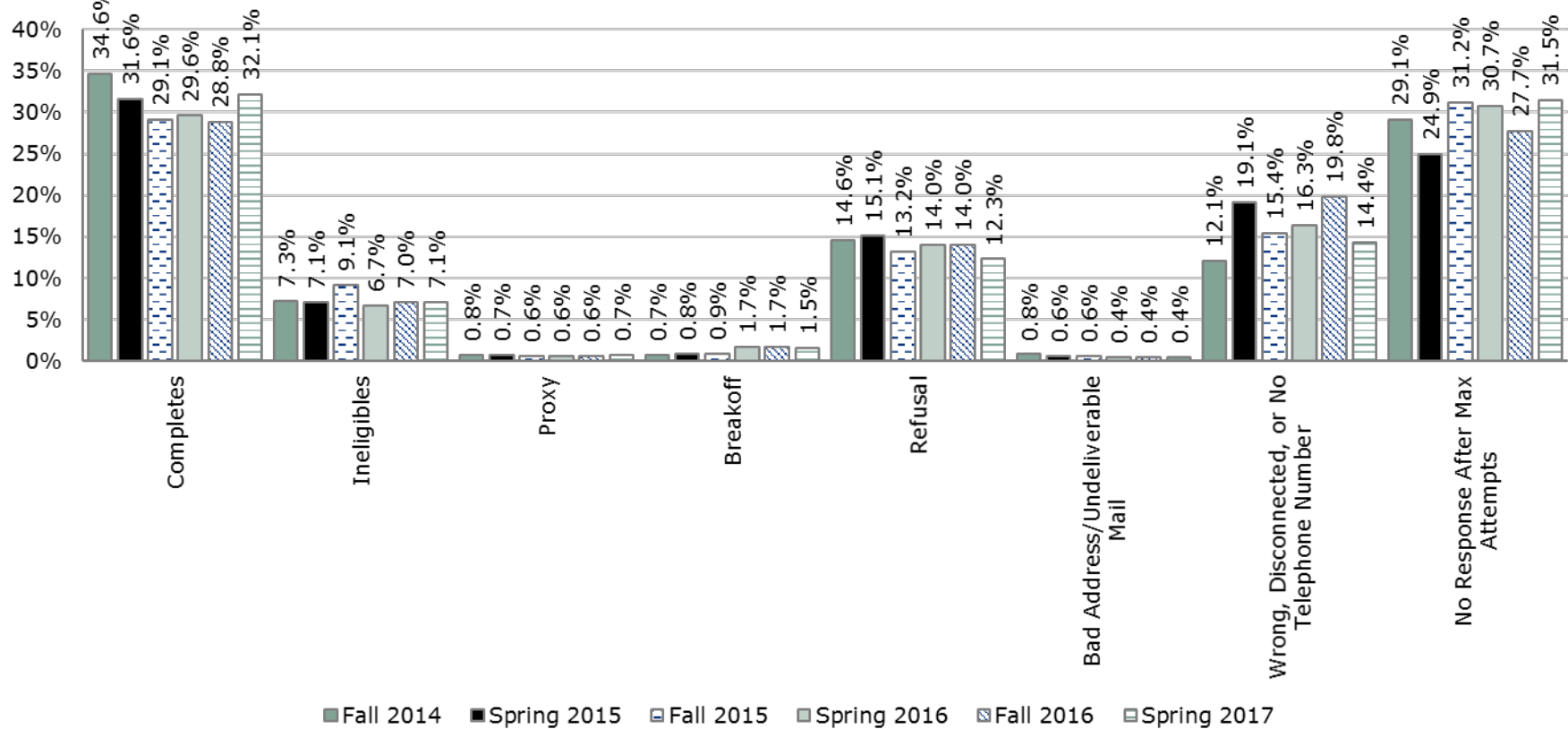
Interesting Facts (cont'd)

Percent of Eligible ICH Facilities With Census Sampled in 2016

- In the 2016 ICH CAHPS Spring and Fall Surveys, a census of all survey-eligible patients was included in the survey for 99.8% of the facilities.
- A random sample of patients was selected for 14 facilities during the 2016 Spring Survey; during the 2016 Fall Survey, a random sample was selected for 10 facilities.

