In-Center Hemodialysis CAHPS® Survey

Survey Administration and Specifications Manual

Version 14.0

February 2026

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, visit the ICH CAHPS Survey website:

https://ichcahps.org

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

By email:	ichcahps@rti.org
By telephone:	1-866-245-8083

If applicable, 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

Abbreviation/ Acronym	Term/Phrase
AAPOR	American Association for Public Opinion Research
AHRQ	Agency for Healthcare Research and Quality
AV	Arteriovenous
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CATI	Computer-assisted telephone interview
CCN	CMS Certification Number (formerly known as the Medicare Provider Number)
CMS	Centers for Medicare & Medicaid Services
CROWNWeb	Consolidated Renal Operations in a Web-Enabled Network
CY	Calendar year
DUA	Data Use Agreement
EQRS	ESRD Quality Reporting System
ESRD	End-stage renal disease
FAQs	Frequently Asked Questions
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICH	In-center hemodialysis
ICH CAHPS	In-Center Hemodialysis CAHPS Survey
IRB	Institutional Review Board
NCOA	National Change of Address
CDA	Confidential Disclosure Agreement
NIH	National Institutes of Health
OHRP	Office for Human Research Protections
OMB	Office of Management and Budget
PDC	Provider Data Catalog
PHI	Protected health information
PII	Personally identifiable information
QAP	Quality Assurance Plan
QIP	Quality Incentive Program
SID	Sample identification (number)
XML	Extensible Markup Language

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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 (ICH CAHPS®[1]) Survey. The ICH CAHPS Survey, known to sample patients as the Medicare In-Center Hemodialysis 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 2025.

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 (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.

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, provides helpful information for dialysis patients selected to participate in the survey, and provides information for vendors on downloading sample files from the ICH CAHPS website.

Data File Preparation and Data Submission (Chapter XI)

Chapter XI 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 ICH CAHPS Data Center (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 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 links to the following survey materials (in all approved languages—English, Spanish, Traditional Chinese, Simplified Chinese, Samoan, and Vietnamese), tools, and protocols that are located on the ICH CAHPS website: the ICH CAHPS Survey, English and Spanish Telephone scripts, ICH CAHPS mail survey cover letters, the required Office of Management and Budget (OMB) Disclosure Notice language, official ICH CAHPS supplemental questions, a list of frequently asked questions (FAQs) and answers for telephone interviews, an ICH CAHPS Flyer/Poster template, the ICH CAHPS Waiting Room FAQs, the XML layout and specifications, the Model Quality Assurance Plan, and a hardcopy version of the online Vendor Application. Additional appendices include general guidelines for telephone interviewer training and monitoring, the Exceptions Request and Discrepancy Notification Forms, 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, as well as chapters where topics have been

clarified. Survey vendors should note that this table only includes highlights and should make sure to read the manual in its entirety for all changes.

Table 1-1. New or Updated Information in This Manual

Chapter	Page	New or Additional Information
Global	N/A	Dates changed to reflect the 2026 survey period.
Global	N/A	Details about the revised ICH CAHPS Survey were added throughout the manual.
Global	N/A	Question numbers updated throughout to reflect the questions numbers in the revised ICH CAHPS Survey.
Global	N/A	References to former appendices were updated to say that the materials can now be found on the website and links can be found in the appendices.
Global	N/A	Additions were made throughout to remind vendors that various survey materials sometimes change and that vendors should always confirm they are looking at and using the most recent versions of the materials.
Chapter 2, Section 2.1	7	Revised to describe the revised ICH CAHPS Survey.
Chapter 2, Section 2.2	8	Added information about the 2022 ICH CAHPS Mode Experiment, which tested the revised ICH CAHPS Survey that is being implemented in 2026.
Chapter 4, Section 4.2	33	The reference to the Response Rates by Mode and Race/Ethnicity document were removed, as this document is not being updated at this time.
Chapter 4, Section 4.2, Exhibit 4-2	34	Response rates were updated in the exhibit to reflect the 2025 Spring Survey.
Chapter 4, Section 4.4; Chapter 5, Section 5.4.2; Chapter 6, Section 6.1.1; Chapter 7, Section 7.3.2	38; 56; 66; 101	Added information about what a vendor should do if they find multiple sample patients in their sample file with the same address as the facility.
Chapter 5; Chapter 6, Chapter 7	N/A	Updated throughout to indicate that all letters are now signed from "Center for Medicare."
Chapter 5, Chapter 7	N/A	Updated throughout with the new printing requirements for the revised OMB Disclosure Notice.
Chapter 5, Section 5.2.4.2; Chapter 6, Section 6.2.5.2; Chapter 7, Section 7.2.4.2 and Section 7.7.4.2	53; 74; 98; 111	Provided examples of what "sensitive questions" may include.
Chapter 5, Section 5.5.1; Chapter 7, Section 7.4.1	56; 102	Added information about what to do if serious patient complaints are found during the review of notes/comments.

(continued)

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

Chapter	Page	New or Additional Information
Chapter 6, Section 6.3.1; Chapter 7, Section 7.8.1	75; 112	Added information about multiple telephone numbers for a sample patient.
Chapter 7, Section 7.8.2.1; Chapter 9, Section 9.2.2; Chapter 12, Section 12.4	115; 137; 174	Revised the protocol for using a commercial telephone service for mixed mode only.
Chapter 9, Section 9.4	140	Updated the definition of a completed survey, based on the revised ICH CAHPS Survey.
Chapter 10, Section 10.1.2.2	152	Added information about the new Micro-Review Feedback Survey on the vendor dashboard.
Chapter 11, Section 11.1.1	158	Revised information about the Vendor Authorization Report if a Facility Non-Participation Form is removed.
Chapter 11, Section 11.2	161	Moved information from the previous XML appendix to appear in the chapter text.
Chapter 11, Section 11.2.3	164	Removed information about the telephone race/ethnicity follow-up questions, as both the mail and phone surveys now only have one single race/ethnicity question. Updated information on how to code Q36 (race/ethnicity) due to new singular question.
Chapter 13, Section 13.3	181	Added information about the new micro-review oversight process.
Chapter 15	N/A	Added general information throughout about public reporting, in terms of the revised ICH CAHPS Survey.
Appendices	N/A	Most materials were removed from the manual appendices. Appendix A now provides website links to most survey materials.
Appendix E	E-1	Updated a number of ESRD Network telephone numbers.

ESRD = end-stage renal disease; ICH CAHPS = In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems; N/A = not applicable; OMB = Office of Management and Budget; XML = eXtensible Markup Language.

II. INTRODUCTION AND OVERVIEW

2.0 Overview of the ICH CAHPS Survey

CMS publicly reports quality measures for kidney dialysis centers on Medicare's Care Compare tool (formerly Dialysis Facility Compare). Patients with end-stage renal disease (ESRD) can compare the services and quality of care that dialysis facilities provide. Care Compare on Medicare.gov 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 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 (kidney doctors) and dialysis center 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 (CY) 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 and administration specifications prepared by AHRQ. ICH facilities were *not* required to submit the data from the surveys conducted in CY 2012 or 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 began in 2014 and 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 under national implementation was conducted in the fall of 2014. In 2015 and subsequent years, the ICH CAHPS Survey is being conducted on a semiannual basis: the Spring Survey and the Fall Survey. For each semiannual ICH CAHPS Survey, 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 any updated or revised protocols that are included in announcements posted on the ICH CAHPS Survey website.

2.1 The ICH CAHPS Survey

The ICH CAHPS Survey that will be used in the CY2026 survey administrations has been revised significantly, with the removal of 24 survey questions in the mail survey and 23 questions in the phone survey.

