In-Center Hemodialysis CAHPS® Survey

Survey Administration and Specifications Manual

Version 7.0

February 2019

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
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COMMUNICATIONS AND TECHNICAL SUPPORT FOR THE IN-CENTER HEMODIALYSIS CAHPS SURVEY

In-center hemodialysis (ICH) facilities and survey vendors may use the following resources to obtain information or technical support with any aspect of the In-Center Hemodialysis CAHPS (ICH CAHPS) Survey.

For general information, important news, updates, and all materials to support implementation of the ICH CAHPS Survey:

https://ichcahps.org

For technical assistance, contact the ICH CAHPS Coordination Team as noted below.

By e-mail: ichcahps@rti.org
By telephone: 1-866-245-8083
By FAX transmission: 1-919-541-7250

Please provide the ICH facility’s name and six-digit CMS Certification Number (CCN) when contacting the ICH CAHPS Coordination Team for technical assistance.
# LIST OF ABBREVIATIONS AND ACRONYMS

## In-Center Hemodialysis CAHPS Survey Administration and Specifications Manual

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<thead>
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<th>Abbreviation/Acronym</th>
<th>Term/Phrase</th>
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<tr>
<td>AAPOR</td>
<td>American Association for Public Opinion Research</td>
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<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>AV</td>
<td>Arteriovenous</td>
</tr>
<tr>
<td>CAHPS</td>
<td>Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>CATI</td>
<td>Computer-assisted telephone interview</td>
</tr>
<tr>
<td>CCN</td>
<td>CMS Certification Number (formerly known as the Medicare Provider Number)</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CROWNWeb</td>
<td>Consolidated Renal Operations in a Web-Enabled Network</td>
</tr>
<tr>
<td>CY</td>
<td>Calendar year</td>
</tr>
<tr>
<td>DFC</td>
<td>Dialysis Facility Compare</td>
</tr>
<tr>
<td>DUA</td>
<td>Data Use Agreement</td>
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<tr>
<td>ESRD</td>
<td>End-stage renal disease</td>
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<tr>
<td>FAQs</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
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<tr>
<td>ICH</td>
<td>In-center hemodialysis</td>
</tr>
<tr>
<td>ICH CAHPS</td>
<td>In-Center Hemodialysis CAHPS Survey</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
</tr>
<tr>
<td>NCOA</td>
<td>National Change of Address</td>
</tr>
<tr>
<td>NDA</td>
<td>Nondisclosure agreement</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>OHRP</td>
<td>Office for Human Research Protections</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected health information</td>
</tr>
<tr>
<td>PII</td>
<td>Personally identifiable information</td>
</tr>
<tr>
<td>QAP</td>
<td>Quality Assurance Plan</td>
</tr>
<tr>
<td>QIP</td>
<td>Quality Incentive Program</td>
</tr>
<tr>
<td>SID</td>
<td>Sample identification (number)</td>
</tr>
<tr>
<td>XML</td>
<td>Extensible Markup Language</td>
</tr>
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# In-Center Hemodialysis CAHPS Survey
## Survey Administration and Specifications Manual
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I. OVERVIEW OF THE CONTENTS OF THE IN-CENTER HEMODIALYSIS CAHPS SURVEY ADMINISTRATION AND SPECIFICATIONS MANUAL

1.0 Overview

The *In-Center Hemodialysis CAHPS Survey Administration and Specifications Manual* has been developed by the Centers for Medicare & Medicaid Services (CMS) to provide guidance and standard specifications for conducting the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (CAHPS®\(^1\)) Survey. The In-Center Hemodialysis CAHPS Survey, also referred to as the ICH CAHPS Survey, is part of a family of CAHPS surveys developed by the Agency for Healthcare Research and Quality (AHRQ) in conjunction with CMS. This chapter provides survey vendors and in-center hemodialysis (ICH) facilities with a top-level view of the contents of this manual. Each chapter is briefly described below. At the end of this chapter is a “What’s New?” section, which contains information about some of the changes that have been made to survey protocols and survey materials since the last version of this manual was released in February 2018.

*Introduction and Overview (Chapter II)*

Chapter II provides an overview of the national implementation of the ICH CAHPS Survey. It also includes sources for more information about the ICH CAHPS Survey.

*In-Center Hemodialysis CAHPS Survey Participation Requirements (Chapter III)*

Chapter III describes the roles and responsibilities of ICH facilities, approved survey vendors, and CMS on the national implementation of the ICH CAHPS Survey. It also includes information on the vendor rules of participation and business requirements for becoming an approved survey vendor. Information about how to communicate with and obtain technical assistance from the ICH CAHPS Coordination Team is also provided in this chapter.

*Sample Selection and Distribution (Chapter IV)*

Chapter IV provides an overview of how the samples of patients are selected for the ICH CAHPS Survey. This chapter also describes the process that survey vendors must follow to download and confirm receipt of the samples selected for their ICH facility clients.

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\(^1\) CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.
I. Overview of the Contents of the In-Center Hemodialysis CAHPS Survey Administration and Specifications Manual February 2019

Mail-Only Administration Procedures (Chapter V)

Chapter V contains the specifications for administering the ICH CAHPS Survey as a mail-only survey. The data collection schedule, production and mailing requirements, data receipt and processing requirements, and data storage guidelines for conducting a mail-only survey are covered in detail.

Telephone-Only Administration Procedures (Chapter VI)

Specifications for administering the ICH CAHPS Survey as a telephone-only survey are provided in Chapter VI. The data collection schedule, the computer-assisted telephone interviewing (CATI) data collection and tracking system, telephone interviewing requirements, and data storage guidelines for conducting a telephone-only survey are covered in detail.

Mail With Telephone Follow-Up (Mixed-Mode) Survey Administration Procedures (Chapter VII)

Chapter VII contains the specifications for administering the ICH CAHPS Survey as a mixed-mode survey—that is, a mail survey with telephone follow-up of nonrespondents. The data collection schedule, production and mailing requirements, CATI data collection and tracking system, telephone interviewing requirements, data receipt and processing requirements, and data storage guidelines for conducting a mixed-mode survey are covered in detail.

Confidentiality and Data Security (Chapter VIII)

Chapter VIII describes the requirements and guidelines for protecting the identity of patients included in the survey sample, confidentiality of respondent data, and ensuring data security. This chapter also provides information about the importance of establishing and maintaining physical and electronic data security.

Data Processing and Coding (Chapter IX)

Data processing procedures, including decision rules for assigning survey disposition codes and the definition of a completed survey, are described in Chapter IX.

The ICH CAHPS Website (Chapter X)

Chapter X provides an overview of the purpose and functions of the ICH CAHPS Survey website. It also describes the requirements for facilities to authorize their contracted vendor on the ICH CAHPS website and information for vendors on downloading sample files from the ICH CAHPS website.

Data File Preparation and Data Submission (Chapter XI)

This chapter contains the ICH CAHPS Survey data file preparation and data submission guidelines. It also describes data submission reports that will be available to survey vendors and to ICH facilities.
Quality Control (Chapter XII)

Chapter XII describes quality control procedures that survey vendors must conduct to ensure the quality of the data collected and submitted to the Data Center.

Oversight Activities (Chapter XIII)

Information about quality assurance activities that the Coordination Team will conduct to ensure that survey vendors successfully administer the ICH CAHPS Survey is provided in Chapter XIII.

Exceptions Request Process and Discrepancy Notification Report (Chapter XIV)

The process for requesting an exception to the ICH CAHPS Survey specifications is described in Chapter XIV. This section also covers the process for alerting the ICH CAHPS Coordination Team of an unplanned discrepancy when administering the ICH CAHPS Survey data collection and processing activities.

Public Reporting (Chapter XV)

Chapter XV presents an overview of the public reporting of ICH CAHPS Survey results.

Appendices

The appendices contain the ICH CAHPS Survey Questionnaire, sample mail survey cover letters, and the required Office of Management and Budget (OMB) disclosure language in English, Spanish, traditional Chinese, simplified Chinese, and Samoan. Telephone interview scripts in English and Spanish are also provided, as are general guidelines for telephone interviewer training and monitoring and a list of frequently asked questions (FAQs) and answers for telephone interviewers. The appendices also contain the ICH CAHPS supplemental questions, a hardcopy version of the online Vendor Application, a data use agreement application, the Exceptions Request and Discrepancy Notification Forms, the Model Quality Assurance Plan, the XML layout and specifications, and a listing of the telephone number of the End-Stage Renal Disease (ESRD) Network in each state.

1.1 What’s New or Different?

Table 1-1 contains a list of the chapters in this manual in which some of the more major changes in survey protocols and materials are described. Table 1-1 also lists the chapters in which more information about additional topics has been added, including ICH facility ICH CAHPS Survey participation requirements and public reporting. Survey vendors should note that this table only highlights chapters in which the more major changes are described. The Coordination Team strongly encourages survey vendors to read this entire manual because information in some chapters changed but is not described in the table below.
### Table 1-1. New or Updated Information in This Manual

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
<th>New or Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>NA</td>
<td>Dates changed to reflect the 2019 surveys</td>
</tr>
<tr>
<td>Chapter II, Section 2.3</td>
<td>11</td>
<td>Link added for information regarding the QIP program</td>
</tr>
<tr>
<td>Chapter II, Section 2.3</td>
<td>12</td>
<td>Table added with information about publicly reported data, reflects most recent DFC refresh</td>
</tr>
<tr>
<td>Chapter III, Section 3.1</td>
<td>15</td>
<td>Clarified that the use of facility posters require CMS approval</td>
</tr>
<tr>
<td>Chapter III, Section 3.4</td>
<td>27</td>
<td>Updated the Minimum Business Requirements in Table 3-1 to indicate subcontractors are subject to site visits, if needed</td>
</tr>
<tr>
<td>Chapter IV, Section 4.2</td>
<td>31</td>
<td>Updated Table 4-2 to reflect new Telephone Only expected response rate</td>
</tr>
<tr>
<td>Chapter V, Section 5.1</td>
<td>38</td>
<td>Data Submission deadlines are 5 PM ET instead of 11:59 PM</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.1.1</td>
<td>39</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.1.1</td>
<td>40</td>
<td>“First-Class Mail” added to options for prenotification envelopes (when new address is available from USPS)</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.2.1</td>
<td>41</td>
<td>Clarified that vendors may exclude the word “Federal” or the phrase “of 1974” (and simply state Privacy Act) in the cover letters</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.2.1</td>
<td>41</td>
<td>If a facility is including its logo on the cover letter, the logo must appear in the right top section of the letter (and not appear in the window of the envelope)</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.2.1</td>
<td>41</td>
<td>The OMB disclosure notice must be printed in either cover letter or the questionnaire (added to section on cover letters)</td>
</tr>
<tr>
<td>Chapter V, Section 5.2.3.1</td>
<td>43</td>
<td>Vendors have option to submit an ERF if they have a request related to the place of the SID on the questionnaire</td>
</tr>
<tr>
<td>Chapter V, Section 5.4.2</td>
<td>47</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter V, Section 5.5.2.1</td>
<td>49</td>
<td>Clarification that a sample of questionnaires must be rescanned/compared with the original scanned image of the questionnaire</td>
</tr>
<tr>
<td>Chapter V, Section 5.6.1</td>
<td>52</td>
<td>Added a Distressed Respondent Procedure section to the Mail Only chapter</td>
</tr>
<tr>
<td>Chapter V, Section 5.7</td>
<td>53</td>
<td>Clarification added on handling sample patients on the vendor’s Do Not Call List</td>
</tr>
<tr>
<td>Chapter VI, Section 6.1</td>
<td>56</td>
<td>Data Submission deadlines are 5 PM ET instead of 11:59 PM</td>
</tr>
<tr>
<td>Chapter VI, Section 6.1.1.1</td>
<td>57</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter VI, Section 6.1.1.1</td>
<td>57</td>
<td>“First-Class Mail” added to options for prenotification envelopes (when new address is available from USPS)</td>
</tr>
</tbody>
</table>

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Table 1-1. New or Updated Information in This Manual (continued)

<table>
<thead>
<tr>
<th>Chapter</th>
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<td>Chapter VI, Section 6.3.1</td>
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<td>Reminder to recontact sample patients for requested callbacks</td>
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<tr>
<td>Chapter VI, Section 6.3.1</td>
<td>63</td>
<td>Clarification on protocol for starting 10 attempts over if a new phone number is received</td>
</tr>
<tr>
<td>Chapter VI, Section 6.3.1</td>
<td>65</td>
<td>Clarification added on handling sample patients on the vendor’s Do Not Call List</td>
</tr>
<tr>
<td>Chapter VI, Section 6.3.2.1</td>
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<td>Protocol updated to reflect that vendors must verify each telephone number included in the sample file provided by the Coordination Team, using a commercial telephone update service</td>
</tr>
<tr>
<td>Chapter VI, Section 6.3.2.2</td>
<td>66</td>
<td>Protocol added on contacting sample patients residing in nursing homes</td>
</tr>
<tr>
<td>Chapter VII, Section 7.1</td>
<td>72</td>
<td>Data Submission deadlines are 5 PM ET instead of 11:59 PM</td>
</tr>
<tr>
<td>Chapter VII, Section 7.2.1.1</td>
<td>74</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter VII, Section 7.2.1.1</td>
<td>74</td>
<td>“First-Class Mail” added to options for prenotification envelopes (when new address is available from USPS)</td>
</tr>
<tr>
<td>Chapter VII, Section 7.2.2.1</td>
<td>75</td>
<td>Clarified that vendors may exclude the word “Federal” or the phrase “of 1974” (and simply state Privacy Act) in the cover letters</td>
</tr>
<tr>
<td>Chapter VII, Section 7.2.2.1</td>
<td>76</td>
<td>If a facility is including its logo on the cover letter, the logo must appear in the right top section of the letter (and not appear in the window of the envelope)</td>
</tr>
<tr>
<td>Chapter VII, Section 7.2.2.1</td>
<td>76</td>
<td>The OMB disclosure notice must be printed in either cover letter or the questionnaire (added to section on cover letters)</td>
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<tr>
<td>Chapter VII, Section 7.2.3.1</td>
<td>78</td>
<td>Vendors option to submit an ERF if have request related to the place of the SID on the questionnaire</td>
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<tr>
<td>Chapter VII, Section 7.3.2</td>
<td>81</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter VII, Section 7.4.2</td>
<td>84</td>
<td>Clarification that a sample of questionnaires must be rescanned/compared with the original scanned image of the questionnaire</td>
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<tr>
<td>Chapter VII, Section 7.6</td>
<td>87</td>
<td>Clarification added on handling sample patients on the vendor’s Do Not Call List</td>
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<tr>
<td>Chapter VII, Section 7.8.1</td>
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<td>Clarification on protocol for starting 10 attempts over if a new phone number is received</td>
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<tr>
<td>Chapter VII, Section 7.8.1</td>
<td>94</td>
<td>Clarification added on handling sample patients on the vendor’s Do Not Call List</td>
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<tbody>
<tr>
<td>Chapter VII, Section 7.8.2.1</td>
<td>95</td>
<td>Protocol updated to reflect that vendors must verify each telephone number included in the sample file provided by the Coordination Team, using a commercial telephone update service</td>
</tr>
<tr>
<td>Chapter VII, Section 7.8.2.3</td>
<td>95</td>
<td>Protocol added on contacting sample patients residing in nursing homes</td>
</tr>
<tr>
<td>Chapter VIII, Section 8.1</td>
<td>101</td>
<td>Clarified that vendors may exclude the word “Federal” or the phrase “of 1974” (and simply state Privacy Act) in the cover letters</td>
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<tr>
<td>Chapter VII, Section 8.4</td>
<td>104</td>
<td>Protocol added for vendors having a disaster recovery plan</td>
</tr>
<tr>
<td>Chapter IX, Section 9</td>
<td>108, 114, 116</td>
<td>Text updated to reflect response option 1 in Q1 now includes the text “…or at a skilled nursing home where I live”</td>
</tr>
<tr>
<td>Chapter X, Section 10.1.1</td>
<td>126</td>
<td>Updated Exhibit 10-1 to include location of CTSAR Newsletter</td>
</tr>
<tr>
<td>Chapter X, Section 10.1.2.1</td>
<td>130</td>
<td>Updated text to reflect that the ICH CAHPS Facility Survey Administrator Consent Form is now completed online during CCN registration</td>
</tr>
<tr>
<td>Chapter XI, Section 11.0</td>
<td>135</td>
<td>Data Submission deadlines are 5 PM ET instead of 11:59 PM</td>
</tr>
<tr>
<td>Chapter XI, Section 11.1</td>
<td>136</td>
<td>Clarification added on adding end dates to a vendor authorization record</td>
</tr>
<tr>
<td>Chapter XI, Section 11.1</td>
<td>137</td>
<td>Vendors will receive an auto-email alerting them when a facility adds an end date to an existing vendor authorization record</td>
</tr>
<tr>
<td>Chapter XI, Section 11.1.1</td>
<td>137</td>
<td>Reminder that the NPF only informs the Coordination Team that facility is not participating in that calendar year</td>
</tr>
<tr>
<td>Chapter XI, Section 11.1.2</td>
<td>138</td>
<td>Survey vendor authorization report will now indicate if a facility has a submitted closing attestation form</td>
</tr>
<tr>
<td>Chapter XII, Section 12.1.1</td>
<td>145</td>
<td>If a CCN is not in the sample file, because the vendor was not authorized, the vendor and facility should notify the Coordination Team immediately</td>
</tr>
<tr>
<td>Chapter XII, Section 12.1.1</td>
<td>146</td>
<td>Reminder that vendors should alert the Coordination Team and confirm a facility’s data have been deleted from the sample file if submitting a facility closing attestation form</td>
</tr>
<tr>
<td>Chapter XII, Section 12.2.1</td>
<td>147</td>
<td>Protocol updated to reflect that vendors must verify each mailing address included in the sample file provided by the Coordination Team, using a commercial address update service</td>
</tr>
<tr>
<td>Chapter XII, Section 12.2.3</td>
<td>148</td>
<td>Clarification that a sample of questionnaires must be rescanned/compared with the original scanned image of the questionnaire</td>
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## Table 1-1. New or Updated Information in This Manual (continued)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Chapter XII, Section 12.3.1</td>
<td>148</td>
<td>Protocol updated to reflect that vendors must verify each telephone number included in the sample file provided by the Coordination Team, using a commercial telephone update service.</td>
</tr>
<tr>
<td>Chapter XIII, Section 13.3</td>
<td>154</td>
<td>Reminder that subcontractors are subject to site visits, as needed, and a vendor representative would be asked to attend the visit.</td>
</tr>
<tr>
<td>Chapter XV, Section 15.0</td>
<td>161</td>
<td>Table added with information about publicly reported data, reflects most recent DFC refresh.</td>
</tr>
<tr>
<td>Chapter XV, Section 15.2</td>
<td>162</td>
<td>Information added on ICH CAHPS Star Ratings.</td>
</tr>
<tr>
<td>Appendix C</td>
<td>C-1</td>
<td>Mail survey cover letter 1 and 2, mail questionnaire, telephone script updated to include new text in Q1 response option 1.</td>
</tr>
<tr>
<td>Appendix D</td>
<td>D-1</td>
<td>Mail survey cover letter 1 and 2, mail questionnaire, telephone script updated to include new text in Q1 response option 1. Minor text changes in telephone script: INTRO2—“las” to “la”; Q15 and Q17—“cómodo” to “cómodo(a)”; Q20—“Un injerto” to “Un injerto o ‘graft’”.</td>
</tr>
<tr>
<td>Appendix E</td>
<td>E-1</td>
<td>Mail survey cover letter 1 and 2 and mail questionnaire updated to include new text in Q1 response option 1.</td>
</tr>
<tr>
<td>Appendix F</td>
<td>F-1</td>
<td>Mail survey cover letter 1 and 2 and mail questionnaire updated to include new text in Q1 response option 1.</td>
</tr>
<tr>
<td>Appendix G</td>
<td>G-1</td>
<td>Mail survey cover letter 1 and 2 and mail questionnaire updated to include new text in Q1 response option 1.</td>
</tr>
<tr>
<td>Appendix K</td>
<td>K-5</td>
<td>Updated probing section.</td>
</tr>
<tr>
<td>Appendix L</td>
<td>L-1</td>
<td>XML updated to include new text in Q1 response option 1.</td>
</tr>
<tr>
<td>Appendix M</td>
<td>M-4</td>
<td>Updated to reflect vendor QAPs must include statement confirming the vendor has a disaster recovery plan.</td>
</tr>
<tr>
<td>Appendix P</td>
<td>P-1</td>
<td>Updated the names/phone numbers for some ESRD Networks.</td>
</tr>
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</table>
I. Overview of the Contents of the In-Center Hemodialysis CAHPS Survey Administration and Specifications Manual February 2019

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II. INTRODUCTION AND OVERVIEW

2.0 The ICH CAHPS Survey

Since 2001, CMS has been publicly reporting quality measures for kidney dialysis centers on Dialysis Facility Compare (DFC) on https://www.medicare.gov. Patients with ESRD can compare the services and quality of care that dialysis facilities provide. DFC also contains other resources for patients and family members who want to learn more about chronic kidney disease and dialysis. Until October 2016, a major gap in the information that was publicly reported, however, was the quality of ICH care from ESRD patients’ perspective. In 2004, CMS partnered with AHRQ to develop and field test a standardized survey to measure the experiences of patients who receive ICH care from Medicare-certified ICH facilities. As a result of that effort, the ICH CAHPS Survey was developed for patients who receive ICH to assess their dialysis providers, including nephrologists and medical and nonmedical staff, and the quality of dialysis care they receive in their facility.

As part of the Quality Incentive Program (QIP), which was authorized under section 153(c) of the Medicare Improvements for Patients and Providers Act, in calendar years (CYs) 2012 and 2013 all Medicare-certified ICH facilities were required to administer the ICH CAHPS Survey with a sample of their ICH patients using an independent third-party vendor. In each of those years, the ICH facilities’ survey vendor administered the survey using ICH CAHPS Survey administration specifications prepared by AHRQ. ICH facilities were not required to submit the data from the surveys conducted in CYs 2012 and 2013 to CMS; however, in each year they were required to attest to CMS that they had conducted the survey.

The national implementation of the ICH CAHPS Survey, which began in CY2014, is designed to meet the following three broad goals:

- Produce comparable data from the patient’s perspective that will allow objective and meaningful comparisons between ICH facilities on domains that are important to consumers.
- Create incentives for ICH facilities to improve their quality of care.
- Enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment.

The first ICH CAHPS Survey was conducted in the fall of CY2014. In CY2015 and subsequent years, the ICH CAHPS Survey is being conducted on a semiannual basis; that is, the survey sampling and data collection activities are being conducted twice annually. For each semiannual ICH CAHPS Survey, referred to as the Spring and Fall Surveys, CMS selects a sample of patients served by the facility and distributes the samples to each facility’s ICH CAHPS Survey vendor. Data collection activities for Spring Surveys are conducted from April through mid-July.
The Fall Survey is conducted from October through mid-January of the following year. Because it is important that the survey be administered in the same way using the same protocols by all survey vendors, for the national implementation CMS requires that:

- ICH facilities contract with an independent third-party survey vendor that has been approved and trained by CMS; and
- All approved ICH CAHPS Survey vendors use ICH CAHPS Survey materials and survey administration protocols and specifications developed by CMS and described in this manual and as any updated or revised protocols that are included in announcements posted on the ICH CAHPS website at https://ichcahps.org.

2.1 The ICH CAHPS Survey Questionnaire

The ICH CAHPS Survey questionnaire that will be used in the CY2019 surveys, which is the same version implemented during the 2018 Fall Survey, contains 62 survey questions in the mail survey version and 59 questions in the telephone survey version. The questionnaire covers topics such as the patient’s interactions with the ICH facility providers, the staff’s professionalism, staff communication, care and emotional support, nephrologist’s communication and care, coordination of care, handling complaints, patient involvement in decision making, safety and environment, patient rights, and privacy. Patients are asked to provide overall ratings of nephrologists, the medical and nonmedical staff, and the dialysis facility. The questionnaire also contains “About You” questions that ask for self-reported health status and basic demographic information.

The final version of the questionnaire differs from the original AHRQ version because some of the questions in the “About You” section have been changed to comply with the U.S. Office of Minority Health’s requirements on data collection standards for race, sex, ethnicity, primary language, and disability status. In addition, other changes have been made to the questionnaire since the national implementation began; specifically, the text of Question 1 was modified and expanded, a new response option was added to Question 1, different skip instructions were added to selected response options in Questions 1 and 2, and some minor wording changes were made to some other questions.

The ICH CAHPS mail survey questionnaire is currently available in English, Spanish, traditional and simplified Chinese, and Samoan. The ICH CAHPS telephone survey questionnaire is available in English and Spanish only. Please note that survey vendors must offer the survey in English in all data collection modes for which they are approved. However, survey vendors are not required to administer the survey in any of the other approved languages. ICH facilities and their survey vendors will not be permitted to translate the ICH CAHPS Survey questionnaire into any other languages. CMS, however, may decide to translate the questionnaire into other languages if needed. ICH facilities and ICH CAHPS Survey vendors are encouraged to contact
the ICH CAHPS Coordination Team (Coordination Team) to discuss their need for questionnaires in other languages.

2.2 The ICH CAHPS Mode Experiment

For patients to make objective and meaningful comparisons between dialysis facilities, methods and adjustments must be put into place to account for significant sources of bias outside the control of the dialysis facilities. Known sources of bias include data collection mode and variability in patient mix and response propensity across patients within dialysis facilities. In early 2014 the ICH CAHPS Coordination Team conducted a randomized mode experiment with a sample of patients receiving care at ICH facilities to determine whether they respond differently to the survey based on data collection mode (mail, telephone, and mixed mode). In addition, data from the mode experiment were used to determine which patient characteristics, if any, affect how patients respond to the survey. During the national implementation of the ICH CAHPS Survey, the Coordination Team develop and use models to statistically adjust survey results before comparative results are publicly reported, based on the results of the mode experiment. Comparative results from the ICH CAHPS mode experiment were not publicly reported.

2.3 ICH CAHPS Survey Public Reporting

CMS began publicly reporting results from the national implementation of the ICH CAHPS Survey on the DFC link at https://www.Medicare.gov in October 2016. The results on the DFC are “refreshed” once every 6 months. After an ICH facility has completed two or more semiannual surveys, data from the oldest semiannual survey are replaced by data from the two most recent semiannual surveys. The ICH CAHPS public reporting periods for 2016–2019, including the combined periods of survey data, are described in Table 2-1. For example, the results published in October 2016 were based on combined data from the 2015 ICH CAHPS Spring and Fall Surveys. The results published in April 2017 were based on combined data from the 2015 Fall and 2016 Spring Surveys, and so forth. The data submitted each public reporting period are reviewed, cleaned, and scored by the Coordination Team and the survey results are statistically adjusted for mode, nonresponse, and patient-mix. Survey results will be compiled for each ICH facility; CMS’s Quality Incentive Program (QIP) will prepare and provide to each facility a “preview” report containing the facility’s ICH CAHPS Survey results prior to public reporting. For more information about the QIP program please see: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html.
Table 2-1. ICH CAHPS 2016–2019 Public Reporting Schedule

<table>
<thead>
<tr>
<th>Survey Periods of Combined Data</th>
<th>Month Data Are Publicly Reported on DFC</th>
</tr>
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<tbody>
<tr>
<td>2015 Spring and 2015 Fall</td>
<td>October 2016</td>
</tr>
<tr>
<td>2015 Fall and 2016 Spring</td>
<td>April 2017</td>
</tr>
<tr>
<td>2016 Spring and 2016 Fall</td>
<td>October 2017</td>
</tr>
<tr>
<td>2016 Fall and 2017 Spring</td>
<td>April 2018</td>
</tr>
<tr>
<td>2017 Spring and 2017 Fall</td>
<td>October 2018</td>
</tr>
<tr>
<td>2017 Fall and 2018 Spring</td>
<td>April 2019</td>
</tr>
<tr>
<td>2018 Spring and 2018 Fall</td>
<td>October 2019</td>
</tr>
</tbody>
</table>

2.4 Sources of Information About the ICH CAHPS Survey

More information about the ICH CAHPS Survey and ICH quality measures is available at the two websites described below.

2.4.1 The ICH CAHPS Survey Website (https://ichcahps.org)

The ICH CAHPS website, which is available at https://ichcahps.org, provides protocols and materials for survey implementation and updated announcements and news about the ICH CAHPS Survey. This website is one of the main vehicles for communicating information about the survey to ICH facilities and to survey vendors. The ICH CAHPS website has both public and restricted-access (secure) pages.

The public access pages on the ICH CAHPS website contain the following:

- General information about the ICH CAHPS Survey;
- Data collection materials, protocols, and guidelines for administration of the ICH CAHPS Survey;
- Announcements about updates or changes in the survey protocols or materials and participation requirements;
- Requirements for becoming an ICH CAHPS Survey vendor;
- A list of approved ICH CAHPS Survey vendors;
- Survey vendor quality assurance plan requirements;
- Information about vendor oversight activities;
- Data submission requirements; and
- Information about how to obtain technical assistance.
As noted above, the Coordination Team uses the ICH CAHPS website to disseminate important updates and news about the ICH CAHPS Survey. Announcements posted on the ICH CAHPS website related to survey protocols either clarify the existing protocols or may sometimes supersede an existing protocol. Therefore, survey vendors and ICH facilities must check the ICH CAHPS Survey website frequently for updates. To view announcements, go to the website at https://ichcahps.org and click the “Recent Announcements” link at the bottom left side of the home page. Recent announcements are listed in chronological order, with the most recent announcement listed first. Once on the Announcement Page on the website, users can search for announcements in certain categories, by date and by keywords.

The secure or restricted-access sections of the ICH CAHPS website are accessible only to ICH CAHPS Survey vendors and ICH facilities that have registered for credentials to access the links on the private sections of the website. The private links available to ICH facilities enable them to authorize a survey vendor to submit ICH CAHPS Survey data on their behalf and view data submission reports for data submitted by their survey vendor.

The private links available to approved survey vendors allow them to obtain the file containing the sample for each of their ICH facility clients for each semiannual survey and to access the data submission tool to submit ICH CAHPS Survey data files for each of their facility clients. Survey vendors also use the private links to access various reports, including data submission reports. More information about the ICH CAHPS website is provided in Chapter X.

2.4.2 The Medicare Website (https://www.medicare.gov)

The Medicare website is maintained by CMS and contains information on the services Medicare provides. Of particular interest to ICH CAHPS Survey users or vendors is the DFC, which can be accessed via a link on https://www.medicare.gov. The DFC provides information to the public on various quality measures. Viewers can obtain comparative information about ICH facilities by ZIP code, city/state, and state. ICH CAHPS Survey results are aggregated to the facility so that the public can compare ICH CAHPS results and other quality measures across facilities.
III. In-Center Hemodialysis CAHPS Survey Participation Requirements

3.0 Overview

This chapter describes participation requirements for administering the ICH CAHPS Survey and includes (1) rules and guidelines for communicating with hemodialysis patients about the ICH CAHPS Survey; (2) the roles and responsibilities of ICH facilities, survey vendors, and the ICH CAHPS Coordination Team; (3) the Survey Vendor Minimum Business Requirements for administering the ICH CAHPS Survey; and (4) information about obtaining technical assistance from the Coordination Team.

3.1 Communications With Patients About the ICH CAHPS Survey

Patients receiving ICH treatment are an especially vulnerable population, relying on an ICH facility and its staff for life-sustaining care. Some patients might be reluctant to participate in the ICH CAHPS Survey or provide feedback on the dialysis care they receive for fear of retribution by facility staff. Patients fearing retribution might not be able to switch to another facility if they are unhappy with the care they receive from their current facility because there might not be another facility close to where they live, or one that has any openings in its schedule. Patients also might be reluctant to provide survey responses that accurately reflect their experience with the care provided by their ICH facility because they might perceive that government agencies are not responsive to patients’ concerns.

Because of concerns that patients might have about participating in the ICH CAHPS Survey, both ICH facility staff and their ICH CAHPS Survey vendors must avoid influencing patients’ decisions to participate in the survey and their survey responses. Staff at a dialysis facility are not allowed to help patients complete the survey. If patients ask ICH facility personnel to help them complete the survey, facility staff should instruct them to ask a family member or friend for help. Additionally, if sample patients have any questions about the survey, facility staff should instruct them to call their ICH CAHPS Survey vendor’s toll-free telephone number, which is included in the prenotification and mail survey cover letters.

ICH facility staff may tell their patients that they could be asked to respond to a patient experience survey. Some facilities have asked for permission to hang posters containing information about the survey; which is permitted with prior approval from CMS. Please send the proposed text/contents to be included on the poster to the Coordination Team for review and approval before hanging in the facility. However, ICH facility staff may not do any of the following:
• Ask patients any additional survey questions that are the same as or similar to those included in the ICH CAHPS Survey questionnaire 4 weeks prior to and during the data collection period for each semiannual survey;

• Help the patient answer the survey questions, even if the patient asks for a facility staff member’s help;

• Attempt to influence patients’ answers to the ICH CAHPS Survey questions;

• Provide a copy of the ICH CAHPS Survey questionnaire or cover letters to their patients;

• Include words or phrases verbatim from the ICH CAHPS Survey questionnaire in their marketing or promotional materials;

• Tell patients that the facility hopes or expects their patients will give them the best or highest rating or will respond in a certain way to survey questions;

• Offer incentives of any kind to patients for participating (or not) in the ICH CAHPS Survey;

• Use the ICH CAHPS Survey to identify or ask about other patients who might need hemodialysis care;

• Include any messages or materials promoting the facility or the services it provides in survey materials, including mail survey cover letters, questionnaires, and telephone interview scripts; and

• Ask their patients if they would like to be included in the survey.

3.2 Roles and Responsibilities

The Coordination Team is responsible for ensuring that the ICH CAHPS Survey is administered using standardized survey protocols and data collection and processing methods. The Coordination Team provides training, technical assistance, and oversight to approved ICH CAHPS Survey vendors. ICH facilities are responsible for contracting with an approved survey vendor to conduct the ICH CAHPS Survey on their behalf and monitoring the data submission process of their chosen vendor. Survey vendors are responsible for conducting the ICH CAHPS Survey on behalf of their facility clients using the standard protocols, guidelines, and specifications described in this manual or in any updates posted on the ICH CAHPS website.

The roles and responsibilities of each of these participating organizations are described below.
### 3.2.1 ICH Facilities’ Roles and Responsibilities

Medicare-certified ICH facilities that served 30 or more survey-eligible ICH patients in the preceding calendar year are required to contract with an approved ICH CAHPS Survey vendor and have that vendor administer the ICH CAHPS Survey and submit data from the semiannual surveys to CMS.