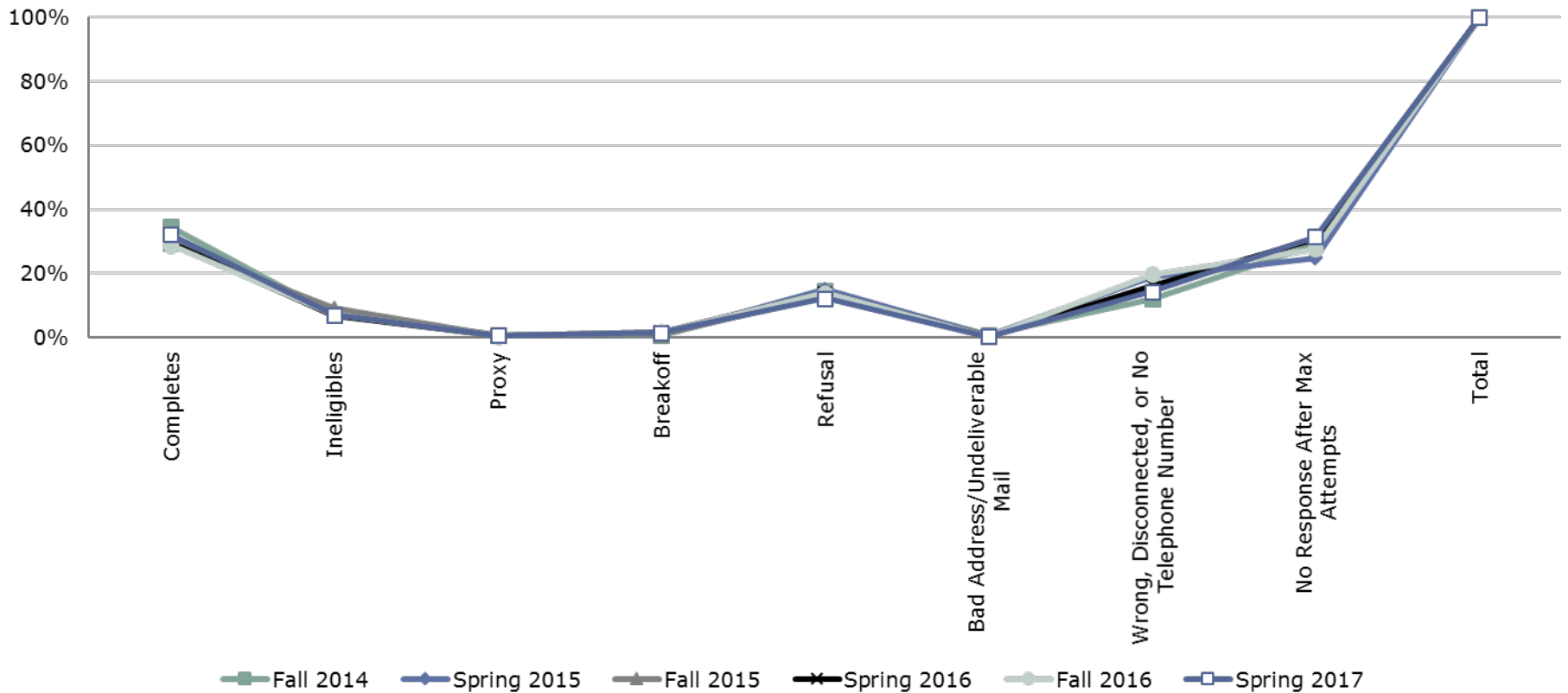
Interesting Facts (cont'd)