- This revised ICH CAHPS Survey now contains 38 survey questions (was previously 62) in the mail version and 36 questions (was 59) in the telephone version.
- The survey still covers topics such as the patient's interactions with the ICH facility providers, staff professionalism, staff communication, care and emotional support, coordination of care, handling concerns regarding care, patient involvement in decision-making, safety and environment, patient rights, and privacy. Patients are asked to provide overall ratings of dialysis center staff and the dialysis center. Questions specific to the sample patient's kidney doctors were removed.
- The survey also contains "About You" questions that ask for self-reported health status and basic demographic information, though a number of the "About You" questions have been removed. There is now a revised singular question to gather race and ethnicity information.
- The mail survey now has only 2 additional questions (was previously 3) compared to the telephone version to determine whether a proxy completed it instead of the sample patient.
- The OMB Disclosure Notice has been revised for the 2026 surveys to include additional information required by OMB. More information regarding the revised OMB Disclosure Notice's placement requirements is provided in ***Chapters V***, ***VI***, and ***VIII***.

The ICH CAHPS mail survey is currently available in English, Spanish, traditional and simplified Chinese, Samoan, and Vietnamese. The ICH CAHPS telephone survey 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 and are administering. Vendors can choose whether to administer the survey in the other approved languages: vendors approved for the phone-only or mixed mode are not required to offer or administer the telephone survey in Spanish, and vendors approved for the mail-only or mixed mode are not required to offer or administer the mail survey in Spanish, traditional or simplified Chinese, Samoan, or Vietnamese. At this time, the survey is only to be administered using the above mentioned six languages; ICH facilities and their survey vendors are not permitted to translate the ICH CAHPS Survey into any other languages. CMS, however, may decide to translate the survey into other languages if needed. ICH facilities and ICH CAHPS Survey vendors are encouraged to contact the Coordination Team to discuss their need for the survey in other languages.

2.2 The 2014 and 2022 ICH CAHPS Mode Experiments

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 developed and used models to statistically adjust survey results before comparative results are publicly reported, based on the results of the 2014 mode experiment. Comparative results from the ICH CAHPS mode experiment were not publicly reported. Patient-mix results based on the 2014 mode experiment are reevaluated on occasion to ensure that the best adjustments are being made for national implementation.

A second mode experiment was conducted in 2022 to test the revised ICH CAHPS Survey that will be implemented in 2026. Data from the 2022 mode experiment were used to determine which patient characteristics, if any, affect how patients respond to the revised survey. A new set of patient mix variables was determined based on the mode experiment. This new set of patient mix variables will be used to statistically adjust the survey results of the revised ICH CAHPS Survey beginning in 2026.

2.3 ICH CAHPS Survey Public Reporting

CMS began publicly reporting results from the national implementation of the ICH CAHPS Survey in October 2016. The survey results are typically “refreshed” every April and October on

Medicare's Care Compare tool. For more information on ICH CAHPS Survey public reporting activities, see ***Chapter XV***.

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

The ICH CAHPS Survey website (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, sampled dialysis patients, 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;
- Data Collection schedule for the current survey period;
- Announcements about updates or changes in the survey protocols or materials and participation requirements;
- The ICH CAHPS Coordination Team Annual Review (CTAR) newsletter;
- Requirements for becoming an ICH CAHPS Survey vendor;
- Resources and materials for the annually administered trainings;
- A list of approved ICH CAHPS Survey vendors;
- Survey vendor quality assurance plan requirements;
- Information about vendor oversight activities;
- A dialysis patient page that contains helpful information and links for patients selected to participate in the survey;
- Data submission requirements;
- Information regarding ICH CAHPS public reporting efforts, timelines, and FAQs; 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 website frequently for updates. To view announcements, go to the ICH CAHPS Survey website 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 both the ICH CAHPS schema validation tool and 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

The Medicare website (www.medicare.gov) is maintained by CMS and contains information on the services Medicare provides. Of particular interest to ICH CAHPS Survey vendors and facilities is Medicare's Care Compare tool. Viewers can obtain comparative information about ICH facilities by location or facility name. 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 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.

In addition, ICH facility staff may ***not*** do any of the following:

- Provide a copy of the ICH CAHPS Survey or cover letters to their patients;
- 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 (such as money, stickers, pens) 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, surveys, and telephone interview scripts; and
- Ask their patients if they would like to be included in the survey.

ICH facility staff may tell their patients that they *could* be asked to respond to a patient experience survey. Staff may also share with the patient the link to the ICH CAHPS Dialysis Patient web page, which has FAQs and helpful information.

3.1.1 ICH CAHPS Survey Poster/Flyer

ICH facilities are strongly encouraged to hang up posters or pass out flyers about the ICH CAHPS Survey so that patients are aware of the survey and its importance. The official ICH CAHPS poster/flyer template in both English and Spanish is available for download on the ICH CAHPS website (the link to these documents can be found in ***Appendix A***). Changes are sometimes made to the poster/flyer template; vendors should always confirm that they are using the most recent version of the document appearing on the ICH CAHPS website.

Facilities and vendors that would like to receive the official ICH CAHPS flyer translated into a different approved language are asked to contact the Coordination Team with their request. If a facility does not currently use a poster or flyer at their facility, vendors are encouraged to discuss with the facility the use of this template to encourage patient participation in the ICH CAHPS Survey. Facilities do not need prior approval from CMS to use the official poster/flyer template as long as they do not edit or add any new text to the existing template, other than the following personalization fields:

- The name of the facility's authorized ICH CAHPS Survey vendor,
- The vendor's toll-free telephone number, and
- The facility's logo.

If a facility would like to edit this template or create its own poster/flyer, it will need to send the proposed text/contents to be included on the poster to the Coordination Team for review and approval before use in the facility. When creating their own posters/flyers, a facility should take note of the following critical reminders:

- 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:

  - Not use wording that may influence the patients' answers to survey questions or decisions to participate in the survey and their survey responses;
  - Not use wording indicating that facility staff can help the patient answer the survey questions, even if the patient asks for a facility staff member's help;
  - Not use wording promoting the facility or the services it provides; or
  - Not include words or phrases verbatim from the ICH CAHPS Survey in their marketing or promotional materials.

- It is permissible for wording in the poster/flyer to indicate that the patients *could* be asked to respond to a patient experience survey, but it must not state that they *will* be asked to participate.

3.1.2 ICH CAHPS Survey Waiting Room FAQs

In an effort to increase ICH CAHPS Survey response rates and promote patient engagement, the ICH CAHPS Coordination Team developed a *"Waiting Room FAQs"* document for dialysis facilities to use within their facilities. ICH facilities are strongly encouraged to print and display the FAQ document in a prominent area of their facility, perhaps hanging on a wall/door or laminated and sitting on a table. The *"Waiting Room FAQs"* document is available for download on the ICH CAHPS website in English, Spanish, traditional and simplified Chinese, and Vietnamese. Changes are sometimes made to the Waiting Room FAQs document; vendors should always confirm that they are using the most recent version of the document appearing on the ICH CAHPS website.

Please note that it is common for patients who are contacted by survey vendors to seek assurance from their providers; ICH facility staff should assure patients that the survey is legitimate and confidential and point them to these FAQs to answer any questions they may have.

When possible, vendors should monitor response rates for facilities that implement the use of an ICH CAHPS Survey poster/flyer or *Waiting Room FAQs*; CMS is interested in whether these strategies improve response rates.

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 both the ICH CAHPS Spring and Fall Surveys for the current calendar year and submit data to CMS.

