

Vendor Update Webinar Training Session

**In-Center Hemodialysis Consumer Assessment of
Healthcare Providers and Services
(ICH CAHPS) Survey
February 14, 2019**



Overview of the ICH CAHPS Survey Vendor Update Training Session

Welcome to the 2019 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 2019 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

2019 ICH Facility Participation Requirements

What are the ICH CAHPS facility participation requirements for calendar year (CY) 2019?

2019 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 CY2019 was published on November 14, 2018.
- A link to the ESRD PPS final rule for CY2019 can be found in the “Quick Links” box on the homepage of the ICH CAHPS website.

2019 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 2019 is part of the quality reporting requirements for PY2021.

2019 ICH Facility Participation Requirements (cont'd)

- ICH facilities must determine whether they are required to administer the ICH CAHPS Surveys in 2019 by counting the number of survey-eligible patients served in CY2018.
- Facilities that served 30 or more survey-eligible patients in CY2018 are required to administer the survey in 2019.
- Facilities that served 29 or fewer survey-eligible patients in CY2018 are not required to administer the surveys in 2019, but can do so if they choose.

2019 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.

2019 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**.

2019 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, 2018, and known to be alive;
 - were not in a nursing home or other long-term facility or receiving hospice care as of December 31, 2018; and
 - received outpatient hemodialysis treatments from the facility for 3 consecutive months or longer at any time during 2018.

2019 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.

2019 ICH Facility Participation Requirements (cont'd)

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

2019 ICH Facility Participation Requirements (cont'd)

- ICH facilities that are not required to administer the survey in 2019 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 2019 Facility Non-Participation Form on the ICH CAHPS website before February 28, 2019.
 - Option 3: Not administer the survey at all. If this option is chosen, ICH facilities must also submit the 2019 Facility Non-Participation Form by the deadline.

Participation in the 2019 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 2019 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;
 - designate a Survey Administrator who will create login credentials on the ICH CAHPS website;
 - register the CCN(s) on the ICH CAHPS website; and
 - complete the online “Authorize a Vendor” form on the ICH CAHPS website.

Participation in the 2019 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 2019 ICH CAHPS Survey (cont'd)

- Facilities that authorized a vendor in 2014, 2015, 2016, 2017, or 2018 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 2019 on their Vendor Authorization Form.
- Vendors should make sure their facility clients did not enter an End Date prior to 2019 on their Vendor Authorization Form.
- The end date is the final survey period that a facility wants their authorized survey vendor to receive an ICH CAHPS sample file and administer the survey on your facility's behalf.

Participation in the 2019 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.
 - Select *“Switch to a different vendor”* from the *“Select Action”* drop-down list.
 - Select your new vendor from the drop-down list.
 - Select appropriate *“Beginning Survey Period”* from the drop-down list.
 - Select the ICH facility(ies) to which this vendor authorization applies by checking the box next to each facility CCN/name.
 - Click the *“Submit”* button.

Participation in the 2019 ICH CAHPS Survey (cont'd)

What is an alternate CCN and what do I have to do if my facility has one?

Participation in the 2019 ICH CAHPS Survey (cont'd)

What is an Alternate CCN?

- Patient samples for the ICH CAHPS Survey are selected using patient-level data from the CROWNWeb data base.
- Sometimes patient-level information appears on CROWNWeb under a different (or alternate) CCN that is owned by a facility (for example, the CCN assigned to an acute care hospital) rather than the CCN assigned to the provider's outpatient hemodialysis unit (primary).
- This means that an ICH CAHPS sample file could be available and provided for both the primary CCN and the alternate CCN.

Participation in the 2019 ICH CAHPS Survey (cont'd)

What is an Alternate CCN? (cont'd)

- The Coordination Team strongly recommends that if a facility has both a primary CCN and an alternate CCN, the Facility Survey administrator should:
 - register both CCNS on the ICH CAHPS website, and
 - authorize a survey vendor for both CCNs.
- **Reminder**: If CROWNWeb provides sample patient data for both the primary and alternate CCN, the Coordination Team can only provide samples for both CCNs if they are registered and have an authorized survey vendor on the ICH CAHPS website.

Non-Participation in the 2019 ICH CAHPS Survey

What should an ICH facility do if it decides not to administer the 2019 ICH CAHPS Surveys?

Non-Participation in the 2019 ICH CAHPS Survey (cont'd)

- Facilities that will not be administering the 2019 ICH CAHPS Survey must inform the ICH CAHPS Coordination Team by:
 - completing and submitting the 2019 Facility Non-Participation Form on the ICH CAHPS website.
- Deadline for submitting this form is 5:00 PM Eastern Time on February 28, 2019.
- 2018 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 2019 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 2019.
- 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 2019 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 2019 ICH CAHPS Survey (cont'd)

Difference Between the QIP Attestation and the 2019 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.
 - Submission of the NPF **only** serves to let the Coordination Team know that the facility has determined that it is not required to participate in that specific calendar year's surveys and that sample files should not be provided to an authorized vendor.

Non-Participation in the 2019 ICH CAHPS Survey (cont'd)

Submitting the Facility Non-Participation Form for Primary and Alternate CCNs

- In that situation, samples will be selected and provided for the CCN or CCNs under which there are survey-eligible patients on the CROWNWeb file (the primary CCN or the alternate CCN).
- If a facility submits a Facility Non-Participation Form (NPF) for calendar year for the primary CCN, a sample will still be selected for the alternate CCN (if it has survey-eligible patients in CROWNWeb), unless the facility also submits an NPF for the alternate CCN.
- If a facility has determined that it is not required to administer the ICH CAHPS Surveys in a calendar year or chooses not to administer the survey, the facility should submit an NPF for both the primary and alternate CCNs, so that no sample is drawn for either CCN.

Questions?

The 2019 ICH CAHPS Survey Schedule

What is the schedule for the 2019 ICH CAHPS Spring and Fall Surveys?

The 2019 ICH CAHPS Survey Schedule (cont'd)

Schedule for the CY2019 ICH CAHPS Spring Survey

Activity	Date
Distribute sample to survey vendors	3/29/2019
Vendors attest to receipt of sample file	4/2/2019
Mail prenotification letter	4/19/2019
Begin data collection	5/4/2018
Mail questionnaire package to sample patients in mail-only and mixed-mode samples	5/3/2019
Begin calling sample patients in telephone-only samples	5/3/2019
Mail second questionnaire package to nonrespondents in the mail-only sample	5/31/2019
Begin telephone follow-up with mixed-mode sample patients who do not respond by mail	5/31/2019
End data collection activities	7/12/2019
Begin cleaning/processing final data and construct XML file	7/13/2019
Submit data to ICH CAHPS data center	7/31/2019

The 2019 ICH CAHPS Survey Schedule (cont'd)

Tentative Schedule for the CY2019 ICH CAHPS Fall Survey

Activity	Date
Distribute sample to survey vendors	9/27/2019
Vendors attest to receipt of sample file	10/1/2019
Mail prenotification letter	10/18/2019
Begin data collection	5/4/2018
Mail questionnaire package to sample patients in mail only and mixed-mode samples	11/1/2019
Begin calling sample patients in telephone only samples	11/1/2019
Mail second questionnaire package to nonrespondents in the mail-only sample	11/29/2019
Begin telephone follow-up with mixed-mode sample patients who do not respond by mail	11/29/2019
End data collection activities	1/10/2019
Begin cleaning/processing final data and construct XML file	1/11/2019
Submit data to ICH CAHPS data center	1/29/2020

The 2019 ICH CAHPS Survey Schedule (cont'd)

What are the facility and survey vendor deadlines for the upcoming 2019 Spring and Fall Surveys?