Disposition Code Distribution - All Vendors



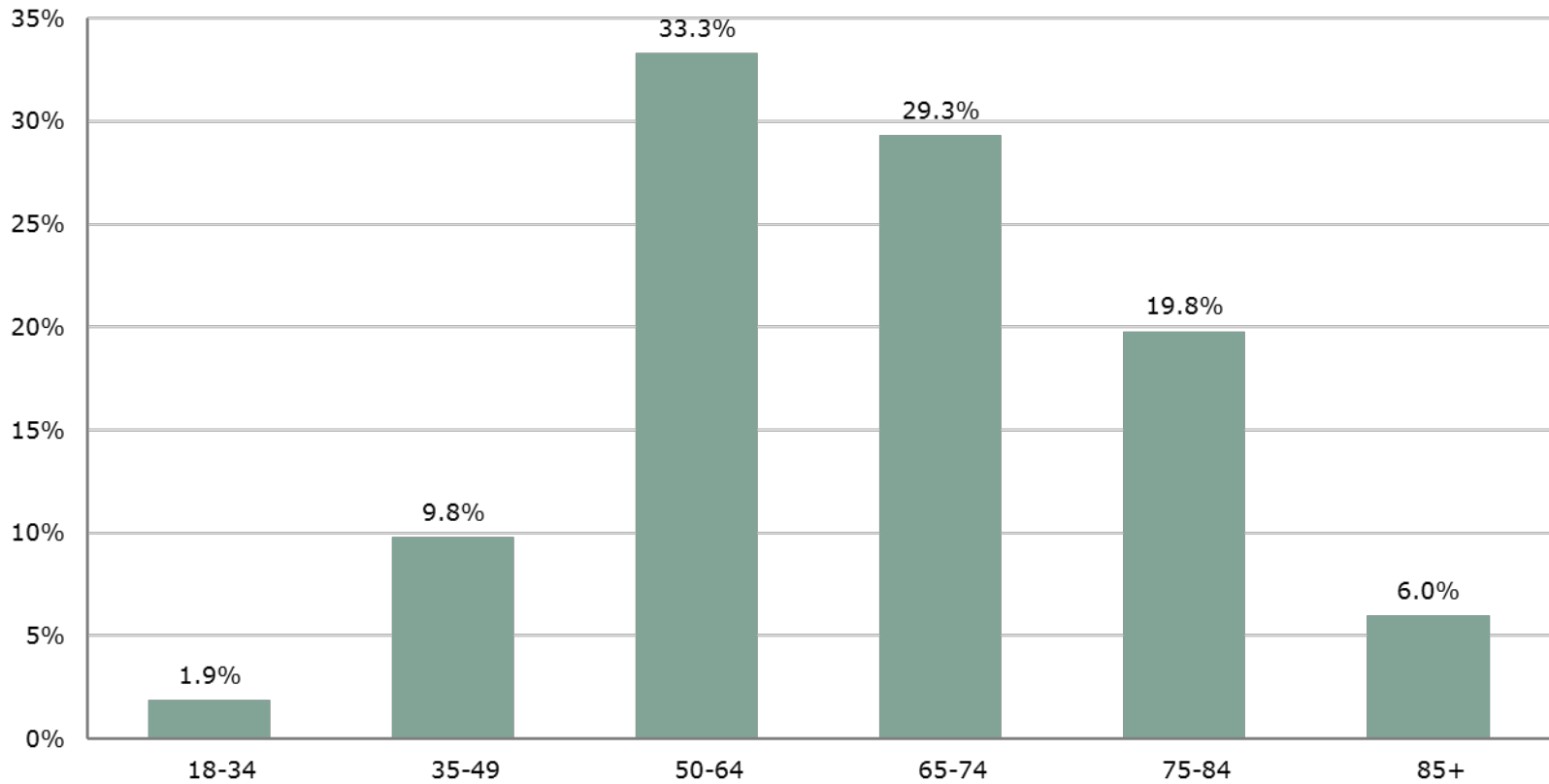
Interesting Facts (cont'd)