Before participating in the ICH CAHPS Survey the first time, each ICH facility must:

- Designate a staff member as the ICH CAHPS Survey Administrator who will serve as the facility’s main point of contact for the ICH CAHPS Survey.
- Register on the ICH CAHPS website and create user credentials to access the private links on the ICH CAHPS website.
- Contract with a CMS-approved ICH CAHPS Survey vendor to conduct its survey.
- Complete a form on the ICH CAHPS website which authorizes the contracted survey vendor to receive the sample for each survey period and to submit ICH CAHPS Survey data to the ICH CAHPS Survey Data Center (Data Center) on its behalf. CMS will not select and provide a sample to a facility’s chosen ICH CAHPS Survey vendor unless the online vendor authorization form is completed (and updated if the facility switches to a different vendor).
- Review data submission reports to ensure that the survey vendor has submitted data on time and without data problems.
- Monitor the ICH CAHPS website for news and announcements about the ICH CAHPS Survey.

For the CY2019 ICH CAHPS Surveys, all ICH facilities that served 30 or more survey-eligible patients in CY2018 must administer the ICH CAHPS Survey in the spring and fall of CY2019 to comply with quality reporting requirements for the 2021 payment year.

When determining whether an ICH facility is required to participate in the ICH CAHPS Survey in CY2019, the facility should count the number of survey-eligible patients the facility served in CY2018. The count should include hemodialysis patients who:

- Were 18 years old or older as of December 31, 2018;
- Were alive as of December 31, 2018;
- Received hemodialysis on an outpatient basis from their facility for 3 consecutive months or longer at some point in CY2018;
III. In-Center Hemodialysis CAHPS Survey Participation Requirements

February 2019

- Are not currently receiving hospice care; and

- Were not living in a nursing home or other skilled nursing facility or other long-term facility such as a prison or jail as of December 31, 2018.

Patients who receive home or peritoneal dialysis are not eligible to participate in the ICH CAHPS Survey; therefore, ICH facilities should not include those patients in their count of survey-eligible patients.

ICH facilities should note that the Coordination Team DOES NOT have information about the number of survey-eligible patients a facility served in CY2018. Therefore, each ICH facility is responsible for determining whether it is required to administer the 2019 ICH CAHPS semiannual surveys.

ICH facilities that served 29 or fewer survey-eligible patients in CY2018 are not required to participate in the ICH CAHPS Survey in CY2019. However, all such facilities can choose one of the following three options:

- Option 1. Administer the survey in 2019 following all of the ICH CAHPS Survey protocols and procedures described in this manual;

- Option 2. Administer the survey using a third-party vendor but not following the ICH CAHPS protocols and procedures; or

- Option 3. Choose not to administer the survey at all.

If a facility that served 29 or fewer survey-eligible patients in CY2018 chooses Option 1, CMS will provide a patient sample to the facility’S authorized ICH CAHPS Survey vendor for each of the two 2019 ICH CAHPS Surveys. The surveys must be conducted according to all ICH CAHPS Survey protocols and procedures, which include the following:

- Using a CMS-approved ICH CAHPS Survey vendor to administer the survey on its behalf;

- Administering both the 2019 ICH CAHPS Spring and Fall Surveys;

- Adhering to the ICH CAHPS survey administration procedures and protocols described in this manual and in any announcements posted on the ICH CAHPS website; and

- Submitting an ICH CAHPS Survey data file for each survey period to the ICH CAHPS Data Center.

If an ICH facility chooses Option 2 or Option 3, the facility must complete and submit the online 2019 Facility Non-Participation Form by February 28, 2019, which is available on the private
side of the ICH CAHPS website under the For Facilities tab. More information on this form can be found in Chapter XI. CMS will not select and provide patient samples for a facility that chooses to administer the survey without adhering to the ICH CAHPS Survey administration protocols and procedures (Option 2), nor will it accept data files containing data from the survey(s) conducted. The ICH facility will be responsible for working with a survey vendor to select the samples for the survey that will be conducted and for conducting all other aspects of the survey.

ICH facilities that will be administering the ICH CAHPS Survey in 2019 must make sure that they have completed or updated the online vendor authorization form on the ICH CAHPS website. ICH facilities that authorized a survey vendor in the previous survey period and plan to use the same survey vendor to administer the 2019 ICH CAHPS Survey do not need to update the online vendor authorization form. If an ICH facility plans to use a different ICH CAHPS Survey vendor than was used for the 2018 Fall Survey, the facility must update its vendor authorization form on the ICH CAHPS website on or before 5:00 PM Eastern Time on February 28, 2019. Instructions on completing and changing the online vendor authorization form are provided in Chapter XI of this manual.

All ICH facilities should understand the ICH CAHPS Survey participation periods and how they correspond to the annual performance payment periods. Information about performance payment periods and Medicare certification eligibility cutoff dates will be provided in the ESRD Prospective Payment System Final Rule that is published in the Federal Register for each calendar year. Once published in the Federal Register, the Final Rule will also be posted in the “Quick Links” box on the right side of the ICH CAHPS website home page.

3.2.1.1 Administering ICH CAHPS in Conjunction With Other Surveys

Some ICH facilities might wish to conduct other patient experience of care or satisfaction surveys to support internal quality improvement activities. A formal survey, regardless of the data collection mode employed, is one in which the primary goal is to ask standardized questions of a sample of the facility’s patient population. Contacting patients to assess their care at any time or calling a patient to check on services received are both considered to be routine patient contacts, not surveys.

ICH facilities should not repeat the ICH CAHPS questions or include questions that are similar to those in the ICH CAHPS Survey questionnaire when conducting their own patient surveys. Other surveys can include questions that ask for more in-depth information about ICH CAHPS issues as long as the questions are different from those included in the ICH CAHPS Survey questionnaire. More detailed information about questions included in the ICH CAHPS Survey questionnaire is provided in Chapters V, VI, and VII of this manual.
3.2.2 Survey Vendor Roles and Responsibilities

The following is a list of the roles and responsibilities of survey vendors on the ICH CAHPS Survey:

- Designate a staff member as the ICH CAHPS Survey Administrator who will serve as the vendor’s main point of contact for the ICH CAHPS Survey;

- Complete the Vendor Registration Form and the Vendor Application, which are available on the ICH CAHPS Survey website;

- Participate in and successfully complete the Introduction to the ICH CAHPS Survey Webinar training session and all vendor update training sessions;

- The survey vendor’s designated ICH CAHPS Survey Administrator must also complete a Training Certification Form after participating in the Introduction to the ICH CAHPS Survey Webinar training session;

- If the survey vendor is using a subcontractor and the subcontractor will be conducting a substantial component of the work on the ICH CAHPS Survey, the subcontractor’s lead ICH CAHPS staff member must participate in the Introduction to the ICH CAHPS Survey Webinar training session and all vendor update training sessions;

- Ensure that all survey vendor staff and any subcontractors who work on the ICH CAHPS Survey are trained and follow the standard ICH CAHPS Survey protocols and guidelines;

- Follow the participation requirements listed in the Vendor Application and which are also repeated in the following chapters in this manual;

- Adhere to all minimum business requirements for ICH CAHPS;

- Enter into a formal contract with each client ICH facility; CMS requires that each survey vendor has a written contract with each of its facility clients;

- Verify that each client ICH facility has authorized the vendor to submit data on the facility’s behalf;

- Receive sample files from the Coordination Team and attest that each sample file was successfully downloaded to the vendor’s computer system;

- Administer the ICH CAHPS Survey in accordance with the protocols specified in Chapters V–VII of this manual and oversee the quality of work performed by staff and any subcontractors, if applicable;
• Prepare and submit data files to the Data Center following the guidelines specified in "Chapters IX and XI" of this manual;

• Review all data submission reports for ICH facility clients to ensure that data have been successfully uploaded and received in the Data Center;

• Submit a Quality Assurance Plan as specified in "Chapter XIII" of this manual;

• Use systems, processes, and procedures to safeguard and protect the security of ICH CAHPS Survey data; this includes not sharing data that could identify sample patients and their survey response data with anyone, including ICH facilities; and

• Ensure the security and confidentiality of ICH CAHPS Survey data; ICH CAHPS Survey vendors must not share data about sample patients included in the survey or their responses to the survey with anyone, including the ICH facility in which the sample patient receives dialysis care or other dialysis facilities.

Please note that if a CMS-approved ICH CAHPS Survey vendor decides to withdraw from administering the survey, the vendor must:

• Notify the ICH CAHPS Coordination Team of its withdrawal in writing (e-mail);

• Finish data collection activities during the current survey period for each of its facility clients, process the data collected, and submit an XML data file for each facility to the Data Center; and

• Notify each of its ICH facility clients that it is withdrawing from the survey and will not be administering the survey in future survey periods.

The Coordination Team will remove the vendor’s name and contact information from the list of approved vendors as soon as the vendor submits written notification of its withdrawal from the survey. However, each vendor that withdraws from the survey will continue to be considered an ICH CAHPS Survey vendor until the survey period in which the withdrawal is announced ends. The Coordination Team will continue to send all e-mails sent to all survey vendors to the vendor, and the vendor is expected to check the website on a regular basis to review new announcements that are posted. The vendor’s access to the private links on the ICH CAHPS website will remain in effect until after the data submission period deadline for the survey period ends.

Vendors that do not have any ICH facility clients after 2 years from the date interim approval as an ICH CAHPS Survey vendor was granted will lose their approved vendor status. If a vendor wishes to reinstate approval after it is removed, the vendor will need to reapply and meet all vendor requirements, including participation in and successful completion of the Introduction to the ICH CAHPS Survey webinar training session.
3.2.3 Roles and Responsibilities of the CMS ICH CAHPS Coordination Team

The Coordination Team is responsible for the following activities on the ICH CAHPS Survey:

• Train survey vendors on ICH CAHPS Survey protocols and requirements and provide standardized survey materials that survey vendors will use to conduct the survey;

• Translate the survey and other survey materials (prenotification letter, cover letters) into other languages as approved by CMS;

• Select a sample of patients from each ICH facility for each semiannual survey and distribute the sample file to each registered ICH facility’s authorized survey vendor;

• Disseminate information about ICH CAHPS Survey administration and participation requirements;

• Monitor data integrity of ICH CAHPS Survey administration to ensure the quality and comparability of the data collected;

• Provide technical assistance to ICH facilities and CMS-approved ICH CAHPS Survey vendors via a toll-free telephone number, e-mails, and the ICH CAHPS website at https://ichcahps.org;

• Conduct oversight and quality assurance of survey vendors;

• Receive and conduct final processing of ICH CAHPS Survey data submitted by ICH CAHPS Survey vendors; and

• Calculate and adjust ICH CAHPS Survey results for mode and patient-mix effects, as needed, prior to publicly reporting survey results.

3.3 Survey Vendor Participation Requirements

Survey organizations interested in becoming a CMS-approved survey vendor for the ICH CAHPS Survey must agree to the following requirements of participation, as specified in the Vendor Application and noted below. A copy of the Vendor Application is provided in Appendix A.

• Participate in the Introduction to the ICH CAHPS Survey Training Session and any subsequent update training sessions. The vendor’s staff member designated as the Survey Administrator for the ICH CAHPS Survey must attend this training; we strongly advise that the vendor’s data managers also attend. All training sessions will be conducted via Webinar and require that the survey vendor register in advance. The survey vendor’s designated ICH
CAHPS Survey Administrator must complete a post-training certification exercise, also referred to as a Training Certification Form, after attending the Introduction to the ICH CAHPS Survey Webinar training session.

- **If a survey vendor plans to use a subcontractor that will have a significant role on the ICH CAHPS Survey, the subcontractor’s ICH CAHPS project manager is also required to participate in the Introduction to the ICH CAHPS Survey training session, complete a Training Certification Form after attending the training session, and attend all subsequent update training sessions.** Survey vendors are responsible for ensuring that their subcontractor’s ICH CAHPS Survey staff register for and participate in the training sessions.

- **Prepare a Data Use Agreement (DUA) Application, which is shown in Appendix B, and submit it to CMS.** The executed DUA will permit the survey vendor to receive patient-level information that will be included in the ICH CAHPS sample files provided by CMS. The executed DUA signed by the vendor restricts the use of patient-level data. Survey vendors requesting to append data to the sample must submit to CMS a specific list of patient-level data that are to be appended and an analysis plan for CMS approval. Survey vendors cannot use any additional (appended) data until CMS has reviewed the analysis plan and provided the vendor with written approval for use of the appended data. Each survey vendor must submit an updated DUA in each calendar year.

- **Review the ICH CAHPS Survey Administration and Specifications Manual and follow the protocols and procedures described in this manual when conducting survey data collection and processing activities.** This manual is the main resource for survey vendors to use in implementing all stages of the ICH CAHPS Survey—from data collection to file development and submission. We expect that vendors will refer to this manual frequently; they must adhere to all protocols contained within it. Protocol and policy updates will be posted on the ICH CAHPS Survey website, so vendors are expected to check the website frequently for such notifications.

- **Check the ICH CAHPS website frequently to review announcements and updates and review and respond as appropriate to e-mails from the ICH CAHPS Coordination Team (e-mails will be sent from ichcahps@rti.org).**

- **Develop and submit a Quality Assurance Plan (QAP), following guidelines described in Chapter XIII of this manual.** Survey vendors must complete and submit a completed QAP within 6 weeks after the vendor’s first semiannual ICH CAHPS Survey data submission. The QAP must be updated annually or as needed whenever changes are made to key personnel, survey modes being administered, or protocols. The QAP must include the following elements:
– Organizational background and staff experience;
– Work plan;
– Survey administration protocols and quality assurance procedures;
– Data security, confidentiality, and privacy protocols; and
– Survey materials and related attachments.

• **Participate and cooperate in all oversight activities conducted by the ICH CAHPS Coordination Team**, including but not limited to conference calls and site visits, as deemed necessary. Vendors, and their subcontractors, if applicable, must be prepared to participate in on-site visits by the Coordination Team to ensure that correct survey procedures are being followed. Additionally, the Coordination Team may request conference calls with vendors to review file submissions or any other aspect of the data collection process. Documentation and requirements that vendors are expected to follow in light of these oversight activities are described in the Vendor Application and in **Chapter XIII** of this manual.

All survey vendors seeking approval to conduct the ICH CAHPS Survey must review and agree to the participation requirements listed in the Vendor Application and described in the bullets above. Vendors who fail to adhere to or comply with the participation requirements risk losing their status as an approved ICH CAHPS Survey vendor.

### 3.4 Survey Vendor Eligibility and Minimum Business Requirements

CMS believes that an independent third party (survey vendor) will be better able to solicit unbiased responses to the ICH CAHPS Survey than ICH facilities; therefore, CMS requires that ICH facilities contract with an independent, CMS-approved ICH CAHPS Survey vendor to administer the ICH CAHPS Survey on their behalf. Survey vendors must have proven experience in conducting mail-only, telephone-only, or mixed-mode surveys.

#### 3.4.1 Survey Vendor Eligibility

The following types of organizations will **not be approved** as an ICH CAHPS Survey vendor:

• Organizations or divisions within organizations that own, operate, or provide ICH services, even if the division is run as a separate entity to the ICH facility;

• Organizations that provide telehealth—that is, monitoring patients’ health by telephone or teleprompting services, for ICH facilities; and

• Organizations that provide staffing to ICH facilities for providing care to patients.
3.4.2 Minimum Business Requirements

Survey vendors seeking approval as an ICH CAHPS Survey vendor must have the capability and capacity to collect and process all survey-related data for the survey administration mode they intend to use on the ICH CAHPS Survey following standardized procedures and guidelines. The business requirements that survey vendors must meet are described in Table 3-1.

Table 3-1. Minimum Business Requirements for ICH CAHPS Survey Vendors

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant Organizational Experience</td>
<td></td>
</tr>
<tr>
<td>Number of Years in Business</td>
<td>• Minimum of 3 years.</td>
</tr>
<tr>
<td>Number of Years Conducting Surveys</td>
<td>• Minimum of 2 years conducting surveys with individuals.</td>
</tr>
<tr>
<td></td>
<td>• Minimum of 2 years conducting surveys using mode of administration.</td>
</tr>
<tr>
<td></td>
<td>• For purposes of the ICH CAHPS Survey, a “survey of individuals” is defined as the collection of data from individuals selected by statistical sampling methods and the data collected are used for statistical purposes. Polling questions, focus groups, cognitive interviews, surveys of fewer than 600 individuals, surveys that did not involve statistical sampling methods, Internet or web surveys, and interactive voice recognition surveys will not satisfy the “survey of individuals” requirement.</td>
</tr>
<tr>
<td>Survey Capability and Capacity</td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>• Project Director (Survey Administrator) with relevant survey experience.</td>
</tr>
<tr>
<td></td>
<td>• Computer programmer with experience receiving large encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization.</td>
</tr>
<tr>
<td>Facilities and Systems</td>
<td>Has the following:</td>
</tr>
<tr>
<td></td>
<td>• A secure commercial work environment. Note that administering the ICH CAHPS Survey in a home or structure that is primarily for residential use is not permitted.</td>
</tr>
<tr>
<td></td>
<td>• Physical facilities and electronic equipment and software to securely download sample data from the ICH CAHPS website, to collect and process ICH CAHPS Survey data and to upload ICH CAHPS data to the Data Center.</td>
</tr>
<tr>
<td></td>
<td>• If offering telephone surveys, must have the equipment, software, and facilities to conduct CATI interviews and to monitor interviewers.</td>
</tr>
<tr>
<td></td>
<td>• Systems needed to protect the security of personally identifiable information (PII) AND survey data received from patients (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).</td>
</tr>
</tbody>
</table>
### Table 3-1. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| **Mail-only Survey Administration**         | • Obtain and verify addresses of sampled patients.  
• Print according to formatting guidelines professional-quality survey questionnaires and materials.  
• Merge and print sample patient name and address, and the name of his or her current dialysis facility on personalized mail survey cover letters and print unique sample identification on the survey questionnaire.  
• Receive and process (key entry or scanning) completed questionnaires received.  
• Track and identify nonrespondents for follow-up mailing.  
• Provide a toll-free customer support line and respond to calls from sample members within 48 hours.  
• Assign final status codes to describe the final result of work on each sampled case. |
| **Telephone-only Survey Administration**    | • Obtain and verify telephone numbers of sample patients.  
• Print according to formatting guidelines and mail a prenotification letter to all sample patients.  
• Develop computer programs for electronically administering the survey (for CATI).  
• Collect data using CATI.  
• Schedule call backs to nonrespondents at varying times of the day and week.  
• Provide a toll-free customer support line and respond to calls within 48 hours.  
• Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases. |
| **Mixed-mode Survey Administration**        | • Adhere to all mail-only and telephone-only survey administration requirements (described above).  
• Track cases from mail survey through telephone follow-up activities. |
| **Data Processing and File Submission**     | • Scan or key data from completed mail surveys.  
• Develop data files and edit and clean data according to standard protocols.  
• Follow all data cleaning and data submission rules, including verifying that data files are de-identified and contain no duplicate cases.  
• Export data from the electronic data collection system to an XML template, confirm that the data were exported correctly and that the XML files are formatted correctly and contain the correct data headers and data records.  
• Submit data electronically in the specified format (XML) to the ICH CAHPS secured website.  
• Work with the Coordination Team to resolve data problems and data submission problems. |

(continued)
Table 3-1. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Requirement</th>
</tr>
</thead>
</table>
| Adherence to Quality Assurance Guidelines and Participation in QA Activities | • Incorporate well-documented quality control procedures (as applicable) for:  
  – in-house training of staff involved in survey operations  
  – printing, mailing, and recording of receipt of survey questionnaires  
  – telephone administration of survey  
  – coding and editing of survey data and survey-related materials  
  – scanning or keying in survey data  
  – preparation of final person-level data files for submission  
  – all other functions and processes that affect the administration of the ICH CAHPS Survey  
  • Participate in any conference calls and site visits requested by the Coordination Team as part of overall quality monitoring activities. Site visits will be conducted with all approved vendors, and their subcontractors, if needed.  
  • Provide documentation as requested for site visits and conference calls, including but not limited to staff training records, telephone interviewer monitoring records, and file construction documentation. |
| Documentation Requirements                  | • Keep electronic or hardcopy files of individuals trained, and training dates.  
  • Maintain electronic or hardcopy records of interviewers monitored (for telephone administration).  
  • Maintain electronic or hardcopy records of mailing dates.  
  • Maintain other documentation necessary to allow the ICH CAHPS Coordination Team to review procedures implemented during a site visit.  
  • Maintain documentation of actions required (and taken) as a result of any decisions made during site visits by the Coordination Team. |
| Adhere to All Protocols and Specifications and Agree to Participate in Training Sessions and Quality Assurance Activities | Survey Training  
  • Attend the Introduction and Vendor Update training sessions.  
  • Ensure that appropriate subcontractor staff participate in all vendor training sessions.  
  Administer the Survey According to All Survey Specifications  
  • Review and follow all procedures described in the *ICH CAHPS Survey Administration and Specifications Manual* that are applicable to the selected survey data collection mode. |

### 3.5 Survey Vendor Analysis of ICH CAHPS Survey Data

A survey vendor may analyze the ICH CAHPS Survey data to provide facilities with additional information that it can use for quality improvement purposes. In any analysis reports the vendor provides to the facility, the survey vendor:

- Must not report results that are based on survey responses from 10 or fewer sample patients. When there are blank cells in a table, the vendor must not report row and column totals so that the cell value cannot be derived. Vendors may share survey responses for individual survey items as long as both of the following conditions are met. First, there are more than 10 sample patients who completed the survey and second, more than 10 sample patients provided valid responses to the individual item. The vendor may show the number and
percentage of sample patients who chose each response option for that item. **Under no circumstances should the vendors identify the responses of individual patients.** Vendors must not report demographic results in such a way that individual respondents could be identified.

- Must ensure that its client ICH facilities recognize that the analysis results provided by the vendor are not the official ICH CAHPS Survey results and should only be used for quality improvement purposes. CMS-calculated results for the ICH CAHPS Survey are the official survey results.

- Must not provide individual patient-level datasets to facilities. Survey respondents cannot give permission for their responses to be shared with the facility, even if they wish to do so.

- Must not provide any information in the reporting of facility-specific supplemental question responses that the facility could use to identify a specific patient’s responses to those questions. Survey vendors can share the responses of any facility-specific question with the ICH facility, as long as the sample patient cannot be identified by the responses shared.

- Should check with the Coordination Team for additional guidance if the survey vendor is not clear as to whether to share certain types of survey response data with an ICH facility client.
IV. SAMPLE SELECTION AND DISTRIBUTION

4.0 Overview

CMS will select a sample of patients for each semiannual survey for each ICH facility that has registered on the ICH CAHPS website and distribute the sample to each facility’s authorized ICH CAHPS Survey vendor. This chapter describes patient survey eligibility criteria and the process that is used for selecting and distributing samples to approved ICH CAHPS Survey vendors.

4.1 Patient Survey Eligibility Criteria

ICH patients will be eligible to be included in the sample for the semiannual ICH CAHPS Survey if they:

- Are 18 years or older on the last day of the sampling window for the semiannual survey;
- Were alive as of the last day of the sampling window for the semiannual survey; and
- Received hemodialysis on an outpatient basis from their current facility for 3 months or longer.

CMS will include patients who fall into all of the categories above in the ICH CAHPS Survey samples. Some other patients, however, including those who are receiving hospice care and those who are institutionalized, including those residing in a residential nursing home or other long-term facility or jail or prison, will not be eligible to participate in the survey. These patients will be identified by survey vendors during the data collection period; vendors will assign the most applicable final disposition code to each patient identified as being ineligible for the survey.

4.2 Sample Selection

The sample for each Medicare-certified ICH facility for the ICH CAHPS Survey conducted in CY2019 and in subsequent calendar years will be selected using patient-level data that ICH facilities submit to CMS via the Consolidated Renal Operations in a Web-Enabled Network (CROWNWeb). The sample will be selected at the CCN (CMS Certification Number) level; the CCN, which sometimes is called the Medicare Provider Number, is a unique provider identification number assigned to each Medicare-certified ICH facility. For each semiannual survey, patients who received care during the sampling window who meet survey eligibility criteria will either be chosen randomly or selected with certainty depending on the number of survey-eligible patients the ICH facility served during the preceding 12-month period.
Exhibit 4-1 shows the sampling window, the tentative data collection period, and the data submission deadline for the CY2019 ICH CAHPS Spring and Fall Surveys. The schedule for the semiannual ICH CAHPS Surveys that will be implemented in CY2020 and subsequent years will be posted on the ICH CAHPS website and in updated versions of this manual. Any changes to the 2019 data collection periods will be announced on the ICH CAHPS website and via e-mail to survey vendors.

**Exhibit 4-1. Schedule for the CY2019 ICH CAHPS Spring and Fall Surveys**

<table>
<thead>
<tr>
<th>Survey Activity</th>
<th>CY2019 ICH CAHPS Spring Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling Window</td>
<td>October 1, 2018, to December 31, 2018</td>
</tr>
<tr>
<td>Data Collection Period</td>
<td>April 19, 2019, to July 12, 2019</td>
</tr>
<tr>
<td>Data Submission Deadline</td>
<td>July 31, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey Activity</th>
<th>CY2019 ICH CAHPS Fall Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling Window</td>
<td>April 1, 2019, to June 30, 2019</td>
</tr>
<tr>
<td>Data Collection Period</td>
<td>October 18, 2019, to January 10, 2020</td>
</tr>
<tr>
<td>Data Submission Deadline</td>
<td>January 29, 2020</td>
</tr>
</tbody>
</table>

For reasons of statistical precision, a target minimum of 200 completed ICH CAHPS Surveys has been set for each ICH facility over each 12-month reporting period. The target number of 200 completed surveys is expected to produce a confidence interval that has a bound of $+/-0.07$. If a facility’s patient volume is large enough, the number of patients sampled for each semiannual survey will be sufficient to yield a minimum of 200 completed surveys in a 12-month period. If a facility does not serve enough survey-eligible patients over a given 12-month period to yield 200 completed surveys from two semiannual surveys, the sample will include all of the facility’s survey-eligible patients. Depending on the data collection mode the ICH facility decides to use, most of the ICH facilities will need to survey all of their eligible patients at least once during a 12-month period. Patients at some facilities will be sampled twice within a 12-month period. The samples for the semiannual surveys will be selected as follows:

- **Facilities with 1 to 200 unique patients.** A census of all ICH patients will be conducted for facilities with 200 or fewer survey-eligible patients at each semiannual sampling wave. Thus, patients at these smaller ICH facilities will be sampled twice in a 12-month period.

- **Facilities with more than 200 patients.** For dialysis centers that had more than 200 survey-eligible ICH patients during the sampling window for the 2019 Spring Survey, a simple random sample of 240 patients will be selected for that sampling period with the goal of obtaining 100 completed surveys. For the 2019 Fall Survey, the goal will be to obtain an additional 100 completed surveys while attempting to minimize overlap of patients between the waves of sampling. To achieve this goal, CMS will first identify all eligible patients from
that facility who were not selected for the 2019 Spring Survey. If the number of eligible patients not selected in the 2019 Spring Survey is equal to or exceeds 200, then CMS will select a simple random sample of 240 from those patients for the 2019 Fall Survey. If there are 200 or fewer patients, then all of these patients will be selected for the 2019 Fall Survey. To obtain 200 completed surveys, CMS will also select a simple random sample of the appropriate size from the patients who were selected in the 2019 Spring Survey, provided that they are still receiving treatment at that facility and still meet all of the survey eligibility requirements.

The response rate for each ICH facility will vary based on the data collection mode used (mail only, telephone only, or mixed mode). Expected ICH CAHPS Survey response rates by data collection mode are shown in Exhibit 4-2. Note that the response rates shown are based on average response rates for all survey periods completed to date. ICH facilities and their ICH CAHPS Survey vendors should be aware that response rates can vary based on a number of factors, including the length of the survey, the saliency of the survey subject matter to sample members, regional variations, and patient characteristics.

Exhibit 4-2. Expected Response Rates by Data Collection Mode

<table>
<thead>
<tr>
<th>Data Collection Mode</th>
<th>Expected Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Only</td>
<td>29%</td>
</tr>
<tr>
<td>Telephone Only</td>
<td>23%</td>
</tr>
<tr>
<td>Mixed Mode</td>
<td>34%</td>
</tr>
</tbody>
</table>

4.3 Sample Distribution

The Coordination Team will provide a sample for each ICH facility that has completed the online vendor authorization form on the ICH CAHPS website. ICH facilities that previously completed the online vendor authorization that decide NOT to administer the ICH CAHPS Surveys in CY2019 must complete and submit a 2019 Facility Non-Participation Form, which is available on the ICH CAHPS website, by February 28, 2019. By completing and submitting the online Non-Participation Form, the facility is indicating to the Coordination Team that it should not provide a sample file for the 2019 ICH CAHPS Surveys to any ICH CAHPS Survey vendor. If a vendor learns before the sample files have been distributed that one of its ICH facilities has closed or will be closing, the vendor should submit a Facility Closing Attestation Form on the ICH CAHPS website. This form will alert the Coordination Team that a sample file should not be provided for this facility for the 2019 ICH CAHPS Surveys. More information about the online vendor authorization and Facility Non-Participation Form is provided in Chapter XI of this manual.
For each semiannual ICH CAHPS Survey, the Coordination Team will provide a file containing the information about sampled cases for each ICH facility that authorized the vendor. The sample files will be available for download by the survey vendor approximately 3-4 weeks before the data collection period begins via a secured link on the ICH CAHPS website. An e-mail will be sent to all approved survey vendors alerting them that the sample for each of their ICH facility clients is available to be downloaded. Survey vendors will be required to **download the sample file within 2 business days** after the sample files are made available on the ICH CAHPS website. A schedule showing the sample file distribution date, the date by which survey vendors must download the sample file, and the data submission deadline for each semiannual ICH CAHPS Survey will be posted on the ICH CAHPS website well in advance of the beginning of each semiannual survey period.

Once sample files are available, survey vendors will use their credentials to log into the secure links on the ICH CAHPS website and follow the download instructions that will be posted to retrieve their sample files. As discussed in *Chapter III* of this manual, CMS will not release sample files to ICH CAHPS Survey vendors until after the survey vendor has executed a DUA with CMS. The DUA must be renewed each calendar year; CMS will contact survey vendors directly to renew their DUA. In addition, all ICH facilities participating in the ICH CAHPS Survey must authorize their survey vendor to submit data on their behalf **before** the survey vendor can access and retrieve the facility’s sample file from the website. If a vendor authorization is not in place by the vendor authorization deadline for that semiannual period (February 28 for the Spring Survey and August 31 for the Fall Survey), the facility will not be permitted to participate in that semiannual survey. Vendor authorizations must be in place by the deadline for the survey vendor to receive a sample file. More information on survey vendor authorization is included in *Chapter X* of this manual.

Before downloading the sample files for a semiannual ICH CAHPS Survey, each survey vendor will be required to attest that it is taking responsibility for the sample file, which includes patient-level information for all sampled patients for each of the vendor’s ICH facility clients. Once the file is downloaded and securely saved, vendors should use the password that was sent to the Survey Administrator to open, decrypt, and review the sample file to verify that the file contains a sample for each CCN that has authorized the vendor to administer the survey on its behalf.

Survey vendors should check their Vendor Authorization Report weekly in the weeks leading up to the semiannual period vendor authorization deadline to make sure that all of their ICH facility clients, especially any new facility clients, have completed or updated the online Vendor Authorization Form. When reviewing the Vendor Authorization Report, please make sure of the following:
• The CCN for each of your facility clients appears on the report. If samples have been provided in previous survey periods for a facility under two different CCNs, make sure that both of the CCNs appear on the Vendor Authorization Report. If a CCN for one or more of your facility clients does not appear on the report, check the 2019 Facility Non-Participation Form provided by the Coordination Team. If a CCN that is missing from the Vendor Authorization Report does not appear on the Facility Non-Participation Form, please contact the Coordination Team via e-mail as soon as possible.

• An End Date of Fall 2018 does NOT appear on the report for each CCN listed. If it does, please contact the facility involved and ask it to update the online vendor authorization form prior to the deadline.

• You have a written contract to administer the ICH CAHPS Survey for every CCN that appears on the Vendor Authorization Report.

Remember that you must have a written contract with each of your facility clients. If there are CCNs/facilities on your Vendor Authorization Report with which you do not have a contract, please notify the Coordination Team as soon as possible to let us know that you do not have a contract with the facility. Failure to notify the Coordination Team that you do not have a contract with one or more facilities/CCNs listed on your Vendor Authorization Report may be grounds for termination of the vendor’s approval as an ICH CAHPS Survey vendor. ICH CAHPS Survey vendors that encounter difficulties downloading their sample files should contact the Coordination Team by sending an e-mail to ichcahps@rti.org or calling the ICH CAHPS toll-free telephone number at 1-866-245-8083 for technical assistance.