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH facilities for the 2019 Spring Survey

- If not participating in the 2019 Surveys, submit the Facility Non-Participation Form by 5:00 PM ET on February 28, 2019.
- 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, 2019.
- 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, 2019.

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH CAHPS Survey vendors for the 2019 Spring Survey

- Submit information needed for preparing vendor-specific prenotification letters, January 31, 2019.
- Submit new facility-specific supplemental questions to CMS, February 8, 2019.
- Download sample file within 2 business days of notification that sample file is made available, March 29, 2019.
- Attest that sample was downloaded successfully, within 2 business days of sample file being made available for download, April 2, 2019.

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH CAHPS Survey vendors for the 2019 Spring Survey (cont'd)

- Submit the Updated Quality Assurance Plan, 11:59 PM ET on March 31, 2019.
- Administer the 2019 ICH CAHPS Spring Survey, April 19, 2019 through July 12, 2019.
- Submit data files for the 2019 ICH CAHPS Spring Survey, 5:00 PM ET on July 31, 2019.
- Submit application for renewal of the data use agreement (DUA) to CMS, one month before current DUA expires.

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH facilities for the 2019 Fall Survey

- 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 August 31, 2019.
- If switching to a different vendor (or removing an End Date), update the online Vendor Authorization Form by 5:00 PM ET on August 31, 2019.

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH CAHPS Survey vendors for the 2019 Fall Survey

- Submit new facility-specific supplemental questions to CMS, August 9, 2019.
- Download sample file within 2 business days of notification that sample file is available, September 27, 2019.
- Attest that sample was downloaded successfully, within 2 business days of sample file being made available for download, October 1, 2019.

The 2019 ICH CAHPS Survey Schedule (cont'd)

Deadlines for ICH CAHPS Survey vendors for the 2019 Fall Survey (cont'd)

- Administer the 2019 ICH CAHPS Fall Survey, October 18, 2019, through January 10, 2020.
- Submit data files for the 2019 ICH CAHPS Fall Survey, 5:00 PM ET on January 29, 2020.

Questions?

Sample Selection and Distribution

Sample Selection and Distribution

- The 2019 Spring Survey sample will consist of patients who received dialysis during the sampling window, which is from October 1 through December 31, 2018.
- 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).
- The Coordination Team also provides a Sample File Summary Report showing the number of patients sampled for each of the vendor's CCNs.

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, and well before the sample has been uploaded to the ICH CAHPS website.

Sample Selection and Distribution (cont'd)

What should vendors do to prepare for receiving the 2019 Spring Sample file?

Sample Selection and Distribution (cont'd)

- The vendor authorization report will show the facilities that authorized you to administer the 2019 Spring Survey.
- Vendors should monitor their vendor authorization report regularly until the February 28, 2019, deadline to ensure that the CCN for each of their facility clients is on the report.
- The Coordination Team will send a report to each vendor of all CCNs that completed a 2019 Facility Non-Participation Form.
- If there are CCNs with a 2018 Fall End Date, and an NPF was not submitted, contact those facilities and encourage them to update the Authorization Form before the deadline.
- **If a CCN with which you have a current contract is not on your Vendor Authorization Report or the NPF Report, please contact the Coordination Team immediately.**

Sample Selection and Distribution (cont'd)

Why doesn't a facility receive (or have) sample if they indicate they have eligible patients?

Sample Selection and Distribution (cont'd)

- CROWNWeb shows no survey-eligible sample patients during the sampling window
- The facility submitted an NPF for that specific calendar year
- The facility did not have an authorized vendor on the ICH CAHPS website
- The vendor submitted a facility closing attestation form on the facility's behalf
- The CCN never registered on the ICH CAHPS website

Sample Selection and Distribution (cont'd)

- The CCN is part of a primary/alternate pair, and CROWNWeb only provided sample patient data for one CCN in the pair, and not the CCN that the facility is inquiring about
- The facility has not entered any patient information into CROWNWeb for CCN
- The facility serves a population that is outside the scope of ICH CAHPS (i.e., transplant patients, pediatric patients)

Sample Selection and Distribution (cont'd)

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

Sample Selection and Distribution (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.

Sample Selection and Distribution (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. Alert Coordination Team of deleted PII.
 - Confirm CCN is not in the sample file.
 - 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 Material and Protocol Updates

What are the changes to the survey materials or protocols that will be used in the 2019 ICH CAHPS Surveys?

Survey Material Updates

Mail Questionnaire

New for 2018 Fall Survey.

- Original Question 1, response option 1: At home → If At home, Go to Question 45
- New Question 1, response option 1: At home or at a skilled nursing home where I live → If At home or at a skilled nursing home where I live, Go to Question 45
- Change made in all CMS approved languages (English, Spanish, Traditional Chinese, Simplified Chinese, and Samoan).

Survey Material Updates (cont'd)

Telephone Script

New for 2018 Fall Survey.

- Original Question 1, response option 1: "At home, or" → [GO TO Q45_INTRO2]
- New Question 1, response option 1: At home **or at a skilled nursing home where I live**, or → [GO TO Q45_INTRO2]
- Change made in all CMS approved languages (English and Spanish).

Survey Material Updates (cont'd)

Telephone Script – Spanish Only

New for 2018 Fall Survey.

- Question 20: Updated response option 1 in Question 20 to display as “Un injerto o “graft”,” instead of the previous text, “Un injerto,”.
 - Original Question 20, response option 1: “Un injerto,”
 - New Question 20, response option 1: “Un injerto o “graft”,”

Survey Material Updates (cont'd)

Telephone Script – Spanish Only

New for 2019 Spring Survey.

- INTRO 2: Updated the text “de las atención” to “de la atención”):
 - Original sentence: El programa de Medicare y los centros de diálisis utilizarán los resultados de la encuesta para ayudar a mejorar la calidad de las atención de hemodiálisis que proporcionan.
 - New sentence: El programa de Medicare y los centros de diálisis utilizarán los resultados de la encuesta para ayudar a mejorar la calidad de **la** atención de hemodiálisis que proporcionan.

Survey Material Updates (cont'd)

Telephone Script – Spanish Only

New for 2019 Spring Survey.

- Question 15 and Question 17: Updated the text “cómodo” to “cómodo(a)”
 - Question 15: Updated the text “...más cómodo...” to “...más cómodo(a)...”.
 - Question 17: Updated the text “...suficientemente cómodo...” to “...suficientemente cómodo(a)...”.

Survey Material Updates (cont'd)

Mail Cover Letters 1 and 2

New for 2019 Spring Survey.

- Original Text (bullet 2): If you get **ANY home dialysis or peritoneal dialysis**, mark the “At home” box in Question 1. Then skip to Question 45.
- New text in red (bullet 2): If you get **ANY home dialysis or peritoneal dialysis, or if you get dialysis ONLY at the nursing home where you live**, mark the “At home or at a skilled nursing home where I live” box in Question 1. Then skip to Question 45.
- Change made in all CMS approved languages (English, Spanish, Traditional Chinese, Simplified Chinese, and Samoan).

Survey Material Updates (cont'd)

Model QAP

- The Model QAP now contains a request to include a statement in your QAP confirming that you have a disaster recovery plan for ICH CAHPS Survey data

Vendor Minimum Business Requirements

- Updated to reflect that site visits will be conducted at a vendor's subcontractor's location if needed

FAQs (English and Spanish)

- No updates, standalone versions posted to ICH CAHPS website

ESRD Network Phone Numbers by State

- Updated to reflect new network names and phone numbers

New or Updated Survey Protocols

General Survey Administration – New or Updated Protocols

- **Posters:** Facilities may hang posters containing information about the survey, with approval from CMS. Please send the proposed poster text/content to the Coordination Team for review and approval before hanging in the facility.
- **Do Not Contact List:** Vendors must determine a way by which to designate and identify sample patients who permanently refuse to participate in the current survey period and all future ICH CAHPS Survey periods. These sample patients should not be sent any survey materials (prenotification letter, questionnaire package) or contacted, and should instead be assigned a final disposition code of Refusal.