Disposition Code Distribution - All Vendors



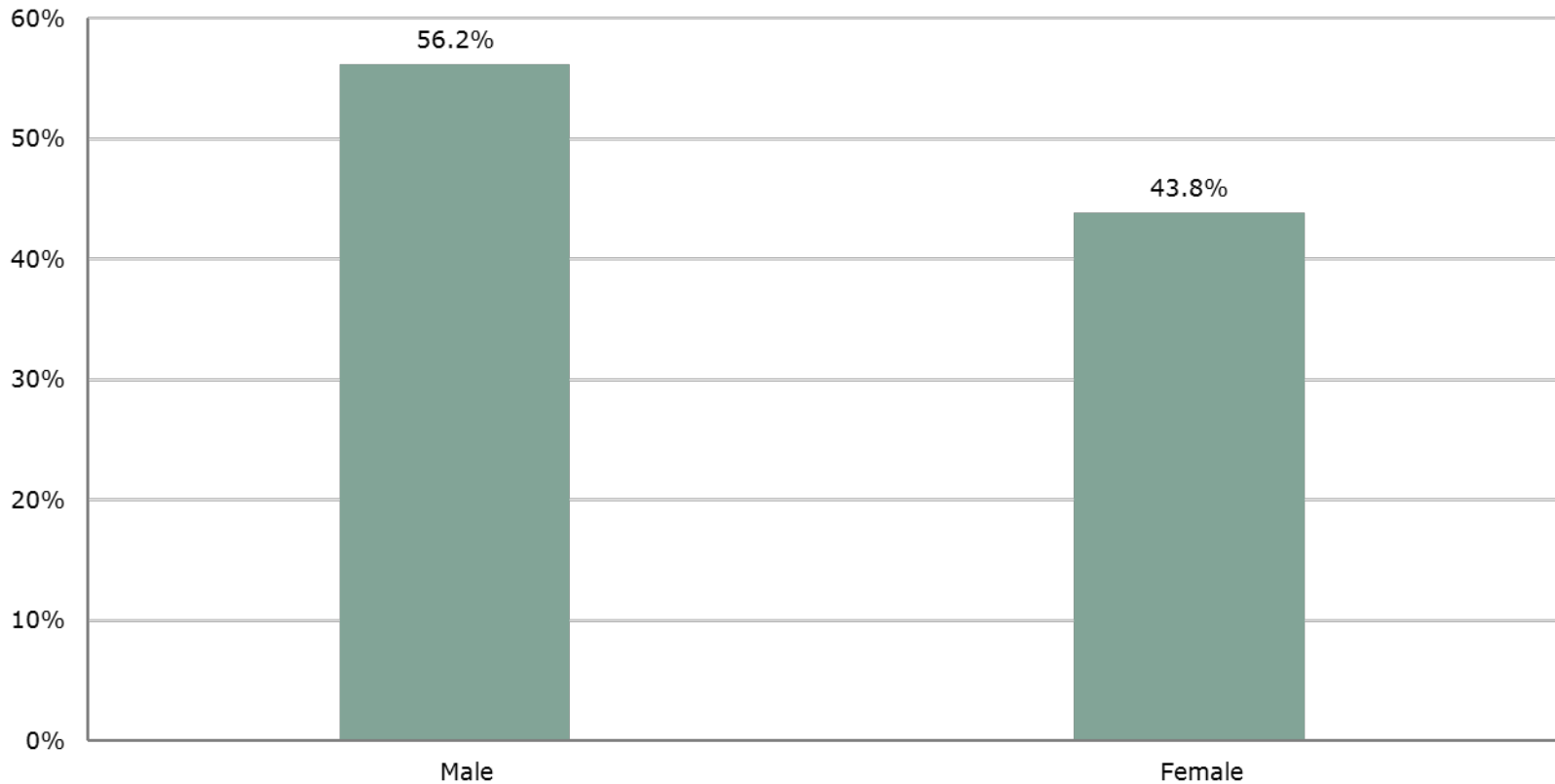
Interesting Facts (cont'd)