Before participating in the ICH CAHPS Survey for 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 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 survey vendor unless the online *Vendor Authorization Form* is completed (and updated if the facility switches to a different vendor). [Please note: facilities should not complete the online vendor authorization form until they have a written contract in place with a CMS-approved ICH CAHPS Survey vendor. In addition, submission of the *Vendor Authorization Form* does not initiate the contract process with the survey vendor.] In order for survey vendors to maintain communication with their client facilities, the authorized survey vendor will be able to view the facility's ICH CAHPS Survey Administrator's contact information (name, telephone number, and email address) via their *Vendor Authorization Report* once the form is submitted by the facility.
- 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 CY2026 ICH CAHPS Surveys, all ICH facilities that served 30 or more survey-eligible patients in CY2025 must administer the survey in the spring and fall of CY2026 to comply with quality reporting requirements for the 2028 payment year.

When determining whether an ICH facility is required to participate in the ICH CAHPS Survey in CY2026, the facility should count the number of survey-eligible patients the facility served in CY2025. The count should include hemodialysis patients who:

- Were 18 years old or older as of December 31, 2025;
- Were alive as of December 31, 2025;
- Received hemodialysis on an outpatient basis from their facility for 3 consecutive months or longer at some point in CY2025;
- Are not currently receiving hospice care;
- Were not receiving dialysis care at a nursing home or other skilled nursing facility where they lived (as opposed to traveling to an ICH facility); and
- Were not living in a long-term facility, such as a prison or jail, as of December 31, 2025.

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. Please note that if a patient resides in a nursing home/skilled nursing facility but travels to an ICH facility for dialysis, they are eligible to participate and should be counted as survey-eligible; however, if a patient receives dialysis in the nursing home/skilled nursing facility where they reside, they are not eligible.

ICH facilities should note that the Coordination Team **DOES NOT** have information about the number of survey-eligible patients a facility served in CY2025. Therefore, each ICH facility is responsible for determining whether it is required to administer the 2026 ICH CAHPS semiannual surveys.

ICH facilities that served **29 or fewer survey-eligible patients in CY2025** are not required to participate in the ICH CAHPS Survey in CY2026. However, all such facilities can choose one of the following four options:

- **Option 1.** Administer the survey in 2026 following all of the ICH CAHPS Survey protocols and procedures described in this manual, including data submission to the Data Center;
- **Option 2.** Administer the survey using a third-party vendor but not following the ICH CAHPS protocols and procedures;

- **Option 3**. Administer the survey themselves, instead of using a third-party vendor; however, if any changes are made to the survey, it cannot be referred to as a CAHPS Survey; or

- **Option 4.** Choose not to administer the survey at all.

If a facility that served 29 or fewer survey-eligible patients in CY2025 chooses **Option 1**, the ICH facility must be registered on the ICH CAHPS website and a vendor must be authorized. CMS will provide a patient sample to the facility's authorized ICH CAHPS Survey vendor for each of the two 2026 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 2026 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 Data Center.

If a facility chooses **Option 2** or **Option 3**, CMS will not provide patient samples to the facility, nor will it accept submission of any data files to the Data Center. The ICH facility will be responsible for either working with a survey vendor (if choosing Option 2) or within their own organization (if choosing Option 3) to select the samples for the survey that will be conducted and for conducting all other aspects of the survey.

Please note: Because facilities implementing Option 2 or Option 3 will not submit an ICH CAHPS Survey data file to the Data Center, their collected survey data will not be analyzed for official ICH CAHPS public reporting purposes, nor will the administration of these surveys be used to determine ESRD Quality Incentive Program (QIP) compliance.

If an ICH facility chooses **Option 2**, **Option 3**, or **Option 4**, the facility must complete and submit the online 2026 *Facility Non-Participation Form* by February 28, 2026, which is available on the private side of the ICH CAHPS website under the *For Facilities* tab. The *Facility Non-Participation Form* is an annual form that is valid only for the year in which it was submitted. The submission of this form only alerts the Coordination Team that the facility does not wish for a sample file to be provided to its authorized vendor for the current calendar year and does not affect compliance determination, which is determined by the ESRD QIP. More information on this form can be found in ***Chapter XI***.

ICH facilities that will be administering the ICH CAHPS Survey in 2026 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 2026 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 2025 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, 2026. 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 Facilities That Have Primary/Alternate CCN Pairs

In the past, when using CROWNWeb data for sampling, there were often survey-eligible sample patients under both a primary CCN and under an alternate CCN, with both CCNs belonging to the same facility. Because of this, the Coordination Team encouraged facilities to make sure to register and authorize all CCNs related to their facility.

However, now that we are using End-Stage Renal Disease Quality Reporting System (EQRS) for sampling data, we know that data for a facility can only be entered into EQRS under one CCN. For existing facilities that have both a primary and alternate CCN registered and authorized on the ICH CAHPS website, it is okay to leave as such; the Coordination Team will sample under the CCN that exists in EQRS. Moving forward, a facility does not need to register and authorize multiple CCNs for a facility on our website, but should make sure that the CCN that they enter data under in EQRS is the CCN that is registered and authorized on the ICH CAHPS website.

3.2.1.2 Administering ICH CAHPS in Conjunction With Other Surveys

Some ICH facilities might wish to conduct other patient experience of care or satisfaction surveys in addition to the ICH CAHPS Survey 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.

If a facility wishes to administer an additional patient survey, it cannot repeat the ICH CAHPS Survey questions or include questions that are very similar. It 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. More detailed information about questions included in the ICH CAHPS Survey is provided in ***Chapters V***, ***VI***, and ***VII*** of this manual.

When deciding on whether to administer additional surveys, we recommend facilities keep in mind the survey burden this may cause for their patients and that additional surveys could negatively affect the ICH CAHPS Survey response rates and number of completed interviews per survey period for the facility (which could impact whether data for the facility are publicly reported).

ICH facilities are ***strongly encouraged to refrain*** fielding additional surveys from:

- One week before the mailing of the prenotification letter in either the ICH CAHPS Spring Survey or Fall Survey

  Until

- One week after the mailing of the second survey package for mail-only and the beginning of phone follow-up for mixed mode.

Table 3-1 shows an example of how this suggested plan would be implemented for the 2026 Spring and Fall Survey periods:

Table 3-1. Recommended Schedule for Administering ICH CAHPS in Conjunction With Other Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Beginning of suggested 8-week period to refrain from administering additional surveys	April 10, 2026	October 9, 2026
Start of data collection (mailing of the prenotification letter)	April 17, 2026	October 16, 2026
Date of second wave of data collection (second survey package for mail-only, continued calling for phone-only, and telephone follow-up for mixed mode)	May 29, 2026	November 27, 2026, **OR** December 2, 2026*
End of suggested 8-week period to refrain from administering additional surveys	June 5, 2026	December 4, 2026

* In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027, for both schedules.

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 website;
- Complete the electronic consent form available via the vendor ICH CAHPS Survey Administrator's personalized Dashboard on the ICH CAHPS website;
- Successfully complete the self-paced Introduction to the ICH CAHPS Survey training and all Vendor Update webinar training sessions;
- The survey vendor's designated ICH CAHPS Survey Administrator must also complete a Training Certification Form after completing the self-paced Introduction to the ICH CAHPS Survey training;
- If the survey vendor is using a subcontractor and the subcontractor will be conducting one or more of the following activities on the ICH CAHPS Survey, the subcontractor's lead ICH CAHPS staff member will be required to complete the self-paced Introduction to the ICH CAHPS Survey training and all Vendor Update webinar training sessions:
  - telephone survey data collection
  - mail survey receipt and processing, and/or
  - construction or submission of XML data files

  Subcontractors who conduct printing, mail assembly, and other mailout activities, and those who only monitor/manage the vendor's ICH CAHPS toll-free hotline, will not be required to participate in trainings; however, they are encouraged to do so.
- 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 have a written contract with each of its facility clients before they are permitted to receive a sample for the facility;
- 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 having a disaster recovery plan in place; and
- Ensure the security and confidentiality of ICH CAHPS Survey data; 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 Coordination Team of its withdrawal via email;
- 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 email 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 emails 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 conditional approval as an ICH CAHPS Survey vendor was granted, will have their approved vendor status removed. 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 self-paced Introduction to the ICH CAHPS Survey training.