4.4 Sample File Variables and Format

The sample file to be downloaded by the survey vendor will be a Microsoft Excel spreadsheet containing contact information (information needed to administer the survey) for each sample patient. The sample patient variables contained in each sample file are listed in Exhibit 4-3. If a survey vendor is authorized to submit data on behalf of multiple ICH facilities, patient information for sample patients from all of the ICH facilities that have authorized the survey vendor will be included in one Excel file.
Exhibit 4-3. Variables Included in ICH CAHPS Survey Sample Files

<table>
<thead>
<tr>
<th>Column Name</th>
<th>Field Length</th>
<th>Valid Codes</th>
<th>Field Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>VendorID</td>
<td>3</td>
<td>Numeric</td>
<td>Individual identification number assigned to each vendor</td>
</tr>
<tr>
<td>Facility_ID</td>
<td>6</td>
<td>Numeric</td>
<td>The ICH facility’s 6-digit CCN, formerly known as the Medicare Provider Number</td>
</tr>
<tr>
<td>Facility_Name</td>
<td>64</td>
<td>Text</td>
<td>ICH Facility Name</td>
</tr>
<tr>
<td>F_Street_Address1</td>
<td>64</td>
<td>Alpha_numeric</td>
<td>ICH Facility Street Address 1</td>
</tr>
<tr>
<td>F_Street_Address2</td>
<td>64</td>
<td>Alpha_numeric</td>
<td>ICH Facility Street Address 2</td>
</tr>
<tr>
<td>F_CITY</td>
<td>64</td>
<td>Text</td>
<td>ICH Facility</td>
</tr>
<tr>
<td>F_STATE</td>
<td>2</td>
<td>Text</td>
<td>ICH Facility State</td>
</tr>
<tr>
<td>F_ZIP_Code</td>
<td>5</td>
<td>Numeric</td>
<td>ICH Facility ZIP Code</td>
</tr>
<tr>
<td>P_First_Name</td>
<td>30</td>
<td>Text</td>
<td>Sample Patient’s first name</td>
</tr>
<tr>
<td>P_Middle_Name</td>
<td>15</td>
<td>Text</td>
<td>Sample Patient’s middle name</td>
</tr>
<tr>
<td>P_Last_Name</td>
<td>40</td>
<td>Text</td>
<td>Sample Patient’s last name</td>
</tr>
<tr>
<td>P_Street_Address_1</td>
<td>50</td>
<td>Alpha_numeric</td>
<td>Patient’s mailing address (Line 1—street address)</td>
</tr>
<tr>
<td>P_Street_Address_2</td>
<td>50</td>
<td>Alpha_numeric</td>
<td>Patient’s mailing address (Line 2—street address)</td>
</tr>
<tr>
<td>P_CITY</td>
<td>40</td>
<td>Text</td>
<td>Patient’s mailing address—City</td>
</tr>
<tr>
<td>P_STATE</td>
<td>2</td>
<td>Text</td>
<td>Patient’s mailing address—State</td>
</tr>
<tr>
<td>P_ZIP_Code</td>
<td>5</td>
<td>Numeric</td>
<td>Patient’s mailing address—ZIP Code</td>
</tr>
<tr>
<td>P_Telephone_Number</td>
<td>10</td>
<td>Numeric</td>
<td>Patient’s telephone number</td>
</tr>
<tr>
<td>P_AGE</td>
<td>3</td>
<td>Numeric</td>
<td>Patient’s age as of the end of the sampling window</td>
</tr>
<tr>
<td>P_Gender</td>
<td>1</td>
<td>1–2</td>
<td>Gender Code: 1 = Male, 2 = Female</td>
</tr>
<tr>
<td>SID</td>
<td>10</td>
<td>Alpha_numeric</td>
<td>The unique patient sample identification number assigned to the sample patient</td>
</tr>
<tr>
<td>Semianual_Survey</td>
<td>1</td>
<td>1–2</td>
<td>Survey code: 1 = Spring Survey, 2 = Fall Survey</td>
</tr>
<tr>
<td>Survey_Year</td>
<td>4</td>
<td>Numeric</td>
<td>Year of survey</td>
</tr>
<tr>
<td>ESRD_Network</td>
<td>2</td>
<td>Numeric</td>
<td>ESRD Network that facility belongs to</td>
</tr>
</tbody>
</table>

Survey vendors are permitted to ask their client ICH facilities for the facility’s preferred name to include in the survey cover letter, the mail survey questionnaire, and telephone script. Note that the facility name provided by the ICH facility might be different from the facility name provided on the sample file. Survey vendors should make sure that the facility name used during the data collection period is the one sample patients will recognize.

Survey vendors should note that hemodialysis patients’ preferred language is not in the CROWNWeb database; therefore, the Coordination Team cannot provide that information in the sample files. However, survey vendors are permitted to ask ICH facilities to provide language
information from sampled patients. If survey vendors decide to ask for this information, they must ask the ICH facility to provide the information for all of the hemodialysis patients the facility treated during the sampling window, not just those in the sample file. *To maintain and protect the identity of patients sampled, it is very important that survey vendors do not provide ICH facilities with any information about patients included in the ICH CAHPS Survey.*

### 4.5 Sample Identification Number

The Coordination Team will assign a unique sample identification (SID) number to each sample patient included in the sample in each semiannual survey. Vendors must not change this number but can use an internal patient ID number. If an internal patient ID number is assigned to patients, the vendor must have a secure way to link the internal patient ID number assigned to each patient to the SID number assigned by the Coordination Team. Vendors are required to track the status of data collection efforts for each sample patient throughout the data collection period and assign pending and final disposition codes (see *Chapter IX*) using the assigned SID number.

After data collection and processing activities for a semiannual survey have been completed, ICH CAHPS Survey vendors will submit *de-identified* data files to the Data Center. Because ICH CAHPS Survey data submitted to the Data Center will not contain the patient’s name or any other identifying information, the *survey data submitted to the Data Center must contain the SID number originally assigned to each sample patient*. Survey vendors should develop and implement data quality checks to ensure that survey response data included in data files submitted to the Data Center match the correct SID number. Note that a SID number will never be assigned more than once. If a patient is included in multiple semiannual surveys, a new SID number will be assigned to that patient in each semiannual survey.
V. MAIL-ONLY ADMINISTRATION PROCEDURES

5.0 Overview

This chapter describes the requirements and guidelines for implementing the mail-only mode of survey administration for the ICH CAHPS Survey. The chapter begins with a discussion of the mail survey schedule, followed by a discussion of the requirements for producing all mail survey materials, including questionnaires, cover letters, and envelopes. Guidelines on how the questionnaire packages should be mailed and data processing guidelines, including optical scanning and data entry, are also provided in this chapter. Quality control guidelines related to implementing the ICH CAHPS Survey using mail-only administration data collection are described in Chapter XII.

5.1 Mail Survey Activities and Schedule

Approved ICH CAHPS Survey vendors began administering the ICH CAHPS Survey for each of their client facilities on a semiannual basis (twice each year) in CY2015. Data collection for each ICH CAHPS Survey will be conducted during a 12-week period. For ICH CAHPS Spring surveys, data collection activities will be conducted from April through mid-July. Fall surveys will be conducted from October through mid-January. For all approved survey modes, the data collection period will begin by preparing and mailing a prenotification letter to all sample patients. For the mail-only mode, a first questionnaire package will be sent to sample patients 14 days after the prenotification letter is mailed. The survey vendor will send a second questionnaire package to all sample patients who do not respond to the survey 4 weeks after the first questionnaire package is mailed. To be consistent across all facilities and vendors, all vendors are required to follow the prescribed dates for data collection. Please note, survey vendors must use the same data collection mode for all of a facility’s sample patients during a survey period.

Table 5-1 shows the sampling window and schedule, including the data submission deadline, for the CY2019 ICH CAHPS Surveys. ICH CAHPS Survey vendors must initiate the survey by mailing the prenotification letter to sample patients 3 weeks (21 days) after downloading the sample file provided by CMS.
### Table 5-1. CY2019 Mail-Only Survey Administration Schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>2019 Spring Survey</th>
<th>2019 Fall Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling window (months in which sample patients received ICH care at their current facility)</td>
<td>October 1–December 31, 2018</td>
<td>April 1–June 30, 2019</td>
</tr>
<tr>
<td>Samples provided to ICH CAHPS Survey Vendors</td>
<td>March 29, 2019</td>
<td>September 27, 2019</td>
</tr>
<tr>
<td>Survey vendors attest to receipt of sample file</td>
<td>April 2, 2019</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>Mail prenotification letter to sample patients</td>
<td>April 19, 2019</td>
<td>October 18, 2019</td>
</tr>
<tr>
<td>Mail first questionnaire with cover letter to sample patients</td>
<td>May 3, 2019</td>
<td>November 1, 2019</td>
</tr>
<tr>
<td>Mail second questionnaire with cover letter to sample patients who do not respond to first questionnaire mailing</td>
<td>May 31, 2019</td>
<td>November 29, 2019</td>
</tr>
<tr>
<td>End data collection</td>
<td>July 12, 2019</td>
<td>January 10, 2020</td>
</tr>
<tr>
<td>Data submission deadline</td>
<td>5:00 PM Eastern Time, July 31, 2019</td>
<td>5:00 PM Eastern Time, January 29, 2020</td>
</tr>
</tbody>
</table>

### 5.2 Production of Letters, Envelopes, and Questionnaires

The requirements for producing all materials needed for the mail-only survey mode are described below. The sample mail cover letters and mail survey questionnaire in English, Spanish, traditional Chinese, simplified Chinese, and Samoan are available on the ICH CAHPS website at [https://ichcahps.org](https://ichcahps.org) and in the appendices to this manual. Please note that ICH CAHPS Survey vendors must administer the survey in English in each data collection mode for which they have received CMS approval. Survey vendors are not required to offer or administer the survey in any of the other approved survey languages (Spanish, simplified Chinese, traditional Chinese, and Samoan).

- Questionnaire and sample mail survey cover letters in English, *Appendix C*;
- Questionnaire and sample mail survey cover letters in Spanish, *Appendix D*;
- Questionnaire and sample mail survey cover letters in traditional Chinese, *Appendix E*;
- Questionnaire and sample mail survey cover letters in simplified Chinese, *Appendix F*;
- Questionnaire and sample mail survey cover letters in Samoan, *Appendix G*; and
- OMB Disclosure Notice in English, Spanish, traditional Chinese, simplified Chinese, and Samoan in *Appendix H*. 
Specific requirements and guidelines associated with the mail survey letters, envelopes, and questionnaire are discussed below.

5.2.1 Prenotification Letter

The prenotification letter that will be sent to sample patients will provide information about the purpose of the survey and alert sample patients that they will be contacted within a few days and invited to participate in the survey. The prenotification letter also indicates that participation in the survey is voluntary and that responses to the survey will be held in confidence and are protected by the (Federal) Privacy Act (of 1974).

The prenotification letter will be printed on CMS letterhead and signed by CMS. Therefore, it will not be personalized for each sample patient. That is, the patient’s name and address will not be printed on the prenotification letter. The salutation in the letter is “Dear Sir or Madam.” The prenotification letter will also contain the survey vendor’s name and toll-free customer service telephone number(s). **ICH CAHPS Survey vendors cannot make any changes to the text of the prenotification letter.** If any changes are needed to the vendor’s contact information, the vendor should notify the Coordination Team.

5.2.1.1 Requirements for the Prenotification Letter

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website nor is it included in the appendices to this manual. The Coordination Team will prepare the prenotification letter that will be sent to each ICH facility’s sample patients and provide the facility’s contracted survey vendor with a PDF file of the letter. If a survey vendor will be offering the survey in any of the approved languages, CMS will provide a PDF file containing the prenotification letter in that language. The prenotification letter will be specific for each vendor. Each survey vendor will be responsible for using the PDF file to print and mail the prenotification letter to the patients sampled for each of its ICH facility clients. Survey vendors must prepare and provide the mailing envelopes for mailing the prenotification letter to sample patients. The survey vendor is responsible for mailing a prenotification letter to all sample patients 3 weeks (21 days) after downloading the sample file from the ICH CAHPS website.

The following are requirements for the prenotification letter and for the envelope that will be used to mail the prenotification letter.

- After the sample file is downloaded, survey vendors must verify each mailing address that is included in the sample file provided by the Coordination Team using a commercial address update service, such as the National Change of Address (NCOA) or the U.S. Postal Service Zip+4 software. In addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated address information for all of the patients they treated during the sampling window, if vendors have an appropriate agreement with the ICH
facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility when requesting updated address and telephone information.

- The CMS logo, along with the survey vendor’s return address, must be printed on the envelope. The Coordination Team has already provided a copy of the CMS logo to all ICH CAHPS Survey vendors.

- The envelope must be marked “Address Service Requested,” “Change Service Requested,” “Return Service Requested,” “Electronic Service Requested,” or “First-Class Mail” for the U.S. Postal System to provide the sample patient’s new address if he or she has moved (so the survey vendor can update its files with the sample patient’s new address). Please note that vendors must not share updated address information with ICH facilities.

- The sample patient’s full name and mailing address must be printed on the envelope. Vendors should note that the prenotification letter is not personalized—that is, the sample patient’s name and address is not printed on the letter. Survey vendors are permitted to use a window envelope to mail the prenotification letter, but to do so they must print the sample patient’s name and address on a separate sheet of paper and include it in the prenotification envelope so that the name and address appear in the window of the envelope.

- For privacy reasons, the name of the dialysis facility must not appear in the return address or anywhere on the mailing envelope.

5.2.1.2 Recommendation for Mailing the Prenotification Letter

- We recommend that the prenotification letter be sent with either first-class postage or indicia, to ensure timely delivery and to maximize response rates.

5.2.2 Mail Survey Cover Letters (First and Second Questionnaire Mailings)

The cover letter included with each questionnaire package explains the purpose of the survey, provides instructions on how to participate in the survey, and contains the survey vendor’s toll-free telephone number(s) so that sample patients can contact the survey vendor if they have any questions about the survey. The first (initial) and second questionnaire packages that survey vendors send to sample patients will consist of a cover letter, the ICH CAHPS Survey questionnaire, and a postage-paid return envelope. Examples of cover letters in English, Spanish, traditional Chinese, simplified Chinese, and Samoan are provided in the appendices (see Appendices C–G) and on the ICH CAHPS website. Survey vendors can use the example cover letters, or they may choose to develop their own cover letters, provided that the following requirements are met.
5.2.2.1 Requirements for Cover Letters

- Cover letters must be personalized with the name and address of the sample patient;

- The sample patient’s SID number must be printed on the cover letter (if the vendor would rather use an internal tracking ID on the cover letter, the vendor is required to submit an Exceptions Request Form (ERF) to the Coordination Team for review and approval);

- Cover letters must be separate from the questionnaire, so that no PII is returned with the questionnaire when the respondent sends it back to the survey vendor;

- Survey vendors must not offer sample patients the opportunity to complete the survey over the telephone if a mail-only mode is being implemented;

- The letter must describe the purpose of the survey and how the results will be used;

- The letter must state that the information sample patients provide is protected by the Federal Privacy Act of 1974; if the survey vendor so chooses, it may exclude the word “Federal” or the phrase “of 1974”;

- The letter must state that sample patients should not ask ICH facility staff for help completing the survey;

- The letter must state that participation is voluntary and will not affect any dialysis care or Medicare benefits the sample patient receives or expects to receive;

- The survey vendor’s name (or logo) must be included at the top of the letter;

- The letter must be from the survey vendor (not the ICH facility) and be signed by an appropriate survey vendor official;

- The name of the sample patient’s ICH facility and the survey vendor’s name must be inserted (printed) where indicated in the text of the example cover letter;

- 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;

- A toll-free customer support telephone number, which will be staffed by the survey vendor, must be included;

- The OMB disclosure notice (see Appendix H), which includes the OMB number within it, must be printed either on the questionnaire or in the cover letter; and
The letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font.

5.2.2.2 Recommendations for Cover Letters

- Survey vendors offering Spanish, traditional Chinese, simplified Chinese, or Samoan versions of the questionnaire may add wording to the English cover letter indicating that a version of the questionnaire is available in those languages.

- Survey vendors should try to format the cover letter so that it is only one page.

- Survey vendors should consider using the revised versions of these letters, which were revised in 2017 to make it easier to understand by sample patients.

5.2.3 ICH CAHPS Survey Questionnaire

The ICH CAHPS Survey mail questionnaire contains 62 questions. The questionnaire can be administered as a standalone survey or can be combined with the ICH CAHPS supplemental questions or facility-specific questions (more information on supplemental and facility-specific questions can be found throughout this chapter). Questions 1 to 44 are considered the “core” ICH CAHPS Survey questions and must be placed at the beginning of the questionnaire. Questions 45 to 62 are the “About You” ICH CAHPS Survey questions and must be administered as a unit, although they may be placed either before or after any additional questions that the ICH facility plans to add to the ICH CAHPS Survey. If no ICH CAHPS supplemental questions or facility-specific questions are to be added to the ICH CAHPS Survey questionnaire, the “About You” questions must follow the core ICH CAHPS Survey questions.

There are 21 ICH CAHPS supplemental questions available for ICH facilities to use, if they desire. The ICH CAHPS supplemental questions have been thoroughly tested and approved by CMS. An ICH facility can choose to use one or more of these ICH CAHPS supplemental questions; they do not need to be administered as a group. More information about the ICH CAHPS supplemental questions, which are available on the ICH CAHPS Survey website at https://ichcahps.org and in Appendix I, is provided below.

The following are formatting and content requirements and recommendations for the ICH CAHPS Survey questionnaire. Note that survey vendors cannot deviate from questionnaire requirements.

5.2.3.1 ICH CAHPS Survey Questionnaire Requirements

- Every questionnaire must begin with the core ICH CAHPS Survey questions (Qs. 1 to 44).
ICH facilities must follow the guidelines below for adding any ICH CAHPS supplemental questions or their own facility-specific questions. All facility-specific questions must be submitted to and approved by the Coordination Team.

The “About You” questions (Qs. 45 to 62) must be administered as a unit (i.e., they must be kept together and may not be separated or placed throughout the questionnaire). The “About You” questions may be placed before or after any facility-specific or ICH CAHPS supplemental questions.

No changes in wording are allowed to either the ICH CAHPS Survey questions (core or About You questions) or to the response (answer) choices. In addition, no changes are allowed to the ICH CAHPS supplemental questions or response choices.

Questions and associated response choices must not be split across pages.

Survey vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally. If a survey vendor elects to list the response options vertically, this must be done for every question in the questionnaire. Survey vendors may not format some response options vertically and some horizontally.

No matrix formatting of the questions is allowed. Matrix formatting means formatting a set of questions as a table, with responses listed across the top of a page and individual questions listed in a column on the left.

The questionnaire must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font.

The unique SID number assigned by the Coordination Team to each sample patient must appear on at least the first page of the questionnaire for tracking purposes. The survey vendor must not print the sample patient’s name or any other information that could identify the sample patient anywhere on the questionnaire. 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.

Only CMS-approved translations of the questionnaire are permitted; however, if facilities choose to add facility-specific supplemental questions, survey vendors will be responsible for translating those questions.

The ICH facility’s name must appear in the cover letter and must be printed where indicated in the questionnaire.
• Survey vendors cannot include any promotional messages or materials, including indications that either the ICH facility or the survey vendor has been approved by the Better Business Bureau, on the ICH CAHPS cover letter, questionnaire, or outgoing or incoming mailing envelopes.

• The survey vendor’s name and mailing address must be printed at the bottom of the last page of the ICH CAHPS Survey questionnaire, in case the respondent does not use or misplaces the business reply envelope included with the questionnaire package mailed to the sample patient.

• The OMB number shown in *Appendix H* must be printed on the questionnaire cover. If there is no cover, then the OMB number must be printed on the first page of the questionnaire. In addition, the OMB expiration date must appear under the OMB number.

• The OMB disclosure notice (see *Appendix H*), which includes the OMB number within it, must be printed either on the questionnaire or in the cover letter. If the disclosure notice is printed on the questionnaire, the OMB number must also appear separately from the OMB disclosure notice on the first page of the questionnaire. In other words, if the OMB disclosure notice is printed on the questionnaire cover, then the OMB number will appear twice on the cover—once within the OMB disclosure notice and separately somewhere else on the cover.

5.2.3.2 *Recommendations for Printing the ICH CAHPS Survey Questionnaire*

• Survey vendors should consider printing the sample patient’s SID number on every page or every other page of the questionnaire in case the respondent defaces or marks through the SID on parts of the questionnaire or returns the questionnaire without the first page attached.

• Survey vendors should consider printing the SID at the top and bottom of every page in the questionnaire or encrypting the SID number so that it is only readable by a bar code reader.

• Survey vendors should use best survey practices when formatting the questionnaire, such as maximizing the use of white space and using simple fonts like Times New Roman or Arial.

• Survey vendors should consider using a two-column format.

• Survey vendors should consider using a font size of 12 or larger.

• If data entry keying is being used as the data entry method, small coding numbers next to the response choices may be used.

• If the vendor is printing the questionnaire as a tri-fold document, we recommend including an instruction in either the cover letter or questionnaire to alert sample patients that the last
page of the questionnaire is folded on top of another page and patients should make sure that they answer questions on all pages included in the questionnaire.

5.2.4 Adding Supplemental and Facility-Specific Questions to the ICH CAHPS Survey

AHRQ and its CAHPS Consortium developed and tested 21 ICH CAHPS supplemental questions about ICH care, which are included in Appendix I and available on the ICH CAHPS website (https://ichcahps.org). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey questionnaire.

Guidance for adding other questions to the ICH CAHPS Survey questionnaire is as follows:

5.2.4.1 Requirements for Adding Supplemental Questions and Facility-Specific Questions

- All ICH CAHPS supplemental questions and facility-specific questions must be placed after the core ICH CAHPS Survey questions (Qs. 1 to 44). They may be placed either before or after the ICH CAHPS Survey “About You” questions (Qs. 45 to 62).

- Use of any of the 21 ICH CAHPS supplemental questions does not require prior review and approval by the Coordination Team, because these questions have already been tested and approved.

- Facility-specific questions that the ICH facility plans to add to the ICH CAHPS Survey questionnaire must be submitted to and approved by the Coordination Team before they are added to the questionnaire. The survey vendor must send the facility-specific questions and their proposed placement in the ICH CAHPS Survey questionnaire to the Coordination Team at ichcahps@rti.org. For the CY2019 ICH CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 8, 2019. Survey vendors can submit facility-specific questions after that date; however, those questions might not be approved in time to be included in the questionnaire for that specific survey period. Once the Coordination Team approves a facility-specific question, the vendor does not need to submit it again unless the vendor changes the wording or response options to that question.

- ICH facilities cannot add questions that repeat any of the survey questions in the core ICH CAHPS Survey, even if the response scale is different.

- Facility-specific questions cannot be used with the intention of marketing or promoting services provided by the ICH facility or any other organization.
• Facility-specific questions cannot ask sample patients why they responded a certain way to a core ICH CAHPS question.

• Facility-specific questions cannot ask sample patients to identify other individuals who might need ICH services. Such questions raise privacy and confidentiality issues if PII were shared with the ICH facility without a person’s knowledge and permission.

• Survey vendors are responsible for translating any facility-specific questions added to the questionnaire.

• Survey vendors must not include responses to the ICH CAHPS supplemental questions or facility-specific questions on the ICH CAHPS Survey data files that will be uploaded to the Data Center.

5.2.4.2 Recommendations for Adding Supplemental and Facility-Specific Questions

• We recommend that facilities/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response rates.

5.3 Definitions

During previous training sessions, vendors asked for official definitions for some of the words and terms included in the ICH CAHPS Survey. The official definitions are as follows.

**Catheter** (KATH-uh-tur): A tube inserted through the skin into a blood vessel or cavity to draw out body fluid or infuse fluid. In *peritoneal dialysis*, a catheter is used to infuse *dialysis solution* into the abdominal cavity and drain it out again.

**Fistula** (FISS-tyoo-luh): Surgical connection of an *artery* directly to a *vein*, usually in the forearm, created in people who need *hemodialysis*. The *arteriovenous* (AV) *fistula* causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV fistula takes 4 to 6 months after surgery before it can be used for hemodialysis.

**Peritoneal** (PAIR-ih-toh-NEuhl): Filtering the blood by using the lining of the abdominal cavity, or belly, as a *semipermeable membrane*. A cleansing liquid, called *dialysis solution*, is drained from a bag into the abdomen. Fluid and wastes flow through the lining of the abdominal cavity and remain “trapped” in the dialysis solution. The solution is then drained from the abdomen, removing the extra fluid and wastes from the body.
5.4 Mailing Survey Questionnaire Packages

Mailing requirements and recommendations for the ICH CAHPS Survey questionnaire packages are described below. Survey vendors must follow these requirements to maximize response rates and ensure consistency in how the mail mode of administration is implemented.

5.4.1 Mail Survey Envelopes

Survey vendors are responsible for supplying the outgoing envelopes that will be used to mail both the prenotification letter and the questionnaire packages to sample patients. A postage-paid business reply envelope must be included with each questionnaire mailing, preaddressed to the survey vendor.

5.4.2 Mailing Requirements

• Mailings must follow the schedule specified for the mail-only mode of administration. The prenotification letter must be mailed 3 weeks (21 days) after downloading the sample file from the ICH CAHPS website. The first questionnaire package must be mailed 14 days after the prenotification letter is mailed; the second questionnaire to sample patients who do not respond to the first questionnaire mailing must be mailed 4 weeks after the first questionnaire mailing.

• 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. As noted previously, in addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated address information for all of the patients the facility treated during the sampling window, if vendors have an appropriate agreement with the facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility when requesting updated addresses and telephone numbers for sample patients.

• Survey vendors must send a questionnaire package to every sampled case that has a complete address. If no house number or street name are included for a patient in the sample file, vendors are required to try and obtain an updated address via a commercial address update service. In addition, survey vendors should ask the facility to provide a list of all patients they treated during the sampling window and their addresses/phone numbers if they have an appropriate agreement with the ICH facility. If no address can be found after the vendor attempts to obtain an address, the vendor may assign a final disposition code of Bad Address/Undeliverable Mail.

• Each questionnaire mailing must contain a personalized cover letter, questionnaire, and postage-paid business reply envelope.
• For privacy reasons, the name of the dialysis facility must not appear in the return address or anywhere on the mailing envelope.

• Data collection must end 12 weeks after the prenotification letter is mailed.

5.4.3 Mailing Recommendations

• We recommend that survey vendors attempt to identify a new or updated address for any prenotification letters that are returned as undeliverable in time to send the questionnaire package to the sample patient at the correct address.

• We recommend that questionnaires be sent with either first-class postage or indicia to ensure timely delivery and to maximize response rates.

• We recommend that survey vendors “seed” each mailing. Seeding means including the name and address of designated survey vendor staff in each mailing file. The package will be mailed and delivered like all other questionnaires to the survey vendor staff, which will allow the survey vendor to assess the completeness of the questionnaire package and timeliness of package delivery.

• Survey vendors have the option of including the CMS logo on the questionnaire envelope.

5.5 Data Receipt and Data Capture Requirements

The following guidelines are provided for receiving and tracking returned questionnaires. Survey vendors can choose whether to enter data via an optical scanning program or manually key data into a data entry program. Requirements for data receipt and for each type of data entry system are provided below.

5.5.1 Data Receipt Requirements

• The date the questionnaire was received from each sample patient must be entered into the data record created for each case on the data file.

• Questionnaires must be visually reviewed prior to scanning for notes/comments. Survey vendors must have more than one person who can code or review comments and notes attached to or included with the returned questionnaire for proper disposition code assignment.

• Completed questionnaires received must be logged into the tracking system in a timely manner to ensure that sample patients who respond to the first mailing are excluded from the second questionnaire mailing.
• If two questionnaires are received from the same sample patient, survey vendors must keep and use the questionnaire that has the more complete data, regardless of which questionnaire is received first. If the two questionnaires received contain the same amount of data (are equally complete), the survey vendor must retain and use the first one received.

• If the survey vendor learns that a sample patient is deceased (via a telephone call from a relative or knowledgeable person, or as a note on a received completed questionnaire), the survey vendor must not process (scan or key) the data from the questionnaire for that sample patient. Instead, the vendor must make sure the final disposition code indicating that the sample patient is deceased is assigned to the case.

• If a mail survey is completed but the survey vendor learns later that the sample patient is deceased (via a letter or telephone call received after the completed mail survey is received), the survey vendor should process and include the data on the XML file if there is no indication that the survey was completed by someone else (based on the responses to Qs. 60–62) and the case meets the completeness criteria.

• Survey vendors cannot process and include on the XML file any completed mail survey questionnaires that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such questionnaires. This means that the vendor should thoroughly shred the completed questionnaire so that no one can “reconstruct” the questionnaire. The vendor must make sure the final disposition code indicating there was no response after maximum attempts is assigned to the case.

• A final ICH CAHPS Survey disposition code (see Chapter IX) must be assigned to each case.

5.5.2 Optical Scanning Requirements

• The scanning program must not permit scanning of duplicate questionnaires.

• The scanning program must not permit out-of-range or invalid responses.

• A sample of questionnaires (minimum of 10 percent) must be rescanned and compared with the original scanned image of the questionnaire as a quality control measure. Any discrepancies must be reconciled by a supervisor.

• The survey responses marked in a sample of questionnaires (minimum of 10 percent) must be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.

• If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.
• If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

• If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

• If a response is missing, leave the response blank and code as “missing.”

• Although they can be scanned, survey vendors must not include responses to any ICH CAHPS supplemental questions or facility-specific supplemental questions on the data files submitted to the Data Center.

• Each ICH facility can decide whether to scan the responses to the open-ended survey questions, specifically the “Other language” (response option 8) in Q57, the other relationship specified (response option 4) in Q61, and the “Helped in some other way” (response option 5) in Q62. Survey vendors must not include responses to open-ended survey questions on the data files submitted to the Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the ICH CAHPS Coordination Team about adding additional preprinted response options to these survey questions if needed.

5.5.3 Data Entry Requirements

• The key entry process must not permit keying of duplicate questionnaires.

• The key entry program must not permit out-of-range or invalid responses.

• All questionnaires must be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different key entry staff person must rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor must resolve the discrepancy and ensure that the correct value is keyed.

• If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the answer choice that is closest to the marked response.

• If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

• If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

• If a response is missing, leave the response blank and code as “missing.”

• Although they can be keyed, survey vendors must not include responses to any ICH CAHPS supplemental questions or facility-specific supplemental questions in the data files submitted to the Data Center.
• Each individual ICH facility can decide whether the vendor should scan the responses to open-ended survey questions, specifically the “Other language” (response option 2) in Q57, the other relationship specified (response option 4) in Q61, and the “Helped in some other way” (response option 5) in Q62. Survey vendors must not include responses to open-ended survey questions on the data files submitted to the Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding preprinted response options to these survey questions if needed.

5.6 Staff Training

All staff involved in the mail survey implementation, including support staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this manual should be made available to all staff as needed. In particular, staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

• Use of relevant equipment and software (case management systems for entering questionnaire receipts, scanning equipment, data entry programs);
• ICH CAHPS Survey protocols specific to their role (for example, contents of the questionnaire package, requirements for visually reviewing questionnaires prior to scanning for notes/comments, how to document or enter returned questionnaires into the tracking system);
• Decision rules and coding guidelines for returned questionnaires (see Chapter IX); and
• Proper handling of hardcopy and electronic data, including data storage requirements (see Chapter VIII).

Staff involved in providing customer support via the toll-free telephone number should also be trained on the accurate responses to FAQs, how to respond to questions when customer support does not know the answer, and the rights of survey respondents. A list of questions frequently asked by sample patients and suggested answers to those questions are included in Appendix J. Note that some patients might call the vendor’s hotline to complain about their ICH facility or the hemodialysis care they receive. Staff should have the list of the ESRD Networks that serve patients in each state (see Appendix P) at their station and provide the toll-free number for the ESRD Network that serves the state in which the patient resides to the patient. Staff may also provide the 1-800-MEDICARE number to patients. If the ICH CAHPS Survey is being offered in a language other than English, customer support staff should also be able to handle questions via the toll-free telephone number in that language. Please refer to Chapter VI for more information on training customer support staff.
5.6.1 Distressed Respondent Procedures

Survey vendors must develop a “distressed respondent protocol,” to be incorporated into all help desk training. A distressed respondent protocol provides assistance if the situation indicates that the respondent’s health and safety are in jeopardy. Distressed respondent protocols balance respondents’ rights to confidentiality and privacy by keeping PII and PHI confidential with guidance about when and how to help those needing assistance.

Each approved ICH CAHPS Survey vendor must have procedures in place for handling distressed respondent situations and to follow those procedures. The ICH CAHPS Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects IRB for guidance. In addition, professional associations for researchers, such as AAPOR, might be able to provide guidance regarding this issue. The following is an excerpt from AAPOR’s website that lists resources for the protection of human subjects. More information about protection of human subjects is available at AAPOR’s website at https://www.aapor.org.2

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)
- Federal OHRP
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)
- University of Minnesota Web-Based Instruction on Informed Consent

5.7 Other Mail-Only Administration Protocols

In addition to the printing, mailing, and data entry requirements discussed above, there are a few other protocols that ICH CAHPS Survey vendors must follow when conducting the mail-only data collection administration.

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• The use of incentives is not permitted.

• The use of proxy respondents is not permitted. However, other individuals, as long as they are not facility staff, may assist the sample patient in reading the survey, marking response options, or translating the survey.

• Homeless sample patients are eligible to participate in the ICH CAHPS Survey if they meet all other survey eligibility criteria. The survey vendor must attempt to reach the sample patient using the address given. If there is no address provided for a sample patient, and one cannot be obtained via a commercial address update services (such as the NCOA or the U.S. Postal Service Zip+4 software), or by requesting the ICH facility to provide a list containing the names and addresses of all patients treated during the sampling window, the vendor should assign the final disposition code of Bad Address/Undeliverable Mail to the case (see Chapter IX for more information on final disposition codes).

• Survey vendors must make sure that they differentiate between sample patients who refuse to participate during a specific survey period and those who indicate that the survey vendor should never contact them again. If a sample patient refuses to participate during the current survey period but does not indicate that the vendor should never contact him or her again, the survey vendor should attempt to survey the patient if he or she is included in the sample in subsequent survey periods.

• If an ICH CAHPS sample patient is on the survey vendor’s Do Not Contact List, based on a previous contact for another survey conducted by the survey vendor, the vendor should honor that patient’s request. As such, ICH CAHPS Survey 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. Vendors are encouraged to use their internal records to identify the sample patients included in the sample file downloaded from the ICH CAHPS website who have previously indicated that they do not wish to be recontacted concerning the ICH CAHPS survey. These sample patients should not be sent any survey materials (prenotification letter, questionnaire package) and should instead be assigned a final disposition code of Refusal.

• Sometimes sample patients inadvertently include documents that are not related to the survey with the completed questionnaire that they return to the vendor. The types of documents that sample patients might include with their returned questionnaires include payment for a medical bill, health insurance premium or some other bill, a prescription for medication, or a document that a health care provider has requested. All vendors should implement a policy to return such documents to the sample patient who sent them. Vendors are not permitted to send such items to a facility, business, or organization on behalf of a patient. Instead, vendors must send the documents back to the sample patient with a note indicating that the item was
inadvertently included in the ICH CAHPS Survey package and it is being returned to the sample patient so that he or she can send it to the intended recipient.

5.8 Conducting the ICH CAHPS Survey With Other ICH Facility Surveys

Some ICH facilities might wish to conduct other patient surveys in addition to the ICH CAHPS Survey to support internal quality improvement activities. ICH facilities may include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions or include questions that are very similar.

ICH facilities may not:

- Provide information to their patients that promotes the services provided by the ICH facility;
- Ask their patients for the names of other ESRD patients who might need dialysis care; or
- Ask their patients for consent for the ICH facility survey vendor to share their survey responses with the ICH facility.
VI. TELEPHONE-ONLY ADMINISTRATION PROCEDURES

6.0 Overview

This chapter describes the requirements and guidelines for implementing the telephone-only mode of survey administration for the ICH CAHPS Survey. The chapter begins with a discussion of the telephone-only data collection activities and schedule, followed by a discussion of the requirements for producing all telephone interviewing materials and systems. It includes guidelines on how the telephone interview should be developed and administered, including general interviewing guidelines and frequently asked questions that interviewers might encounter. This chapter also provides guidance for data processing procedures for the telephone-only administration. Quality control guidelines related to implementing the ICH CAHPS Survey using telephone-only administration data collection are included in Chapter XII.