Age Distribution of 2017 Spring Survey Respondents



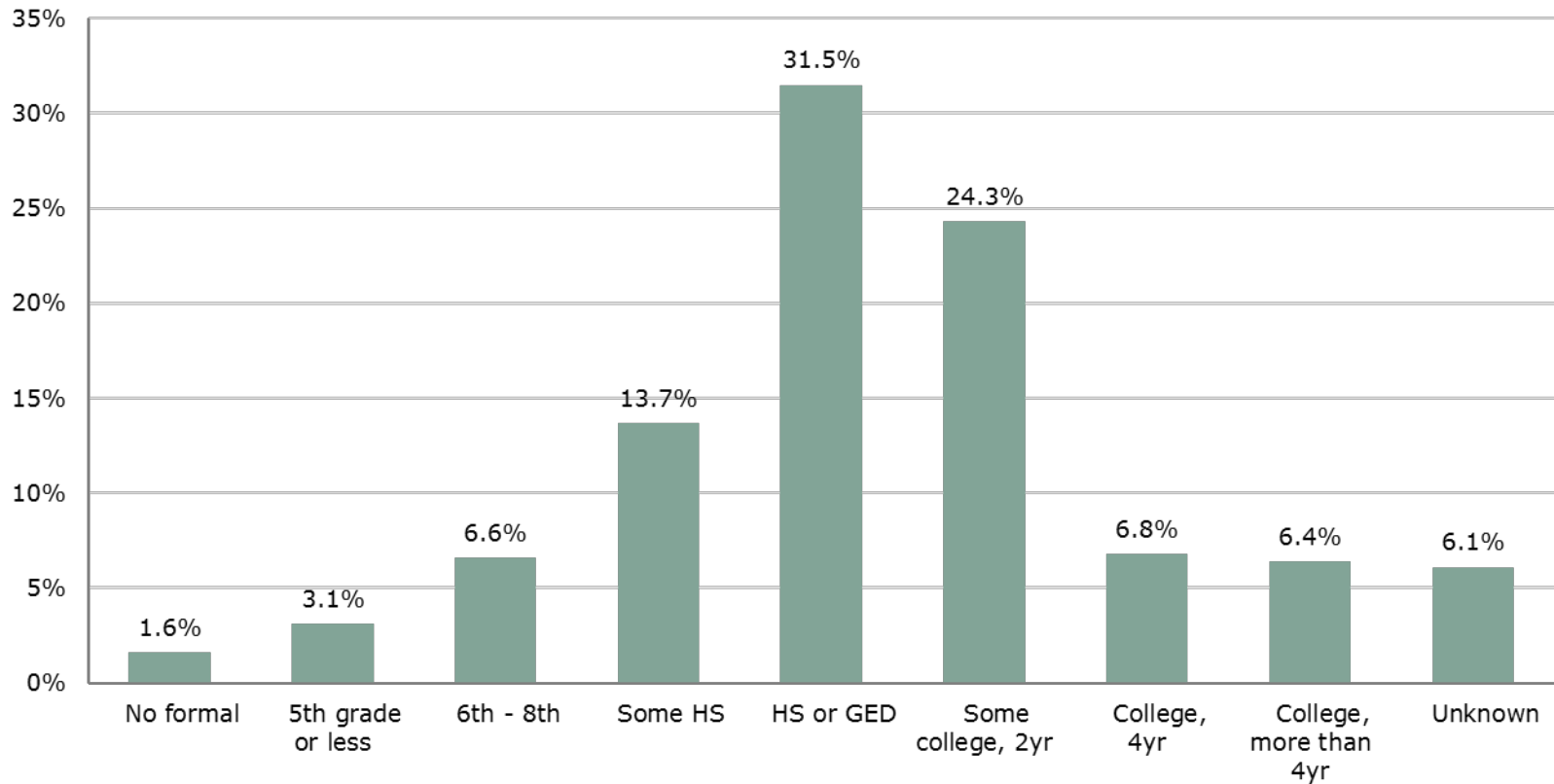
Interesting Facts (cont'd)