New or Updated Survey Protocols (cont'd)

General Survey Administration – New or Updated Protocols

- **Probing Phrases:** Appendix K of the Version 7.0 Manual has been updated to include suggested probing phrases that are more applicable to ICH CAHPS sample patients.

New or Updated Survey Protocols (cont'd)

Mail Survey Administration – New or Updated Protocols

- **Patient Addresses:** After the sample file is downloaded, survey vendors must verify **each** mailing address that is included in the sample file provided by the ICH CAHPS Coordination Team using a commercial address update service, such as the NCOA or the U.S. Postal Service Zip+4 software.
- **Envelopes:** “First-Class Mail” added to options for outgoing envelopes (when new address is available from USPS).
- **Facility Logos:** If a facility would like to have its logo included on the cover letter, the facility’s logo must appear only in the right top section of the letter. The facility’s logo must not appear in the window of the envelope.

New or Updated Survey Protocols (cont'd)

Telephone Survey Administration – New or Updated Protocols

- **Patient Addresses:** After the sample file is downloaded, survey vendors must verify **each** phone number that is included in the sample file provided by the ICH CAHPS Coordination Team using a commercial telephone update service.

New or Updated Survey Protocols (cont'd)

Telephone Survey Administration – New or Updated Protocols (cont'd)

- **Nursing Home Residents:** If a telephone interviewer learns that the sample patient's telephone number leads to a nursing home facility's front desk, the telephone interviewer should still read INTRO1 of the ICH CAHPS telephone script: "Hello, may I please speak to [SAMPLED MEMBER'S NAME]?"
- If the nursing home staff member transfers the telephone interviewer to the sample patient's room at the facility, continue with the interview once they reach the sample patient.

New or Updated Survey Protocols (cont'd)

- If the sample patient **lives in the nursing home or a skilled nursing facility** and responds to Q1 by response option 1 ("At home or at a skilled nursing home where I live"), the CATI program should skip the sample patient to Q45 and automatically final code the case as a 160 (Ineligible: Does Not Meet Eligibility Criteria).
- If the nursing home staff member transfers the telephone interviewer to the sampled patient, and he or she is an **employee** at the facility (in this scenario the sampled patient is **not** a resident at the facility), the interviewer should continue with the interview once they reach the sample patient (but be prepared to reschedule if the sample patient is unable to complete the interview while at work).

New or Updated Survey Protocols (cont'd)

- If the nursing home staff member indicates they are **not permitted to transfer** the telephone interviewer to the sample patient's room:
 - The telephone interviewer should thank the staff member for their time and end the call.
 - If the vendor received multiple phone numbers for the sample patient (from the phone number update process), the vendor may want to call all numbers provided to see if any result in a direct dial to the sample patient.
 - If the telephone interviewer is unable to obtain a new phone number for the sample patient, then a final disposition code of 160 (Ineligible: Does Not Meet Eligibility Criteria) should be assigned to the case.

Survey Protocol Reminders and Clarifications

General Survey Administration – Reminders and Clarifications

- **Correct Version of Prenotification Letters:** Please be sure you are using the version that was revised for the 2018 Spring Survey.
- **Correct Version of Survey Instrument:** Please check that you are using the latest version of the mail questionnaires and telephone scripts that are include in version 7.0 of the manual and the standalone versions included on the ICH CAHPS website.

Survey Protocol Reminders and Clarifications (cont'd)

Mail Survey Administration – Reminders and Clarifications

- **Privacy Act:** The cover letter must state that the information sample patients provide is protected by the Federal Privacy Act of 1974. Please note, if the survey vendor so chooses, it may exclude the word “Federal” or the phrase “of 1974” and simply state “Privacy Act”
- **SIDs:** If the vendor would rather use an internal tracking ID on the questionnaire (or has other requests related to the placement of the SID on the questionnaire), the vendor is required to submit an ERF to the Coordination Team for review and approval.

Survey Protocol Reminders and Clarifications (cont'd)

Mail Survey Administration – Reminders and Clarifications (cont'd)

- **White Mail:** Review white mail and comments written on returned mail surveys. Final code, as applicable.
- **Equipment Checks:** Check scanning systems/equipment periodically to ensure that responses are being scanned correctly and accurately.
- **OMB Disclosure Notice:** The OMB disclosure notice, which includes the OMB number within it, must be printed either on the questionnaire or in the cover letter.

Survey Protocol Reminders and Clarifications (cont'd)

Mail Survey Administration – Reminders and Clarifications (cont'd)

- **Distressed Respondent Protocol:** Survey vendors must develop a “distressed respondent protocol,” to be incorporated into all help desk training. As such, a section on distressed respondents has been added to the mail-only administration procedures in the Version 7.0 manual.

Survey Protocol Reminders and Clarifications (cont'd)

Telephone Survey Administration - Reminders and Clarifications

- **Restart 10 call attempts for new telephone numbers:**
If the interviewer receives a new telephone number for the sample patient, the 10 attempts should start over with the new phone number, if there is enough time left in the data collection period after the new number is identified.
- If the new number is identified later in the data collection period, survey vendors should use their best judgment in implementing the number of attempts, keeping in mind the rule that they may make more than one attempt in one 7-day period, but cannot make all 10 attempts in one 7-day period.

Survey Protocol Reminders and Clarifications (cont'd)

Telephone Survey Administration - Reminders and Clarifications (cont'd)

- **Callbacks:** If a sample patient 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.
- **Call Attempts:** Make sure that calls are spread out on different days of the week, at different times of the day, and throughout the entire 12-week data collection period.

Survey Administration

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

Survey Administration (cont'd)

- 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.
- CMS has been investigating 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)

Which vendor oversight activities are a vendor's subcontractor expected to participate in?

Survey Administration (cont'd)

- The subcontractors of approved vendors are subject to the same vendor oversight activities as their vendor client, including:
 - Providing documentation of survey administration protocols, if asked.
 - Participating in site visits, if needed. A representative from the vendor's organization will also be asked to attend the site visit at the subcontractor's location.
 - Corrective action plan assignment.

Questions?

ICH CAHPS Survey Data Processing and Coding

Data Processing and Coding

What were the common data issues found during 2018 data cleaning and data digging during 2018 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.

Verify that the correct final disposition code has been assigned to each sample case.

- Discrepancies between the disposition code listed in vendor 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 Discovered During the Data Cleaning Process:

- Code 120 was incorrectly assigned to sample members who are ineligible for the survey.
- 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 210 should be assigned if Q1 and Q2 indicate eligibility, but the case does not meet the completeness criteria.

Data Processing and Coding (cont'd)

Examples of Coding Issues Discovered During the Data Cleaning Process (cont'd):

- Code 230 should **only** be assigned to cases in the mail-only mode, and should only be assigned if it is determined that the sample patient's address is bad (e.g., the questionnaire is returned by the Post Office as undeliverable with no forwarding address).
- Code 240 should **only** be assigned to telephone-only or mixed-mode cases, and only if it is determined that the telephone number the survey vendor has for the sample patient is bad (disconnected, does not belong to the sample patient) and no new telephone number is available.

Data Quality

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

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)

- 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 (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.

Questions?