6.1 Telephone-Only Survey Activities and Schedule

Approved ICH CAHPS Survey vendors began administering the ICH CAHPS Survey for each of their client ICH facilities on a semiannual basis (twice each year) in CY2015. Data collection for each ICH CAHPS Survey will be conducted during a 12-week period. For Spring surveys, data collection activities will be conducted from April through mid-July. Fall surveys will be conducted from October through mid-January. For all approved survey modes, including telephone-only mode, the data collection period will begin by preparing and mailing a prenotification letter to all sample patients. For telephone-only mode, the prenotification letter is the only communication with sample patients that will be by mail. To be consistent across all facilities and vendors, all vendors are required to follow the prescribed dates for data collection. Please note, survey vendors must use the same data collection mode for all of a facility’s sample patients during a survey period.

Table 6-1 shows the sampling window and survey schedule for telephone-only mode, including the data submission deadline, for the CY2019 ICH CAHPS Surveys. Note that ICH Survey vendors must initiate the telephone survey by mailing the prenotification letter to sample patients 3 weeks (21 days) after downloading the sample file provided by CMS.
### Table 6-1. CY2019 Telephone-Only Survey Administration Schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>2019 Spring Survey</th>
<th>2019 Fall Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling window (months in which sample patients received ICH care at their current facility)</td>
<td>October 1–December 31, 2018</td>
<td>April 1–June 30, 2019</td>
</tr>
<tr>
<td>Samples provided to ICH CAHPS Survey vendors</td>
<td>March 29, 2019</td>
<td>September 27, 2019</td>
</tr>
<tr>
<td>Survey vendors attest to receipt of sample file</td>
<td>April 2, 2019</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>Mail prenotification letter to sample patients</td>
<td>April 19, 2019</td>
<td>October 18, 2019</td>
</tr>
<tr>
<td>Begin telephone contact with sample patients</td>
<td>May 3, 2019</td>
<td>November 1, 2019</td>
</tr>
<tr>
<td>End telephone data collection activities</td>
<td>July 12, 2019</td>
<td>January 10, 2020</td>
</tr>
<tr>
<td>Data submission deadline</td>
<td>5:00 PM Eastern Time, July 31, 2019</td>
<td>5:00 PM Eastern Time, January 29, 2020</td>
</tr>
</tbody>
</table>

### 6.1.1 Prenotification Letter

The prenotification letter that will be sent to sample patients will provide information about the purpose of the survey and alert sample patients that they will be contacted within a few days and invited to participate in the survey. The prenotification letter also indicates that participation in the survey is voluntary and that responses to the survey will be held in confidence and are protected by the Privacy Act.

The prenotification letter will be printed on CMS letterhead and signed by CMS. Therefore, it will not be personalized for each sample patient. That is, the patient’s name and address will not be printed on the prenotification letter. The salutation in the letter is “Dear Sir or Madam.” The prenotification letter will also contain the survey vendor’s name and toll-free customer service telephone number(s). **ICH CAHPS Survey vendors cannot make any changes to the text of the prenotification letter.** If any changes are needed to the vendor’s contact information, the vendor should notify the Coordination Team.

Survey vendors should note that although the prenotification letter is available in traditional and simplified Chinese and in Samoan (and should be sent to sample patients requesting them), **the ICH CAHPS Survey cannot be administered by telephone in traditional Chinese, simplified Chinese, or Samoan.** If a telephone interviewer learns during the course of a phone contact attempt that a sample patient speaks only Chinese or Samoan, the survey vendor should stop work on the case and assign the applicable final language barrier disposition code (see **Chapter IX** for final survey disposition codes). Survey vendors must administer the telephone-only survey in English but are not required to administer the survey in Spanish.
Although a facility might indicate that a sample patient’s preferred language is Chinese or Samoan, survey vendors should keep in mind that some of these patients might speak English well enough to participate in a telephone interview. If the majority of an ICH facility’s sample patients speak only Chinese or Samoan, the facility should consider using the mail-only data collection mode to give all of its sample patients the opportunity to participate in the survey.

6.1.1.1 Requirements for the Prenotification Letter

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website nor is it included in the appendices to this manual. The Coordination Team will prepare the prenotification letter that will be sent to each ICH facility’s sample patients and provide the facility’s contracted survey vendor with a PDF file of the letter. If a survey vendor will be offering the survey in any of the approved languages, CMS will provide a PDF file containing the prenotification letter in that language. The prenotification letter will be specific for each vendor. Each survey vendor will be responsible for using the PDF file to print and mail the prenotification letter to the patients sampled for each of its ICH facility clients. Survey vendors must prepare and provide the mailing envelopes for mailing the prenotification letter to sample patients. The survey vendor is responsible for mailing a prenotification letter to all sample patients 3 weeks (21 days) after downloading the sample file from the ICH CAHPS website.

The following are requirements for the prenotification letter and for the envelope that will be used to mail the prenotification letter.

• After the sample file is downloaded, survey vendors must verify each mailing address that is included in the sample file provided by the Coordination Team using a commercial address update service, such as the NCOA or the U.S. Postal Service Zip+4 software. Note that in addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated address information for all of the patients they treated during the sampling window, if vendors have an appropriate agreement with the ICH facilities. Survey vendors cannot, however, give a list of sample patients to the ICH facility when requesting updated address and telephone information.

• The CMS logo, along with the survey vendor’s return address, must be printed on the envelope. The Coordination Team has already provided a copy of the CMS logo to all ICH CAHPS Survey vendors.

• The envelope must be marked “Address Service Requested,” “Change Service Requested,” “Return Service Requested,” “Electronic Service Requested,” or “First-Class Mail” for the U.S. Postal System to provide the sample patient’s new address if he or she has moved (so the survey vendor can update its files with the sample patient’s new address). Survey vendors must not share updated address information with the ICH facilities.
• The sample patient’s full name and mailing address must be printed on the envelope. Vendors should note that the prenotification letter is not personalized—that is, the sample patient’s name and address is not printed on the letter. Survey vendors are permitted to use a window envelope to mail the prenotification letter, but to do so they must print the sample patient’s name and address on a separate sheet of paper and include it in the prenotification envelope so that the name and address appear in the window of the envelope.

• For privacy reasons, the name of the dialysis facility must not appear in the return address or anywhere on the mailing envelope.

6.1.1.2 Recommendation for Mailing the Prenotification Letter

• We recommend that the prenotification letter be sent with either first-class postage or indicia to ensure timely delivery and to maximize response rates.

6.2 Telephone Interview Development Process

The following paragraphs describe the requirements for producing all materials and systems needed for the telephone-only survey administration. The telephone interview script in English (Appendix C) and Spanish (Appendix D) in Microsoft Word are available on the ICH CAHPS Survey website at https://ichcahps.org. Note that although Samoan and Chinese-language versions of the mail survey questionnaire are available, the ICH CAHPS Survey cannot be administered by telephone in Samoan or Chinese. A list of frequently asked questions by sample patients and suggested answers to those questions are included in Appendix J. Some general guidelines for telephone interviewer training and monitoring are provided in Appendix K.

Specific requirements and guidelines associated with the telephone survey administration are discussed below.

6.2.1 Telephone Interviewing Systems

ICH CAHPS Survey vendors must use a CATI system to administer the ICH CAHPS Survey by telephone. A CATI system means that the interviewer reads from and enters responses into a computer program. Using CATI encourages standardized interviewing and monitoring of interviewers. Paper-and-pencil administration is not permitted for telephone surveys. To ensure that sample patients are called at different times of the day and across multiple days of the week, survey vendors must also have a survey management system. The CATI system must be linked to the survey management system so that cases can be tracked, appointments set, and follow-up calls made at appropriate times. Pending and final disposition codes must be easily accessible for all cases.
There are two additional requirements:

- Predictive or automatic dialers are permitted, as long as they are compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations and as long as respondents can easily interact with a live interviewer. For more information about FTC and FCC regulations, please visit [https://www.ftc.gov](https://www.ftc.gov) and [https://www.fcc.gov](https://www.fcc.gov).

- FCC regulations prohibit auto-dialing of cell phone numbers. Therefore, cell phone numbers need to be identified in advance to allow the vendor to treat cell phone numbers in a way that complies with FCC regulations. It is vendors’ responsibility to familiarize themselves with all applicable state and federal laws and abide by those accordingly in regard to calling cell phone numbers.

### 6.2.2 Telephone Interview Script

Survey vendors will be provided with a standardized telephone script in English and Spanish. These scripts include the interviewer introduction in addition to the survey questions. The survey can be administered as a standalone survey or can be combined with the ICH CAHPS supplemental questions or facility-specific questions (more information about supplemental and facility-specific questions are provided below). The ICH CAHPS Survey telephone interview contains 59 questions. Questions 1 to 44 are considered the “core” ICH CAHPS Survey questions and must be placed at the beginning of the interview. Questions 45 to 59 are the “About You” ICH CAHPS Survey questions. Note that the ICH CAHPS telephone interview script contains only 59 questions and the mail survey contains 62 questions. The difference in the number of questions is that the mail survey questionnaire contains questions that ask if anyone helped the sample patient to complete the survey (Questions 60, 61, and 62). These three questions are not applicable if the survey is administered by telephone.

There are 21 ICH CAHPS optional supplemental questions available for ICH facilities to use, at the facility’s discretion. These ICH CAHPS supplemental questions have been fully tested and approved by CMS. An ICH facility can choose to use one or more of the ICH CAHPS supplemental questions; the supplemental questions do not need to be administered as a group. ICH CAHPS supplemental questions are available on the ICH CAHPS Survey website at [https://ichcahps.org](https://ichcahps.org) and in Appendix I.

The “About You” questions must be administered as a unit, although they may be placed either before or after ICH CAHPS supplemental questions or facility-specific questions, if any. If the ICH facility does not plan to add supplemental or facility-specific questions to the questionnaire, the questions in the “About You” section must follow the core set of questions.

The telephone scripts in English and Spanish are included in Appendices C and D, respectively and are posted on the ICH CAHPS website at [https://ichcahps.org](https://ichcahps.org). As noted in the preceding
section, the ICH CAHPS Survey will not be administered by telephone in Chinese or Samoan; therefore, a telephone script in those languages is not provided.

### 6.2.3 Definitions

During previous training sessions, vendors asked for official definitions for some of the words and terms included in the ICH CAHPS Survey. The official definitions are as follows.

**Catheter** (KATH-uh-tur): A tube inserted through the skin into a blood vessel or cavity to draw out body fluid or infuse fluid. In *peritoneal dialysis*, a catheter is used to infuse *dialysis solution* into the abdominal cavity and drain it out again.

**Fistula** (FISS-tyoo-luh): Surgical connection of an *artery* directly to a *vein*, usually in the forearm, created in people who need *hemodialysis*. The *arteriovenous* (AV) *fistula* causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV fistula takes 4 to 6 months after surgery before it can be used for hemodialysis.

**Peritoneal** (PAIR-ih-toh-NEE-uhl): Filtering the blood by using the lining of the abdominal cavity, or belly, as a *semipermeable membrane*. A cleansing liquid, called *dialysis solution*, is drained from a bag into the abdomen. Fluid and wastes flow through the lining of the abdominal cavity and remain “trapped” in the dialysis solution. The solution is then drained from the abdomen, removing the extra fluid and wastes from the body.

ICH CAHPS Survey vendors should make sure they review the correct pronunciation of these words with their telephone interviewers when interviewers are trained and then check for correct pronunciations of these words when monitoring telephone interviews conducted by each interviewer. If telephone supervisory staff observe an interviewer mispronouncing words in the survey when monitoring telephone interviews, the supervisor should retrain the interviewer as soon as possible after the monitoring session and before the telephone interviewer is allowed to resume making telephone calls to sample patients.

### 6.2.4 ICH CAHPS Telephone Survey Questionnaire Programming Requirements

- The questionnaire must begin with the core ICH CAHPS Survey questions (Qs. 1 to 44).

- ICH facilities must follow the guidelines below for adding any ICH CAHPS supplemental questions or their own facility-specific questions. All facility-specific questions must be submitted to and approved by the ICH CAHPS Coordination Team.

- The “About You” questions (Qs. 45 to 59) must be administered as a unit (i.e., they must be kept together and may not be separated or placed throughout the survey). The “About You”
questions may be placed before or after any facility-specific or ICH CAHPS supplemental questions.

• No changes in wording are allowed to either the ICH CAHPS Survey questions or to the response (answer) choices. In addition, no changes are allowed to the ICH CAHPS supplemental questions or responses.

• Only CMS-approved translations of the questionnaire are permitted; however, if facilities choose to add their facility-specific questions, survey vendors will be responsible for translating those questions.

6.2.5 Adding Supplemental and Facility-Specific Questions to the ICH CAHPS Survey

AHRQ and its CAHPS Consortium developed and tested 21 ICH CAHPS supplemental questions about ICH care, which are included in Appendix I and available on the ICH CAHPS Survey website (https://ichcahps.org). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

6.2.5.1 Requirements for Adding Supplemental Questions and Facility-Specific Questions

• All ICH CAHPS supplemental questions and facility-specific questions must be placed after the core ICH CAHPS Survey questions (Qs. 1 to 44). They may be placed either before or after the ICH CAHPS Survey “About You” questions (Qs. 45 to 59).

• Facility-specific questions that the ICH facility plans to add to the ICH CAHPS Survey must be submitted to and approved by the Coordination Team before they are added to the survey. The survey vendor must send the facility-specific questions and their proposed placement in the ICH CAHPS Survey questionnaire to the Coordination Team at ichcahps@rti.org. For the CY2019 ICH CAHPS Spring Survey, the deadlines for submitting facility-specific supplemental questions to the Coordination Team is February 8, 2019. Survey vendors may submit facility-specific supplemental questions after that date; however, those questions might not be approved in time to be included in the questionnaire for that specific survey period. Note that facility-specific questions that have been previously approved do not need to be submitted to the Coordination Team prior to a survey period unless the wording or the response options in those questions change.

• Use of any of the ICH CAHPS supplemental questions does not require prior review and approval by the ICH CAHPS Coordination Team, because these questions have already been tested and approved.
• ICH facilities cannot add questions that repeat any of the survey questions in the core ICH CAHPS Survey, even if the response scale is different.

• Facility-specific questions cannot be used with the intention of marketing or promoting services provided by the ICH facility or any other organization.

• Facility-specific questions cannot ask sample patients why they responded a certain way to a core ICH CAHPS question.

• Facility-specific questions cannot ask sample patients to identify other individuals who might need ICH services. Such questions raise privacy and confidentiality issues if PII were shared with the ICH facility without a person’s knowledge and permission.

• Survey vendors are responsible for translating any facility-specific questions added to the questionnaire.

• Survey vendors must not include responses to the ICH CAHPS supplemental questions or facility-specific questions on the data files that will be uploaded to the Data Center.

6.2.5.2 Recommendations for Adding Supplemental and Facility-Specific Questions

• We recommend that facilities/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response rates.

6.3 Telephone Interviewing Requirements

Telephone interviewing requirements for the ICH CAHPS Survey interview are described below. Survey vendors must follow these requirements to maximize response rates and to ensure consistency in how the telephone-only mode of administration is implemented.

6.3.1 Telephone Contact

• Survey vendors must attempt to contact every patient in the sample. Survey vendors must make a maximum of 10 telephone contact attempts for each sample patient, unless the sample patient refuses or the survey vendor learns that the sample patient is ineligible to participate in the survey. The 10 contact attempts must be made on different days of the week and different times of the day and spread over the course of the telephone data collection period.

• One telephone contact attempt is defined as one of the following:
  – the telephone rings six times with no answer;
  – the person who answers the phone indicates that the sample patient is not available to take the call;
the interviewer reaches the sample patient and is asked to schedule a call-back at a later date; or

the interviewer gets a busy signal on two consecutive phone call attempts; the second call must be placed at least 20 minutes after the first call attempt.

• If a sample patient is reached but is unable to speak with the telephone interviewer at that time, if he/she 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.

• Survey vendors may make more than one attempt in one 7-day period but cannot make all 10 attempts in one 7-day period. Survey vendors should keep in mind that ICH patients might be sicker than some other patient populations and might be hospitalized when some of the initial calls are made. Therefore, calls must be scheduled to take place over the 12 weeks of the data collection period to reach patients who might be unavailable for long periods of time.

• Contact with a sample patient may be continued after 10 attempts if the 10th attempt results in a scheduled appointment with the sample patient, as long as the appointment is within the data collection period.

• If the interviewer receives a new telephone number for the sample patient, the 10 attempts should start over with the new phone number. A total of 10 call attempts must be made on the updated telephone 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.

• If the interviewer gets a fast-busy signal, the interviewer should redial the telephone number immediately after receiving the fast busy signal. If the interviewer again receives the same fast busy signal, the interviewer should call the telephone number again on a different day of the week and at a different time of day than the initial calls. If the third call attempt again results in the same fast busy signal, the vendor should apply the appropriate final disposition code to the case.

• If the interviewer receives a recorded message indicating the telephone number is “temporarily out of service,” the interviewer should redial the telephone number 3 to 5 days after the initial call was made. If the second call attempt again results in the same recorded message, the interviewer should call the telephone number a third time, 5 days after the second call attempt was made. If the third call attempt again results in the same recorded message, the vendor should apply the appropriate final disposition code to the case.
• Telephone calls to the sample patient must be made at different times of day (i.e., morning, afternoon, and evening) and different days of the week throughout the data collection period.

• Interviewers may not leave voicemail messages on answering machines or leave messages with the person answering the phone.

• Survey vendors must maintain a call log that keeps track of the date and time phone calls were made for each sample patient and apply the appropriate final disposition code to the case.

• If the survey vendor finds out that a sample patient is deceased, institutionalized, or physically or mentally incapable of participating in the ICH CAHPS Survey, the survey vendor must immediately stop further contact attempts with that sample patient and apply the appropriate final disposition code.

• If the telephone interviewer learns at any time that the sample patient is receiving hemodialysis while the interview is being conducted, the telephone interviewer must stop the interview and reschedule to complete it at a time when the sample patient is not at the facility.

• Telephone survey data collection must end 12 weeks after the prenotification letter is mailed.

• The use of incentives of any kind is not permitted.

• The use of proxy respondents is not permitted.

• If a respondent begins the interview but cannot complete it during the call for a reason other than a refusal, the survey vendor must follow up (recontact at a later time) with the respondent to complete the interview. The interviewer must follow up even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. It is especially important to complete the questions in the “About You” section of the questionnaire because data from some of those questions will be used in patient-mix adjustment.

• If a respondent begins the interview but cannot complete it on the same call, the interviewer should resume the interview at the last unanswered question, when the respondent is recontacted. Note that the vendor must not begin the interview at Q1 (the beginning of the interview) during the recontact attempt.

• If a respondent does not feel well enough to participate in the telephone interview because of his or her medical treatment, the interviewer must be prepared to make an appointment to conduct the interview at a time that is better for the patient. Survey vendors should keep in mind that sample patients must receive dialysis treatment a minimum number of times each
week (for most ESRD patients, dialysis is required a minimum of three times each week) and some patients may not feel well enough to participate in the telephone interview if they are reached within a short time after they have received dialysis.

- Survey vendors must make sure that they differentiate between sample patients who refuse to participate during a specific survey period and those who indicate that the survey vendor should never contact them again. If a sample patient refuses to participate during the current survey period but does not indicate that the vendor should never contact him or her again, the survey vendor must attempt to survey the patient if he or she is included in the sample in subsequent survey periods.

- If an ICH CAHPS sample patient is on the survey vendor’s Do Not Contact List, based on a previous contact for another survey conducted by the organization which indicates that the sample patient should never be contacted again, the vendor may honor that patient’s request. As such, ICH CAHPS Survey 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. Vendors are encouraged to use their internal records to identify the sample patients included in the sample file downloaded from the ICH CAHPS website who have previously indicated that they do not wish to be recontacted concerning the ICH CAHPS survey. These sample patients should not be sent any survey materials (i.e., the prenotification letter), should not be contacted to complete the phone interview, and should instead be assigned a final disposition code of Refusal.

- The vendor must be able to offer the interview in any of the languages for which an ICH facility has contracted, even if the language is different from the language that the ICH facility believes the sample patient will require (if language is obtained from client facilities). That is, the vendor must be able to toggle back and forth between available languages. As a reminder, the ICH CAHPS telephone interview can only be administered in English or Spanish. If a telephone interviewer learns during the course of a phone contact attempt that a sample patient speaks only Chinese or Samoan, the survey vendor should stop work on the case and assign the applicable final language barrier disposition code.

- If a sample patient hangs up immediately before or while the interviewer is reading the introductory script, the case should be called again at a later point in time. That is, on a different day of the week and at a different time of day. If the sample patient hangs up after the introductory script has been read to him or her, the interviewer should code the case as a refusal. That is, the vendor should not make any additional calls to that sample patient.
6.3.2 Contacting Difficult-to-Reach Sample Patients

Some patients may be difficult to reach because of incorrect telephone numbers, illness, hospitalization, or homelessness. The requirements and recommendations for contacting difficult-to-reach sample patients follow.

6.3.2.1 Requirements for Contacting Difficult-to-Reach Sample Patients

- After a sample file is downloaded, survey vendors must verify each telephone number that is included in the sample file provided by the Coordination Team using a commercial address/telephone database service or directory assistance. Note that in addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated telephone numbers for all patients treated within the sampling window, if vendors have an appropriate agreement with the facilities. Survey vendors cannot, however, give a list of sample patients to the ICH facility when requesting updated address and telephone information.

- If the sample patient is ill, on vacation, or unavailable during initial contact, the interviewer must attempt to recon tact the sample patient before the data collection period ends.

- Homeless sample patients are eligible to participate in the ICH CAHPS Survey if there is a telephone number in the patient information file for the patient and he or she meets all other survey eligibility criteria. The survey vendor must attempt to reach the sample patient using the telephone number provided. If there is no telephone number for a homeless sample patient, and one cannot be obtained via a commercial address/telephone database service or directory assistance, or from the ICH facility, the sample patient should be given a final disposition code of Wrong, Disconnected, or No Telephone Number (see Chapter IX for more information on the assignment of final disposition codes).

6.3.2.2 Requirements for Contacting Sample Patients Residing in Nursing Homes

- When selecting samples for the ICH CAHPS Survey, the Coordination Team uses patient-level information on the CROWNWeb (CW) database and excludes patients who do not meet survey-eligibility criteria, such as patients who reside in nursing homes (also known as skilled nursing facilities), if this is readily known. However, because CW does not contain an explicit indicator that the patient lives in a nursing home, this determination is usually made by vendors during the ICH CAHPS data collection period.

- If a telephone interviewer calls the phone number provided for a sample patient and determines that the telephone number leads to a nursing home facility’s front desk/receptionist, the following steps should be implemented:
– 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, the interviewer should continue with the interview once they reach the sample patient. If the sample patient truly lives in a nursing home or a skilled nursing facility and responds to Q1 by selecting the revised 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 the sampled patient 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. However, the interviewer should be prepared to set a callback time (and possibly obtain a different number) if the sample patient prefers not to complete the interview while at work.

– If the nursing home staff member indicates they cannot or 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. In this situation, if the vendor received multiple phone numbers for the sample patient (via the sample file received from the Coordination Team, the commercial address/phone number update, or a list of contact information received from the ICH facility for all patients treated during the sampling window), 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.

6.3.2.3 Recommendations for Contacting Difficult-to-Reach Sample Patients

• We recommend that survey vendors attempt to identify a new or updated telephone number for any sample patient whose telephone number is no longer in service when called and for any sample patients who have moved so that the sample patients can be contacted prior to the end of the data collection period.

• If the sample patient’s telephone number is incorrect, the interviewer may ask the person who answers the phone if he or she knows the sample member, and if so, ask for the sample patient’s phone number.
6.4 Telephone Interviewer Training

Survey vendors must provide training to all telephone interviewing and customer support staff prior to beginning telephone survey data collection activities. Telephone interviewer and customer support staff training must include training interviewers to:

- Establish rapport with the respondent;
- Effectively communicate the content and purpose of the interview to sample patients;
- Administer the interview in a standardized format, which includes reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards;
- Use effective neutral probing techniques (see Appendix K);
- Use the list of frequently asked questions by sample patients and suggested answers to those questions (see Appendix J) so that they can answer questions in a standardized format; and
- Answer questions in English and the other language(s) in which the survey is being offered.

Survey vendors should also provide telephone survey supervisors with an understanding of effective quality control procedures to monitor and supervise interviewers.

Survey vendors must conduct an interviewer certification process of some kind—oral, written, or both—for each interviewer and customer service staff member prior to permitting the interviewer or staff member to make or take calls on the ICH CAHPS Survey. The certification should be designed to assess the interviewer’s level of knowledge and comfort with the ICH CAHPS Survey Questionnaire and ability to respond to sample patients’ questions about the survey. Documentation of training and certification of all telephone interviewers and customer support staff and outcomes will be subject to review during oversight visits by the Coordination Team.

Note that some patients might call the vendor’s hotline to complain about their ICH facility or the hemodialysis care they receive. If this happens, the vendor’s customer support staff should ask the sample patient to report the issue to the ESRD Network that serves the state in which the sample patient lives. The vendor’s customer service staff and telephone interviewers should have the list of ESRD Networks that serve each state (see Appendix P) posted at their station to provide the toll-free number to the patient. Staff may also provide the 1-800-MEDICARE number to patients.

6.5 Distressed Respondent Procedures

A distressed respondent protocol provides assistance if the situation indicates that the respondent’s health and safety are in jeopardy. Best interviewing practices recommend having a
protocol in place for handling distressed respondents. Survey vendors must develop a distressed respondent protocol, to be incorporated into all telephone interviewers and help desk training. Distressed respondent protocols balance respondents’ rights to confidentiality and privacy by keeping PII and protected health information (PHI) confidential with guidance about when and how to help those needing assistance.

Each approved ICH CAHPS Survey vendor must have procedures in place for handling distressed respondent situations and to follow those procedures. The Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects Institutional Review Board (IRB) for guidance. In addition, professional associations for researchers, such as the American Association for Public Opinion Research (AAPOR), might be able to provide guidance regarding this issue. The following is an excerpt from AAPOR’s website that lists resources for the protection of human subjects. More information about protection of human subjects is available at AAPOR’s website at https://www.aapor.org.3

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)
- Federal Office for Human Research Protections (OHRP)
- National Institutes of Health (NIH) Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)
- University of Minnesota Web-Based Instruction on Informed Consent

### 6.6 Telephone Data Processing Procedures

The following guidelines are provided for ensuring that telephone interview data are properly processed and managed.

#### 6.6.1 Telephone Data Processing Requirements

- The unique SID number assigned to each sample patient by the Coordination Team must be included in the case management system and on the final data file for each sample patient.

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• Survey vendors must enter the date and time of each interview contact attempt with each sample patient in the survey management system or in the interview data. Survey vendors must be able to link each telephone interview to their survey management system, so that appropriate variables, such as the language in which the survey was conducted and the date the telephone interview was completed, can be pulled into the final data file.

• Survey vendors must de-identify all telephone interview data when the data are transferred into the final data file that will be submitted to the ICH CAHPS Data Center. Identifiable data include respondent names and contact information.

• Survey vendors must assign a final ICH CAHPS Survey disposition code to each case (see Chapter IX for a list of these codes) and include a final disposition code for each sampled case in the final data file. It is up to the vendor to develop and use a set of pending disposition codes to track actions on a case before it is finalized—pending disposition codes are not specified in the ICH CAHPS Survey protocol.

6.7 Conducting the ICH CAHPS Survey With Other ICH Facility Surveys

Some ICH facilities might wish to conduct other patient surveys in addition to the ICH CAHPS Survey to support internal quality improvement activities. ICH facilities may include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions or include questions that are very similar.

ICH facilities may not:

• Provide information to their patients that promotes the services provided by the ICH facility;

• Ask their patients for the names of other ESRD patients who might need dialysis care; or

• Ask their patients for consent for the ICH facility vendor to share their survey responses with the ICH facility.
VII. MAIL WITH TELEPHONE FOLLOW-UP (MIXED-MODE) SURVEY ADMINISTRATION PROCEDURES

7.0 Overview

This chapter describes the requirements and guidelines for implementing a mixed-mode survey administration for the ICH CAHPS Survey. For the ICH CAHPS Survey, “mixed mode” is defined as a mail survey followed by a telephone survey of nonrespondents.

The chapter begins with a discussion of the mixed-mode survey data collection schedule, followed by a discussion of the requirements for producing all mailing materials (including questionnaires, cover letters, and envelopes), telephone interviewing materials, and the data collection systems. The following guidelines are also provided: mailing the prenotification letters and questionnaire packages; developing and administering the telephone interview; data processing activities (such as optical scanning and data entry of the mail questionnaire); and general interviewing protocols and frequently asked questions that interviewers might encounter. Quality control guidelines related to implementing the ICH CAHPS Survey using mixed-mode administration data collection can be found in Chapter XII.

7.1 Mixed-Mode Activities and Schedule

Approved ICH CAHPS Survey vendors began administering the ICH CAHPS Survey for each of their ICH facility clients on a semiannual basis (twice each year) in CY2015. Data collection for each ICH CAHPS Survey will be conducted during a 12-week period. For the Spring Surveys, data collection activities will be conducted from April through mid-July. Fall Surveys will be conducted each year from October through mid-January. For all approved survey modes, the data collection period will begin by preparing and mailing a prenotification letter to all sample patients. For the mixed-mode administration, a first questionnaire package will be sent to sample patients 14 days after the prenotification letter is mailed. Four weeks after the first questionnaire package is mailed, the survey vendor will begin contacting nonrespondents via telephone to complete a telephone interview. To be consistent across all facilities and vendors, all vendors are required to follow the prescribed dates for data collection.

Table 7-1 shows the sampling window and survey schedule, including the data submission deadline, for the CY2019 ICH CAHPS Surveys. Note that ICH Survey vendors using mixed mode must initiate the survey by mailing the prenotification letter to sample patients 3 weeks (21 days) after downloading the sample file from the ICH CAHPS website.
### Table 7-1. CY2019 Mixed-Mode Survey Administration Schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>2019 Spring Survey</th>
<th>2019 Fall Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling window (months in which sample patients received ICH care at their current facility)</td>
<td>October 1–December 31, 2018</td>
<td>April 1–June 30, 2019</td>
</tr>
<tr>
<td>Samples provided to ICH CAHPS Survey vendors</td>
<td>March 29, 2019</td>
<td>September 27, 2019</td>
</tr>
<tr>
<td>Survey vendors attest to receipt of sample file</td>
<td>April 2, 2019</td>
<td>October 1, 2019</td>
</tr>
<tr>
<td>Mail prenotification letter to sample patients</td>
<td>April 19, 2019</td>
<td>October 18, 2019</td>
</tr>
<tr>
<td>Mail questionnaire with cover letter to sample patients</td>
<td>May 3, 2019</td>
<td>November 1, 2019</td>
</tr>
<tr>
<td>Initiate telephone follow-up contact for all mail survey nonrespondents</td>
<td>May 31, 2019</td>
<td>November 29, 2019</td>
</tr>
<tr>
<td>End data collection activities</td>
<td>July 12, 2019</td>
<td>January 10, 2020</td>
</tr>
<tr>
<td>Data submission deadline</td>
<td>5:00 PM Eastern Time, July 31, 2019</td>
<td>5:00 PM Eastern Time, January 29, 2020</td>
</tr>
</tbody>
</table>

### 7.1.1 Use of Other Languages in the Mixed-Mode Data Collection

ICH CAHPS Survey vendors must administer the survey in English in each data collection mode for which they have been approved by the ICH CAHPS Coordination Team, but they are not required to offer or administer the survey in any of the other approved survey languages (Spanish, simplified Chinese, traditional Chinese, and Samoan). **Survey vendors must use the same data collection mode for all of a facility’s sample patients during a survey period.** If a facility chooses to use mixed-mode data collection and it has sample patients who speak only Chinese or Samoan, the survey vendor can send the prenotification letter and the first questionnaire package to those patients in the applicable approved language. If, however, Chinese- or Samoan-speaking sample patients do not return the mail survey questionnaire, the survey vendor must assign the case for telephone follow-up and attempt to contact those patients by phone. During telephone follow-up, if the telephone interviewer learns that the sample patient does not speak English, the case must be assigned the language barrier final disposition code.

Although the facility might indicate that a sample patient’s preferred language is Chinese or Samoan, survey vendors should keep in mind that some of these patients might speak English well enough to participate in a telephone interview. If the majority of an ICH facility’s sample patients speak only Chinese or Samoan, the facility should consider using the mail-only data collection mode to give all of its sample patients the opportunity to participate in the survey.
7.2 Production of Letters, Envelopes, and Questionnaires

The requirements for producing all materials needed for the mail phase of the mixed-mode survey administration are described below. The sample mail survey cover letters and the mail survey questionnaire in English, Spanish, traditional Chinese, simplified Chinese, and Samoan are available on the ICH CAHPS website at https://ichcahps.org and in the appendices to this manual.

- Questionnaire and sample mail survey cover letters in English, Appendix C;
- Questionnaire and sample mail survey cover letters in Spanish, Appendix D;
- Questionnaire and sample mail survey cover letters in traditional Chinese, Appendix E;
- Questionnaire and sample mail survey cover letters in simplified Chinese, Appendix F;
- Questionnaire and sample mail survey cover letters in Samoan, Appendix G; and
- OMB Disclosure Notice in English, Spanish, traditional Chinese, simplified Chinese, and Samoan in Appendix H.

Specific requirements and guidelines associated with the mail survey letters, envelopes, and questionnaire are discussed below.

7.2.1 Prenotification Letter

The prenotification letter sent to sample patients will provide information about the purpose of the survey and will alert sample patients that they will be contacted within a few days and invited to participate in the survey. The prenotification letter also indicates that responses to the survey will be held in confidence and are protected by the (Federal) Privacy Act (of 1974).

The prenotification letter will be printed on CMS letterhead and signed by CMS. Therefore, it will not be personalized for each sample patient. That is, the patient’s name and address will not be printed on the prenotification letter, and it will be addressed to “Dear Sir or Madam.” The prenotification letter will also contain the survey vendor’s name and toll-free customer service telephone number(s). **ICH CAHPS Survey vendors cannot make any changes to the text of the prenotification letter.** If any changes are needed to the vendor’s contact information, the vendor should notify the Coordination Team.