Gender Distribution of 2017 Spring Survey Respondents



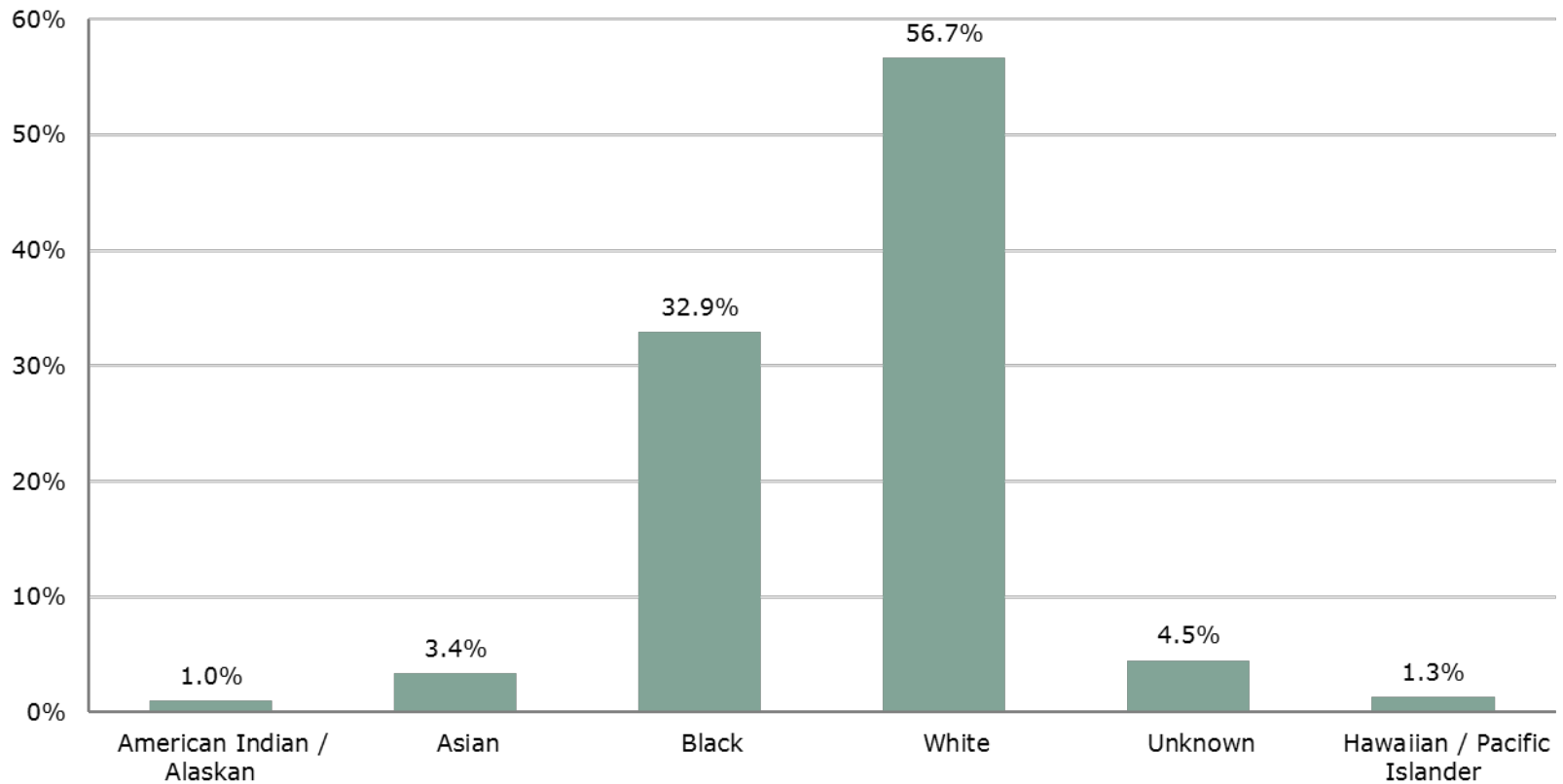
Interesting Facts (cont'd)