3.2.3 Roles and Responsibilities of the 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, survey) 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 survey vendors via a toll-free telephone number, emails, and the ICH CAHPS Survey website;
- Conduct oversight and quality assurance of survey vendors;
- Receive and conduct final processing of ICH CAHPS Survey data submitted to the Data Center; 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 hard copy of the Vendor Application is provided on the ICH CAHPS Survey website.

- ***Complete the self-paced Introduction to the ICH CAHPS Survey Training and any subsequent Vendor Update training sessions***. The vendor's staff member designated as the Survey Administrator for the ICH CAHPS Survey must complete the self-paced Introduction training and attend the Update trainings; we strongly advise that the vendor's data managers also complete the self-paced training and attend the Update trainings. All Update training sessions will be conducted via Webinar. Both the self-paced Introduction training and the Update training require that the survey vendor register in advance. The survey vendor's designated Survey Administrator must complete a post-training certification, also referred to as a Training Certification Form, after completing the self-paced Introduction to the ICH CAHPS Survey training.

- ***If a survey vendor plans to use a subcontractor that will be conducting one or more of the following activities on the ICH CAHPS Survey, the subcontractor's ICH CAHPS project manager is also required to complete the self-paced Introduction to the ICH CAHPS Survey training, complete a Training Certification Form after completion of the training, and attend all subsequent Update training sessions:***

  – telephone survey data collection

  – mail survey receipt and processing

  – construction or submission of XML data files

  Subcontractors who conduct printing, mail assembly, and other mailout activities, and those who only monitor/manage the vendor's ICH CAHPS toll-free hotline, will not be required to participate in trainings; however, they are encouraged to do so. 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 and submit it to CMS.*** The executed DUA will permit the survey vendor to receive patient-level information that will be included in the sample files provided by the Coordination Team. CMS will not release a sample file to the vendor if they do not have an executed DUA with CMS. The executed DUA, completed

and submitted 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.

If you need assistance with CMS's DUA submission and tracking system, EPPE, please review the EPPE FAQs. If you are unable to find the answer to your question, contact the EPPE Help Desk at 844-EPPE-DUA (844-377-3382) or EPPE@cms.hhs.gov. If you have questions regarding general information or DUA policies, please contact datauseagreement@cms.hhs.gov.

- ***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 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 emails from the Coordination Team (emails 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 six 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 for each approved mode of data collection;
  - Survey administration protocols and quality assurance procedures;
  - Data security, confidentiality, and privacy protocols; and
  - Copies of the survey instrument and survey materials in all languages being administered.

- ***Participate and cooperate in all oversight activities conducted by the 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 in-person, virtual, offsite visits, or micro-reviews 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 data 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.

Please note that the ICH CAHPS Survey vendor model presumes that a vendor will contract directly with client ICH facilities. To ensure compliance with all ICH CAHPS protocols, a vendor must disclose working relationships with any other organization that is involved with communications about or implementation of the ICH CAHPS Survey—this could be a subcontractor, a partner, or a prime through collaboration, merger, or acquisition. For example, if a survey vendor is contacted by another organization that wants to hire that vendor to implement the ICH CAHPS Survey on their client facilities' behalf, the vendor must disclose this to the Coordination Team.

In addition, RTI serves as the ICH CAHPS Survey Coordination Team. In this role, RTI provides oversight to CMS-approved ICH CAHPS Survey vendors. To avoid a potential conflict of interest, vendors must not have any existing or future work with RTI while actively implementing and submitting data for the ICH CAHPS Survey. The vendor applicant must disclose any existing or future contracts with RTI that fall under these specifications.

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(s) they intend to use on the ICH CAHPS Survey following standardized procedures and guidelines. If the vendor does not have all required capabilities for the modes in which it is applying, to be considered for approval, it must formally contract with a subcontractor that meets the requirements needed for CMS approval. The business requirements that survey vendors must meet are described in ***Table 3-2***. Changes are sometimes made to the Minimum Business Requirements document; vendors should always confirm that they are reviewing the most recent version of the document appearing on the ICH CAHPS website to ensure they are still meeting all requirements.

Table 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors

The ICH CAHPS minimum business requirements (MBRs) described within this document are applicable to survey organizations at the time of application. The vendor must continue to meet these MBRs after an initial application is submitted up to and any point after approval is granted by CMS.

Criteria	Requirement
Specification	**Relevant Organizational Experience**
Number of Years in Business at Time of Application	• Minimum of 3 years.
Number of Years Conducting Surveys at Time of Application	• Minimum of 2 years conducting surveys of individuals. (Requirement applies to vendors and subcontractors.) If staff within the vendor organization have relevant experience obtained while in the employment of a different organization, that experience may not be counted toward this 2-year minimum. • Minimum of 2 years conducting surveys using mode of administration the vendor is applying for. (Requirement applies to vendors and subcontractors.) • 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. • Establishment and institution surveys do not meet this requirement. • CMS reserves the right to request a past performance evaluation from the vendor or CAHPS contractor.

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Table 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

Criteria	Requirement
Specification	**Requirements to Reapply**
	• Vendors that do not have any ICH facility clients after 2 years from the date of their interim approval will have their approval rescinded. If the vendor wants to maintain their approved vendor status, they must reapply.
Specification	**Work with RTI International**
Personnel	• RTI International ("RTI") serves as the ICH CAHPS Survey Coordination Team. In this role, RTI provides oversight to CMS-approved ICH CAHPS Survey vendors. To avoid a potential conflict of interest, vendors must not have any existing or future work with RTI while actively implementing and submitting data for the ICH CAHPS Survey. • Vendor must disclose any existing or future contracts with RTI that fall under the specifications in the bullet above. • CMS reserves the right to request additional information and/or documentation of vendor's work with RTI.
Specification	**Survey Capability and Capacity**
Personnel	• Project Director (Survey Administrator) with relevant survey and management experience. • 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. • If any vendor personnel are affiliated with a healthcare provider (dialysis center, management company, etc.), the vendor cannot be contracted to conduct the ICH CAHPS Survey for that provider as long as the vendor personnel maintain the affiliation.
Facilities and Systems	• Vendors must have a secure commercial work environment that meets all local commercial code requirements. • Vendors must conduct all ICH CAHPS business operations within the continental United States. This requirement applies to all staff and subcontractors. • CMS may permit home-based or virtual interviewers or mail survey staff to administer the ICH CAHPS survey. An Exceptions Request Form (ERF) must be submitted and approved by CMS prior to administering the survey using virtual staff. • Vendors must have 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. • If offering telephone surveys, vendors must have the equipment, software, and facilities (unless an ERF for remote telephone staff is approved) to conduct CATI interviews and to monitor interviewers.
Working with Other Organizations	• To ensure compliance with all ICH CAHPS protocols, a vendor that works with other organizations (as a subcontractor, partner, or prime through collaboration, merger, or acquisition) must disclose and describe the details of this working relationship to the ICH CAHPS Coordination Team.