Survey vendors should note that although the prenotification letter is available in simplified and traditional Chinese and in Samoan (and should be sent to sample patients requesting them), **the ICH CAHPS Survey cannot be administered by telephone in simplified Chinese, traditional Chinese, or in Samoan.** If a sample patient speaks only Chinese or Samoan during the course of a phone contact attempt, the survey vendor should stop work on the case and assign the
applicable final language barrier disposition code (see Chapter IX for final survey disposition codes). Survey vendors must administer the telephone survey in English but are not required to administer the survey in Spanish.

7.2.1.1 Requirements for the Prenotification Letter

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website nor is it included in the appendices to this manual. The Coordination Team will prepare the prenotification letter that will be sent to each ICH facility’s sample patients and provide the facility’s contracted survey vendor with a PDF file containing the prenotification letter. If a survey vendor will be offering the survey in any of the approved languages, CMS will provide a PDF file containing the prenotification letter in that language. The prenotification letter will be specific for each vendor. Each survey vendor will be responsible for using the PDF file to print and mail the prenotification letter to the patients sampled for each of its ICH facility clients. Survey vendors must prepare and provide the mailing envelopes for mailing the prenotification letter to sample patients. The survey vendor is responsible for mailing a prenotification letter to all sample patients 3 weeks (21 days) after downloading the sample file from the ICH CAHPS website.

The following are requirements for the prenotification letter and for the envelope that will be used to mail the prenotification letter.

- 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. In addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated address information for all of the patients they treated during the sampling window, if vendors have an appropriate agreement with the ICH facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility when requesting updated address and telephone information.

- The CMS logo, along with the survey vendor’s return address, must be printed on the envelope. The Coordination Team has already provided a copy of the CMS logo to all ICH CAHPS Survey vendors.

- The envelope must be marked “Address Service Requested,” “Change Service Requested,” “Return Service Requested,” “Electronic Service Requested,” or “First-Class Mail” for the U.S. Postal System to provide the sample patient’s new address if he or she has moved (so the survey vendor can update its files with the sample patient’s new address). Vendors must not share updated address information with their facilities.

- For privacy reasons, the name of the dialysis facility must not appear in the return address or anywhere on the mailing envelope.
• The sample patient’s full name and mailing address must be printed on the envelope. Vendors should note that the prenotification letter is not personalized—that is, the sample patient’s name and address is not printed on the letter. Survey vendors are permitted to use a window envelope to mail the prenotification letter, but to do so they must print the sample patient’s name and address on a separate sheet of paper and include it in the prenotification envelope so that the name and address appear in the window of the envelope.

7.2.1.2 Recommendation for Mailing the Prenotification Letter

• We recommend that the prenotification letter be sent with either first-class postage or indicia to ensure timely delivery and to maximize response rates.

7.2.2 Mail Survey Cover Letters

The cover letter included with the questionnaire package explains the purpose of the survey, provides instructions on how to participate in the survey, and contains the survey vendor’s toll-free telephone number(s) so that sample patients can contact the survey vendor if they have any questions about the survey. The questionnaire package that survey vendors send to sample patients will consist of a cover letter, the ICH CAHPS Survey questionnaire, and a postage-paid return envelope. Examples of cover letters in English, Spanish, traditional Chinese, simplified Chinese, and Samoan are provided in the appendices (see Appendices C–G) and on the ICH CAHPS website. Survey vendors can use the example cover letters, or they may choose to develop their own cover letters, provided that the following requirements are met:

7.2.2.1 Requirements for Cover Letters

• Cover letters must be personalized with the name and address of the sample patient.

• The sample patient’s SID number must be printed on the cover letter. If the vendor would rather use an internal tracking ID on the cover letter, the vendor is required to submit an ERF to the Coordination Team for review and approval.

• Cover letters must be separate from the questionnaire so that no PII is returned with the questionnaire when the respondent sends it back to the survey vendor.

• In a mixed-mode survey, survey vendors must not offer sample patients the opportunity to complete the survey by telephone until after the survey vendor begins telephone follow-up with mail survey nonrespondents.

• The letter must describe the purpose of the survey and how the results will be used.

• The 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.”
• The letter must state that sample patients should not ask ICH facility staff for help completing the survey.

• The letter must state that participation is voluntary and will not affect any dialysis care or Medicare benefits the sample patient receives or expects to receive.

• The survey vendor’s name (or logo) must be included at the top of the letter.

• The letter must be from the survey vendor (not the ICH facility) and be signed by an appropriate survey vendor official.

• The name of the sample patient’s ICH facility and the survey vendor’s name must be inserted (printed) where indicated in the text of the example cover letter.

• 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.

• A toll-free customer support telephone number, which will be staffed by the survey vendor, must be included in the letter.

• The OMB disclosure notice (see Appendix H), which includes the OMB number within it, must be printed either on the questionnaire or in the cover letter.

• The letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font.

7.2.2.2 Recommendations for Cover Letters

• Survey vendors offering Spanish, traditional Chinese, simplified Chinese, or Samoan versions of the questionnaire may add wording to the English cover letter indicating that a version of the questionnaire is available in those languages.

• Survey vendors should try to format the cover letter so that it is only one page.

• Survey vendors should consider using the revised versions of these letters, which were revised in 2017 to make it easier to understand by sample patients.

7.2.3 ICH CAHPS Survey Questionnaire

The ICH CAHPS Survey mail questionnaire contains 62 questions. The questionnaire can be administered as a standalone survey or can be combined with the ICH CAHPS supplemental questions or facility-specific questions (more information about supplemental and facility-specific questions is provided below). Questions 1 to 44 are considered the “core” ICH CAHPS
Survey questions and must be placed at the beginning of the questionnaire. Questions 45 to 62 are the “About You” ICH CAHPS Survey questions and must be administered as a unit, although they may be placed either before or after any additional questions that the ICH facility plans to add to the ICH CAHPS Survey. If no ICH CAHPS supplemental questions or facility-specific questions are to be added to the ICH CAHPS Survey questionnaire, the “About You” questions must follow the core ICH CAHPS Survey questions.

There are 21 ICH CAHPS supplemental questions available for ICH facilities to use if an ICH facility desires. These ICH CAHPS supplemental questions have been tested and approved by CMS. An ICH facility can choose to use one or more of these ICH CAHPS supplemental questions; they do not need to be administered as a group. The ICH CAHPS supplemental questions are available on the ICH CAHPS Survey website at https://ichcahps.org and in Appendix I.

The following are formatting and content requirements and recommendations for the ICH CAHPS Survey questionnaire. Note that survey vendors cannot deviate from questionnaire requirements.

7.2.3.1 ICH CAHPS Survey Questionnaire Requirements

- Every questionnaire must begin with the core ICH CAHPS Survey questions (Qs. 1 to 44).

- ICH facilities must follow the guidelines below for adding any ICH CAHPS supplemental questions or their own facility-specific questions. All facility-specific questions must be submitted to and approved by the Coordination Team.

- The “About You” questions (Qs. 45 to 62) must be administered as a unit (i.e., they must be kept together and may not be separated or placed throughout the questionnaire). The “About You” questions may be placed before or after any facility-specific or ICH CAHPS supplemental questions.

- No changes in wording are allowed to either the ICH CAHPS Survey questions (core or About You questions) or to the response (answer) options. In addition, no changes are allowed to the ICH CAHPS supplemental questions or response options.

- Questions and associated response options must not be split across pages.

- Survey vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally. If a survey vendor elects to list the response options vertically, this must be done for every question in the questionnaire. Survey vendors may not format some response options vertically and some horizontally.
• No matrix formatting of the questions is allowed. Matrix formatting means formatting a set of questions as a table, with responses listed across the top of a page and individual questions listed in a column on the left.

• The questionnaire must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font. The unique SID number assigned by the Coordination Team to each sample patient must appear on at least the first page of the questionnaire for tracking purposes. The survey vendor must not print the sample patient’s name or any other information that could identify the sample patient anywhere on the questionnaire. 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.

• Only CMS-approved translations of the questionnaire are permitted; however, if facilities choose to add facility-specific supplemental questions, survey vendors will be responsible for translating those questions.

• The ICH facility’s name must appear in the cover letter and must be printed where indicated in the questionnaire.

• Survey vendors cannot include any promotional messages or materials, including indications that either the ICH facility or the survey vendor has been approved by the Better Business Bureau, on the ICH CAHPS cover letter, questionnaire, or on outgoing or incoming mailing envelopes.

• The survey vendor’s name and mailing address must be printed at the bottom of the last page of the ICH CAHPS Survey questionnaire in case the respondent does not use or misplaces the business reply envelope included with the questionnaire package mailed to the sample patient.

• The OMB number shown in Appendix H must be printed on the questionnaire cover. If there is no cover, then the OMB number must be printed on the first page of the questionnaire. In addition, the OMB expiration date must appear under the OMB number.

• The OMB disclosure notice (see Appendix H), which includes the OMB number within it, must be printed either on the questionnaire or in the cover letter. If the disclosure notice is printed on the questionnaire, the OMB number must also appear separately from the OMB disclosure notice on the first page of the questionnaire. In other words, if the OMB disclosure notice is printed on the questionnaire cover, then the OMB number will appear twice on the cover—one within the OMB disclosure notice and separately somewhere else on the cover.
7.2.3.2 Recommendations for Printing the ICH CAHPS Survey Questionnaire

- Survey vendors should consider printing the sample patient’s SID number on every page or every other page of the questionnaire in case the respondent defaces or marks through the SID on parts of the questionnaire or returns the questionnaire without the first page attached.

- Survey vendors should consider printing the SID at the top and bottom of every page in the questionnaire or encrypting the SID number so that it is only readable by a bar code reader.

- Survey vendors should use best survey practices when formatting the questionnaire, such as maximizing the use of white space and using simple fonts like Times New Roman or Arial.

- Survey vendors should consider using a two-column format.

- Survey vendors should consider using a font size of 12 or larger.

- If data entry keying is being used as the data entry method, small coding numbers next to the response choices may be used.

- If the vendor is printing the questionnaire as a tri-fold document, we recommend including information in either the cover letter or questionnaire to alert sample patients that the last page of the questionnaire is folded on top of another page and that patients should make sure they answer questions on all pages included in the questionnaire.

7.2.4 Adding Supplemental and Facility-Specific Questions to the ICH CAHPS Survey

AHRQ and its CAHPS Consortium developed and tested 21 ICH CAHPS supplemental questions about ICH care, which are included in Appendix I and available on the ICH CAHPS website (https://ichcahps.org). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey questionnaire.

Guidance for adding other questions to the ICH CAHPS Survey questionnaire is as follows:

7.2.4.1 Requirements for Adding Supplemental and Facility-Specific Questions

- All ICH CAHPS supplemental questions and facility-specific questions must be placed after the core ICH CAHPS Survey questions (Qs. 1 to 44). They may be placed either before or after the ICH CAHPS Survey “About You” questions (Qs. 45 to 62).

- Facility-specific questions that the ICH facility plans to add to the ICH CAHPS Survey must be submitted to and approved by the Coordination Team before they are added to the survey. The survey vendor must submit the facility-specific questions and their proposed placement to the ICH CAHPS Coordination Team via e-mail at ichcahps@rti.org. For the CY2019 ICH
CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 8, 2019. Survey vendors may submit facility-specific supplemental questions after that date; however, the facility-specific questions might not be approved in time to be included in the questionnaire for that specific survey period. Once the Coordination Team approves a facility-specific question, the vendor does not need to submit that question again unless the vendor changes the question wording or response options to that question.

- Use of any of the 21 ICH CAHPS supplemental questions does not require prior review and approval by the ICH CAHPS Coordination Team, because these questions have already been tested and approved.

- ICH facilities cannot add questions that repeat any of the survey questions in the core ICH CAHPS Survey, even if the response scale is different.

- Facility-specific questions cannot be used with the intention of marketing or promoting services provided by the ICH facility or any other organization.

- Facility-specific questions cannot ask sample patients why they responded a certain way to a core ICH CAHPS question.

- Facility-specific questions cannot ask sample patients to identify other individuals who might need ICH services. Such questions raise privacy and confidentiality issues if PII were shared with the ICH facility without a person’s knowledge and permission.

- Survey vendors are responsible for translating any facility-specific questions added to the questionnaire.

- Survey vendors must not include responses to the ICH CAHPS supplemental questions or facility-specific questions on the ICH CAHPS Survey data files that will be uploaded to the Data Center.

7.2.4.2 Recommendations for Adding Supplemental and Facility-Specific Questions

- We recommend that facilities/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response rates.

7.2.5 Definitions

During previous training sessions, vendors asked for official definitions for some of the words and terms included in the ICH CAHPS Survey. The official definitions are as follows.
Catheter (KATH-uh-tur): A tube inserted through the skin into a blood vessel or cavity to draw out body fluid or infuse fluid. In peritoneal dialysis, a catheter is used to infuse dialysis solution into the abdominal cavity and drain it out again.

Fistula (FISS-tyoo-luh): Surgical connection of an artery directly to a vein, usually in the forearm, created in people who need hemodialysis. The arteriovenous (AV) fistula causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV fistula takes 4 to 6 months after surgery before it can be used for hemodialysis.

Peritoneal (PAIR-ih-toh-NEE-uhl): Filtering the blood by using the lining of the abdominal cavity, or belly, as a semipermeable membrane. A cleansing liquid, called dialysis solution, is drained from a bag into the abdomen. Fluid and wastes flow through the lining of the abdominal cavity and remain “trapped” in the dialysis solution. The solution is then drained from the abdomen, removing the extra fluid and wastes from the body.

Survey vendors should make sure that they train their telephone interviewers on the correct pronunciation of the words above. During silent monitoring of live telephone interviews, telephone supervisors should also make sure that all telephone interviewers are pronouncing these words correctly and offer refreshing training if they are not. If telephone supervisory staff observe an interviewer mispronouncing words in the survey when monitoring telephone interviews, the supervisor should retrain the interviewer as soon as possible after the monitoring session and before the telephone interviewer is allowed to resume making telephone calls to sample patients.

7.3 Mailing Survey Questionnaire Packages

Mailing requirements and recommendations for the ICH CAHPS Survey questionnaire packages are described below. Survey vendors must follow these requirements to maximize response rates and ensure consistency in how the mixed mode of administration is implemented.

7.3.1 Mail Survey Envelopes

Survey vendors are responsible for supplying the outgoing envelopes that will be used to mail both the prenotification letter and the questionnaire packages to sample patients. A postage-paid business reply envelope must be included with each questionnaire mailing, preaddressed to the survey vendor.

7.3.2 Mailing Requirements

• Survey vendors must verify each mailing address that is included in the sample file provided by the Coordination Team using a commercial address update service, such as NCOA or the U.S. Postal Service Zip+4 software. As noted previously, in addition to using a commercial
service, survey vendors are permitted to ask ICH facilities to provide updated address information for all of the patients the facility treated during the sampling window if vendors have an appropriate agreement with the facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility when requesting updated addresses and telephone numbers for sample patients.

• Survey vendors must send a prenotification letter and questionnaire package to every sampled case that has a complete address. If no house number or street name are included for a patient in the sample file, vendors are required to try and obtain an updated address via a commercial address update service. If no address can be found after the vendor attempts to obtain an address, the vendor must assign the case for telephone follow-up.

• The prenotification letter must be mailed 3 weeks (21 days) after downloading the sample file provided by the ICH CAHPS Coordination Team.

• The questionnaire package must be mailed 14 days after the prenotification letter is mailed.

• The questionnaire mailing must contain a personalized cover letter, questionnaire, and postage-paid business reply envelope.

• The questionnaire package must be mailed to all sampled patients.

• For privacy reasons, the name of the dialysis facility must not appear in the return address or anywhere on the mailing envelope.

• Data collection must end 12 weeks after the prenotification letter is mailed.

### 7.3.3 Mailing Recommendations

• We recommend that survey vendors attempt to identify a new or updated address for any prenotification letters returned as undeliverable in time to send the questionnaire to the sample patient’s correct mailing address.

• We recommend that questionnaires be sent with either first-class postage or indicia to ensure timely delivery and to maximize response rates.

• We recommend that survey vendors “seed” each mailing. Seeding means including the name and address of designated survey vendor staff member in each mailing file. The package will be mailed and delivered like all other questionnaires to the survey vendor staff member, thereby allowing the survey vendor to assess the completeness of the questionnaire package and timeliness of package delivery.

• Survey vendors have the option of including the CMS logo on the questionnaire envelope.
7.4 Data Receipt and Data Capture Requirements

The following guidelines are provided for receiving and tracking returned questionnaires. Survey vendors can choose whether to enter data via an optical scanning program or manually key data into a data entry program. Requirements for data receipt and for each type of data entry system are below.

7.4.1 Data Receipt Requirements

- The date the questionnaire was received from each sample patient must be entered into the data record created for each case on the data file.

- Questionnaires must be visually reviewed prior to scanning for notes/comments. Survey vendors must have more than one person who can code or review comments and notes attached to or included with the returned questionnaire for proper disposition code assignment.

- Completed questionnaires received must be logged into the tracking system in a timely manner to ensure that they are taken out of the cases being rolled over to the telephone follow-up activity.

- If a completed questionnaire is received from the sample patient after telephone follow-up begins and a telephone interview with that sample patient has already been completed, retain the questionnaire/interview with the more complete data. If both surveys are equally complete, the survey vendor should use the first one received/completed.

- If the survey vendor learns that a sample patient is deceased (via a telephone call from a relative or knowledgeable person, or as a note on a received completed questionnaire), the survey vendor must not process (scan or key) the data from the questionnaire for that sample patient. Instead, the vendor must make sure the final disposition code indicating that the sample patient is deceased is assigned to the case.

- If a mail survey is completed but the survey vendor learns later that the sample patient is deceased (via a letter or telephone call received after the completed mail survey is received), the survey vendor should process and include the data on the XML file if there is no indication that the survey was completed by someone else (based on the responses to Qs. 60–62) and the case meets the completeness criteria.

- Survey vendors cannot process and include on the XML file any completed mail survey questionnaires that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such questionnaires. This means that the vendor should thoroughly shred the completed questionnaire so that no one can
“reconstruct” the questionnaire. The vendor must make sure the final disposition code indicating there was no response after maximum attempts is assigned to the case.

- A final ICH CAHPS Survey disposition code (see Chapter IX) must be assigned to each case.

### 7.4.2 Optical Scanning Requirements

- The scanning program must not permit scanning of duplicate questionnaires.
- The scanning program must not permit out-of-range or invalid responses.
- A sample of questionnaires (minimum of 10 percent) must be rescanned and compared with the original scanned image of the questionnaire as a quality control measure. Any discrepancies must be reconciled by a supervisor.
- The survey responses marked in a sample of questionnaires (minimum of 10 percent) must be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.
- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.
- If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.
- If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”
- If a response is missing, leave the response blank and code as “missing.”
- Although they can be scanned, survey vendors must not include responses to any ICH CAHPS supplemental questions or facility-specific supplemental questions on the data files submitted to the Data Center.
- Each ICH facility can decide whether to scan the responses to the open-ended survey questions, specifically the “Other language” (response option 8) in Q57, the other relationship specified (response option 4) in Q61, and the “Helped in some other way” (response option 5) in Q62. Survey vendors must not include responses to open-ended survey questions on the data files submitted to the Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the
Coordination Team about adding preprinted response options to these survey questions if needed.

7.4.3 Data Entry Requirements

- The key entry process must not permit keying of duplicate questionnaires.

- The key entry program must not permit out-of-range or invalid responses.

- All questionnaires must be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different key entry staff person must rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor must resolve the discrepancy and ensure that the correct value is keyed.

- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the answer choice that is closest to the marked response.

- If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

- If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

- If a response is missing, leave the response blank and code as “missing.”

- Although they can be keyed, survey vendors must not include responses to any ICH CAHPS supplemental questions or facility-specific supplemental questions on the data files submitted to the Data Center.

- Each ICH facility must decide whether to key the responses to the open-ended survey questions, specifically the “Other language” (response option 8) in Q57, the other relationship specified (response option 4) in Q61, and the “Helped in some other way” (response option 5) in Q62. Survey vendors must not include responses to open-ended survey questions on the data files submitted to the Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey questions if needed.

7.5 Staff Training

All staff involved in the mail phase of survey implementation, including support staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this
manual should be made available to all staff as needed. In particular, staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

- Use of relevant equipment and software (case management systems for entering questionnaire receipts, scanning equipment, data entry programs);

- ICH CAHPS Survey protocols specific to their role (for example, contents of questionnaire package, requirements for visually reviewing questionnaires prior to scanning for notes/comments, how to document or enter returned questionnaires into the tracking system);

- Decision rules and coding guidelines for returned questionnaires (see Chapter IX); and

- Proper handling of hardcopy and electronic data, including data storage requirements (see Chapter VIII).

Staff involved in providing customer support via the toll-free telephone number should also be trained on the accurate responses to FAQs, how to respond to questions when customer support does not know the answer, and the rights of survey respondents. A list of FAQs by sample patients and suggested answers to those questions are included in Appendix J. Note that some patients might call the vendor’s hotline to complain about their ICH facility or the hemodialysis care they receive. The vendor’s customer service staff and telephone interviewers should have the list of ESRD Networks at their work station for easy reference. If a sample patient calls with a complaint about his or her ICH facility, the staff member should ask them to call the appropriate ESRD Network and provide the Network’s toll-free number to the patient. The vendor’s project staff can also provide the 1-800-MEDICARE number to sample patients.

If the vendor is offering the ICH CAHPS Survey in a language other than English, its customer support staff must also be able to handle questions received from sample patients via the vendor’s toll-free telephone number in that language. Please refer to Chapter VI for more information on training customer support staff.

### 7.6 Other Mail Administration Protocols

In addition to the printing, mailing, and data entry requirements discussed above, there are a few other protocols that ICH CAHPS Survey vendors must follow when conducting the mail portion of the mixed-mode data collection administration:

- The use of incentives is not permitted.

- The use of proxy respondents is not permitted. However, other individuals, as long as they are not facility staff, may assist the sample patient in reading the survey, marking response options, or translating the survey.
Homeless sample patients are eligible to participate in the ICH CAHPS Survey if they meet all other survey eligibility criteria. The survey vendor must attempt to reach the sample patient using the address given. If there is no address provided for a sample patient, and one cannot be obtained via a commercial address update services (such as the NCOA or the U.S. Postal Service Zip+4 software), or by requesting the ICH facility to provide a list containing the names, addresses, and telephone numbers of all of the patients the facility treated during the sampling window, the vendor should include the sample patient in the telephone follow-up. If no telephone number is available, the survey vendor should assign the final disposition code of Wrong, Disconnected, or No Telephone Number to the sample case (see Chapter IX for more information on final codes).

Survey vendors must make sure that they differentiate between sample patients who refuse to participate during a specific survey period and those who indicate that the survey vendor should never contact them again. If a sample patient refuses to participate during the current survey period but does not indicate that the vendor should never contact him or her again, the survey vendor should attempt to survey the patient if he or she is included in the sample in subsequent survey periods.

If an ICH CAHPS sample patient is on the survey vendor’s Do Not Contact List, based on a previous contact for another survey conducted by the survey vendor, the vendor should honor that patient’s request. As such, ICH CAHPS Survey 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. Vendors are encouraged to use their internal records to identify the sample patients included in the sample file downloaded from the ICH CAHPS website who have previously indicated that they do not wish to be recontacted concerning the ICH CAHPS survey. These sample patients should not be sent any survey materials (prenotification letter, questionnaire package), should not be contacted to complete the phone interview, and should instead be assigned a final disposition code of Refusal.

Sometimes sample patients inadvertently include documents that are not related to the survey with the completed questionnaire that they return to the vendor. The types of documents that sample patients might include with their returned questionnaires include payment for a medical bill, health insurance premium or some other bill, a prescription for medication, or a document that a health care provider has requested. All vendors should implement a policy to return such documents to the sample patient who sent them. Vendors are not permitted to send such items to a facility, business, or organization on behalf of a patient. Instead, vendors must send the documents back to the sample patient with a note indicating that the item was inadvertently included in the ICH CAHPS Survey package and it is being returned to the sample patient so that he or she can send it to the intended recipient.
7.7 Telephone Interview Development Process

The survey vendor must begin telephone follow-up with mail survey nonrespondents 4 weeks after the mail questionnaire is sent to all sample patients. The following paragraphs describe the requirements for producing all materials and systems needed for telephone follow-up of nonrespondents in the mixed-mode survey. The telephone interview scripts in English (Appendix C) and Spanish (Appendix D) in Microsoft Word are available on the ICH CAHPS Survey website at https://ichcahps.org. Note that although the mail survey questionnaire is available in simplified and traditional Chinese and Samoan, the ICH CAHPS Survey cannot be administered in Chinese or Samoan by telephone. A list of FAQs by sample patients and suggested answers to those questions are included in Appendix J. Some general guidelines for telephone interviewer training and monitoring are provided in Appendix K.

Specific requirements and guidelines associated with the telephone survey administration are provided below.

7.7.1 Telephone Interviewing Systems

ICH CAHPS Survey vendors must use a CATI system to administer the ICH CAHPS Survey by telephone. A CATI system means that the interviewer reads from and enters responses into a computer program. Using CATI encourages standardized interviewing and monitoring of interviewers. Survey vendors using a mixed-mode survey must use a CATI system to administer the ICH CAHPS Survey telephone follow-up. Paper-and-pencil administration is not permitted for telephone surveys. To ensure that sample patients are called at different times of day and across multiple days of the week, survey vendors must also have a survey management system. The CATI system must be linked to the survey management system so that cases can be tracked, appointments set, and follow-up calls made at appropriate times. Pending and final disposition codes must be easily accessible for all cases.

There are two additional requirements:

- Predictive or automatic dialers are permitted, as long as they are compliant with FTC and FCC regulations, and as long as respondents can easily interact with a live interviewer. For more information about FTC and FCC regulations, please visit https://www.ftc.gov and https://www.fcc.gov.

- FCC regulations prohibit auto-dialing of cell phone numbers. Therefore, cell phone numbers need to be identified in advance to allow the vendor to treat cell phone numbers in a way that complies with FCC regulations. It is vendors’ responsibility to familiarize themselves with all applicable state and federal laws and abide by those accordingly in regard to calling cell phone numbers.
7.7.2 Telephone Interview Script

Survey vendors must use the standardized telephone script, available in English and Spanish, when administering the survey by telephone. These scripts include the interviewer introduction in addition to the survey questions. The survey can be administered as a standalone survey or can be combined with the ICH CAHPS supplemental questions or facility-specific questions (more information about the ICH CAHPS supplemental and facility-specific questions is provided below). The ICH CAHPS Survey telephone interview contains 59 questions. Questions 1 to 44 are considered the “core” ICH CAHPS Survey questions and must be placed at the beginning of the interview. Questions 45 to 59 are the “About You” ICH CAHPS Survey questions. Note that the ICH CAHPS telephone interview script contains only 59 questions and the mail survey contains 62 questions, because the mail survey questionnaire contains questions that ask if anyone helped the sample patient to complete the survey (Questions 60, 61, and 62). These three questions are not applicable if the survey is administered by telephone.

There are 21 optional ICH CAHPS supplemental questions available for ICH facilities to use, if an ICH facility desires. These ICH CAHPS supplemental questions have been tested and approved by CMS. An ICH facility can choose to use one or more of the ICH CAHPS supplemental questions; they do not need to be administered as a group. ICH CAHPS supplemental questions are available on the ICH CAHPS Survey website at https://ichcahps.org and in Appendix I.

The “About You” questions must be administered as a unit, although they may be placed either before or after any ICH CAHPS supplemental questions or facility-specific questions. If the ICH facility does not plan to add supplemental or facility-specific questions to the questionnaire, the questions in the “About You” section must follow the core set of questions.

The telephone scripts in English and Spanish are included in Appendices C and D, respectively, and are posted on the ICH CAHPS website at https://ichcahps.org. As noted in a preceding section in this manual, the ICH CAHPS Survey will not be administered by telephone in Chinese or Samoan; therefore, a telephone script in those languages is not provided.

Programming requirements for the ICH CAHPS Survey telephone interview are listed below.

7.7.3 ICH CAHPS Telephone Survey Questionnaire Programming Requirements

- Every questionnaire must begin with the core ICH CAHPS Survey questions (Qs. 1 to 44).

- ICH facilities must follow the guidelines below for adding any ICH CAHPS supplemental questions or their own facility-specific questions. All facility-specific questions must be submitted to and approved by the ICH CAHPS Coordination Team.
• The “About You” questions (Qs. 45 to 59) must be administered as a unit (i.e., they must be kept together and may not be separated or placed throughout the survey). The “About You” questions may be placed before or after any facility-specific or ICH CAHPS supplemental questions.

• No changes in wording are allowed to either the ICH CAHPS Survey questions or to the response (answer) options. In addition, no changes are allowed to the ICH CAHPS supplemental questions or response options.

• Only CMS-approved translations of the questionnaire are permitted; however, if facilities choose to add their facility-specific questions, survey vendors will be responsible for translating those questions.

7.7.4 Adding Supplemental and Facility-Specific Questions to the ICH CAHPS Survey

AHRQ and its CAHPS Consortium developed and tested 21 ICH CAHPS supplemental questions about ICH care, which are included in Appendix I and available on the ICH CAHPS Survey website (https://ichcahps.org). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

7.7.4.1 Requirements for Adding Supplemental Questions and Facility-Specific Questions

• All ICH CAHPS supplemental questions and facility-specific questions must be placed after the core ICH CAHPS Survey questions (Qs. 1 to 44). They may be placed either before or after the ICH CAHPS Survey “About You” questions (Qs. 45 to 59).

• Facility-specific questions that the ICH facility plans to add to the ICH CAHPS Survey must be submitted to and approved by the ICH CAHPS Coordination Team before they are added to the survey. The survey vendor must submit the facility-specific questions and their proposed placement to the ICH CAHPS Coordination Team via e-mail at ichcahps@rti.org. For the CY2019 ICH CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 8, 2019. Survey vendors may submit facility-specific questions to the Coordination Team after that date; however, those questions might not be approved in time to be included in the questionnaire for that specific survey period. Note that facility-specific questions that have been approved previously do not need to be submitted again unless the vendor has changed the wording of the question or the response options to that question.

• Use of any of the ICH CAHPS supplemental questions does not require prior review and approval by the ICH CAHPS Coordination Team because these questions have already been tested and approved.
• ICH facilities cannot add questions that repeat any of the survey questions in the core ICH CAHPS Survey, even if the response scale is different.

• Facility-specific questions cannot be used with the intention of marketing or promoting services provided by the ICH facility or any other organization.

• Facility-specific questions cannot ask sample patients why they responded a certain way to a core ICH CAHPS question.

• Facility-specific questions cannot ask sample patients to identify other individuals who might need ICH services. Such questions raise privacy and confidentiality issues if PII were shared with the ICH facility without a person’s knowledge and permission.

• Survey vendors are responsible for translating any facility-specific questions added to the questionnaire.

• Survey vendors must not include responses to the ICH CAHPS supplemental questions or facility-specific questions on the data files that will be uploaded to the Data Center.

7.7.4.2 Recommendations for Adding Supplemental and Facility-Specific Questions

• We recommend that facilities/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response rates.

7.8 Telephone Interviewing Requirements

Telephone interviewing requirements for the ICH CAHPS Survey interview are described below. Survey vendors must follow these requirements to maximize response rates and to ensure consistency in how the telephone-only mode of administration is implemented.

7.8.1 Telephone Contact

• Survey vendors must attempt to contact every patient in the sample. Survey vendors must make a maximum of 10 telephone contact attempts for each sample patient, unless the sample patient refuses or the survey vendor learns that the sample patient is ineligible to participate in the survey. The 10 contact attempts must be made on different days of the week and at different times of day and spread over the telephone follow-up data collection period.

• One telephone contact attempt is defined as one of the following:
  – the telephone rings six times with no answer;
  – the person who answers the phone indicates that the sample patient is not available to take the call;
The interviewer reaches the sample patient and is asked to schedule a call-back at a later date; or

the interviewer gets a busy signal on two consecutive phone call attempts; the second call must be placed at least 20 minutes after the first call attempt.

Survey vendors may make more than one attempt in one 7-day period but cannot make all 10 attempts in one 7-day period. Survey vendors should keep in mind that ICH patients might be sicker than some other patient populations and might be hospitalized when some of the initial calls are made. Therefore, calls must be scheduled to take place over the telephone follow-up data collection period to reach patients who might be unavailable for long periods of time.

Contact with a sample patient may be continued after 10 attempts if the 10th attempt results in a scheduled appointment with the sample patient, as long as the appointment is within the data collection period.

If the interviewer receives a new telephone number for the sample patient, the 10 attempts should start over with the new phone number. A total of 10 call attempts must be made on the updated telephone 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.

If the interviewer gets a fast-busy signal, the interviewer should redial the telephone number immediately after receiving the fast busy signal. If the interviewer again receives the same fast busy signal, the interviewer should call the telephone number again on a different day of the week and at a different time of day than the initial calls. If the third call attempt again results in the same fast busy signal, the vendor should apply the appropriate final disposition code to the case.

If the interviewer receives a recorded message indicating the telephone number is “temporarily out of service,” the interviewer should redial the telephone number 3 to 5 days after the initial call was made. If the second call attempt again results in the same recorded message, the interviewer should call the telephone number a third time, 5 days after the second call attempt was made. If the third call attempt again results in the same recorded message, the vendor should apply the appropriate final disposition code to the case.

Telephone calls to the sample patient must be made at different times of day (i.e., morning, afternoon, and evening) and different days of the week throughout the data collection period.
Interviewers **may not** leave voicemail messages on answering machines or leave messages with the person answering the phone.

Survey vendors must maintain a call log that keeps track of the date and time phone calls were made for each sample patient and apply the appropriate final disposition code to the case.

If the telephone interviewer learns that the sample patient is receiving hemodialysis at the facility while the interview is being conducted, the telephone interviewer must stop the interview and reschedule to complete it at a time when the sample patient is not at the facility.

If the survey vendor finds out that a sample patient is ineligible for the ICH CAHPS Survey (i.e., deceased, institutionalized, or physically or mentally incapable of participating), the survey vendor must immediately stop further contact attempts with that sample patient and assign the appropriate final disposition code.

Telephone survey data collection must end 12 weeks after the prenotification letter is mailed.

The use of incentives of any kind is not permitted.

The use of proxy respondents is not permitted.

If a respondent begins the interview but cannot complete it during the call for a reason other than a refusal, the survey vendor must follow up (recontact at a later time) with the respondent to complete the rest of the interview. The interviewer must follow up even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. It is especially important to complete the questions in the “About You” section of the questionnaire, because data from some of those questions will be used in patient-mix adjustment.