Data File Submission

Data File Submission

Data Submission Deadlines

- The data submission deadline for the 2019 Spring Survey is 5:00 PM ET on July 31, 2019.
- The data submission deadline for the 2019 Fall Survey is 5:00 PM ET on January 29, 2020.
- 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 File Submission (cont'd)

XML File Layout Updates

- New for 2018 Fall Survey (Does not impact vendor XML file creation).
- Changes made:
 - In the Patient Response Record section, updated response option 1 (under the Valid Values column) in Q1 (<where-dialysis>) to display as “At home or at a skilled nursing home where I live”, instead of the previous text, “At home.”
 - The examples of SIDs in the Patient Administrative Data Record section were updated to reflect the upcoming survey year.
 - The header date was changed to October 2018.
 - The version number was updated to Version 7.0.

Data File Submission (cont'd)

Data File Submission Reminders

- 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 File Submission (cont'd)

Data file 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_201901_2019spring.xml

Data File Submission (cont'd)

Data file Submission Reminders (cont'd)

- 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.
- **CMS will not allow vendors to submit a file after the data submission deadline.**

Data File Submission (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.

Updates to ICH CAHPS Reports and Online Tools

- **Online Facility Survey Administrator Consent Form:** As of October 2018, ICH CAHPS no longer requires the submission of hardcopy ICH Facility Survey Administrator Consent Forms.
- The ICH CAHPS Facility Survey Administrator Consent Form is now completed online via the ICH CAHPS website as a part of the CCN registration process.
- **Survey Vendor Authorization Report.** The *Survey Vendor Authorization Report* (accessible via the vendor's dashboard) now indicates whether a *Facility Closing Attestation Form* has been submitted for each CCN listed on the report.

Updates to ICH CAHPS Reports and Online Tools (cont'd)

- **New Vendor Auto E-mail Notification:** If a facility switches vendors or adds an end date to an existing vendor authorization record, the current survey vendor now receives an automated e-mail alerting them of the newly entered end date.
- Please note that the Coordination Team continues to request that facilities alert the vendor of any changes made to its vendor authorization record or contract with the vendor's organization.

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 (cont'd)

- Results currently shown on the DFC are based on data from the 2017 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 2019.
- Results included in the April 2019 DFC refresh will be based on data from the 2017 Fall and the 2018 Spring Surveys.
- Results publicly reported in October 2019 will be based on combined data from the 2018 Spring and 2018 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)

- 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)

Star Ratings

- Seven ICH CAHPS star ratings were reported on Dialysis Facility Compare (www.Medicare.gov/DialysisFacilityCompare) beginning with the October 2018 refresh of the publicly reported data (showing combined data from the 2017 Spring and 2017 Fall Surveys).
- An ICH CAHPS star rating is generated for:
 - each of the three publicly reported ICH CAHPS global ratings (rating of the kidney doctors [nephrologists], dialysis center staff, and dialysis center);
 - each of the three composite measures (kidney doctors' communication and caring, quality of dialysis center and operations, and providing information); and
 - one Overall Survey Summary Star, which is a simple average of the six ICH CAHPS star ratings.

Public Reporting (cont'd)

Star Ratings (cont'd)

- Star ratings use the linearized scores as opposed to top-, middle-, 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 are calculated is available on the ICH CAHPS website.

Public Reporting (cont'd)

Star Ratings (cont'd)

- To receive ICH CAHPS star ratings, participating ICH facilities must have:
 - At least 30 completed ICH CAHPS surveys combined from the two most recent (and consecutive) semiannual surveys.
 - ICH facilities with fewer than 30 completed ICH CAHPS surveys do not receive star ratings.

Public Reporting (cont'd)

What survey results data are included on the DFC?

- For ICH CAHPS facilities that participated in the survey, and had 30 or more completed surveys combined over the two most recent semiannual survey periods:
 - The CCN's composite scores and global ratings
 - The average state and national scores
 - Seven ICH CAHPS star ratings (6 individual stars, 1 overall star)
 - The response rate and number of completed surveys
- For ICH facilities for which ICH CAHPS Survey results are not reported on the DFC, a footnote will appear to indicate the reason results are not reported.

Public Reporting (cont'd)

What survey results data and information are included on the ICH CAHPS website?

- State and national averages for each composite and rating.
- A document explaining the Methodology for Producing Star Ratings for In-Center Hemodialysis CAHPS Survey Ratings and Composite Measures.
- A document describing how results were calculated and the adjustment factors used to statistically adjust survey results (the calculation of the Patient-Mix Coefficients) for ICH CAHPS Survey Results.
- These documents are updated and reposted on the ICH CAHPS website for each public reporting period.

Public Reporting (cont'd)

Why are the number of completes provided by survey vendors different from the data on the DFC?

Public Reporting (cont'd)

- During data cleaning, the Coordination Team changes final disposition code for some sample cases.
- Changes may be made because of incorrect vendor codes or other coding issues that only the Coordination Team can determine the final code (such as changing 130s to 110s).
- Facilities and vendors should consider only the ICH CAHPS Survey results that are posted on the DFC as the official survey data results.