(continued)

Table 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

Criteria	Requirement
Specification	**Security Policies**
Data Security Procedures	Vendors and all subcontractors must implement systems and security policies that protect the security of personally identifiable information (PII) and protected health information (PHI) as defined by HIPAA. This includes sample data and survey data. Vendors will be required to confirm adherence to the security policies listed below and maintain confidentiality agreement forms for all vendor and subcontractor staff: • Authorizing and de-authorizing individuals to access PII/PHI and survey data (including background checks, training, signed agreements). • Preventing unauthorized individuals from accessing PII/PHI and survey data in physical format (including key card/locked access, locked file cabinets). • Preventing unauthorized individuals from accessing data in electronic format (including password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection). • Safeguarding PII/PHI and survey data in physical format against loss or destruction (including fire and building safety codes). • Safeguarding PII/PHI and survey data in electronic format against loss or destruction (e.g., offsite daily backups). • Establishing a disaster recovery plan for survey data in the event of a disaster. • Destruction of PII/PHI and survey data when specified.
Mail-only Survey Administration	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment and software to enable them to: • Obtain and verify addresses of sampled patients. • Print according to formatting guidelines for professional-quality surveys (containing single-coded questions, code-all-that apply questions) 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. • Mail a prenotification letter and survey package to all sample patients. • Track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents. • Receive and process (key entry or scanning) completed surveys 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 in accordance with ICH CAHPS coding requirements to describe the final result of work on each sampled case.

(continued)

Table 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

Criteria	Requirement
Telephone-only Survey Administration	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment and software to enable them to: • Obtain and verify telephone numbers of sampled 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 that allows seamless administration of single-coded questions and code-all-that-apply questions. • Track fielded interviews throughout the protocol, avoiding respondent burden and losing respondents. • Schedule callbacks to nonrespondents at varying times of the day and week. • Provide a toll-free customer support line and respond to calls from sample members within 48 hours. • Assign final status codes in accordance with ICH CAHPS coding requirements to reflect the results of attempt(s) to obtain a completed interview with sampled cases. • Conduct monitoring of interviewers in all languages being administered.
Mixed mode Survey Administration	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment, and software to enable them to: • Adhere to all mail-only and telephone-only survey administration requirements (described above). • Track cases via an electronic tracking system from mail survey through telephone follow-up activities.
Data Processing and File Submission	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment, and software to enable them to: • Scan, key, or process responses to single-coded questions and code-all-that-apply questions data from received 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 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

Criteria	Requirement
Specification	**Adherence to Quality Assurance Guidelines and Participation in QA Activities**
Demonstrated Quality Control Procedures	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment, and software to enable them to: • 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 surveys – printing, mailing and processing returned survey letters – 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
Participation in QA Activities	• 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.
Specification	**Subcontractor**
Subcontractor Capabilities	Any survey vendor using a subcontractor in any capacity on the ICH CAHPS Survey is required to complete the relevant sections of the Vendor Application about each of its subcontractors. Information requested on the Vendor Application about subcontractor capabilities is similar to that requested for vendors. Details must be provided about the capabilities and capacity of the subcontractor to handle mail survey, telephone survey, and mixed mode survey activities. Further, specific information must also be provided about the subcontractor's quality assurance practices, data security policies, and facilities and systems. Please see the Vendor Application for more details.
Specification	**Documentation Requirements**
Record Management Procedures	Vendors must demonstrate prior experience and currently have adequate staffing, commercial facilities, equipment, and software to enable them to: • 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 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.

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Table 3-2. Minimum Business Requirements for ICH CAHPS Survey Vendors (continued)

Criteria	Requirement
Specification	**Adhere to All Protocols and Specifications and Agree to Participate in Training Sessions and Quality Assurance Activities**
Survey Training	• Complete the self-paced Introduction to the ICH CAHPS Survey Training and participate in any subsequent ICH CAHPS Vendor Update training sessions. At a minimum, the Survey Administrator must attend these trainings. • Ensure that appropriate subcontractor staff who conduct one or more of the following activities on the ICH CAHPS Survey register for and attend all vendor training sessions: – telephone survey data collection – mail survey receipt and processing – construction or submission of XML data files • The Survey Administrator must complete a post-training certification exercise, also referred to as a *Training Certification Form*, after completing the Introduction to the ICH CAHPS Survey Training.
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: (1) there are more than 10 sample patients who completed the survey and (2) 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 only 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

The Coordination Team will select a sample of patients for each semiannual survey for each ICH facility that has registered on the ICH CAHPS website and authorized a vendor, and we will 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 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;
- Received hemodialysis on an **outpatient basis** from their current facility for 3 months or longer;
- Are not receiving hospice care;
- Are not receiving dialysis treatment in a nursing home/skilled nursing facility where they live (as opposed to traveling to an ICH facility); and
- Are not institutionalized in a long-term facility like a jail or prison.

The Coordination Team will include patients who meet the above criteria in the ICH CAHPS Survey samples. However, EQRS does not contain an explicit indicator for hospice, nursing home, and institutionalized statuses and as a result, these patients will most likely be identified by survey vendors during the data collection period and via administration of the ICH CAHPS Survey; 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 ICH facility is selected using patient-level data that ICH facilities submit to CMS via EQRS. The sample will be selected at the CCN level; the CCN 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 CY2026 ICH CAHPS Spring and Fall Surveys. The schedule for the semiannual ICH CAHPS Surveys that will be implemented in CY2027 and subsequent years will be posted on the ICH CAHPS website and in updated versions of this manual. Any changes to the 2026 data collection periods will be announced on the ICH CAHPS website and via email to survey vendors.

Exhibit 4-1. Schedule for the CY2026 ICH CAHPS Spring and Fall Surveys

Survey Activity	CY2026 ICH CAHPS Spring Survey	CY2026 ICH CAHPS Fall Survey
Sampling Window	October 1, 2025, to December 31, 2025	April 1, 2026, to June 30, 2026
Data Collection Period	April 17, 2026, to July 10, 2026	October 16, 2026, to January 8, 2027
Data Submission Deadline	July 29, 2026	January 27, 2027

The samples for the semiannual surveys will be selected as follows:

Facilities with up to 240 patients. A census of all survey-eligible patients will be conducted for facilities with fewer than 240 survey-eligible patients at each semiannual sampling wave. Thus, patients at these ICH facilities may be sampled twice in a 12-month period.

Facilities with 240 or more patients. For dialysis centers with 240 or more survey-eligible ICH patients, a simple random sample will be selected for each sampling period, with the goal of obtaining 200 completed surveys per year while attempting to minimize the overlap of patients between subsequent semiannual waves of sampling.

The response rate for each ICH facility will vary based on the data collection mode used (mail-only, telephone-only, or mixed mode). ICH CAHPS Survey response rates by data collection mode for the *most recent survey period* are shown in ***Exhibit 4-2***. ICH facilities and their survey vendors should be aware that response rates can vary based on a number of factors, including the length of the survey, the semiannual survey period (spring versus fall), the saliency of the survey subject matter to sample patients, regional variations, and patient characteristics. Facilities and vendors should note that across all survey periods, mixed mode administration of the survey yields the highest response rates.

Exhibit 4-2. Response Rates by Data Collection Mode for Most Recent ICH CAHPS Survey (2025 Spring Survey)

Data Collection Mode	Response Rate
Mail-only	18%
Telephone-only	27%
Mixed mode	25%

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 and decide NOT to administer the ICH CAHPS Surveys in CY2026 must complete and submit a 2026 *Facility Non-Participation Form* on the ICH CAHPS website by February 28, 2026. By facilities submitting the online *Facility Non-Participation Form*, the previous vendor authorization is removed, and the Coordination Team is informed that it should not provide a sample file for the affected facilities for the 2026 ICH CAHPS Surveys to any ICH CAHPS Survey vendor.