Education of 2017 Spring Survey Respondents



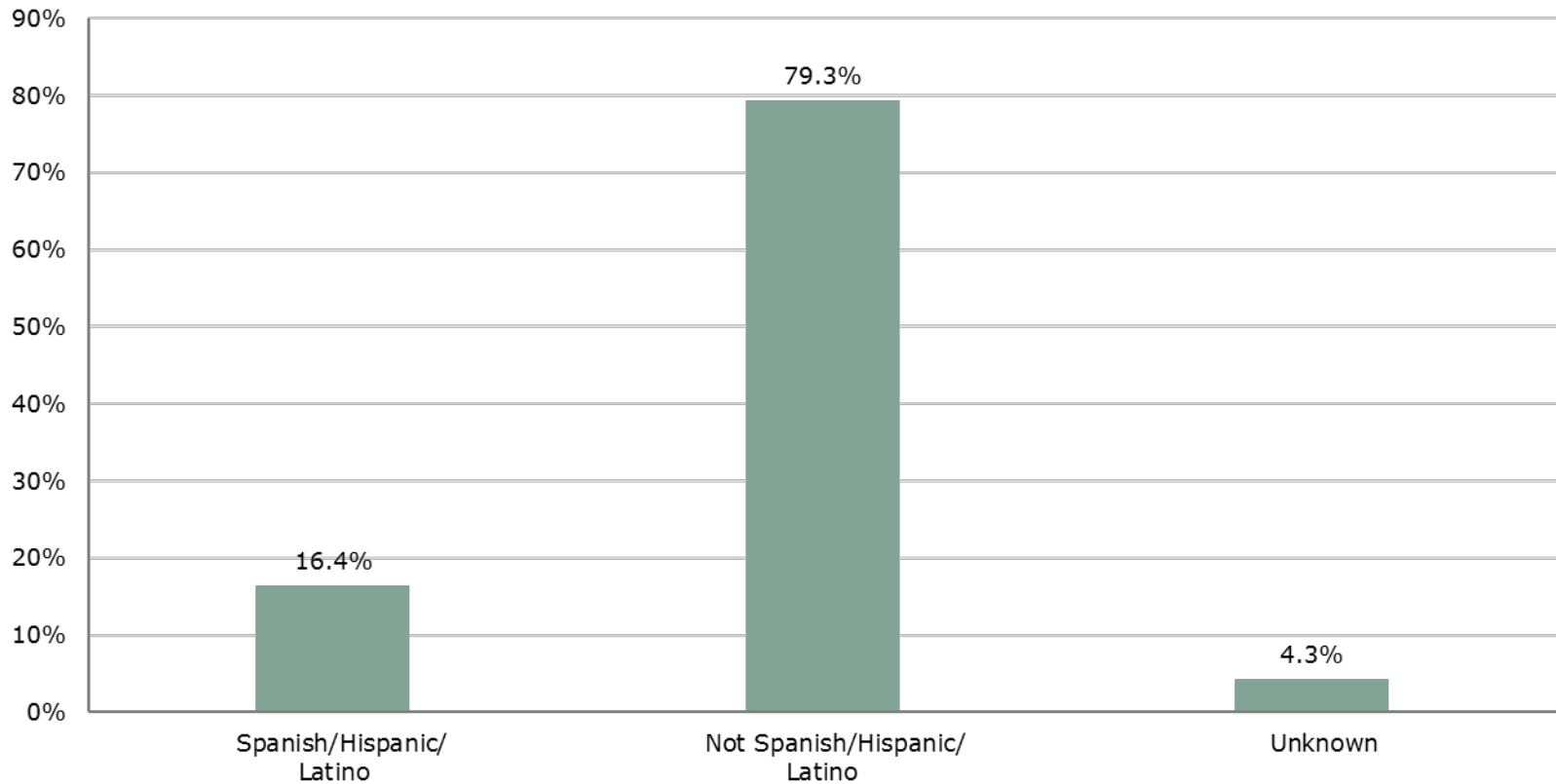
Interesting Facts (cont'd)