Other Information About the Survey

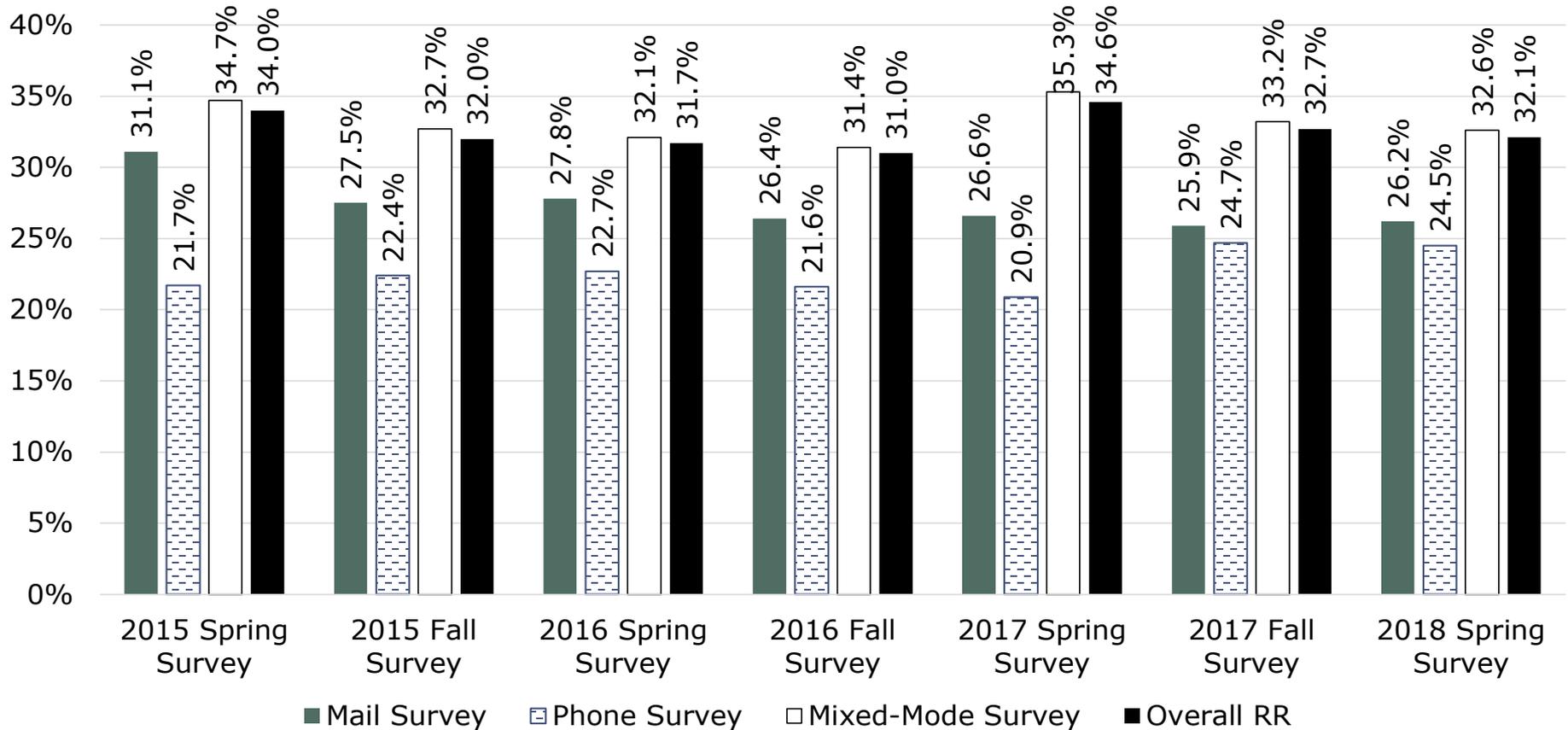
Response Rates

Response Rates

Survey	Mail Only Survey	Phone Only 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%
2017 Fall Survey	25.9%	24.7%	33.2%	32.7%
2018 Spring Survey	26.2%	24.5%	32.6%	32.1%

Response Rates (cont'd)

ICH CAHPS Survey Response Rates



Response Rates (cont'd)

By Survey Period	No. Sampled	Eligible	No. Completed Surveys	RR
2014 Fall	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%
2017 Fall	351,700	321,818	105,120	32.7%
2018 Spring	332,183	307,078	98,611	32.1%
All Survey Periods	2,792,851	2,581,604	855,938	33.2%
By Mode	No. Sampled	Eligible	No. Completed Surveys	RR
Mail Only	163,043	56,632	45,092	28.8%
Phone Only	67,809	61,486	13,979	22.7%
Mixed-Mode	2,561,999	2,363,486	796,867	33.7%
All Modes	2,792,851	2,581,604	855,938	33.2%

Interesting Facts

Interesting Facts About the ICH CAHPS Survey Results

Interesting Facts (cont'd)

Median Number of Returned Surveys per Facility in 2017

- For facilities that had a sample selected in at least one survey period in 2017, the median number of completed surveys is 31.
- For facilities that had a sample selected in both survey periods in 2017, the median number of completed surveys is 32.

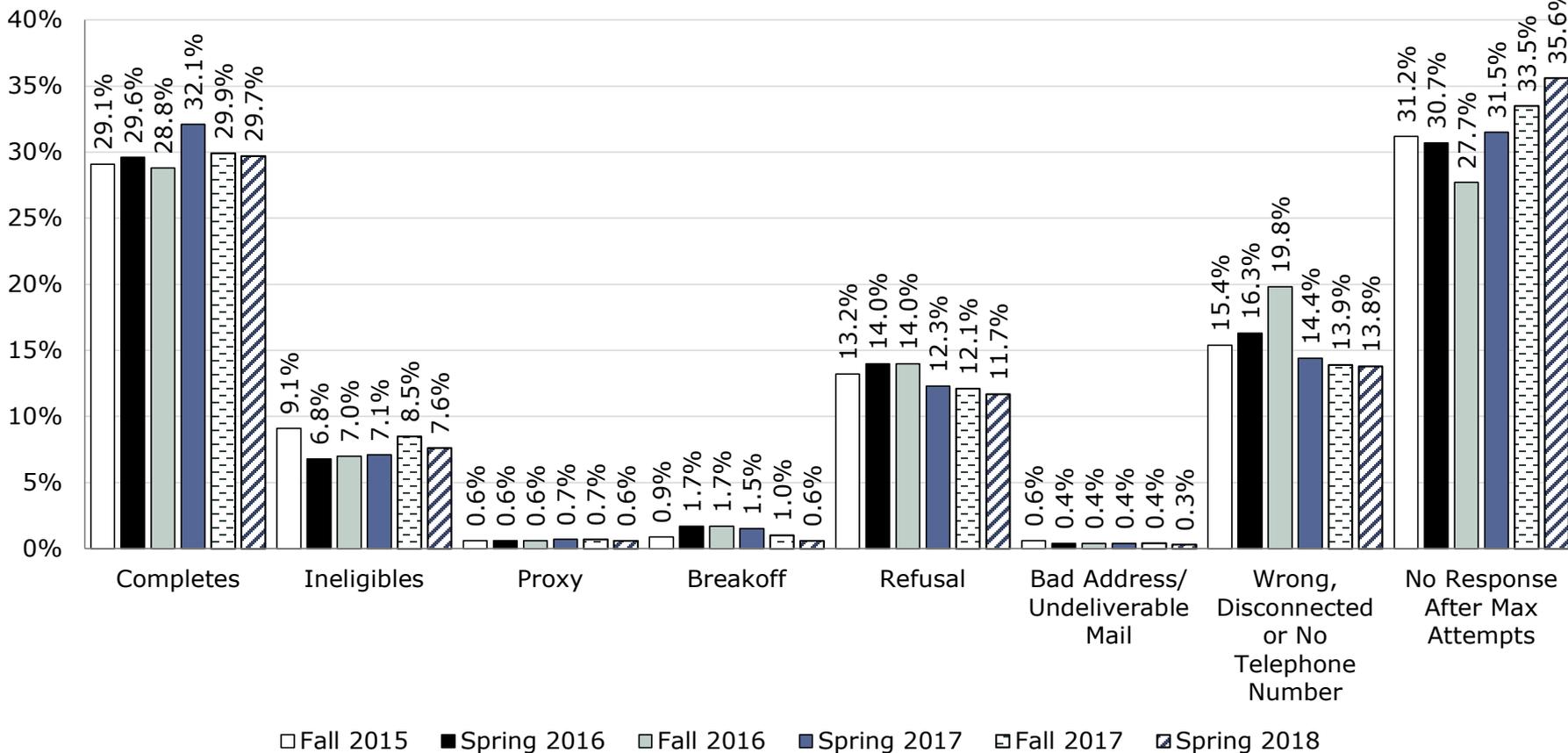
Interesting Facts (cont'd)

Percent of Eligible ICH Facilities With Census Sampled in 2018

- In the 2018 ICH CAHPS Fall Survey, a census was taken for 99.95% of all facilities.
 - Only 3 facilities large enough for a simple random sample.
- The population of eligible patients remains consistent — just under 350,000.
 - But there are more ICH facilities—6,528 in F18 vs. 6,014 in F16.
 - The number of eligible patients per facility is decreasing (on average).