If a respondent begins but cannot complete the interview on the same call, the interviewer should resume the interview at the last unanswered question when the respondent is recontacted. Note that the vendor must not begin the interview at Q1 (the beginning of the interview) during the recontact attempt.

If a respondent does not feel well enough to participate in the telephone interview because of his or her medical treatment, the interviewer must be prepared to make an appointment to conduct the interview at a time that is better for the patient. Survey vendors should keep in mind that sample patients must receive dialysis treatment a minimum number of times each week (for most ESRD patients, dialysis is required a minimum of three times each week) and some patients may not feel up to participating in the telephone interview if they are reached within a short time after they have received dialysis.
• Survey vendors must make sure that they differentiate between sample patients who refuse to participate during a specific survey period and those who indicate that the survey vendor should never contact them again. If a sample patient refuses to participate during the current survey period but does not indicate that the vendor should never contact him or her again, the survey vendor should attempt to survey the patient if he or she is included in the sample in subsequent survey periods.

• If an ICH CAHPS sample patient is on the survey vendor’s Do Not Contact List, based on a previous contact in another survey conducted by the survey vendor, the vendor should honor that patient’s request. Such cases should be coded as a refusal. As such, ICH CAHPS Survey 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. Vendors are encouraged to use their internal records to identify the sample patients included in the sample file downloaded from the ICH CAHPS website who have previously indicated that they do not wish to be recontacted concerning the ICH CAHPS survey. These sample patients should not be sent any survey materials (i.e., the prenotification letter, the questionnaire package), should not be contacted to complete the phone interview, and should instead be assigned a final disposition code of Refusal.

• The vendor must be able to offer the interview in any of the languages for which an ICH facility has contracted, even if the language is different from the language that the ICH facility believes the sample patient will require (if language is obtained from client facilities). That is, the vendor must be able to toggle back and forth between available languages. As a reminder, the ICH CAHPS telephone interview can only be administered in English or Spanish. If a telephone interviewer learns during the course of a phone contact attempt that a sample patient speaks only Chinese or Samoan, the survey vendor should stop work on the case and assign the applicable final language barrier disposition code.

• If a sample patient hangs up immediately before or while the interviewer is reading the introductory script, the case should be called again at a later point in time. That is, on a different day of the week and at a different time of day. If the sample patient hangs up after the introductory script has been read to him or her, the interviewer should code the case as a refusal. That is, the vendor should not make any additional calls to that sample patient.

7.8.2 Contacting Difficult-to-Reach Sample Patients

Some patients might be difficult to reach because of incorrect telephone numbers, illness, hospitalization, or homelessness. The requirements and recommendations for contacting difficult-to-reach sample patients follow.
7.8.2.1 Requirements for Contacting Difficult-to-Reach Sample Patients

- After the sample file is downloaded, survey vendors must verify each telephone number that is included in the sample file provided by the Coordination Team using a commercial address/telephone database service or directory assistance. Note that in addition to using a commercial service, survey vendors are permitted to ask ICH facilities to provide updated telephone numbers for all patients treated within the sampling window, if vendors have an appropriate agreement with facilities. Survey vendors cannot, however, give a list of sample patients to the ICH facility to request this information.

- If the sample patient is ill, on vacation, or unavailable during initial contact, the interviewer must attempt to recontact the sample patient before the data collection period ends.

- Homeless sample patients are eligible to participate in the ICH CAHPS Survey if there is a telephone number in the patient information file for the patient and he or she meets all other survey eligibility criteria. The survey vendor must attempt to reach the sample patient using the telephone number provided. If there is no telephone number for a homeless sample patient, and one cannot be obtained via a commercial address/telephone database service or directory assistance, or by requesting the ICH facility to provide a list containing the telephone numbers of all patients treated during the sampling window, the sample patient should be given a final disposition code of Wrong, Disconnected, or No Telephone Number (see Chapter IX for more information on the assignment of final disposition codes).

7.8.2.2 Recommendations for Contacting Difficult-to-Reach Sample Patients

- We recommend that survey vendors attempt to identify a new or updated telephone number for any sample patient whose telephone number is no longer in service when called and for any sample patients who have moved so that the sample patients can be contacted prior to the end of the data collection period.

- If the sample patient’s telephone number is incorrect, the interviewer may ask the person who answers the phone if he or she knows the sample patient and, if so, ask for the sample patient’s phone number.

7.8.2.3 Requirements for Contacting Sample Patients Residing in Nursing Homes

- When selecting samples for the ICH CAHPS Survey, the Coordination Team uses patient-level information on the CROWNWeb (CW) database and excludes patients who do not meet survey-eligibility criteria, such as patients who reside in nursing homes (also known as skilled nursing facilities), if this is readily known. However, because CW does not contain an explicit indicator that the patient lives in a nursing home, this determination is usually made by vendors during the ICH CAHPS data collection period.
• If a telephone interviewer calls the phone number provided for a sample patient and determines that the telephone number leads to a nursing home facility’s front desk/receptionist, the following steps should be implemented:

  – 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, the interviewer should continue with the interview once they reach the sample patient. If the sample patient truly lives in a nursing home or a skilled nursing facility and responds to Q1 by selecting the revised 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 the sampled patient 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. However, the interviewer should be prepared to set a callback time (and possibly obtain a different number) if the sample patient prefers not to complete the interview while at work.

  – If the nursing home staff member indicates they cannot or 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. In this situation, if the vendor received multiple phone numbers for the sample patient (via the sample file received from the Coordination Team, the commercial address/phone number update, or a list of contact information received from the ICH facility for all patients treated during the sampling window), 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.

7.9 Telephone Interviewer Training

Survey vendors must provide training to all telephone interviewing and customer support staff prior to beginning telephone survey data collection activities. Telephone interviewer and customer support staff training must include training interviewers to:

• Establish rapport with the respondent;

• Effectively communicate the content and purpose of the interview to sample patients;
• Administer the interview in a standardized format, which includes reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards;

• Use effective neutral probing techniques (see Appendix K);

• Use the list of questions that are frequently asked by sample patients and suggested answers to those questions that are included in the FAQs (see Appendix J) so that they can answer questions in a standardized format; and

• Answer questions in English and the other language(s) in which the survey is being offered.

Survey vendors should also provide telephone survey supervisors with an understanding of effective quality control procedures to monitor and supervise interviewers.

Survey vendors must conduct an interviewer certification process of some kind—oral, written, or both—for each interviewer and customer service staff member prior to permitting the interviewer to make or take calls on the ICH CAHPS Survey. The certification should be designed to assess the interviewer’s level of knowledge and comfort with the ICH CAHPS Survey Questionnaire and ability to respond to sample patients’ questions about the survey. Documentation of training and certification of all telephone interviewers and customer support staff and outcomes will be subject to review during oversight visits by the Coordination Team.

7.10 Distressed Respondent Procedures

Survey vendors must develop a “distressed respondent protocol,” to be incorporated into all telephone interviewer and help desk training. A distressed respondent protocol provides assistance if the situation indicates that the respondent’s health and safety are in jeopardy. Distressed respondent protocols balance respondents’ rights to confidentiality and privacy by keeping PII and PHI confidential with guidance about when and how to help those needing assistance.

Each approved ICH CAHPS Survey vendor must have procedures in place for handling distressed respondent situations and to follow those procedures. The ICH CAHPS Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects IRB for guidance. In addition, professional associations for researchers, such as AAPOR, might be able to provide guidance regarding this issue. The following is an excerpt from AAPOR’s website that lists resources for the protection of human
subjects. More information about protection of human subjects is available at AAPOR’s website at https://www.aapor.org.⁴

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)
- Federal OHRP
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)
- University of Minnesota Web-Based Instruction on Informed Consent

### 7.11 Telephone Data Processing Procedures

The following guidelines are provided for ensuring that the telephone interview data are properly processed and managed.

#### 7.11.1 Telephone Data Processing Requirements

- The unique SID number assigned to each sample patient by the Coordination Team must be included in the case management system and on the final data file for each sample patient.

- Survey vendors must enter the date and time of each attempt to contact each sample patient in the survey management system or in the interview data. Survey vendors must be able to link each telephone interview to their survey management system, so that appropriate variables, such as the language in which the survey was conducted and the date the telephone interview was completed, can be pulled into the final data file.

- Survey vendors must de-identify all telephone interview data when the data are transferred into the final data file that will be submitted to the ICH CAHPS Data Center. Identifiable data include respondent names and contact information.

- Survey vendors must assign a final ICH CAHPS Survey disposition code to each case (see Chapter IX for a list of these codes) and include a final disposition code for each sampled case in the final data file. It is up to the survey vendor to develop and use a set of pending disposition codes to track actions on a case before it is finalized—pending disposition codes are not specified in the ICH CAHPS Survey protocol.

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7.12 Conducting the ICH CAHPS Survey With Other ICH Facility Surveys

Some ICH facilities might wish to conduct other patient surveys in addition to the ICH CAHPS Survey to support internal quality improvement activities. ICH facilities may include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions or include questions that are very similar.

ICH facilities may not:

- Provide information to their patients that promotes the services provided by the ICH facility;
- Ask their patients for the names of other ESRD patients who might need dialysis care; or
- Ask their patients for consent for the ICH facility vendor to share their survey responses with the ICH facility.
VIII. CONFIDENTIALITY AND DATA SECURITY

8.0 Overview

This chapter describes the requirements and guidelines for ensuring sample patient and respondent confidentiality, protecting their identity, and ensuring data security. The chapter begins with a discussion of ensuring sample patient confidentiality followed by how confidential data should be handled and the importance of confidentiality agreements. The last section in this chapter provides information about the importance of establishing and maintaining physical and electronic data security.

8.1 Assuring Sample Patients of Confidentiality

Concern for the confidentiality and protection of respondents’ rights is critically important on any patient experience of care survey. Because dialysis patients are dependent on dialysis treatments for their survival, they are an especially vulnerable patient population. Some dialysis patients might not be willing to participate in the survey for fear of retribution from facility staff. There is also a concern that some patients might respond to the survey but in a way that does not reflect their actual experiences with dialysis care. Therefore, assurances of confidentiality are critically important with this patient population. The following assurances of confidentiality in communications, written or verbal, with ICH CAHPS sample patients are required of all survey vendors:

- The information they provide is protected by the Federal Privacy Act of 1974 (and that all ICH CAHPS project staff have signed affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study); please note, if the survey vendor so chooses, it may exclude the word “Federal” or the phrase “of 1974”;

- Their survey responses will never be reported with their name or other identifying information;

- All respondents’ survey responses will be reported in aggregate, no ICH facility will see their individual answers;

- They can skip or refuse to answer any question they do not feel comfortable with; and

- Their participation in the study will not affect the dialysis care or Medicare benefits they currently receive or expect to receive in the future.
8.2 Safeguarding Patient Data

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is legislation intended to protect private medical information and to improve the efficiency of the health care system. This law went into effect April 14, 2003.

Both PHI and PII are protected under HIPAA. PHI is defined as PII that relates to a person’s past, present, or future health or medical treatment. If the health information is completely de-identified, it is no longer PHI and can be released. HIPAA also applies to electronic records, whether they are being stored or transmitted. All survey vendors approved to implement the ICH CAHPS Survey must adhere to HIPAA requirements. That is, survey vendors must safeguard any and all data collected from sample patients as required by HIPAA.

Survey vendors must adhere to the following requirements when conducting the ICH CAHPS Survey. Each of these is discussed in more detail in the paragraphs that follow.

- Confidential data must be kept secure as described in this chapter.
- Access to confidential data must be limited to authorized staff members.
- Survey vendors must not share any information that can identify a sample patient with any individual or organization, including their ICH facility.
- Survey vendors must develop procedures for identifying and handling breaches of confidential data.
- No data that can identify a sample patient can be included on ICH CAHPS Survey data files submitted to the Data Center. That is, all file submissions must contain de-identified data.

8.2.1 Confidential Data Must Be Kept Secure

Any identifying information associated with a patient should be considered private and must be protected. When the sample is received from the ICH CAHPS Coordination Team, it will contain PII, such as the name and address or telephone number of the patient. From the moment the survey vendor downloads the sample, the data must be handled in a way to ensure that the patient information is kept confidential and that only authorized personnel have access to it.

Examples of ways to keep confidential data secure include storing the data electronically in password-protected locations and limiting the number of staff with access to the password. For confidential information that is obtained on hard copy, data should be kept in a locked room or file cabinet, with access restricted to authorized staff. Confidential data should not, under any circumstances, be removed from the survey vendor’s place of business, either in electronic or hardcopy form, even by survey vendor staff. Confidential data should not be stored on laptop
computers unless those laptops have data encryption software to protect the information should the laptop be lost or stolen.

8.2.2 Limit Access to Confidential Data to Authorized Staff

Survey vendors should consider carefully who needs access to confidential ICH CAHPS Survey data and then ensure that only those staff members have access to the data. Any staff members who will be working with data about ICH patients should sign a confidentiality agreement specific to the ICH CAHPS Survey implementation, unless the survey organization has a general Confidentiality Agreement that applies to all surveys that they conduct (see the paragraph on Confidentiality Agreements for more information).

8.2.3 Patient Identifying Information Must Be Kept Confidential

Survey vendors are not permitted to share any patient identifying information with any individual or organization, including their ICH facility clients. ICH facilities must never know which of their patients were included in the survey and whether their patients completed the survey. In addition, ICH CAHPS Survey vendors cannot share a sample patient’s responses to the survey with the ICH facility, even if the sample patient gives his or her consent for the survey vendor to do so. The exception to this is in regard to facility-specific supplemental questions. For facility-specific supplemental questions added to the ICH CAHPS Survey, the survey vendor can share the responses with the ICH facility, but must not provide any information that the facility could use to identify a specific patient’s responses to those questions.

8.2.4 Develop Procedures for Identifying and Handling Breaches of Confidential Data

Survey vendors are required to develop protocols for identifying when there has been a breach of security with ICH CAHPS Survey data, including when an unauthorized individual has gained access to confidential information and when an authorized individual has distributed confidential data in an unauthorized manner. The survey vendor’s plans must include a system to notify the ICH CAHPS Coordination Team in a timely manner of a security breach, a means to detect the level of risk represented by the breach in security, a means to take corrective action against the individual who created the breach, and a means of notifying any persons affected by the breach, including sample patients, if necessary.

8.2.5 Provide Only De-identified Data Files to the ICH CAHPS Survey Data Center

Although survey vendors will have access to confidential information about ICH patients, none of the data files submitted to the Data Center may contain any confidential information (i.e., any information that would identify a sample patient). All files submitted to the Data Center must contain de-identified data only. Therefore, only the unique SID number originally assigned to
each sample patient should be included on the file for each data record. (There will be a data record for each patient sampled.)

8.3 Confidentiality Agreements

Survey vendors are required to obtain a signed affidavit of confidentiality from all staff, including subcontractors, who will work on the ICH CAHPS Survey. This includes individuals who will be working as telephone interviewers or staffing the toll-free customer support line and individuals working in data receipt or data entry/scanning positions. Copies of the signed agreements should be retained by the project manager as documentation of compliance with this requirement, because survey vendors will be asked to provide this documentation during site visits by the ICH CAHPS Coordination Team. Note that some survey organizations have a general Confidentiality Agreement that applies to all surveys that they conduct; survey vendors may use a general Confidentiality Agreement that applies to all surveys on which their employees work. However, the Coordination Team will request to see the signed agreement for each staff member working on the ICH CAHPS Survey during site visits.

8.4 Physical and Electronic Data Security

Survey vendors must take appropriate actions to safeguard both the hardcopy and electronic data obtained during the course of implementing the ICH CAHPS Survey, including data obtained from the ICH CAHPS Coordination Team and data provided by survey respondents.

The following are measures survey vendors must take to ensure physical and electronic data security:

• Paper copies of questionnaires or sample files must be stored in a secure location, such as a locked file cabinet or within a locked room. *At no time should paper copies be removed from the survey vendor's premises, even temporarily.*

• Electronic data must be protected from confidentiality breaches. Electronic security measures may include firewalls, restricted-access levels, or password-protected access. Vendors are strongly urged to implement a password policy that requires their employees to create and use strong passwords that must be changed on a regular and frequent basis. Data stored electronically must be backed up nightly or more frequently to minimize data loss.

• Vendor must have a disaster recovery plan for the ICH CAHPS Survey data. The Coordination Team cannot provide specific guidelines on the contents of this plan. However, survey vendors are encouraged to consult with their organization’s Data Security team/division for guidance, if they have questions.

• Electronic images of paper questionnaires or keyed data, including CATI data, must be retained for 3 years, also in a secure location at the survey vendor’s facility.
• Paper copies of questionnaires must be stored in a secure location at the survey vendor’s facility, such as a locked room or file cabinet, for 3 years. Paper copies of questionnaires do not need to be kept if electronic images of the questionnaires are being kept instead.
IX. DATA CODING AND PROCESSING

9.0 Overview

This chapter provides information about processing the data collected in the ICH CAHPS Survey, including decision rules for coding completed mail survey questionnaires, and assignment of survey disposition codes to all cases regardless of data collection mode. In addition, procedures and steps for determining whether a returned questionnaire meets the definition of a completed survey and information about how survey response rates are calculated are provided in this chapter.

9.1 Data Processing Coding Guidelines and Decision Rules

In mail survey questionnaires, some respondents might choose not to answer particular questions, and others might not clearly mark their answer choices. Survey vendors must use the following guidelines and procedures for handling ambiguous, missing, or inconsistent survey responses in returned mail questionnaires. Note that these guidelines should be followed regardless of whether the survey vendor is using optical scanning or data entry to enter data from completed mail survey questionnaires.

• Questions 59 and 62 are the only questions in the ICH CAHPS Survey questionnaire for which multiple responses are allowed. These questions have an instruction that asks the sample patient to check all answer choices that are applicable to him or her. For these questions, scan or key all answer choices that are marked. For all answer responses that are not chosen by the sample patient, the vendor should code as Not Applicable (Code X). If no answer choices are marked, then all answer responses should be coded as Missing (Code M).

• For all other questions, only one answer choice should be marked. If two or more answer choices are checked for single response questions, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “Missing” (Code M) rather than guess. Note that Code M, which indicates that the respondent did not mark a response to the question, should be assigned to all questions that the respondent should have answered but did not or the response marked is not clear.

• If a response is missing, leave the response blank and code it as “Missing.”

9.1.1 Skip Patterns

Some of the questions included in the ICH CAHPS Survey questionnaire are “screening” questions—that is, they are designed to determine whether one or more follow-up questions about the same topic are applicable to the respondent. The respondent is directed to the next
applicable question by a “skip” instruction printed beside the answer choice that he or she marks. In mail survey questionnaires, some respondents might answer the screening question but leave applicable follow-up questions blank. In other cases, some respondents will mark an answer to follow-up questions that are not applicable to them (based on the answer to the screening question). Yet in other cases, some respondents will answer both the screening and follow-up questions with responses that contradict each other. Use the following rules related to coding skip and follow-up questions in completed mail survey questionnaires.

9.1.1.1 Decision Rules for Coding Questions 1 and 2 If the Response Indicates the Patient is Ineligible to Participate in the Survey

- If the response to Q1 is “At home or at a skilled nursing home where I live” (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.

- If Q1 and/or Q2 are left blank in a mail survey, and the sample patient skips to Q45, assign Code M to questions 2 or 3–44 and assign final disposition Code 130 to the case. If Q1 and/or Q2 are left blank but questions 2 or 3–44 are answered, assign final disposition Code 130 to the case and key or scan the responses provided by the respondent.

- If Q1 and Q2 both indicate ineligibility in a mail survey, and the sample patient skips to Q45, assign Code M to questions 3–44 and assign final disposition Code 130 to the case. If Q1 and Q2 both indicate ineligibility but questions 3–44 are answered, assign final disposition Code 130 to the case and key or scan the responses provided by the respondent.

- 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.

9.1.1.2 Decision Rules for Coding Screening Questions (20, 23, 37, 41, 42, and 60)

- If the screener question is left blank, assign Code M to indicate that a response is missing.
9.1.1.3 Decision Rules for Coding Follow-up Questions (Qs. 21, 24, 38, 42–44, 57a*, 58a*, 59a*, 59b*, 61, and 62)

*Please note: Qs. 57a, 58a, 59a, and 59b are included in the telephone script only.

- Key or scan the response provided by the respondent whenever one is given, regardless of whether the response agrees with the screener question. For example, if the respondent answers “No” to the screener question and then marks a response to the follow-up question instead of skipping it, that is acceptable—the response must still be keyed or scanned.

- If the follow-up question is left blank (correctly) because the respondent correctly followed the skip question in the screener question, assign Code X (Not Applicable) to the follow-up question.

- If the respondent should have answered the follow-up question (based on the answer to the screener question) but left it blank (incorrectly), enter Code M for the response to the follow-up question.

- Note that if the screener question is left blank and all of the follow-up questions related to that screener question are also blank, assign Code M to both the screener question and the related follow-up questions.

To summarize, when follow-up questions are appropriately skipped, 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 screener or follow-up question should have been answered but was not, code the response as missing. Note that in the ICH CAHPS Survey vendors will key or scan the response to every question that the respondent answered.

9.1.1.4 Decision Rules for Coding Open-Ended Questions (Qs. 57, 61, and 62)

Some respondents will not mark a response category for a question that has an open-ended response option, but will record an answer in the open-ended field. If there is no response marked for any of the preprinted response options in a question that includes an open-ended entry, the vendor should assign Code M to indicate Missing.

Survey vendors must not include responses to open-ended questions on the ICH CAHPS data files submitted to the Data Center. However, CMS encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey questions if needed.

Survey vendors may share responses to the open-ended questions to ICH facilities if more than 10 of an ICH facility’s sample patients completed the question and the answers are not specific
enough that the facility can identify the patient who provided the response. Survey vendors cannot link any survey responses to a patient’s name or any other identifying information.

9.1.1.5 Decision Rules for Coding Survey Responses Marked Outside of the Response Box

Although ICH CAHPS Survey mail questionnaires use response boxes, survey vendors may receive surveys where a response is marked outside the response box. The Coordination Team acknowledges that there are some instances where it is acceptable to consider a response “marked,” even if the response box itself is not marked. However, to minimize the opportunity for coding interpretation errors among survey vendors, the Coordination Team requests that all responses or response boxes that are not circled, checked, underlined, or in some other way clearly designated by the respondent (i.e., the respondent writes the exact wording of a response to the right of the response options) be coded as “Missing.”

Although some text or marks to the right of the response options may seem to point to a particular response, many times the respondent’s intent is not clear. This opens the door to nonstandardized interpretations from survey vendor to survey vendor. To provide some visual guidance on what is expected, Exhibit 9-1 contains some examples of when it is acceptable to code a response and two examples of when it is not.

Exhibit 9-1. Examples of When It Is Acceptable to Code and Not Code a Response

<table>
<thead>
<tr>
<th>When it is Acceptable to Code a Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1:</strong></td>
</tr>
<tr>
<td>In this first example, the respondent has circled a response. The respondent’s intention is clear.</td>
</tr>
</tbody>
</table>

17. In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?

- [ ] Yes
- [x] No

| **Example 2:**                          |
| In this second example, the respondent has underlined a response. The respondent’s intention is clear. |

18. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?

- [ ] Yes
- [ ] No
Example 3:

In this third example, the respondent has placed a check mark very close to a response. Again, the respondent’s intention is clear.

27. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?
   - Never
   - Sometimes ✓
   - Usually
   - Always
Exhibit 9-1. Examples of When It Is Acceptable to Code and Not Code a Response (continued)

When it is NOT Acceptable to Code a Response

Example 1:
In this example, the respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended.

34. In the last 3 months, how often was the dialysis center as clean as it could be?
   - Never
   - Sometimes
   - Usually
   - Always

Example 2:
In this example, the respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended.

43. In the last 12 months, how often were you satisfied with the way they handled these problems?
   - Never
   - Sometimes
   - Usually
   - Always
9.2 Survey Disposition Codes

Survey disposition codes are used to track the current status of a sampled case as it moves through the data collection process. For example, a disposition code is used to designate that the first questionnaire has been mailed, and another disposition code is used to indicate that the questionnaire has been received. Disposition codes can be pending (meaning that they are expected to change as the case moves through the survey process) or final (meaning that no further action will be taken on a case). Understanding and appropriately using the ICH CAHPS Survey final disposition codes are required for successful administration and completion of the ICH CAHPS Survey. This section provides a list and description of the final disposition codes that are to be used on the ICH CAHPS Survey, for mail-only, telephone-only, and mixed-mode surveys.

Survey vendors should apply pending disposition codes to ICH CAHPS cases for internal tracking purposes only—that is, to describe the result of the most recent work or action on the case that did not result in a final disposition of the case. Because survey vendors may have already developed a set of designated pending disposition codes for tracking the pending status of a case, survey vendors may use their own set of pending codes on the ICH CAHPS Survey. However, survey vendors must not include pending disposition codes on the data file submitted to the Data Center. Instead, survey vendors must select and assign the most applicable final code from the disposition codes shown in Table 9-1 for each sample patient included on the data file submitted to the Data Center. Please note that if final disposition codes are automatically assigned based on pending codes, the vendor should conduct a manual spot-check on the final code assignment to ensure that its systems are assigning the correct code.

Table 9-1. ICH CAHPS Survey Disposition Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>110</td>
<td>Completed Mail Questionnaire</td>
</tr>
<tr>
<td></td>
<td>This code is only applicable to mail-only cases and to mixed-mode cases in which the sample patient responded to the survey by mail. For this code to be assigned, the respondent must have answered at least 50 percent of the questions that are applicable to all sample patients (a list of these questions is included below in the “Definition of a Completed Questionnaire” section). That is, the questionnaire must meet the completeness criteria.</td>
</tr>
<tr>
<td>120</td>
<td>Completed Phone Interview</td>
</tr>
<tr>
<td></td>
<td>Assign this code for telephone-only cases and for mixed-mode cases if the sample patient responded by phone. For this code to be assigned, the respondent must have answered at least 50 percent of the questions that are applicable to all sample patients (see list below in the “Definition of a Completed Questionnaire” section).</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 130  | Completed Mail Questionnaire—Survey Eligibility Unknown  
This code is only applicable to mail-only cases and to mixed-mode cases in which the sample patient responded to the survey by mail. Assign this code 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 or at a skilled nursing home where I live.”  
• 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.  
Also assign Code 130 if both Q1 and Q2 are blank but then skipped to Q45. Mixed-mode mail cases coded as 130 must not be sent to telephone follow-up. |
| 140  | Ineligible: Not Currently Receiving Dialysis  
Assign this code to sample patients who report in Q1 that they are not currently receiving dialysis and they skipped Qs. 2–44 as instructed. |
| 150  | Deceased  
Assign this code if the sample patient is reported as deceased during the data collection period. |
| 160  | Ineligible: Does Not Meet Eligibility Criteria  
Assign this code to either mail or telephone survey cases if it is determined during the data collection period that the sample patient does not meet the eligibility criteria for being included in the survey. This includes the following:  
• The sample patient is under age 18.  
• The sample patient is receiving hospice care.  
• The sample patient resides in a nursing home or other skilled nursing facility or other long-term facility, such as a jail or prison.  
• Q1—The answer to Q1 is “Receive dialysis care at home or at a skilled nursing home where I live.” AND the sample patient did not mark an answer to one or more of the questions Qs. 2–44.  
• Q2—The answer to Q2 is “Less than 3 months.” AND the sample patient did not mark an answer to one or more of the questions Qs. 3–44. |
| 170  | Language Barrier  
Assign this code to sample patients who do not speak any of the approved ICH CAHPS Survey language(s) which the vendor is administering for that facility. Note that the language barrier code only applies to the sample member and should not be assigned until a determination is made that the sample member cannot speak the language(s) being administered. |
**9.2.1 Differentiating Between Disposition Codes 130, 140, 160, and 190**

There are four final disposition codes that indicate whether a sample patient is eligible to be included in the ICH CAHPS Survey—Codes 130, 140, 160, and 190. The correct disposition code to assign depends on the response option marked in Qs. 1 and 2 and whether the respondent correctly followed the skip instruction that appears beside the response option marked, as noted below.
**Code 130, Completed Mail Survey; Eligibility Unknown**

- Assign this code only to mail survey cases in which the respondent marked a response to one or more of the questions from Qs. 2–44, but indicated in Q1 that he or she currently receives dialysis care at home or at a skilled nursing home where he or she lives, or is not currently receiving dialysis, or indicated in Q2 that he or she has received dialysis care at the sample facility for fewer than 3 months or no longer receives care at that facility.

- Assign this code if the answers to both Q1 and Q2 make the sample patient ineligible.

- Assign this code if either Q1 or Q2 are blank or they are both blank and one or more of the questions from Qs. 3–44 are answered.

- Assign this code if both Q1 and Q2 are blank but they skipped to Q45.

- Assign Code 160 or 190 (see below) if the respondent marked an answer in Q1 or Q2 that makes him or her ineligible for the survey, but he or she correctly skipped Qs. 2–44.

If a mixed-mode mail case is coded as 130, the case should be considered final and not be transferred to telephone follow-up.

**Code 140, Ineligible: Not Currently Receiving Dialysis**

Assign Code 140 if the sample patient indicated in Q1 that he or she is not currently receiving dialysis and correctly followed the skip instructions beside that response option.

**Code 160, Ineligible: Does Not Meet Eligibility Criteria**

Assign Code 160 if the sample patient’s response to Q1 or Q2 indicates that he or she is ineligible to participate in the survey because: he or she receives dialysis at home or at a skilled nursing home where he or she lives (as indicated in Q1 AND he or she CORRECTLY skipped to Q45) or he or she has received dialysis at that facility for 3 months or fewer (as indicated in Q2 AND he or she CORRECTLY skipped to Q45). That is, the respondent did not mark a response option to any of the questions from Q3 to Q44. Also assign Code 160 to patients who are receiving hospice care, those under 18 years of age, and those who are institutionalized.

**Code 190, Ineligible: No Longer Receives Dialysis at Sample Facility**

This code is similar to Code 160 in that the sample patient marked an answer that makes him or her ineligible for the survey, and he or she correctly followed the skip instruction beside that response option. However, the difference between Code 190 and Code 160 is that Code 190 should be assigned only if the sample patient indicates in the response to Q2 that he or she no longer receives dialysis care at the sample facility. If Q1 is blank and Q2 indicates that the sample patient is no longer with the sampled facility, code such cases as a 190. In addition, for telephone interviews, if Q1 or Q2 is Don’t Know/Refused, assign Code 190.
9.2.2 Differentiating Between Disposition Codes 230 (Nonresponse: Bad Address), 240 (Bad/No Telephone Number), and 250 (No Response After Maximum Attempts)

Survey vendors should note the difference between some of the noninterview codes, specifically Codes 230, 240, and 250, and use the guidelines provided below when assigning these codes.

**Code 230: Nonresponse: Bad Address** should be assigned only if there is evidence that the patient’s address is not viable. This code is for mail-only mode. Evidence that the address is not viable includes the following:

- The Coordination Team does not provide an address for the sample patient and the survey vendor has attempted but failed to obtain an address;
- The questionnaire is returned as “undeliverable, no forwarding address”; or
- The questionnaire is returned as “address or addressee unknown” or some other reason the mail was not delivered.

The survey vendor is required to use an outside address update service prior to mailing survey questionnaires to ensure that the most accurate mailing address is used for each sample patient included in the sample file provided by the Coordination Team. Survey vendors are also permitted to ask ICH facilities to provide updated address information for all patients treated within the sampling window, if the vendor has an appropriate agreement with the facility. Survey vendors cannot, however, give a list of the sample patients to the ICH facility to request this information. If a questionnaire is returned as undeliverable, the survey vendor is strongly encouraged to attempt to locate a new address prior to mailing the second questionnaire package to sample patients who do not respond to the first questionnaire mailing.

**Code 240: Nonresponse: Bad or No Telephone Number** should be assigned only if there is evidence that the sample patient’s telephone number is not viable. This applies to both telephone-only and mixed-mode administration. Evidence that the telephone number is not viable includes the following:

- The Coordination Team does not provide a telephone number for the sample patient and the survey vendor has attempted but failed to obtain a telephone number;
- On calling, the telephone interviewer learns that the telephone number on file is disconnected, nonworking, or out of order, and no new telephone number is provided; or
- On calling, the telephone interviewer reaches a person and learns that the telephone number is the wrong number for the sample patient and no new number is provided.
To ensure that the most accurate telephone number is used, the survey vendor is required to use an outside telephone number update service prior to initiating telephone contact. Again, survey vendors are also permitted to ask ICH facilities to provide updated address information for all patients treated within the sampling window, but cannot, however, give a list of the sample patients to the ICH facility to request this information. If the survey vendor learns that a telephone number is not viable, the survey vendor is strongly encouraged to attempt to locate a new telephone number for the sample patient prior to the end of the data collection period.

**Code 250: Nonresponse: No Response After Maximum Attempts** should be assigned if there is evidence that the sample patient’s address or telephone number is viable but the sample patient has not responded after all questionnaire mailings or telephone attempts appropriate for the given mode have been implemented.

### 9.2.3 Other Data Coding and Processing Protocols

- If after a completed mail survey questionnaire is returned the survey vendor learns that the sample patient is deceased and the questionnaire was completed by someone else, the survey vendor should assign final disposition Code 150 (sample patient deceased). The survey response data for such cases should not be processed and not be included in the patient survey response section of the XML file.

- If a mail survey is completed but the survey vendor later receives a note or telephone call indicating that the patient is deceased, the survey vendor should process and include the data on the XML if there is no indication that the survey was completed by someone else (based on the response to Q62) and the case meets the completeness criteria. Assign final disposition Code 110 to the case.

- Survey vendors cannot process and include on the XML file any completed mail survey questionnaires that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such questionnaires. This means that the vendor should thoroughly shred the returned questionnaire so that no one can “reconstruct” the questionnaire. The survey vendor must assign final disposition code 250 to a mail survey case that does not respond to the survey or that is received after the data collection period ends.

- Proxy respondents are not allowed on the ICH CAHPS Survey. If the survey was completed by mail and the response marked in Q62 is “Answered the questions for me,” survey vendors should assign final disposition Code 199 (Survey Completed by Proxy) to the case. The survey vendor must include the survey response data for all such cases in the XML file.

- As a reminder, survey vendors must check all mail survey questionnaires received and review all notes and comments that the respondent wrote on the questionnaire and those
included in detached notes included with the returned questionnaire. Some sample patients will include a note that might indicate whether they are eligible for the survey. For example, the marginal note might indicate that the sample patient is not currently receiving hemodialysis treatments from the sample facility. **Survey vendors must read the notes and assign the correct final disposition code to the case if the note indicates that the sample patient is ineligible to participate in the survey.** Vendors, however, must not change the respondent’s answers to the questions based on the written notes.