Race Distribution of 2017 Spring Survey Respondents



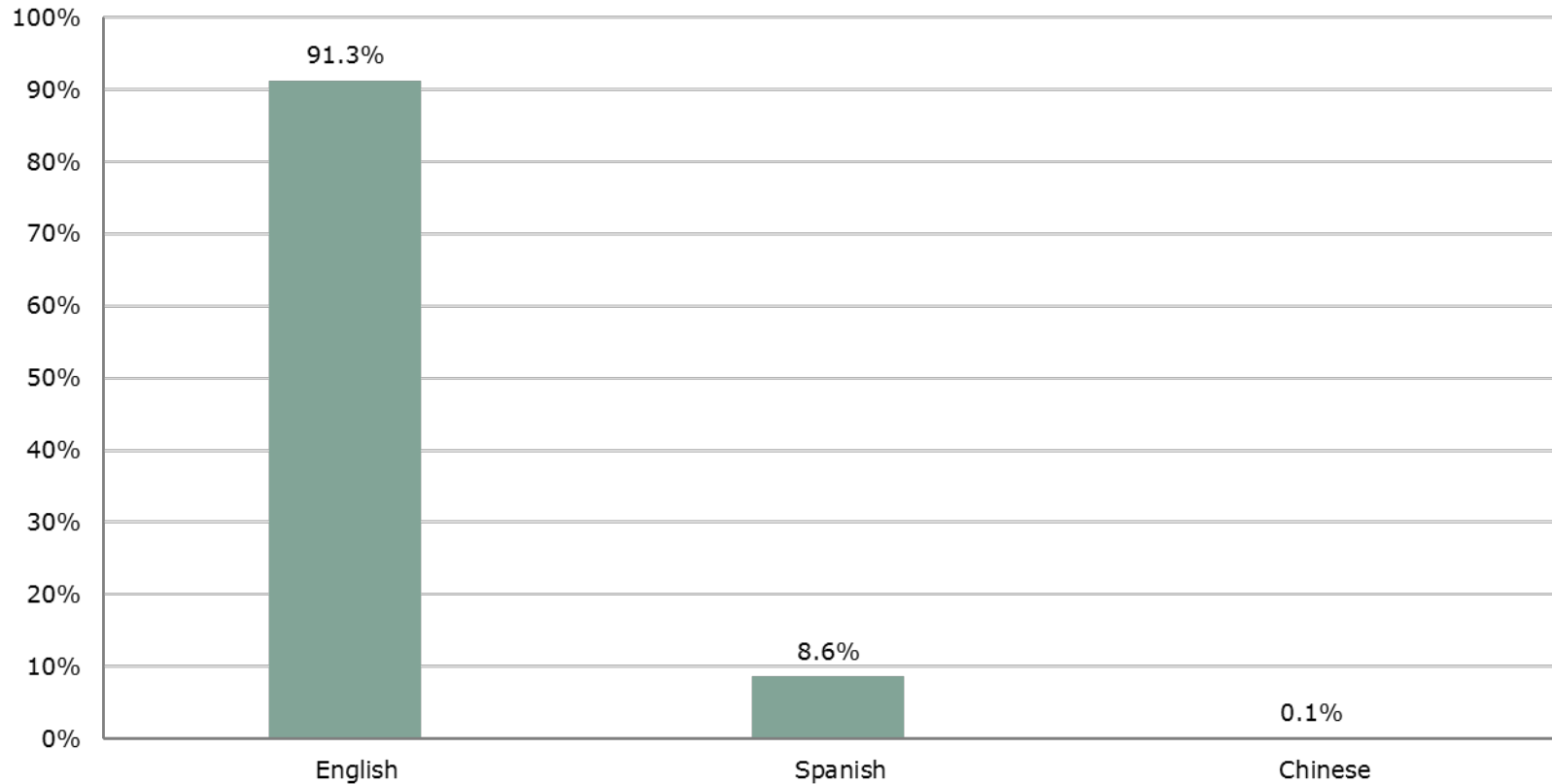
Interesting Facts (cont'd)

Ethnicity of 2017 Spring Survey Respondents



Interesting Facts (cont'd)

Language Distribution of 2017 Spring Survey Respondents



Questions?

Thank You!

- Thank you for participating in this training session.
- Please take a moment to complete the training evaluation form before you log out of this session. Your feedback is important to us!
- Remember that technical assistance is available:
 - By e-mail, ichcahps@rti.org
 - Telephone, 1-866-245-8083