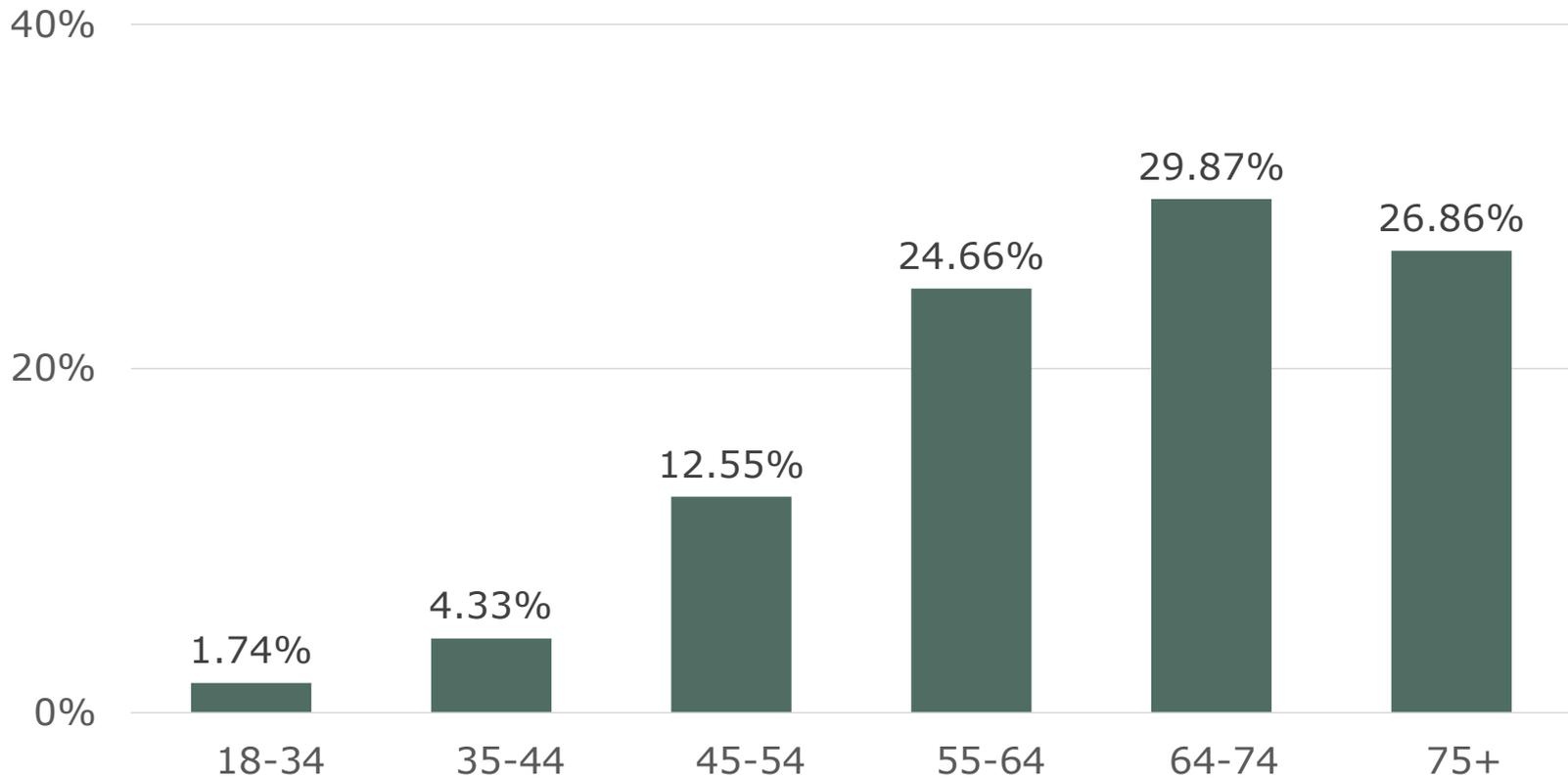
Interesting Facts (cont'd)

Disposition Code Distribution - All Vendors



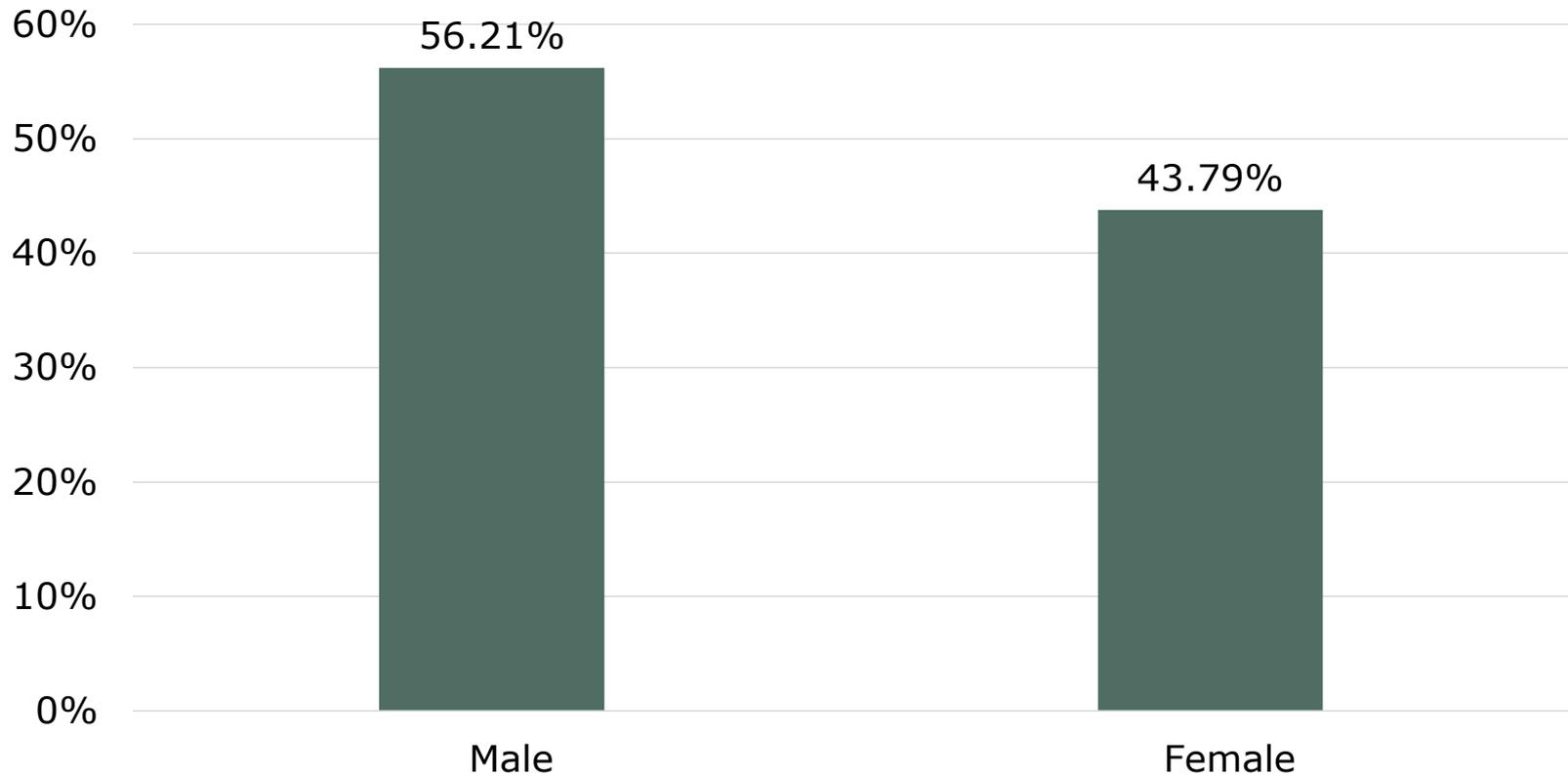
Interesting Facts (cont'd)