### 9.3 Handling Blank Questionnaires

In handling questionnaires that are returned blank, survey vendors should differentiate between mail questionnaires that are returned blank because the United States Postal Service could not deliver the mail (referred to as undeliverables) and those returned blank by the sample patient or the sample patient’s family or friend. The procedures described below are for questionnaires that are returned blank (in a business reply envelope) and are not marked as undeliverable.

The mail-only mode will consist of sending a prenotification letter and a first questionnaire package to all sample patients. A second questionnaire package will be sent to sample patients in the mail-only mode who do not respond to the first questionnaire mailing.

- If the first questionnaire is returned blank (and it is clearly not undeliverable mail), the survey vendor should assign a pending or internal disposition code to indicate that the first questionnaire was returned blank and then send the second questionnaire package to that sample patient.

- If the second questionnaire is also returned blank, the survey vendor should assign final survey disposition Code 220 (refusal) to the case.

- If the first questionnaire for the mail-only mode is never returned and the second questionnaire is returned blank, then that case should also be assigned final disposition Code 220 (refusal).

- If the first questionnaire for the mail-only mode is never returned or returned blank and the second questionnaire is not returned at all, the survey vendor should assign final survey disposition Code 250 (No response after maximum attempts) to the case.

Note that all cases that are not finalized as a result of the mail survey component of the mixed-mode survey must be assigned for telephone follow-up, including both cases that are returned blank and undeliverable mail. This means that unless the case was a refusal or the sample patient was determined to be ineligible for the survey during the mail survey data collection phase of the survey, survey vendors should follow up with the sample patient by telephone. This includes
cases for which the questionnaire was returned blank and those for which the questionnaire was undeliverable.

### 9.4 Definition of a Completed Questionnaire

A questionnaire is considered to be “complete” and should be assigned a survey disposition code of 110 (if completed by mail survey) or 120 (if completed by telephone) if at least 50 percent of the “core ICH CAHPS” questions that are applicable to all sample patients are answered. The core ICH CAHPS questions that are applicable to all sample patients are shown in Table 9-2.

**Table 9-2. Core ICH CAHPS Survey Questions Applicable to All Sample Patients**

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Where do you get your dialysis treatments?</td>
</tr>
<tr>
<td>Q2</td>
<td>How long have you been getting dialysis at [SAMPLE FACILITY NAME]?</td>
</tr>
<tr>
<td>Q3</td>
<td>In the last 3 months, how often did your kidney doctors listen carefully to you?</td>
</tr>
<tr>
<td>Q4</td>
<td>In the last 3 months, how often did your kidney doctors explain things in a way that was easy for you to understand?</td>
</tr>
<tr>
<td>Q5</td>
<td>In the last 3 months, how often did your kidney doctors show respect for what you had to say?</td>
</tr>
<tr>
<td>Q6</td>
<td>In the last 3 months, how often did your kidney doctors spend enough time with you?</td>
</tr>
<tr>
<td>Q7</td>
<td>In the last 3 months, how often did you feel your kidney doctors really cared about you as a person?</td>
</tr>
<tr>
<td>Q8</td>
<td>Using any number from 0 to 10, where 0 is the worst kidney doctors possible and 10 is the best kidney doctors possible, what number would you use to rate the kidney doctors you have now?</td>
</tr>
<tr>
<td>Q9</td>
<td>Do your kidney doctors seem informed and up to date about the health care you receive from other doctors?</td>
</tr>
<tr>
<td>Q10</td>
<td>In the last 3 months, how often did the dialysis center staff listen carefully to you?</td>
</tr>
<tr>
<td>Q11</td>
<td>In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?</td>
</tr>
<tr>
<td>Q12</td>
<td>In the last 3 months, how often did the dialysis center staff show respect for what you had to say?</td>
</tr>
<tr>
<td>Q13</td>
<td>In the last 3 months, how often did the dialysis center staff spend enough time with you?</td>
</tr>
<tr>
<td>Q14</td>
<td>In the last 3 months, how often did you feel the dialysis center staff really cared about you as a person?</td>
</tr>
<tr>
<td>Q15</td>
<td>In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?</td>
</tr>
<tr>
<td>Q16</td>
<td>In the last 3 months, did dialysis center staff keep information about you and your health as private as possible from other patients?</td>
</tr>
<tr>
<td>Q17</td>
<td>In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?</td>
</tr>
<tr>
<td>Q18</td>
<td>In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?</td>
</tr>
<tr>
<td>Q19</td>
<td>The dialysis center staff can connect you to the dialysis machine through a graft, fistula, or catheter. Do you know how to take care of your graft, fistula, or catheter?</td>
</tr>
</tbody>
</table>

(continued)
### Table 9-2. Core ICH CAHPS Survey Questions Applicable to All Sample Patients (continued)

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q20</td>
<td>In the last 3 months, which one did they use most often to connect you to the dialysis machine?</td>
</tr>
<tr>
<td>Q22</td>
<td>In the last 3 months, how often did dialysis center staff check you as closely as you wanted while you were on the dialysis machine?</td>
</tr>
<tr>
<td>Q23</td>
<td>In the last 3 months, did any problems occur during your dialysis?</td>
</tr>
<tr>
<td>Q25</td>
<td>In the last 3 months, how often did dialysis center staff behave in a professional manner?</td>
</tr>
<tr>
<td>Q26</td>
<td>In the last 3 months, did dialysis center staff talk to you about what you should eat and drink?</td>
</tr>
<tr>
<td>Q27</td>
<td>In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?</td>
</tr>
<tr>
<td>Q28</td>
<td>As a patient you have certain rights. For example, you have the right to be treated with respect and the right to privacy. Did this dialysis center ever give you any written information about your rights as a patient?</td>
</tr>
<tr>
<td>Q29</td>
<td>Did dialysis center staff at this center ever review your rights as a patient?</td>
</tr>
<tr>
<td>Q30</td>
<td>Have dialysis center staff ever told you what to do if you experience a health problem at home?</td>
</tr>
<tr>
<td>Q31</td>
<td>Have any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?</td>
</tr>
<tr>
<td>Q32</td>
<td>Using any number from 0 to 10, where 0 is the worst dialysis center staff possible and 10 is the best dialysis center staff possible, what number would you use to rate your dialysis center staff?</td>
</tr>
<tr>
<td>Q33</td>
<td>In the last 3 months, when you arrived on time, how often did you get put on the dialysis machine within 15 minutes of your appointment or shift time?</td>
</tr>
<tr>
<td>Q34</td>
<td>In the last 3 months, how often was the dialysis center as clean as it could be?</td>
</tr>
<tr>
<td>Q35</td>
<td>Using any number from 0 to 10, where 0 is the worst dialysis center possible and 10 is the best dialysis center possible, what number would you use to rate this dialysis center?</td>
</tr>
<tr>
<td>Q36</td>
<td>You can treat kidney disease with dialysis at a center, with a kidney transplant, or with dialysis at home. In the last 12 months, did your kidney doctors or dialysis center staff talk to you as much as you wanted about which treatment is right for you?</td>
</tr>
<tr>
<td>Q37</td>
<td>Are you eligible for a kidney transplant?</td>
</tr>
<tr>
<td>Q39</td>
<td>Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?</td>
</tr>
<tr>
<td>Q40</td>
<td>In the last 12 months, were you as involved as much as you wanted in choosing the treatment for kidney disease that is right for you?</td>
</tr>
<tr>
<td>Q41</td>
<td>In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?</td>
</tr>
</tbody>
</table>

If two mail questionnaires are received from the same sample patient—that is, the sample patient returned a questionnaire from both the first and second questionnaire mailings—the one that is more complete (more questions are answered) must be considered as the completed questionnaire. If both questionnaires that were returned have the same number of questions answered, the first one received must be considered the completed questionnaire. If a sample
patient completes a telephone interview and then returns a completed mail survey, the survey vendor must use the survey with the most complete data, regardless of which survey was completed first. If the two surveys are equally complete, the vendor must use the first one that was received or completed.

9.4.1 Steps for Determining Whether a Questionnaire Meets Completeness Criteria

Use the steps below to determine whether a survey can be considered “complete.”

**Step 1:** Sum the number of core ICH CAHPS questions (shown in Table 9-2) that the respondent answered. Note that survey vendors must recode “Don’t Know” and “Refuse” responses to missing (Code M). Do not include “Don’t Know” responses in the count of questions that the respondent answered.

**Step 2:** Divide the total number of questions answered by 38, which is the total number of core ICH CAHPS questions applicable to all sample patients, and then multiply by 100 to determine the percentage.

**Step 3:** If the percentage is ≥ 50%, assign the final disposition code to indicate a “Completed Survey” (either 110 or 120, as appropriate). If the percentage is < 50%, assign final disposition code “210—Break-off.”

9.5 Computing the Response Rate for Quality Control

Survey vendors are not required to compute a response rate for each semiannual survey because CMS will compute and report a response rate for each ICH facility when survey results are publicly reported. However, we recommend that survey vendors calculate and review the response rates periodically for each of their client ICH facilities.

If a sample was selected for an ICH facility but there is no response or a very low response rate, this could be an indication that incoming mail was not processed, scanned data were not exported to the XML file, or other problems occurred with the mail questionnaire (for mail surveys) or there was a data collection or data processing problem (for telephone surveys). In cases where the number of cases sampled was very small, it is possible that all of the sample patients decided not to return a completed questionnaire or not to participate in the telephone interview. For ICH facilities with larger sample sizes, no response from any of the sample patients could be indicative of a data collection or data processing problem because it is highly unlikely that 100 percent of the sample cases will refuse to participate in the survey.

For a given public reporting period (i.e., data from the last two semiannual surveys), a response rate for each ICH facility will be calculated as described below.
Response Rate = \( \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}} \)

*Total Number of Completed Surveys* is the number of sample cases assigned a final disposition code of 110 and 120.

*Total Number of Surveys Fielded* is the total number of patients sampled for the ICH facility.

*Total Number of Ineligible Surveys* is the number of sample cases assigned a final disposition code of 130, 140, 150, 160, 170, 180, and 190. No other cases will be removed from the denominator by survey vendors.
X. THE ICH CAHPS WEBSITE

10.0 Overview

This chapter presents an overview of the ICH CAHPS website, which serves several functions, including being the vehicle that survey vendors use to download the sample for each of their client ICH facilities and for submitting ICH CAHPS Survey data to the Data Center. ICH facilities also use the website to authorize their survey vendor to collect and submit ICH CAHPS data on their behalf and to review data submission reports.

10.1 The ICH CAHPS Web Portal

The Data Center is maintained by RTI International, which is assisting CMS with the ICH CAHPS Survey. RTI also developed and maintains the ICH CAHPS website, available at https://ichcahps.org. This website is the main vehicle for communicating and updating information about the ICH CAHPS Survey to both ICH facilities and to survey vendors. In addition, survey vendors can access specific links on the restricted-access sections of the website to submit ICH CAHPS Survey data to the Data Center. The ICH CAHPS website also allows facilities to authorize their contracted survey vendor to submit ICH CAHPS Survey data on their behalf, access their data submission reports, and review their ICH CAHPS Survey results before they are publicly reported. Exhibit 10-1 provides an overview of both the public and private links and information available on the website.

10.1.1 The Public ICH CAHPS Website

The public links on the ICH CAHPS website can be accessed by anyone, including those who do not register for user credentials to access the website’s private links. The public pages on the ICH CAHPS website contain numerous links and information including the following:

- Background information about the ICH CAHPS Survey;
- Contact information for the Coordination Team (e-mail address and toll-free telephone number);
- Survey questionnaires and related survey materials in English, Spanish, Samoan, and simplified and traditional Chinese;
- Survey administration procedures and protocols (including this manual);
- Vendor Registration Form, to be completed by the survey vendor’s designated Survey Administrator; the Survey Administrator must complete this form so that he or she can access and submit a Vendor Application to become a CMS-approved ICH CAHPS Survey vendor;
Exhibit 10-1. ICH CAHPS Website

ICH CAHPS Website Diagram

### General Information
- About ICH CAHPS Survey
- CTSAR Newsletter
- ICH CAHPS Survey in CY 2012/2013
- National Implementation and Public Rpt
- Mode Experiment
- Approved Survey Vendors
- Vendor Application Process
- Announcements
- Contact Us/Other Links

### Survey and Protocols
- ICH CAHPS Manual
- Questionnaire
- Supplemental Questions
- Survey Composites
- Sample Letters
- Phone Scripts
- FAQs and OMB Disclosure Notice

### Training
- Training Registration
- Training Materials

### For Vendors
- Vendor Registration
- Minimum Business Requirements
- Vendor Application *
- Survey Vendor Authorization Report *
- Exceptions Request Form *
- Discrepancy Notification Form *
- Submit QA Plan *
- Vendor Facility Closing Attestation *
- Manage Users *
- Model QA Plan

### For Facilities
- Facility User Registration
- Manage Users *
- Non-Participation Form *
- Authorize a Vendor *
- Vendor Authorization Report *
- Data Submission Report *

### Data Submission
- Data Submission Deadlines
- Data Submission Resources
- Sample File Download *
- Data Submission Tool *
- Data Submission Reports *

### Vendor Dashboard
- Application Status *
- Consent Form Status *
- Approval Status *
- Vendor Authorization Status *
- User Access Summary *
- Data Submission Summary *
- Reports *

### Facilities Dashboard
- Vendor Authorization Status *
- User Access Summary *
- Data Submission Summary *

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Legend
- Publicly Available Pages and Links
- Private Pages and Links requiring Login Authentication *
• *Facility User Registration Form* that the ICH facility’s Survey Administrator will complete to create an account and credentials for accessing links in the secure section of the website;

• Continuous updates in *Recent Announcements* about any new policies or changes in survey administration protocols and procedures, announcements about updates to the *ICH CAHPS Survey Administration and Specifications Manual*, a data submission schedule, and reminders of upcoming data submission deadlines; training information and materials for the Introduction to the ICH CAHPS Survey Webinar Training Session and the Vendor Update training sessions; and

• Information about data submission and the data submission tool.

### 10.1.1.1 Recent Announcements

The *ICH CAHPS Survey Administration and Specifications Manual* will be updated periodically. However, the Coordination Team will use the *Recent Announcements* field on the bottom left side of the website home page to disseminate important updates about the ICH CAHPS Survey to ICH facilities and survey vendors before the next version of the *ICH CAHPS Survey Administration and Specifications Manual* is published. Survey vendors and ICH facilities are encouraged to check the website for news and announcements in the *Recent Announcements* field on a routine basis.

### 10.1.1.2 The Quick Links Box

The *Quick Links* box on the right side of the website home page (see *Exhibit 10-2*) includes important information for ICH facilities, such as facility participation rules, instructions and deadlines for authorizing a survey vendor, and the list of approved ICH CAHPS survey vendors.

### 10.1.1.3 Designating an ICH CAHPS Survey Administrator

Before any participating ICH facility or survey vendor accesses the restricted portion of the website, an ICH facility or survey vendor must designate a staff member to serve as its ICH CAHPS Survey Administrator. The designated ICH CAHPS Survey Administrator’s roles and responsibilities on the ICH CAHPS Survey are listed below.

• Register as the ICH CAHPS Survey Administrator for the facility or survey vendor;

• Designate another individual within the organization as the backup ICH CAHPS Survey Administrator;

• Grant individual non–Survey Administrator users access to specific website functions (ICH facilities only);
Exhibit 10-2. Quick Links Box

This picture shows the Quick Links box on the ICH CAHPS Website.

Quick Links

- [Approved Survey Vendors](#)
- [Authorizing a Vendor](#)
- [Star Ratings Methodology](#) (Posted 4/18/18)
- [2019 Proposed Rule for ESRD Facilities](#) (Posted 7/31/18)
- [Changing Survey Vendors](#) (Updated 8/1/18)
- [Determining Whether Participation in 2018 ICH CAHPS Survey is Required](#) (Posted 1/3/18)
- [2017 Spring and 2017 Fall National and State Averages](#) (Updated 10/26/18)
- [Coefficients for Results Posted on the DFC](#) (Updated 10/19/18)
- [Updating Survey Admin Contact Information](#)

- Update non-ICH CAHPS Survey Administrator user information (ICH facilities only);

- Remove access or approve the removal of access for users who are no longer authorized to access the private side of the website; and

- Serve as the main point of contact with the Coordination Team and Data Center.

10.1.1.4 Facility User Registration Form

The designated facility’s ICH CAHPS Survey Administrator will be responsible for completing an online Facility User Registration Form located on the public side of the website found under the “For Facilities” tab at the top of the home page (see Exhibit 10-3). The Facility User Registration Form collects information about the ICH facility’s designated ICH CAHPS Survey Administrator, including his or her name, e-mail address, and telephone number. When completing the registration form, the ICH facility’s Survey Administrator will be instructed to create a username and password that will be used to access the secured links and forms on the private side of the ICH CAHPS website.
Exhibit 10-3. Facility User Registration Form Link

Once the registration form is submitted, users will be routed to a dashboard created specifically for their ICH facility, where they can find the other forms required to complete the registration process. Additional links to important functions and forms, including the Authorize a Vendor Form, are also available on each facility’s dashboard. The Facility Dashboard is discussed in more detail below.

10.1.1.5 Survey Vendor Registration Form

The individual designated as the survey vendor’s ICH CAHPS Survey Administrator will be responsible for completing an online Vendor Registration Form, which is located on the public side of the website. When completing the Vendor Registration Form, the vendor’s Survey Administrator will establish an account and create credentials for accessing the secure sections of the website. The Vendor Registration Form can be found under the Forms for Vendors tab at the top of the home page (see Exhibit 10-4). This form collects information about the survey vendor organization and the ICH CAHPS Survey Administrator’s name and e-mail address. When completing the Vendor Registration Form, the survey vendor’s ICH CAHPS Survey Administrator will be instructed to create a username and password that will be used to access the secure links and forms on the ICH CAHPS website, including the Vendor Application.

Exhibit 10-4. Vendor Registration Form Link

Once the vendor registration form is submitted, the Survey Administrator will be routed to a dashboard created specifically for that survey vendor. The Survey Vendor Dashboard is discussed more in a following section.
10.1.2 The Restricted-Access (Secure) ICH CAHPS Website

In Exhibit 10-1, the items with an asterisk are accessible only on the private pages of the website and with proper login credentials and authorization. Access to the secure sections will be restricted and controlled through a user identification and password, created by the survey vendor or ICH facility Survey Administrator during the registration process. Once logged into the secure side of the website, Survey Administrators will be routed to a dashboard created specifically for their organization.

Survey vendors must access specific links in the restricted-access sections of the website to apply to become a CMS-approved survey vendor, to obtain their ICH CAHPS Survey sample files, to submit ICH CAHPS Survey data to the Data Center, and to view vendor data submission reports.

ICH facilities participating in the ICH CAHPS Survey will also access specific links on the secure side of the ICH CAHPS website to authorize their contracted survey vendor to submit ICH CAHPS Survey data on their behalf, to access and review their data submission reports, and to review their ICH CAHPS Survey results before the results are publicly reported.

10.1.2.1 Facility Dashboard

Each time the ICH Facility Survey Administrator logs into the website using the user credentials created during the registration process, he or she will be taken to the Facility Dashboard (see Exhibit 10-5). The dashboard will guide the Survey Administrator through the rest of the registration process, including registering his or her ICH facility (or facilities) by CCN and completing the online ICH Facility Survey Administrator Consent Form, indicating that he or she is the designated ICH CAHPS Survey Administrator for the CCN(s). Survey Administrators should note that they can register additional ICH facilities at any time using the dashboard.
Exhibit 10-5. Facility Dashboard

The Facility Dashboard also includes:

- An Authorize a Vendor link that allows the ICH facility’s ICH CAHPS Survey Administrator to select a CMS-approved survey vendor to submit data on behalf of the ICH facility.

- A Manage Users Console link, where the Survey Administrator can add or delete authorized users for certain functions on the website.

- A Data Submission Report link, where the Survey Administrator can review his or her survey vendor’s history of submitting data for their CCN(s) and the raw response rates for each CCN.

Facilities are responsible for checking the website announcements displayed both on their dashboard and the ICH CAHPS website homepage regularly for updates.
10.1.2.2 Survey Vendor Dashboard

Each time the survey vendor’s ICH CAHPS Survey Administrator logs into the website with the user credentials created during the registration process, he or she will be taken to the Vendor Dashboard (see Exhibit 10-6). From the dashboard, survey vendors can complete and submit the Vendor Application and Vendor Survey Administrator Consent Form during periods in which the Coordination Team is accepting vendor applications. The Vendor Application must be completed to be considered for approval as a CMS-approved survey vendor. Survey vendors are also able to print their Vendor Consent Form from the dashboard. The Vendor Consent Form must be printed, signed, notarized, and the original copy of the notarized form mailed to the ICH CAHPS Coordination Team.
Exhibit 10-6. Vendor Dashboard

The Vendor Dashboard also includes the following tools or links:

- **Manage Users Console**, where the Survey Administrator can add or delete authorized users for certain functions on the website;

- **Sample File Download**, where the Survey Administrator can download the sample file for each semiannual survey;
• **Exceptions Request Form**, which approved ICH CAHPS Survey vendors must complete and submit to the Coordination Team to request a planned deviation from survey protocols;

• **Discrepancy Notification Report**, which approved ICH CAHPS Survey vendors must complete and submit to the Coordination Team to report any unplanned deviations from survey protocols;

• **Vendor Facility Closing Attestation**, used by survey vendors to report ICH Facilities who have or will be closing after the Coordination Team has provided a sample for that facility but before the data collection period begins;

• **Quality Assurance Plan submittal**, where the Survey Administrator can upload and submit the survey vendor’s QAP;

• **XML Schema Validation Tool**, used by survey vendors when formatting their survey data for submission;

• **Data Submittal**, where the Survey Administrator can upload and submit survey data on behalf of his or her client ICH facilities; and

• **Reports**, including **Vendor Authorization Status** and **Vendor Facility Closing Attestation** reports and data submission reports.

### 10.1.2.3 What To Do If a User Forgets the Password

If a user forgets his or her password, he or she will need to reset his or her password to access the private side of the ICH CAHPS web portal. To reset the password, simply click on the Reset Password button on the Login screen on the ICH CAHPS website. Survey vendors and ICH facilities will need to provide the registered username on the Reset Password screen, and then click on the Send Reset Link button. An e-mail with a link to reset the password will be sent to the user’s registered e-mail address. By clicking on the password reset link in the e-mail, the user will be taken to a page where he or she can then create a new password.
XI. FILE PREPARATION AND DATA SUBMISSION

11.0 Overview

For each ICH CAHPS Survey, survey vendors will construct and submit an ICH CAHPS Survey data file for each of their ICH facility clients. ICH CAHPS Survey data files must be submitted to the Data Center via the ICH CAHPS Survey website by a specific data submission deadline. The data submission deadline for the ICH CAHPS Spring Surveys will always be 5:00 PM ET on the last Wednesday in July. The data submission deadline for the Fall Surveys will always be at 5:00 PM ET on the last Wednesday in January.

This chapter describes procedures for ICH facilities to authorize a CMS-approved ICH CAHPS Survey vendor to submit ICH CAHPS Survey data on their behalf and describes the data submission process and procedures for preparing and submitting ICH CAHPS Survey data files to the Data Center. Data Submission reports for both ICH facilities and survey vendors are also described.

11.1 ICH Facility Survey Vendor Authorization

Before an ICH CAHPS Survey vendor can submit ICH CAHPS Survey data to the Data Center, each ICH facility must complete the online Authorize a Vendor Form, which is available on a secure link on the ICH CAHPS website. To access the Authorize a Vendor Form, each ICH facility must log into the ICH CAHPS website. After logging in, the system will display the facility’s dashboard page; the user must click the Authorize a Vendor link that appears on the dashboard to access and complete the Authorize a Vendor Form.

If a facility authorized a survey vendor in a previous survey period and does not plan to change vendors for the upcoming survey period, it does not need to authorize the vendor again. ICH facilities that have never authorized a survey vendor on the ICH CAHPS website must contract with an ICH CAHPS Survey vendor and then complete the online vendor authorization form on the website by the deadline for that survey period. The steps for completing the online vendor authorization form are provided below.

2. Log onto the ICH CAHPS website.
3. At your personal dashboard, click on the Authorize a Vendor link to be routed to the Authorize a Vendor page.
4. Select the “Select a vendor for the first time” option from the “Select Action” drop down list on the Authorize a Vendor page.

5. Select your authorized vendor from the vendor drop down list.

6. Select the correct Beginning Survey Period for your vendor from the drop down list. This is the first survey period in which your survey vendor will begin administering the survey on your facility’s behalf and for which you are authorizing this vendor to submit data on your facility’s behalf. For example, if your contracted survey vendor will begin administering the survey during the 2019 Spring Survey, click on the 2019 Spring Survey.

7. The system will show a field for End Date, which is the final survey period for which your authorized survey vendor will administer the survey on your facility’s behalf. For example, if you add an end date of 2019 Fall, your vendor will receive a sample file (if there are survey-eligible patients) for the 2019 Fall Survey period, but they will not receive a sample file for the 2020 Spring Survey period, or subsequent survey periods. Leave the End Date field blank unless you already know that you will be ending this vendor’s services after a specific survey period.

8. Select the ICH facility(ies) to which the authorization applies. The vendor authorization form is designed so that ICH facilities can authorize multiple CCNs at the same time.

9. Click the “Submit” button.

ICH facilities that plan to switch from one ICH CAHPS Survey vendor to another, or facilities that entered an end date when authorizing their survey vendor prior, must update or change the online vendor authorization form prior to the beginning of the survey period in which the change will occur. To change the online vendor authorization, a facility must:

1. Access its personal dashboard on the ICH CAHPS website.

2. Click on “Authorize a Vendor.”

3. Select the “Switch to a different vendor” option from the “Select Action” drop down list on the Authorize a Vendor page.

4. Follow steps 4–8 above to authorize the new survey vendor.

It is very important that facilities that are switching from one survey vendor to a different vendor update their vendor authorization form by the deadline announced by the Coordination Team prior to each survey period; changes will not be accepted after the deadline has passed.
If a facility switches vendors or adds an end date to an existing vendor authorization record, the current survey vendor will receive an automated e-mail alerting them of the newly entered end date. Please note that the facility must still alert the vendor of any changes made to its vendor authorization record or contract with the vendor’s organization.

ICH facilities should note that CMS will not distribute an ICH facility’s sample file to the facility’s contracted survey vendor if the facility has not completed the online vendor authorization form. There is a deadline for which the online vendor authorization form must be completed or updated (for facilities that will be changing to a different vendor). The deadline for the Spring Survey will always be February 28 and the deadline for the Fall Survey will always be August 31. The Coordination Team will notify all ICH facilities that are registered on the ICH CAHPS website of the deadline for completing or updating the online vendor authorization form for each survey period via an e-mail that will be sent to each ICH facility.

11.1.1 Facility Non-Participation Form

ICH facilities that have already authorized a survey vendor on the ICH CAHPS website that decide that they WILL NOT administer the 2019 ICH CAHPS Surveys do not need to change their online vendor authorization form. All such facilities, however, must notify the Coordination Team in January/February of each year that they WILL NOT be administering the survey that year.

Each facility that will not be administering the survey in a specific calendar year must complete the online Facility Non-Participation Form, a link to which is available on the ICH CAHPS website. To complete the Facility Non-Participation Form, the facility must log on to the ICH CAHPS website, at which point the facility’s dashboard will be displayed. The facility must click on the Facility Non-Participation Form, then highlight each CCN for which it will NOT be administering the survey during that year. The Facility Non-Participation Form will be available via the website in January and February of each year. If a facility needs to submit this form at any other time, please contact the Coordination Team via e-mail. Please note that 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.

The ICH CAHPS Coordination Team will not provide a sample to any survey vendor for each CCN for which the Facility Non-Participation Form is submitted. If a facility has authorized a survey vendor for more than one CCN and will be administering the survey for some CCNs and not others, the facility should make sure that it selects the correct CCNs when completing the Facility Non-Participation Form.

Please note that the Facility Non-Participation Form is only valid for one year and includes both the Spring and Fall Surveys of that calendar year. If a facility submitted a Facility Non-
Participation Form in 2018, and is not required to participate in the 2019 ICH CAHPS Surveys or decides not to administer the survey in 2019, then that facility will need to complete a 2019 Facility Non-Participation Form. However, if a facility submitted the 2018 Facility Non-Participation Form and is now required to participate in the 2019 surveys (or chooses to participate), that facility will need to complete the Authorize a Vendor Form discussed above. Note that once a Facility Non-Participation Form is submitted, the vendor authorization is removed from ICH CAHPS website. Therefore, if a facility ever decides to participate in the survey or is required to do so, it is critical that the facility complete the Authorize a Vendor Form by the deadline for that survey period.

### 11.1.2 Facility Closing Attestation Form

ICH CAHPS Survey vendors must submit the online Facility Closing Attestation Form if they learn that one of their ICH facilities has closed or will be closing. If the ICH facility closes or will be closing after the Coordination Team has provided a sample for that facility but before the data collection period begins, the survey vendor authorized to collect data on behalf of that facility must complete and submit the online Facility Closing Attestation Form as soon as possible after learning that the facility has closed or will be closing.

The survey vendor must not begin data collection efforts for facilities that closed or will be closing before data collection begins. Instead, the vendor should delete all of the PII provided on the sample file for the closed facility, as per Item 6 of the vendor’s DUA with CMS. If the facility closed before data collection began (therefore no data were collected) an XML file for this facility should not be submitted to the Data Center.

Vendors can access the Facility Closing Attestation Form by logging into the ICH CAHPS website and choosing “Facility Closing Attestation” form, which is under the For Vendors tab at the top of the website’s home page. Once a Facility Closing Attestation Form is submitted by a survey vendor, an e-mail will be sent to the facility’s ICH CAHPS Survey Administrator to notify the facility that the vendor has submitted the Facility Closing Attestation Form on the facility’s behalf. The Survey Vendor Authorization Report (accessible via the vendor’s dashboard) will also indicate whether a Facility Closing Attestation Form has been submitted for each CCN listed on the report.

If an ICH facility closes after data collection activities have begun, the vendor must submit an XML file for the closed facility to the ICH CAHPS Data Center. The data file must contain survey data collected and a final disposition code must be assigned to each sample patient.

### 11.2 Data File Specifications and Data Submission

ICH CAHPS Survey vendors will upload ICH CAHPS Survey data to the Data Center using XML (extensible markup language) data files. An XML data file must be submitted for each of the survey vendor’s client ICH facilities for which a sample was provided. Each XML file will
consist of three sections: a Header Record, a Patient Administrative Data Record, and the Patient Response Record. Each XML file must contain a header record and a patient administrative record for every sampled patient and a patient response record for every survey in which the respondent marked or provided an answer to one or more survey questions. The only exceptions to this rule are when the following situations occur:

- The survey vendor learns that a sample patient is deceased during data collection (via a telephone call from a knowledgeable person or as a note on a completed questionnaire). In this situation, the survey vendor should not process (scan or key) the data from the questionnaire for that sample patient. Instead, the vendor must make sure the final disposition code indicating that the sample patient is deceased is assigned to the case.

- The survey vendor receives a completed mail survey questionnaire after the data collection period ends for a specific survey period. The survey vendor must not process or include the survey data on the XML file. The vendor should dispose of all such questionnaires—this means that the vendor should thoroughly shred the completed questionnaire so that no one can “reconstruct” it. Survey vendors must assign the final disposition code 250 to each mail survey case that is received after the data collection period ends.

The data file specifications and layout for the ICH CAHPS Survey XML files are shown in Appendix L. Each of the three sections of the XML file is described below.

11.2.1 **Header Record**

The Header Record contains the identifying information for the ICH facility for which data are included on the file, sampling information, survey administration mode, and the dates that data collection began and ended for the survey period. Information required in this section includes the name of the ICH facility and its CCN. Other information required in the Header Record is provided below:

- **Semiannual Survey.** Survey vendors will indicate whether data included on the file are for the ICH CAHPS Spring Survey or the ICH Fall Survey. For the Spring Survey, survey vendors will enter a “1” to indicate that it is the Spring Survey. For the Fall Survey, survey vendors will enter a “2.”

- **Survey Year.** This is the calendar year in which the survey is conducted.

- **Survey Mode.** The survey mode, either mail only, telephone only, or mixed mode, is the data collection mode used for all of a facility’s sample patients. It must be the same for all of the facility’s sample patients during a survey period. ICH facilities and their survey vendors cannot change survey administration modes for an ICH facility until a new semiannual survey begins.
11. File Preparation and Data Submission

11.2.2 Patient Administrative Data Record

The second part of the XML file contains data about each patient who was sampled, including both respondents and nonrespondents. In this section of the file, some of the information provided in the Header Record is repeated, including the ICH facility’s CCN and the Semiannual Survey indicator and Survey Year. All other information included in this section of the file is about the patient. **There must be a Patient Administrative Data Record for every patient sampled.** The SID number assigned to each patient must be included. Only de-identified data will be submitted to the Data Center; however, the unique SID number that was assigned to the sampled patient by the Coordination Team must be included on the file. Files submitted with missing SID numbers or with SID numbers that do not match those assigned by the Coordination Team will be rejected.

The other information required in this section of the XML file includes the final disposition code that was assigned to the sample case, the language in which the survey was completed, and the survey mode in which the survey was completed. Survey vendors must also enter the date the completed mail survey was received for cases assigned Code 110 (completed mail survey) or the date the telephone interview was completed for assigned Code 120 (completed telephone interview). Survey vendors must also enter a date the case was finalized for all cases assigned one of the following disposition codes:

- Code 130 (survey eligibility unknown);
- Code 140 (ineligible, not currently receiving dialysis);
- Code 160 (ineligible, does not meet eligibility criteria);
- Code 190 (ineligible, no longer receives dialysis at the sample facility);
- Code 199 (survey completed by proxy respondent); or
- Code 210 (breakoff).
For each case assigned Code 130, 140, 160, or 190, the survey vendor must enter in the Date Interview Completed field on the XML file the date the vendor learned that the sample patient is ineligible for the survey or determined that eligibility is unknown. In some cases, a vendor might learn that a sample patient is ineligible for the survey when the sample patient calls the vendor’s toll-free customer service line. If that is the case, the date the patient called the vendor’s customer service line must be entered for the Date Completed variable. For cases assigned Code 199, enter the date the mail survey was received. For cases assigned Code 210, enter the date the mail survey questionnaire was received or the date that some of the interview was completed with the respondent.