Facilities should also inform their authorized vendors of any known closed/closing facilities so that vendors can submit the *Vendor Facility Closing Attestation Form* by the February 28, 2026, deadline for the Spring Survey and the August 31, 2026, deadline for the Fall Survey. Both facilities and vendors should try to adhere to these deadlines, as this will alert the Coordination Team that a sample file should not be provided for the affected facilities for the corresponding 2026 ICH CAHPS Survey. More information about the online vendor authorization, *Facility Non-Participation Form*, and the *Vendor Facility Closing Attestation Form* is provided in ***Chapter XI*** of this manual.

For each semiannual survey, the Coordination Team will provide a file to each vendor 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 email 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 provided to the vendors. 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.

Each vendor's sample file will contain an additional tab containing Repeat Patient Sample Identification (SID) Numbers. This tab will contain the last known SID, if applicable, of each patient in the current survey period's sample file. A unique SID is assigned to each sample patient included in the sample each vendor receives for each semiannual survey. Providing these SIDs allows vendors to link updated contact information that may have been obtained during a previous survey period; this information is only to be used to match updated phone numbers and addresses to sample patients, not to provide information to facility clients regarding repeat sample patients. The sample patient variables contained in this tab (Tab 2) in each vendor's sample file are listed in ***Exhibit 4-3***.

Once sample files are available, survey vendors will use their credentials to log into the secure links on the website and follow the download instructions that will be posted to retrieve their sample files. As discussed in ***Chapter III*** of this manual, sample files will not be released to survey vendors until after the survey vendor has executed/renewed 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.

Once the sample files have been provided, survey vendors will also receive a Sample File Summary Report, a report that corresponds with each vendor's sample file, showing the number of patients sampled for each of the CCNs that authorized that vendor to collect and submit ICH CAHPS Survey data on its behalf, for that survey period.

Before downloading the sample files for a semiannual 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 a CCN for one or more of your facility clients **does not** appear on the report, check the 2026 *Facility Non-Participation Form Report* 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* report, please contact the Coordination Team via email before the deadline to report *Vendor Authorization Report* discrepancies, which is indicated in the schedule provided to vendors via email and posted on the ICH CAHPS website.

- An End Date of Fall 2025 does NOT appear on the report (for 2026 Spring Survey) and an End Date of Spring 2026 (for 2026 Fall Survey) does NOT appear on the report for any 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 email 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 2 tabs, one of which will be the sample data tab containing contact information (information needed to administer the survey) for each sample patient. The sample patient variables contained in this sample data tab in each vendor's sample file are also 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

Tab 1 – ICH CAHPS Survey Sample Data Column Name	Field Length	Valid Codes	Field Contents
VendorID	3	Numeric	Individual identification number assigned to each vendor
Facility_ID	6	Numeric	The ICH facility's 6-digit CCN, formerly known as the Medicare Provider Number
Facility_Name	64	Text	ICH Facility Name
F_Street_Address1	64	Alpha_numeric	ICH Facility Street Address 1
F_Street_Address2	64	Alpha_numeric	ICH Facility Street Address 2
F_CITY	64	Text	ICH Facility
F_STATE	2	Text	ICH Facility State
F_ZIP_Code	5	Numeric	ICH Facility ZIP Code
P_First_Name	30	Text	Sample Patient's first name
P_Middle_Name	15	Text	Sample Patient's middle name
P_Last_Name	40	Text	Sample Patient's last name
P_Street_Address_1	50	Alpha_numeric	Patient's mailing address (Line 1—street address)
P_Street_Address_2	50	Alpha_numeric	Patient's mailing address (Line 2—street address)
P_CITY	40	Text	Patient's mailing address—City
P_STATE	2	Text	Patient's mailing address—State
P_ZIP_Code	5	Numeric	Patient's mailing address—ZIP Code
P_Telephone_Number	10	Numeric	Patient's telephone number
P_DOB	8	MM/DD/YYYY	Patient's date of birth
P_Age	3	Numeric	Patient's age as of the end of the sampling window
P_Sex	1	1–2	Sex Code: 1 = Male, 2 = Female
SID	10	Alpha_numeric	The unique patient sample identification number assigned to the sample patient
Semiannual_Survey	1	1–2	Survey code: 1 = Spring Survey, 2 = Fall Survey
Survey_Year	4	Numeric	Year of survey
ESRD_Network	2	Numeric	ESRD Network that facility belongs to
Tab 2 – Repeat Patient Sample Identification (SID) Numbers Column Name	**Field Length**	**Valid Codes**	**Field Contents**
SID	10	Alpha_numeric	The unique patient sample identification number assigned to the sample patient for the current survey period
Last_SID	10	Alpha_numeric	The unique patient sample identification number assigned to the sample patient for the previous survey period

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, 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 EQRS; 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 for 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.***

If a survey vendor finds during their quality control checks of the sample file that multiple sample patients in their sample file have the same address as the facility, the vendor should alert the Coordination Team for guidance on next steps prior to mailing the prenotification letter for these patients. Additional guidance will be provided prior to initiating telephone data collection efforts if a survey vendor notifies the Coordination Team that multiple sample patients have the same phone number **and** the CCN is assigned to either the telephone-only or mixed mode data collection.

4.5 Sample Identification Number (SID)

The Coordination Team will assign a unique 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 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 for the current survey period**. 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. Guidelines on how the survey packages should be mailed and data should be processed, 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 have been administering the ICH CAHPS Survey for each of their client facilities on a semiannual basis (twice each year) since 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, the data collection period will begin by preparing and mailing a prenotification letter to all sample patients. For the mail-only mode, a first survey package will be sent to sample patients 14 days after the prenotification letter is mailed. The survey vendor will send a second survey package to all sample patients who do not respond to the survey 4 weeks after the first survey 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 CY2026 ICH CAHPS Surveys. 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 the Coordination Team.

Table 5-1. CY2026 Mail-Only Survey Administration Schedule

Activity	2026 Spring Survey	2026 Fall Survey
Sampling window (months in which sample patients received ICH care at their current facility)	October 1–December 31, 2025	April 1–June 30, 2026
Deadline to Submit Facility Non-Participation Form(s) for 2026	February 28, 2026	N/A
Vendor Authorization Deadline	February 28, 2026	August 31, 2026
Deadline to submit Facility Closed Attestation form(s)	February 28, 2026	August 31, 2026
Samples provided to ICH CAHPS Survey vendors	March 27, 2026	September 25, 2026
Survey vendors attest to receipt of sample file	March 31, 2026	September 29, 2026
Mail prenotification letter to sample patients	April 17, 2026	October 16, 2026
Mail first survey with cover letter to sample patients	May 1, 2026	October 30, 2026
Mail second survey with cover letter to sample patients who do not respond to first survey mailing	May 29, 2026	November 27, 2026, **OR** December 2, 2026*
End data collection	July 10, 2026	January 8, 2027
Data submission deadline	5:00 PM Eastern Time, July 29, 2026	5:00 PM Eastern Time, January 27, 2027

* In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027 for both schedules.

5.2 Production of Letters, Envelopes, and Surveys

The requirements for producing all materials needed for the mail-only survey mode are described below. The mail cover letters and mail survey in English, Spanish, traditional and simplified Chinese, Samoan, and Vietnamese are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Please note that survey vendors must administer the survey in English for all client ICH facilities. Survey vendors are not required to offer or administer the survey in any of the other approved survey languages (Spanish, traditional and simplified Chinese, Samoan, and Vietnamese).