Age Distribution of Spring 2018 Survey Respondents



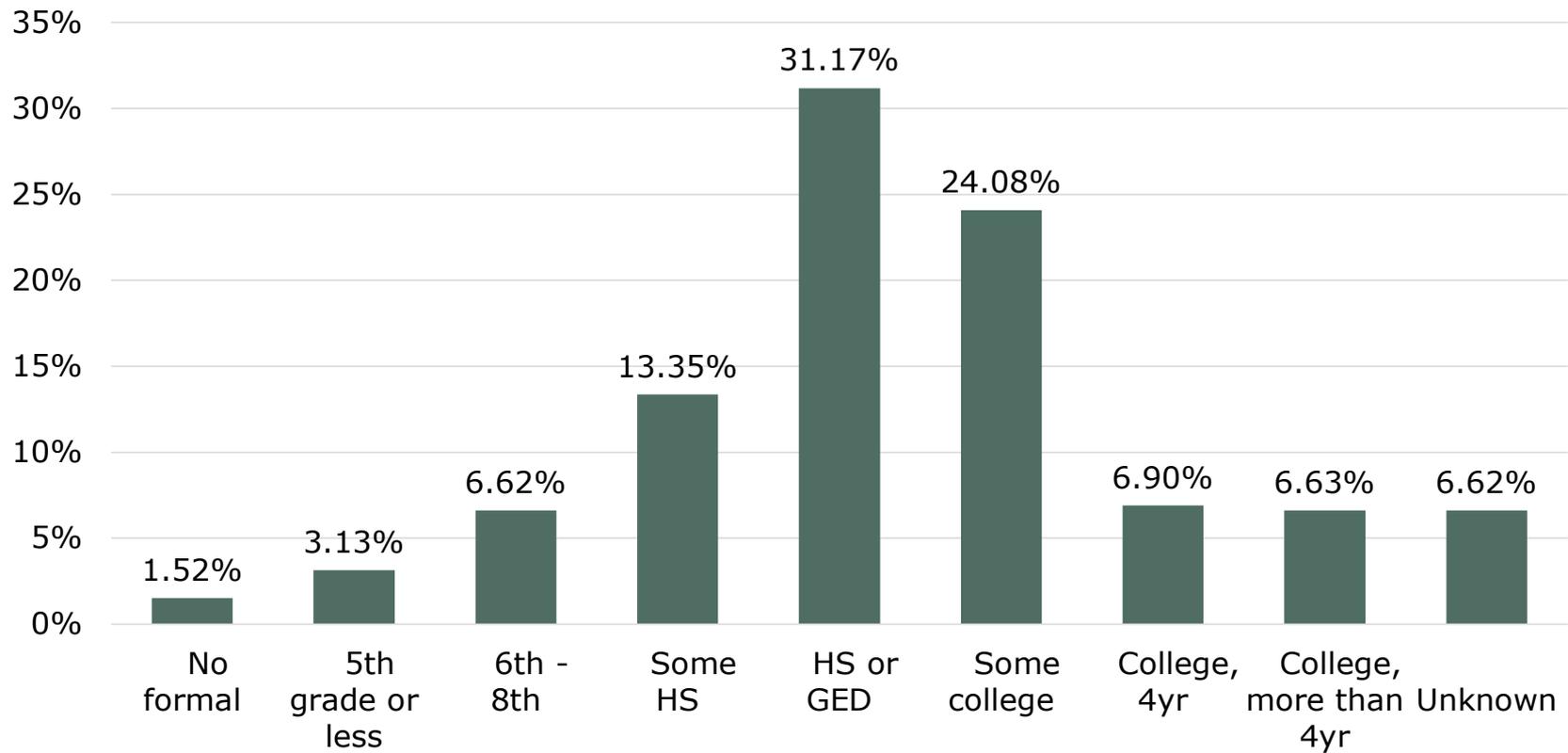
Interesting Facts (cont'd)

Gender Distribution of Spring 2018 Survey Respondents



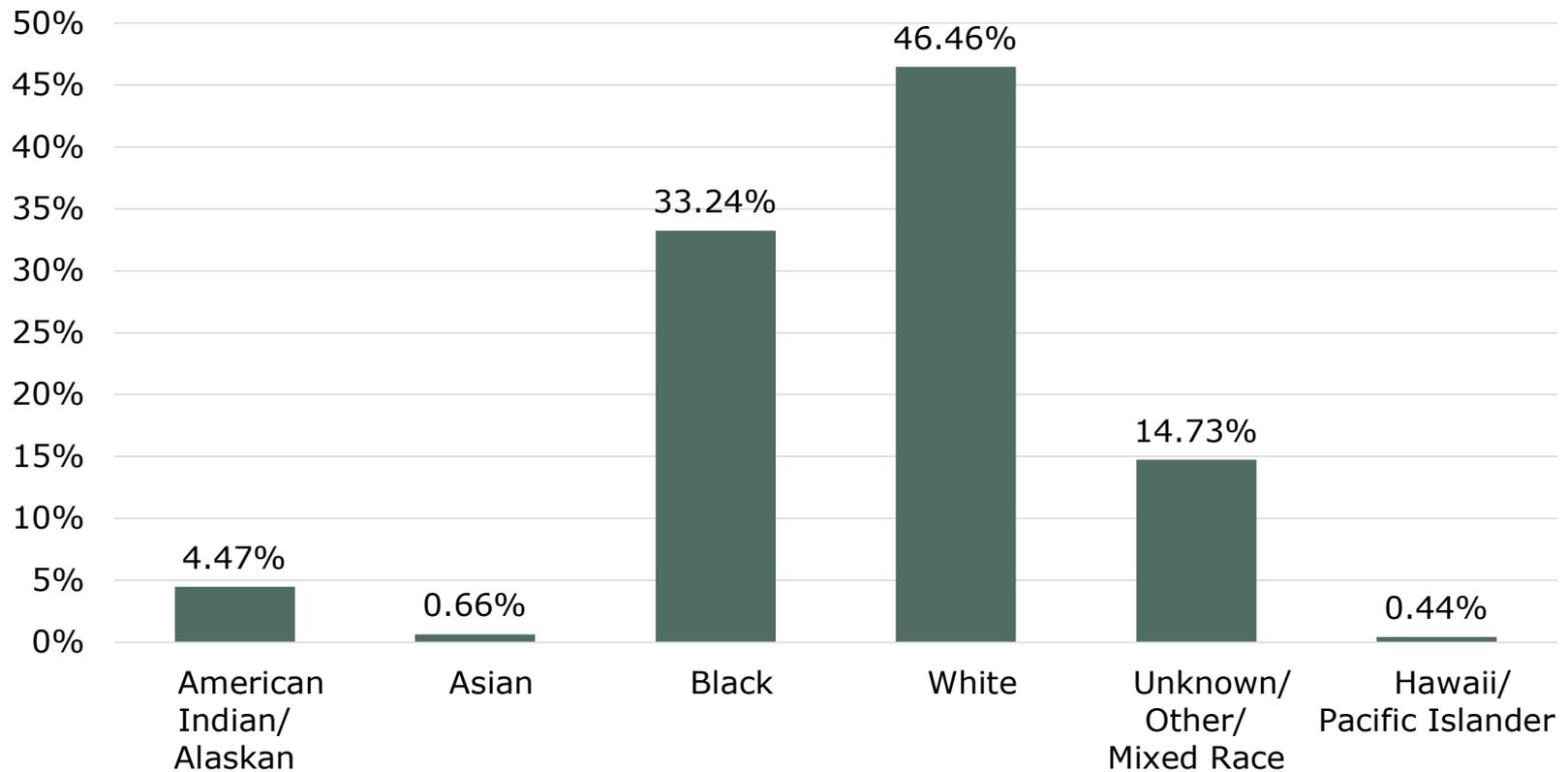
Interesting Facts (cont'd)