For Survey Language, survey vendors must indicate which of the approved languages was used for survey completion. For Survey Mode, survey vendors must indicate whether the sample patient responded to the survey by mail or telephone.

Note that the Survey Mode in this section of the XML file is different from the Survey Mode included in the Batch Header Record. The Survey Mode indicator in the Batch Header Section is the mode of data collection that the ICH facility chose to use during this survey period. For mixed-mode surveys, remember that the survey can be completed by mail or telephone. The Survey Mode in the Patient Administrative Section is the survey mode by which the individual patient responded to the survey.

A valid value must be entered for each variable in the Patient Administrative Data Record. If a completed survey or interview was not obtained, the survey vendor must enter 88888888 for the Date Completed variable and the Not Applicable Code of X for the Survey Language and Survey Mode variables.

11.2.3 Patient Response Record

The third part of the XML file is the patient response record, which must contain the responses to the ICH CAHPS Survey from every patient who returned a mail survey with an answer marked for one or more questions (excluding the examples mentioned above where the survey vendor learns that a sample patient is deceased via a telephone call from a knowledgeable person or as a note on a completed questionnaire or the completed mail survey was received after the data collection period has ended) and for telephone surveys in which the respondent answered one or more questions. Note that only data from ICH CAHPS Survey questions should be included on the data file. Do not submit responses to the ICH CAHPS supplemental questions or facility-specific questions that the survey vendor added to the survey questionnaire. The only records that should be included are those with a final survey disposition code for a completed survey (Codes 110, 120, and 130); those with disposition codes of 140, 160, and 190 where the sample patient answered Qs. 1 and 2 and the “About You” questions; those where a proxy completed the survey (Code 199); and those assigned final disposition Code 210 (Breakoff).
For all patient response records that are included on the file, all response fields must have a legitimate value, which can include Code M for “Missing” or Code X for “Not applicable.” Survey vendors should note the difference between Codes M and X and use these codes appropriately. Assign Code M to the survey question if the respondent should have answered the question but did not. Assign Code X to the survey question if the question should have been skipped (because of the answer provided in a screening question that preceded the follow-up question) and was indeed skipped.

11.3 Data Submission Procedures

To submit ICH CAHPS Survey data files, survey vendors must access the secure portion of the website by logging in with their unique password and user ID. Once the secure side of the website is accessed, the system will display the survey vendor’s dashboard. The survey vendor will then click the Submit Data dropdown link under Data Submission. The web interface has standard dropdown menus that will allow survey vendors to select and enter information, including their survey vendor ID number, the CCN of the ICH facility for which data are being submitted, and the date of the upload.

The steps in data submission are summarized as follows:

1. Log on to the ICH CAHPS Survey website; when logged on, the system will display the vendor’s dashboard.

2. Click the Submit Data dropdown link under Data Submission. The data submission tool page will display.

3. Click the “Select” button to select the file to upload. The Select button permits users to locate and directly upload a file that has been saved in their own computer system. Survey vendors can select either a single XML file or a single ZIP file that contains multiple XML files.

4. After selecting the file to be uploaded, click “Upload XML” to submit the file.

5. To upload more than one file at a time, click the “Add” button on the same screen. Additional file selection rows will be added. Repeat Step 3 for each file to be uploaded.

6. To remove rows that have been added, click the “Remove” button to the right of the row to be deleted.

When survey vendors upload ICH CAHPS Survey data files to the Data Center, the XML file will undergo several validation checks. The first check will determine whether the CCN(s) in the header record and the patient administrative file are aligned for the client facility’s authorized survey vendor and the facility’s CCN. The next validation checks will determine the quality and
completeness of the data. If the file fails any of the validation checks, the survey vendor will receive an error message within seconds after a file error is detected noting that the file upload failed, giving details on why the file failed to upload. For example, the message might indicate that there is no authorization from the ICH facility for the survey vendor to submit data on its behalf or that the number of patient records listed in the Header Record does not match the number of sample patients for which data are provided in the Patient Administrative Data Record section of the file.

If a file did not pass the upload validations, none of the data on the file were accepted and stored in the Data Center. Survey vendors must review data submission reports (discussed in a following section) and correct any data errors on the XML file and resubmit the file. **CMS will not accept data files that are submitted after the data submission deadline for each survey period;** therefore, we strongly encourage survey vendors to submit their data files well in advance of the data submission deadline for a survey period. **Survey vendors can resubmit a data file for an ICH facility client as many times as needed prior to the data submission deadline. However, survey vendors must keep in mind that each time a data file for an ICH CAHPS facility is submitted, it overwrites any data for that same ICH facility that were previously submitted for that survey period.**

### 11.4 Assistance With Data File Preparation and Data Submissions

Survey vendors that need assistance with the XML file should contact the ICH CAHPS Coordination Team for technical assistance at 1-866-245-8083 or by sending an e-mail to ichcahps@rti.org.

### 11.5 Data Submission Reports

The Data Center will generate and provide via the ICH CAHPS website a number of reports to indicate the status of data submissions and the quality of the data submitted. Reports will be generated for both ICH CAHPS Survey vendors and ICH facilities. This section provides a brief overview of these reports.

#### 11.5.1 Reports for Survey Vendors

Survey vendors can access a number of reports via the secured section of the ICH CAHPS website. The most important of these is tied to the data submission and file review process—the *Data Submission Summary Report*. Another important report is the *Survey Vendor Authorization Report*, which allows the survey vendor to view all ICH facilities that have authorized the survey vendor to collect and submit data on their behalf.
11.5.2 Reports for ICH Facilities

ICH facilities can access the Data Submission Summary Report, which provides a means by which the facility can monitor its ICH CAHPS Survey vendor’s data submission activities and should be reviewed for each survey period.
XII. QUALITY CONTROL

12.0 Overview

Quality control is critical to the success of the ICH CAHPS Survey, ensuring that accurate and valid data are collected and reported. This chapter describes the requirements and recommendations for incorporating quality control measures in every aspect of the ICH CAHPS Survey process. In addition to the quality control measures described in this section, survey vendors should conduct additional quality control steps as warranted, based on their individual processes and systems.

The chapter begins with a discussion of the required and recommended quality control steps regarding the sample file download process. It provides specific guidelines on quality control measures that should be conducted during survey administration and data processing for each of the three approved modes of data collection (mail, telephone, and mixed mode). Finally, the chapter ends with quality control measures that should be conducted when preparing XML data files and before the data files are submitted to the Data Center.

12.1 Sample File Download Quality Control Guidelines

The following section includes both required and recommended steps for incorporating quality control on the receipt and processing of sample files provided by CMS.

12.1.1 Required Sample File Download Quality Control Procedures

- Survey vendors must have the appropriate electronic equipment and software to securely download their ICH facility clients’ sample files from the ICH CAHPS website, in addition to ensuring controlled access to the data (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).

- Upon download of the sample file, survey vendors must open the file and verify that the file contains a sample for all their ICH facility clients.

- The sample file will contain the number of patients sampled for each facility. If the file does not contain a sample for one or more of a survey vendor’s facility clients, the vendor should check to make sure that the ICH facility has completed and submitted the online Authorize a Vendor form, which authorizes the vendor to collect and submit ICH CAHPS Survey data on its behalf. If not, the vendor and facility should notify the Coordination Team immediately. **Remember that CMS will not distribute sample files to survey vendors unless the facility has completed the vendor authorization form.**
• If you confirm that an ICH facility has completed the vendor authorization by the vendor authorization deadline and you did not receive a sample file for that facility, contact the ICH CAHPS Coordination Team as soon as possible.

• If you received a sample file for a facility that you will not be collecting data from because of nonpayment issues, please alert the Coordination Team immediately.

• If you received a sample file for a facility that you have learned is closed or will be closing before data collection begins, delete all of the PII provided on the sample file for the closed facility, as per Item 6 of the vendor’s DUA with CMS. The vendor should also submit the online Facility Closing Attestation Form, and then alert the Coordination Team immediately to confirm that the facility’s data have been deleted from the sample file.

• Survey vendors must check the file to make sure that one or more patients were sampled for each of their facility clients and that the number of patients for which sample information is provided matches the number of patients indicated as having been sampled.

• Immediately report any discrepancies or problems detected with the sample file to the ICH CAHPS Coordination Team by sending an e-mail to ichcahps@rti.org or calling the ICH CAHPS toll-free telephone number at 1-866-245-8083.

12.1.2 Recommended Sample File Download Quality Control Procedures

• Once downloaded, survey vendors are advised to store the sample files in an encrypted format at all times when not in use. We highly recommend that survey vendors only use unencrypted sample files when access to the patient information is required.

• Survey vendors will be required to download the sample file within 2 business days after the sample files are made available on the ICH CAHPS website. We strongly urge survey vendors to NOT wait until the final day to download their sample file. Downloading the sample file early ensures sufficient time to address any technical issues that may arise with sample file download and the Coordination Team is notified of and can resolve any problems or discrepancies in the sample file.

12.2 Mail-Only Quality Control Guidelines

The following section includes both required and recommended steps for incorporating quality control into the mail-only mode survey administration and data processing and submission procedures.

12.2.1 Required Mail-Only Survey Administration Quality Control Measures

• Because ICH CAHPS sample patients’ addresses are obtained from the CROWNWeb database, it is possible that some of the information provided in the sample file may be
incomplete or invalid. To address this issue, survey vendors must verify that each sample patients’ mailing address that is included in the sample file provided by the Coordination Team is correct by using a commercial address update service, such as NCOA or the U.S. Postal Service Zip+4 software. As noted previously, survey vendors are permitted to ask ICH facilities to provide updated address information for all patients they treated during the sampling window, if the vendor has an appropriate agreement with the facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility to request this information.

- Survey vendors must prepare and maintain written documentation that all staff members involved with the mail survey implementation, including support staff, were properly trained on the survey specifications and protocols.

- Check a minimum of 10 percent of all printed materials (questionnaires, prenotification letters, cover letters) to ensure the quality of the printing—that is, make sure that there is no smearing, misaligned pages, missing/duplicate pages, stray marks on pages, or bleed-throughs (which can impact or cause problems when scanning the data from completed questionnaires).

- Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the questionnaire.

- For the mail survey cover letters, check a sample of cases to make sure that the name and address printed on the outside of the envelope matches the name and address included on the letter.

- Survey vendors must check to make sure that the number of questionnaire packages to be mailed matches the number of sampled cases.

12.2.2 Recommended Mail-Only Survey Administration Quality Control Measures

- Survey vendors are advised to “seed” each mailing. That is, include the name and address of designated survey vendor staff member in each mailing file to have the survey materials sent to that staff member. Once the survey materials are received, the vendor’s ICH CAHPS Survey staff should review and assess the completeness of the questionnaire package and timeliness of package delivery.
12.2.3 Required Mail-Only Data Processing Quality Control Measures

- A sample of returned questionnaires (minimum of 10 percent) must be rescanned and compared with the original scanned image of the questionnaire as a quality control measure. Any discrepancies should be reconciled by a supervisor.

- If keying data, all questionnaires must be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different key entry staff member must rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a third person should resolve the discrepancy and ensure that the correct value is keyed.

- Survey vendors must select and review a sample of cases coded by each coder (minimum of 5 percent) to make sure that coding rules were followed correctly.

12.2.4 Recommended Mail-Only Data Processing and Submission Quality Control Measures

- Survey vendors are urged to develop a way to measure error rates for their data receipt staff (in terms of recognizing marginal notes and passing these on to someone for review), for data entry or scanning operators, and for coders. Survey vendors should then work with their staff to minimize error rates. The ICH CAHPS Coordination Team will request information about data receipt and processing error rates during site visits to survey vendors.

- Vendors are strongly urged to check all of their systems, computer programs, and equipment (including optical scanners) used to administer the ICH CAHPS Survey on a regular basis to ensure that all are working properly and as intended. Vendors should also check to make sure that the scanning parameters or settings are large enough to scan response options that are not directly inside the circle or box for the response option and that the scanner is sensitive enough to pick up marked responses that might be lighter than some others.

12.3 Telephone-Only Quality Control Guidelines

The following section includes both required and recommended quality control procedures for telephone-only mode survey administration and data processing and submission procedures.

12.3.1 Required Telephone-Only Survey Administration Quality Control Measures

- Because ICH CAHPS sample patients’ addresses are obtained from the CROWNWeb database, it is possible that some of the information provided in the sample file may be incomplete or invalid. To address this issue, survey vendors must verify each telephone number that is included in the sample file provided by the ICH CAHPS Coordination Team using a commercial address/telephone database service or directory assistance. Please note that survey vendors are permitted to ask ICH facilities to provide updated telephone numbers
for all patients they treated during the sampling window, if the vendor has an appropriate agreement with the facilities. Survey vendors cannot, however, give a list of the sample patients to the ICH facility to request this information.

- Survey vendors must prepare and maintain written documentation that all telephone interviewing and customer support staff members have been properly trained prior to the beginning of telephone data collection. Copies of interviewer certification exam scores must be retained as well. Documentation must be maintained for any retraining required and will be subject to review during oversight visits.

- Survey vendors must silently monitor a minimum of 10 percent of all telephone interviews to ensure that correct administration procedures are being followed. Monitoring of each interviewer should begin shortly after the start of data collection to ensure that retraining occurs as soon as possible if it is needed.

- There are federal and state laws and regulations relating to the monitoring/recording of telephone calls. In certain states, consent must be obtained from every party or conversation if it involves more than two people (“two-party consent”). When calling sample patients who reside in these states, survey vendors must not begin either monitoring or recording the telephone calls until after the interviewer has read the following statement: “This call may be monitored or recorded for quality improvement purposes.” All survey vendors must identify and adhere to all federal and state laws and regulations in those states in which they will be administering the ICH CAHPS Survey.

- Survey vendors must establish and communicate clear telephone interviewing quality control guidelines for their staff to follow. These guidelines must be used to conduct the monitoring and feedback process and must include clear explanations of the consequences of not following protocols, including actions such as removal from the project or termination of employment.

**12.3.2 Recommended Telephone-Only Survey Administration Quality Control Measures**

- Supervisory staff monitoring telephone interviewers should use the CATI system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.

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5 The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Florida, Illinois, Maryland, Massachusetts, Montana, New Hampshire, Pennsylvania, and Washington.
• Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.

• Interviewers should be given the opportunity to correct deficiencies in their administration through additional practice or retraining; however, interviewers who receive consistently poor monitoring scores should be removed from the project.

• We recommend that survey vendors conduct regular quality control meetings with telephone interviewers and customer support staff to obtain feedback on issues related to telephone survey administration or handling inbound calls.

12.3.3 Required Telephone-Only Data Processing Quality Control Measures

• Vendors must conduct a review of their XML file by comparing a number of completed telephone interview responses directly from their CATI system to the values output in the XML file. Conducting this review will ensure that the responses are being accurately captured and transferred to the XML file.

12.3.4 Recommended Telephone-Only Data Processing Quality Control Measures

• We encourage survey vendors to generate and review frequencies of cases at the various pending and final disposition codes for each ICH facility and perhaps by telephone interviewer. A high percentage of cases coded as “not available” after maximum attempts could indicate that call attempts are not scheduled appropriately.

12.4 Mixed-Mode Quality Control Guidelines

All mail-only and telephone-only required and recommended quality control measures described above apply to survey vendors administering a mixed-mode ICH CAHPS Survey.

12.5 Quality Control for ICH CAHPS Survey Data Files

The following section includes both required and recommended quality control procedures to apply on ICH CAHPS Survey XML data files.

12.5.1 Required XML File Quality Control Procedures

• Survey vendors must use the XML Schema Validation tool to conduct initial quality control on their XML files. The XML Schema Validation Tool is available on the ICH CAHPS website under the “Data Submission” tab.

• Survey vendors must 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. For example, if 150 patients were
sampled for the semiannual survey, a record for each of those 150 sample patients must be included on the data file that the survey vendor submits to the Data Center.

- Survey vendors must 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. Survey vendors must also conduct quality control checks to make sure that survey response data are matched to the correct patient.

- Survey vendors are responsible for running the completeness criteria on all completed surveys to ensure that they meet the completeness criteria discussed below. Survey vendors must assign either a completed interview code or a partial data/breakoff code based on whether the survey passes the completeness criteria. Survey vendors must check to make sure that the correct final disposition code has been assigned to each sample case.

- Survey vendors are required to check to make sure that the correct final disposition code has been assigned to each sample case. Survey vendors must 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.

- Survey vendors must compare a sample of cases on the XML file to the matching hardcopy questionnaire or original CATI data file, to ensure that the data on the XML file are accurate.

12.5.2 Recommended XML File Quality Control Procedures

- To determine whether there is a potential data problem or to identify a problem with computer programs, vendors are strongly encouraged to generate response distributions (also referred to as frequencies) and compare the survey response record with the data on the hardcopy mail questionnaire (if the survey was completed by mail) or the CATI file (for interviews completed by phone). Once the frequencies are generated, look for anomalies or outliers and for unusual patterns of missing data. When preparing XML files, survey vendors should make sure that they are assigning the not applicable code (X) and the code for missing response (M) correctly. Assign X to a follow-up question that was correctly left blank based on the response to the preceding screening or gate question. For example, if the respondent’s answer to Q20 is response option 3 (Catheter) and the respondent correctly skipped Q21, assign Code X to Q21. Assign Code M for missing if the respondent should have answered a question but did not.
XIII. OVERSIGHT ACTIVITIES

13.0 Overview

This chapter describes oversight activities that are conducted by the ICH CAHPS Coordination Team to ensure that the survey is being administered according to required ICH CAHPS Survey protocols. Requirements for survey vendor QAPs, data review activities to be conducted by the Coordination Team, and site visit procedures are described in the following sections. This chapter also contains information about communications between the Coordination Team and ICH CAHPS Survey vendors.

13.1 Quality Assurance Plan

All survey vendors seeking approval to conduct the ICH CAHPS Survey must submit a QAP, which describes how the survey vendor will implement, comply with, and provide oversight of all survey and data processing activities associated with the ICH CAHPS Survey. Note that the submission of a completed QAP is one of the components of the vendor approval process. Survey vendors who meet the minimum business requirements and successfully participate in the Introduction to the ICH CAHPS Survey Webinar training session will be given “conditional” approval as an ICH CAHPS Survey vendor. Final approval as an ICH CAHPS Survey vendor will not be granted until after the survey vendor submits the QAP and it is accepted by CMS. The first QAP must be submitted within 6 weeks of the data submission deadline date after the survey vendor’s first ICH CAHPS data submission. It must be updated and submitted annually on or before March 31 of each year thereafter and at any time changes occur in staff, survey vendor capabilities, or systems.

A model QAP outline is included in Appendix M to assist vendors in the development of their own QAP. The survey vendor’s QAP should include the following sections:

- Organization Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Questionnaire and Materials Attachments
Survey vendors should also organize the information in their QAPs to conform to the sections included in the model QAP and make sure that the QAP is paginated for ease of reference and review by the Coordination Team.

Within each section, the survey vendor must include the name of all key staff responsible for implementing or overseeing the activity or activities, procedures, and methods being used, and the quality assurance activities that will be implemented. Changes to key staff must be reported to the ICH CAHPS Coordination Team. There should be sufficient detail provided for all of these components so that CMS can evaluate whether the survey vendor is complying with all approved protocols. If the Coordination Team decides that the survey vendor’s QAP has insufficient detail to make this determination, the Coordination Team will request that the survey vendor make additions or edits to its QAP and resubmit it. Survey vendors will also be required to submit either a copy of the mail questionnaire (for mail and mixed-mode surveys) or the screen shots of the entire questionnaire from their CATI interview (for telephone and mixed-mode surveys) as part of their QAP.

13.2 Data Review

The Coordination Team will conduct reviews of ICH CAHPS Survey data submitted by each survey vendor. As discussed in Chapter XI of this manual, data files will be reviewed immediately upon submission for proper formatting, completeness, accuracy of record count, and out-of-range and missing values. In addition, the ICH CAHPS Coordination Team will run a series of edits on submitted data to check for such issues as outlier response rate patterns or unusual data elements.

The Coordination Team will attempt to resolve any data issues detected through the use of conference calls or e-mail exchanges with the survey vendor. If the Coordination Team believes that there are any significant issues with a survey vendor’s data, or if repeated discussions and contact with a survey vendor fail to result in cleaner data, a more thorough review of the survey vendor’s data processing and survey implementation activities may be initiated. At that time, the Coordination Team may request copies of documentation associated with whatever the data issue is—for example, if out-of-range values are found repeatedly, the Coordination Team may request copies of documents showing the training program used to train Data Entry/optical scanning staff, training records, and documentation showing that recommended quality assurance practices associated with data entry/scanning were followed. Survey vendors are expected to comply with all such requests for documentation.

13.3 Site Visits to Survey Vendors

The ICH CAHPS Coordination Team will conduct a site visit to selected ICH CAHPS survey vendors, and their subcontractors, if needed, during each survey period. If a site visit to a vendor’s subcontractor is deemed necessary, a representative from the vendor’s organization will
be asked to attend the site visit with the subcontractor. The purpose of the site visit is to allow the Coordination Team to observe the survey vendor’s ICH CAHPS Survey implementation process, from data collection through file preparation and submission.

The Coordination Team expects at a minimum to accomplish the following on each site visit:

- A “walk through” of the systems and processes used from the point of receiving the sample patient file from the Coordination Team to preparation of a final data file, including but not limited to a review of:
  - software/programs used to download and store the sample patient file;
  - how patient contact information (name and address) and SID numbers are printed on letters accompanying questionnaire mailings or provided to a call center for telephone survey data collection;
  - questionnaire production, mailout, and receipt facilities/processes;
  - telephone survey operation facilities/processes, including listening to interviews (e.g., silent monitoring);
  - all data processing activities, including how survey vendors track the status of data collection efforts for each case and assign pending and final status codes using the SID number originally assigned to each sample patient by the Coordination Team;
  - file preparation and submission activities;
  - file storage facilities; and
  - quality control on all aspects of the survey, including how survey data are matched to the original SIDs assigned by the Coordination Team.

- A review of documentation associated with any of the above steps, as applicable. The documentation to be reviewed includes but is not limited to:
  - signed confidentiality forms for all applicable staff, including subcontractors;
  - training records, such as for data entry or telephone interviewing staff;
  - monitoring logs, with dates and times telephone interviewers were monitored, and the results of those monitoring sessions;
  - telephone interview scripts, including introductory scripts and responses to FAQs;
– documentation of quality control checks performed on questionnaire mailouts and receipt; and

– verification records, for either data entry or scanning processes, showing the level of quality control for keyed questionnaires.

• Interviews with the survey vendor’s key ICH CAHPS Survey project staff, including the project manager and data manager.

The Coordination Team may make either scheduled or unscheduled visits to the survey vendor’s site. Scheduled visits will be planned far enough in advance to ensure that all appropriate survey vendor staff are able to participate in the site visit review process. For unscheduled visits, the Coordination Team will give the survey vendor a 3-day window during which the team may conduct the onsite review. In addition, site visits may be either a routine visit or may be scheduled because of specific areas of concern the Coordination Team needs to address (i.e., documented problems with the survey administration, data submissions, or data quality).

Generally, the site visit team will consist of two individuals, although the size of the team may vary. All discussions, observations, and materials reviewed during the site visit will remain confidential. Although the Coordination Team appreciates that certain systems or processes may be proprietary to a survey vendor, full cooperation with the site visit team is expected so that the team may adequately assess survey vendor compliance with all ICH CAHPS Survey protocols and guidelines. It is for this reason that the RTI Contracts Office requires both the site visit team and the designated survey vendor staff to sign a Confidential Disclosure Agreement (CDA). The CDA states that RTI project staff must maintain in confidence or restrict the disclosure of all proprietary information received or observed during the site visit.

Prior to the visit, the site visit team will teleconference with the survey vendor’s staff to review the site visit agenda and logistics of the visit. RTI will also send to the survey vendor any files needed to prepare for the visit at least a week prior (for scheduled visits) to the start of the site visit.

After each site visit, the Coordination Team will prepare and submit to CMS a Site Visit Report, which will summarize the findings from each site visit, including any systems and data issues. The Site Visit Report will also describe corrective actions that the survey vendor will be required to take to correct any deficiencies or problems noted. The Coordination Team will provide the survey vendor with the Site Visit Report after it has been reviewed with CMS project staff. The Coordination Team may request clarification, additional documentation, or changes to any aspect of the implementation process, if needed. The survey vendor will then be given a specified period of time in which to provide the additional information or submit documentation showing that it has implemented the requested process or system change. The Coordination Team will follow up with the survey vendor by teleconference or with additional site visits as needed.
13.4 Corrective Action Plans

If a survey vendor, or its subcontractor, fails to demonstrate adherence to the ICH CAHPS Survey protocols and guidelines, as evidenced by ongoing problems with its submitted data or as observed in its implementation process during a site visit, the Coordination Team may increase oversight of the survey vendor’s activities (or submitted data files) or, if necessary, put the survey vendor on a corrective action plan.

If the survey vendor is put on a corrective action plan, the Coordination Team will determine a schedule by which the survey vendor must comply with the tasks set forth in the corrective action plan. This schedule will include interim monitoring dates, when the Coordination Team and the survey vendor will meet via teleconference to discuss the status of the plan and what changes the survey vendor has made or is in the process of making. The nature of the requested changes that the survey vendor is asked to implement will dictate the kind of “deliverables” the survey vendor will be expected to provide and the dates by which the deliverable must be provided.

Survey vendors that fail to comply with the corrective action plan, oversight activities, or whose implementation of the ICH CAHPS Survey is otherwise found to be unsatisfactory after the opportunity is given to correct deficiencies may be subject to having their “approved” status rescinded. Further, any ICH facility survey responses collected by the survey vendor may be withheld from public reporting. The affected ICH facility(ies) will be notified by the ICH CAHPS Coordination Team of their survey vendor’s failure to comply with oversight activities or unsatisfactory implementation so that the ICH facility(ies) will have the opportunity to contract with another approved survey vendor.

13.5 Communication Between Survey Vendors and the Coordination Team

The ICH CAHPS Coordination Team welcomes communication from survey vendors related to any part of the ICH CAHPS Survey implementation process. Survey vendors may communicate with the Coordination Team via telephone (toll free at 1-866-245-8083) or e-mail (ichcahps@rti.org). The Coordination Team is also available to participate in conference calls as needed to ensure the survey vendors’ successful implementation of the ICH CAHPS Survey. As noted in a preceding section of this manual, the survey vendor must provide the facility name and CCN in all communications with the ICH CAHPS Coordination Team and Data Center.

The Coordination Team expects that in addition to communication with survey vendors about technical assistance issues, it will also schedule conference calls with selected survey vendors to review vendor procedures and ensure adherence to the ICH CAHPS Survey protocols and guidelines. The Coordination Team will make periodic calls to survey vendors to assess the status of data collection and file processing issues in general. These calls will be scheduled in advance so that appropriate members of the survey vendor’s project team can participate.
XIV. EXCEPTIONS REQUEST PROCEDURE AND DISCREPANCY NOTIFICATION REPORT

14.0 Overview

This chapter provides a brief description of the steps to be used to request an exception to the ICH CAHPS Survey protocols and the procedure for alerting the ICH CAHPS Coordination Team of an unplanned discrepancy in the collected or submitted survey data.

14.1 Exceptions Request Procedure

To request an exception to the ICH CAHPS Survey protocols, a survey vendor must submit an Exceptions Request Form to the ICH CAHPS Coordination Team. The Exceptions Request Form will allow the survey vendor to request a planned deviation from the standard ICH CAHPS Survey protocols. The Exceptions Request Form allows a survey vendor to include multiple ICH facilities for which it collects data, as necessary. The Exceptions Request Form can be accessed via your vendor dashboard on the ICH CAHPS website. Specific instructions on how to complete the form are located on the form. The Exceptions Request Form is shown in Appendix N.

Survey vendors should be aware that the Coordination Team will not grant any requests to use a mode of data collection that is different from the modes already approved, including Internet or web survey, and interactive voice recognition data collection modes. Also, as indicated in Chapter IV of this manual, the Coordination Team will not allow oversampling of patients at this time.

14.2 Discrepancy Notification Report

The Discrepancy Notification Report, which is shown in Appendix O, will allow the survey vendor to notify the Coordination Team of an unplanned deviation from the ICH CAHPS Survey protocols that requires some form of corrective action by the survey vendor. Examples of instances requiring a Discrepancy Notification Report include the following:

- The survey vendor is unable to initiate data collection within 21 days after downloading the sample file;
- The prenotification letter was not mailed to all sample patients;
- A questionnaire package was not mailed to all sample patients;
• The correct SID number or facility name/logo was not printed on the questionnaire or cover letter for a sample patient; and

• A variable was incorrectly coded and submitted on the XML file.

The survey vendor must notify the ICH CAHPS Coordination Team **within 24 hours after the discovery of the discrepancy**. The Discrepancy Notification Report can be accessed via your vendor dashboard on the ICH CAHPS website. Instructions on how to complete the Discrepancy Notification Report are located on the online form itself.

### 14.3 Discrepancy Report Review Process

The Coordination Team will review Discrepancy Notification Reports and evaluate the impact, if any, of any discrepancy on the publicly reported data. Depending on the type of discrepancy, a footnote may be added to publicly reported data. The Coordination Team will notify the survey vendor about any required additional information needed to either document or correct the discrepancy.

### 14.4 Notifying the ICH Facility

Survey vendors are required to notify their ICH facility clients whenever a Discrepancy Notification Report or Exceptions Request Report is submitted on a facility’s behalf. The notification will be sent to the facility via e-mail from the survey vendor and must contain:

• The date the Discrepancy Notification Report or Exceptions Request Form was filed;

• The affected CCN(s); and

• The reason for the Discrepancy Notification Report or Exceptions Request.

The e-mail will serve as documentation to the facility that a Discrepancy Notification Report or Exceptions Request Form was filed on its behalf.
XV. PUBLIC REPORTING

15.0 Overview

CMS began publicly reporting ICH CAHPS Survey results on the DFC website at https://www.medicare.gov in October 2016. ICH CAHPS Survey results are updated or “refreshed” on the DFC in April and October of each year. The survey results that are publicly reported are based on combined data from the two most recent survey periods. The survey results for all participating ICH facilities that had 30 or more completed surveys from the two most recent semiannual surveys will be reported. 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.

The ICH CAHPS public reporting periods for 2016–2019, including the combined periods of survey data, are described in Table 15-1. For example, the results published in October 2016 were based on combined data from the 2015 ICH CAHPS Spring and Fall Surveys. The results published in April 2017 were based on combined data from the 2015 Fall and 2016 Spring Surveys, and so forth.

Table 15-1. ICH CAHPS 2016–2019 Public Reporting Schedule

<table>
<thead>
<tr>
<th>Survey Periods of Combined Data</th>
<th>Month Data Are Publicly Reported on DFC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Spring and 2015 Fall</td>
<td>October 2016</td>
</tr>
<tr>
<td>2015 Fall and 2016 Spring</td>
<td>April 2017</td>
</tr>
<tr>
<td>2016 Spring and 2016 Fall</td>
<td>October 2017</td>
</tr>
<tr>
<td>2016 Fall and 2017 Spring</td>
<td>April 2018</td>
</tr>
<tr>
<td>2017 Spring and 2017 Fall</td>
<td>October 2018</td>
</tr>
<tr>
<td>2017 Fall and 2018 Spring</td>
<td>April 2019</td>
</tr>
<tr>
<td>2018 Spring and 2018 Fall</td>
<td>October 2019</td>
</tr>
</tbody>
</table>

This chapter provides a general overview of the public reporting activities associated with the ICH CAHPS Survey.

15.1 ICH CAHPS Measures That Are Publicly Reported

ICH CAHPS Survey results are reported for three composite measures and three global items. The composite measures and the global rating items that are publicly reported are provided below.
15.1.1 Composite Measures

- Nephrologists’ Communication and Caring (Q3, Q4, Q5, Q6, Q7, and Q9). On the DFC website, the results for this composite are shown as “Kidney Doctors’ Communication and Caring.”

- Quality of Dialysis Center Care and Operations (Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q21, Q22, Q24, Q25, Q26, Q27, Q33, Q34, and Q43). On the DFC website, this composite measure is shown as “Dialysis Center Staff Care and Operations.”

- Providing Information to Patients (Q19, Q28, Q29, Q30, Q31, Q36, Q38, Q39, and Q40).

15.1.2 Global Items

- Rating of kidney doctors (nephrologist), (Q8)

- Rating of dialysis center staff (Q32)

- Rating of the dialysis facility (Q35)

Each of the three composite measures consists of six or more questions from the survey that are reported as one composite score. Scores are created by first determining the proportion of answers to each response option for all questions in the composite. The final composite score averages the proportion of those responding to each answer choice in all questions. Only questions that are answered by survey respondents are included in the calculation of composite scores. For each public reporting period, the ICH CAHPS Coordination prepared and posts on the ICH CAHPS website a document that describes how ICH CAHPS results were calculated and the coefficients used to statistically adjust survey results based on survey mode and patient mix.

15.2 Star Ratings

Seven ICH CAHPS star ratings were reported on Dialysis Facility Compare 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.
ICH CAHPS star ratings are based on the same patient survey results publicly reported on Dialysis Facility Compare since October 2016. 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) semianual surveys. ICH facilities with fewer than 30 completed ICH CAHPS surveys will not receive star ratings. More information on how the star ratings are calculated can be found on the ICH CAHPS website.

15.3 Adjustment of Results

In early 2014, the ICH CAHPS Coordination Team conducted a mode experiment to test the effects of using three data collection modes: mail only, telephone only, and mixed mode (mail with telephone follow-up of nonrespondents).

Because some patients’ assessment of the care they received from ICH facilities may be influenced by patient characteristics that are beyond the ICH facilities’ control, CMS used data from the mode experiment to determine whether and to what extent characteristics of patients participating in the ICH CAHPS Survey statistically affect survey results. Statistical models were developed to adjust or control for these patient characteristics when survey results are publicly reported. Also, some patients might not respond to the survey, and this might affect the accuracy and comparability of results. Therefore, the data from the mode experiment were analyzed to detect potential nonresponse bias. The Coordination Team uses results of these analyses to apply statistical adjustments that need to be made on each semianual submission of the ICH CAHPS Survey data during the national implementation.

15.4 Facility Preview Reports

Prior to publishing the results on the DFC website at https://www.medicare.gov, CMS will make available a preview report so that each ICH facility can review its ICH CAHPS Survey results that will be publicly reported. The preview report is provided by CMS’s Quality Incentive Program (QIP); ICH CAHPS Survey results are not posted on the ICH CAHPS website nor does the Coordination Team have access to those preview reports.