Specific requirements and guidelines associated with the mail-only letters, envelopes, and survey 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 by the survey vendor via either mail or phone 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 kept private by law. Language is also included to emphasize the importance of repeat participation in the survey and to point out that the survey has been shortened in length.

The prenotification letter will be printed on CMS letterhead and includes the organizational signature, "Center for Medicare." The ICH CAHPS prenotification letter must be personalized for each sample patient; more information on this personalization can be found in the next section. ***ICH CAHPS Survey vendors are only permitted to edit the specified mail merge fields in the prenotification letters. Survey vendors cannot make any changes to the text of the prenotification letter***. Changes are sometimes made to the prenotification letter, including the CMS signature or letter text; vendors should always confirm that they are using the most recent version of the letter provided by the Coordination Team.

5.2.1.1 Requirements for the Prenotification Letter and Envelope

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website. The Coordination Team will provide a vendor-specific Microsoft Word prenotification letter template to each vendor; the Word template will allow vendors to personalize the letter for each sample patient. If a survey vendor will be offering the survey in any of the approved languages, the Coordination Team will also provide a Word file containing the prenotification letter in that language.

Each survey vendor will be responsible for using the Word template to personalize the specified mail merge fields, print the prenotification letters, and mail the letters to the patients sampled for each of its ICH facility clients. Survey vendors must also 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 that is provided by the Coordination Team via the ICH CAHPS website.

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

- **Prenotification Preparation Requirements**
  - 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.

- **Prenotification Letter Requirements**

  – Vendors must personalize the prenotification letters in the specified mail merge fields with:

    - the date mailed,
    - the name and address of the sample patient, and
    - the first and last name of the sample patient in the salutation.

  – Survey vendors may only update the specified mail merge fields in the prenotification letters. Vendors cannot make any changes to the text of the prenotification letter.

  – Vendors must not modify the location of any mail merge fields (such as the date mailed and name/address block), unless they have an ERF approved by CMS.

  – The CMS logo, along with CMS's return address, must be printed at the top of the prenotification letter.

  – The prenotification letter includes the organizational signature, "Center for Medicare."

  – The Coordination Team will prefill the following information in the prenotification letter template provided to the survey vendors:

    - the vendor's name (in two mail merge fields);
    - the vendor's toll-free customer support telephone number; and
    - the days and hours the vendor is available for contact.

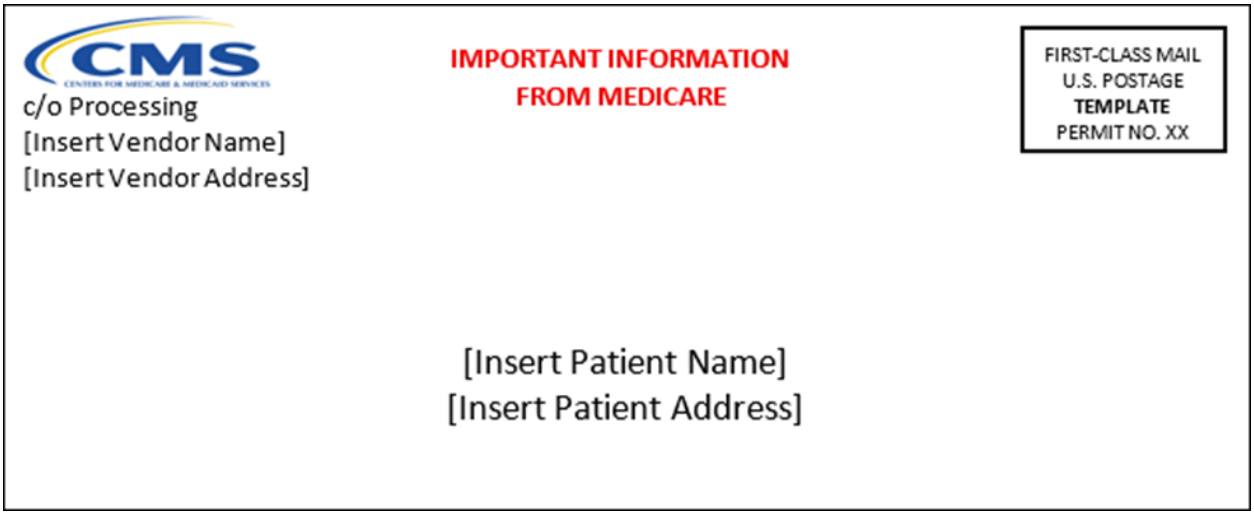
    If any changes are needed to the vendor's contact information, the vendor should notify the Coordination Team.

  – The following things are not permitted to appear on the prenotification letter:

- the survey vendor's logo; or
- the facility's name, logo, or address.

- **Prenotification Letter Envelope Requirements**
  - Survey vendors must structure the prenotification envelope as shown in ***Exhibit 5-1***.
  - The CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address must be printed on the envelope. The Coordination Team provides 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. Survey vendors are permitted to use a window envelope to mail the prenotification letters as long as only the sample patient's name and address can be viewed in the window and the structure and contents on the envelope match those included in ***Exhibit 5-1***.
  - The phrase "IMPORTANT INFORMATION FROM MEDICARE" must be printed in red above the patient's name and mailing address.
  - The following things are not permitted to appear on the prenotification letter envelope:
    - the survey vendor's logo; or
    - the facility's name, logo, or address.

Exhibit 5-1. ICH CAHPS Prenotification Envelope Structure and Content



5.2.1.2 Recommendations 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.

- Vendors are permitted to include a second approved language of the prenotification letter on the back of the English version of the letter. For example, vendors may print the Spanish version of the prenotification letter on the back of the English version.

  – If printing two-sided prenotification letters, vendors should be mindful that the type of fold they use to mail the letters could make it difficult for a sample patient to initially see the language that they need. Vendors are asked to avoid using the Z-fold (accordion fold) when sending out two-sided letters. Instead, vendors are encouraged to use a bifold, trifold, or no fold at all.

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

The cover letter included with each survey package explains the purpose of the survey and how the results will be used, provides instructions on how to participate in the survey, emphasizes the importance of repeat participation, and contains the survey vendor's toll-free telephone number(s) and available days/hours so that sample patients can contact the survey vendor if they have any questions about the survey. The first and second survey packages that survey vendors send to sample patients will consist of a cover letter, the ICH CAHPS Survey, and a postage-paid return envelope. The official ICH CAHPS cover letters in English, Spanish, traditional Chinese, simplified Chinese, Samoan, and Vietnamese are located on the ICH CAHPS website (links to these materials can also be found in ***Appendix A*** of this manual).

Survey vendors must use the official ICH CAHPS cover letters for both survey package mailings. The two cover letters include the organizational signature, "Center for Medicare," and include the CMS logo.

Starting with the 2025 Fall Survey, the OMB Disclosure Notice can be printed either on the mail survey OR on cover letters 1 and 2 (in all approved languages):

- Vendors can make the determination of whether to include the notice on the mail survey only, ICH CAHPS cover letters 1 and 2 only, or both the survey and the letters.
- If choosing to print the notice on the mail survey only (not the letters), vendors should remove the notice text from their personalized cover letters 1 and 2. If choosing to print the notice on cover letters 1 and 2 only (not the survey), vendors should remove the notice text from their personalized mail surveys.

ICH CAHPS Survey vendors are only permitted to edit the specified mail merge fields in the cover letters. Survey vendors cannot make any changes to the text of the cover letters except to remove the OMB Disclosure Notice (if the vendor chooses to include the notice on the mail survey only).