Education of Spring 2018 Survey Respondents



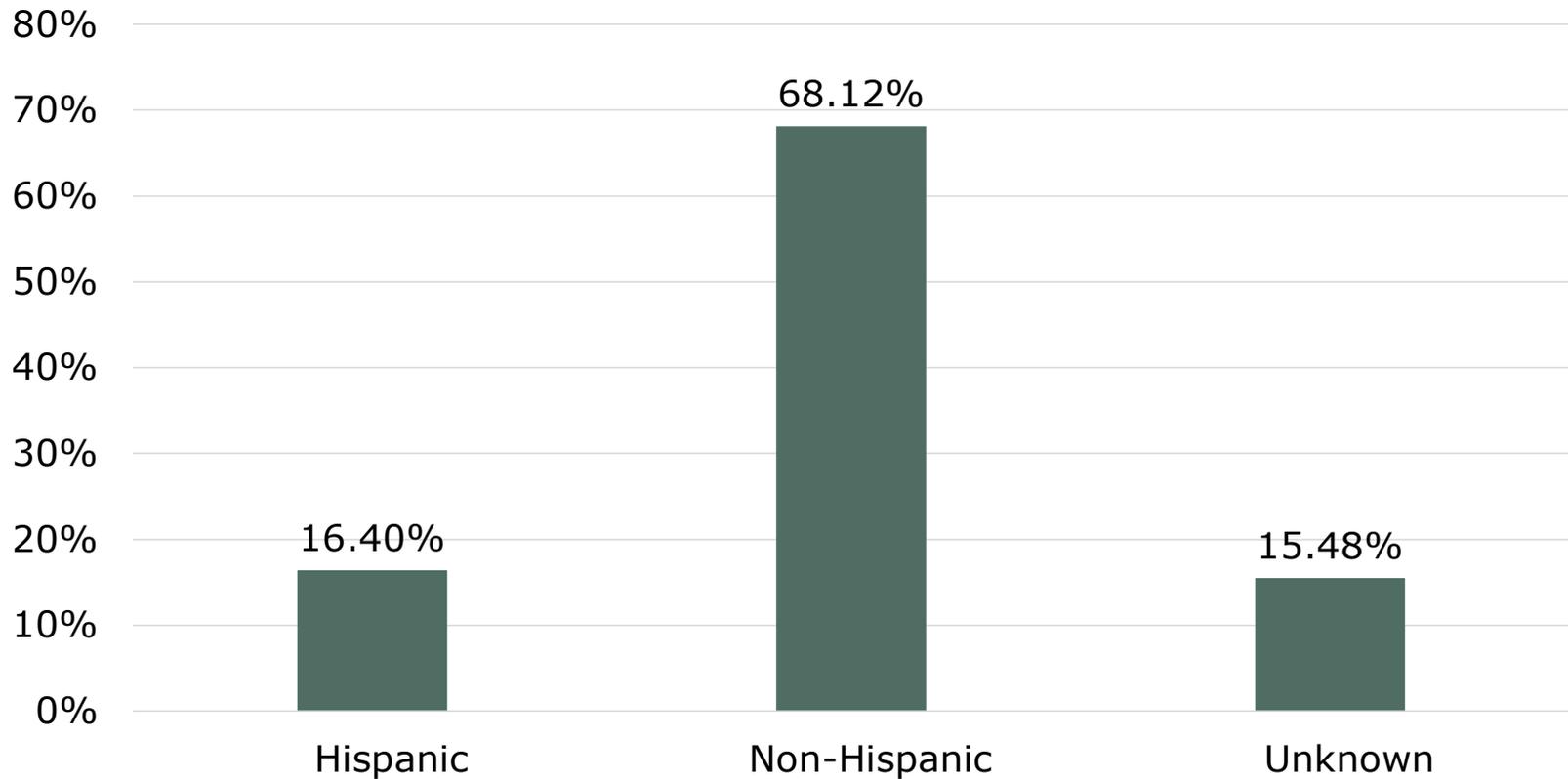
Interesting Facts (cont'd)

Race Distribution of Spring 2018 Survey Respondents



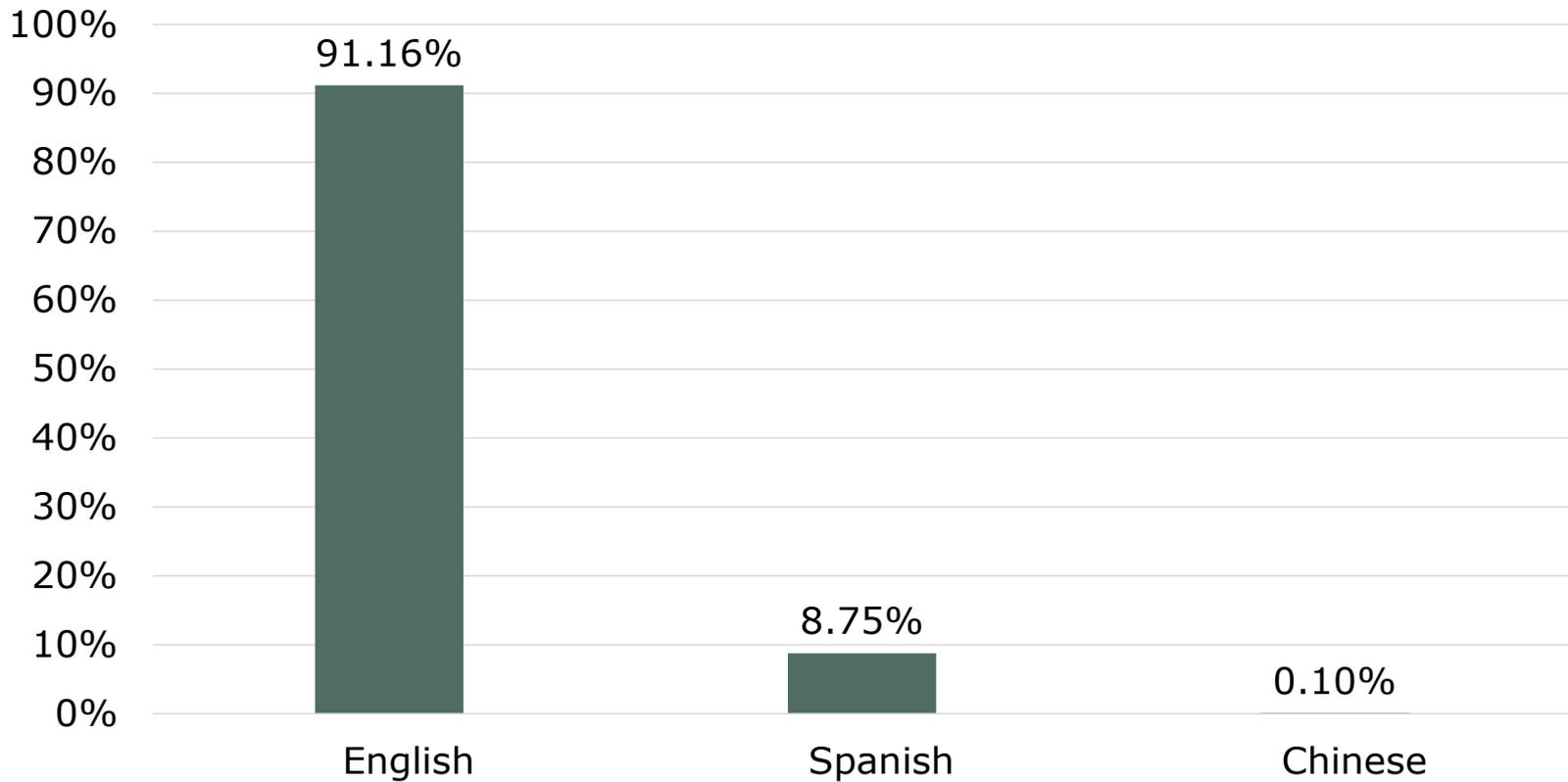
Interesting Facts (cont'd)

Ethnicity of Spring 2018 Survey Respondents



Interesting Facts (cont'd)

Language Distribution of Spring 2018 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
 - By telephone, 1-866-245-8083