The Coordination Team will provide each approved vendor with a Microsoft Word cover letter template so that it can be personalized for each sample patient. If a survey vendor will be offering the survey in any additional approved language, CMS will provide a Word file containing the cover letter in that language. Each survey vendor will be responsible for using the Word file to personalize the specified mail merge fields, print the cover letter, and mail it with the survey package. Changes are sometimes made to the cover letters, including the CMS signature, letter text, or OMB Disclosure Notice text; vendors should always confirm that they are using the most recent version of the letters provided by the Coordination Team.

5.2.2.1 Requirements for Cover Letters

- Survey vendors are required to use the official ICH CAHPS cover letters; vendors are not permitted to use their own version of cover letters.
- Vendors must personalize the cover letters in the specified mail merge fields with:
  - the date mailed;
  - the name and address of the sample patient;
  - the first and last name of the sample patient in the salutation;
  - the facility's name (in two mail merge fields);

  - the vendor's name; and
  - the vendor's toll-free customer support telephone number and the days and hours the vendor is available for contact. The exact sentence containing these details is also included in the prenotification letter vendors are provided. If providing the cover letter in any of the approved languages, vendors should use the translated sentence from the prenotification letter.

- Survey vendors may only update the specified mail merge fields in the cover letters. Vendors cannot make any changes to the text of the cover letters except to remove the OMB Disclosure Notice (if the vendor chooses to include the notice on the mail survey only).
- Vendors must not modify the location of any mail merge fields (such as the date mailed and name/address block), unless they have an ERF approved by CMS.
- The CMS logo, along with CMS's return address, must be printed at the top of the cover letters.
- The cover letter includes the organizational signature, "Center for Medicare."
- 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);
- The following things are not permitted to appear on the cover letters:
  - the survey vendor's logo; or
  - the facility's logo or address;
- If printing the revised OMB Disclosure Notice on cover letters 1 and 2:
  - The notice must be equal to or larger than 9 point font.
  - Due to the length of the revised notice's text, it may be necessary to print the notice on the back of the letter, especially once the merge information has been added. Vendors should try to print the notice on the front of the letter but do not need to submit an ERF if they must print the notice on the back of the cover letters.
- The cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 (please see bullet above regarding OMB Disclosure Notice font size requirements); and

- Cover letters must be ***separate*** from the survey so that no PII/PHI is returned with the survey when the respondent sends it back to the survey vendor.

5.2.2.2 Recommendations for Cover Letters

- If survey vendors offering Spanish, traditional Chinese, simplified Chinese, Samoan, or Vietnamese versions of the survey want to add wording to the English cover letter indicating that a version of the survey is available in those languages, the survey vendor should submit an ERF to the Coordination Team.

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

5.2.3 ICH CAHPS Survey

The revised ICH CAHPS mail survey—implemented beginning with the 2026 Surveys—is now significantly shorter and contains 38 questions. The survey can be administered as is or can be combined with 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 31 are considered the "core" ICH CAHPS Survey questions and must be placed at the beginning of the survey. Questions 32 to 38 are the "About You" and "Help" questions and must be administered *as a unit*, though 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 survey, the "About You" questions must follow the core questions. Because changes are sometimes made to the mail surveys, including the OMB number, OMB expiration date, and OMB Disclosure Notice, vendors should always confirm that they are using the most recent version of the mail survey provided by the Coordination Team.

Starting with the 2025 Fall Survey, the OMB Disclosure Notice can be printed either on the mail survey OR on cover letters 1 and 2 (in all approved languages):

- Vendors can make the determination of whether to include the notice on the mail survey only, ICH CAHPS cover letters 1 and 2 only, or both the survey and the letters.

- If choosing to print the notice on the mail survey only (not the letters), vendors should remove the notice text from their personalized cover letters 1 and 2. If choosing to print the notice on cover letters 1 and 2 only (not the survey), vendors should remove the notice text from their personalized mail surveys.

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 and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual), is provided below.

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

5.2.3.1 ICH CAHPS Survey Requirements

- Every survey must begin with the core ICH CAHPS Survey questions (Qs 1 to 31).
- 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" and "Help" questions (Qs 32 to 38) 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" and "Help" 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, "About You," or "Help" questions) or 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 survey 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 survey. 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 survey must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11. The OMB Disclosure Notice, if printed on the mail survey, must be equal to or larger than 9 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 survey 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 survey. If the vendor would rather use an internal tracking ID on the

survey (or has other requests related to the placement of the SID on the survey), the vendor is required to submit an ERF to the Coordination Team for review and approval.

- Only CMS-approved translations of the survey 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 survey.

- The ICH facility's logo may appear on the mail survey, but cannot appear on the pre-notification letter, cover letters, or envelopes.

- 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, survey, 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, in case the respondent does not use or misplaces the business reply envelope included with the survey package mailed to the sample patient.

- The OMB number must be printed in the upper right-hand corner of the survey cover. If there is no cover, then the OMB number must be printed in the upper right-hand corner on the first page of the survey. In addition, the OMB expiration date must appear under the OMB number.

  – The OMB number and expiration date for the Spanish, Samoan, traditional and simplified Chinese, and Vietnamese surveys are translated into each language.

- If printing the revised OMB Disclosure Notice on the mail survey:

  – The notice may be printed on the survey cover (or the first page if there is no cover page) or the last page of the mail survey and must be equal to or larger than 9 point font.

  – Although the revised notice includes the OMB number within it, the OMB number must still appear separately on the survey cover (or first page of the mail survey if there is no cover page). In other words, if the revised notice is printed on the survey cover/first page, then the OMB number will appear twice on this page: once within the OMB Disclosure Notice and separately in the top right corner, along with the expiration date.

- Survey vendors must **not** offer sample patients the opportunity to complete the survey over the telephone if a mail-only mode is being implemented.
- Should an ICH CAHPS Survey vendor receive a request from a sample patient to receive/complete the survey in an alternate format or mode due to an accessibility issue, the vendor is asked to contact the Coordination Team for guidance on how to proceed. Examples of requests vendors may receive are listed below:
  - Requests for vendors to provide a large-print questionnaire due to a vision disability,
  - Requests for mail-only vendors to conduct the survey over the phone for a blind respondent, or
  - Requests for phone-only vendors to send a mail survey to a deaf or hard-of-hearing respondent.

5.2.3.2 Recommendations for Printing the ICH CAHPS Survey

- Survey vendors should consider printing the sample patient's SID number on every page or every other page of the survey in case the respondent defaces or marks through the SID on parts of the survey or returns the survey without the first page attached.
- Survey vendors should consider printing the SID at the top and bottom of every page in the survey 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 survey, 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 survey as a trifold document, we recommend including an instruction in the survey to alert sample patients that the last page of the survey is folded on top of another page and patients should make sure that they answer questions on all pages included in the survey.

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 available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

Guidance for adding other questions to the ICH CAHPS Survey 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 31). They may be placed either before or after the ICH CAHPS Survey "About You" and "Help" questions (Qs 32 to 38).

- 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 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 to the Coordination Team at ichcahps@rti.org. For the CY2026 ICH CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 6, 2026. Survey vendors can submit facility-specific questions after that date; however, those questions might not be approved in time to be included in the survey 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/PHI 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 survey.

- 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, such as those having to do with sexuality or gender, 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.

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.

Graft (GRAFT): Surgical connection of an artery directly to a vein using a synthetic tube, usually in the forearm, created in people who need **hemodialysis**. The arteriovenous (AV) **graft** causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV graft takes 72 hours to 2 weeks 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.

5.4 Mailing Survey Packages

Mailing requirements and recommendations for the ICH CAHPS Survey 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.

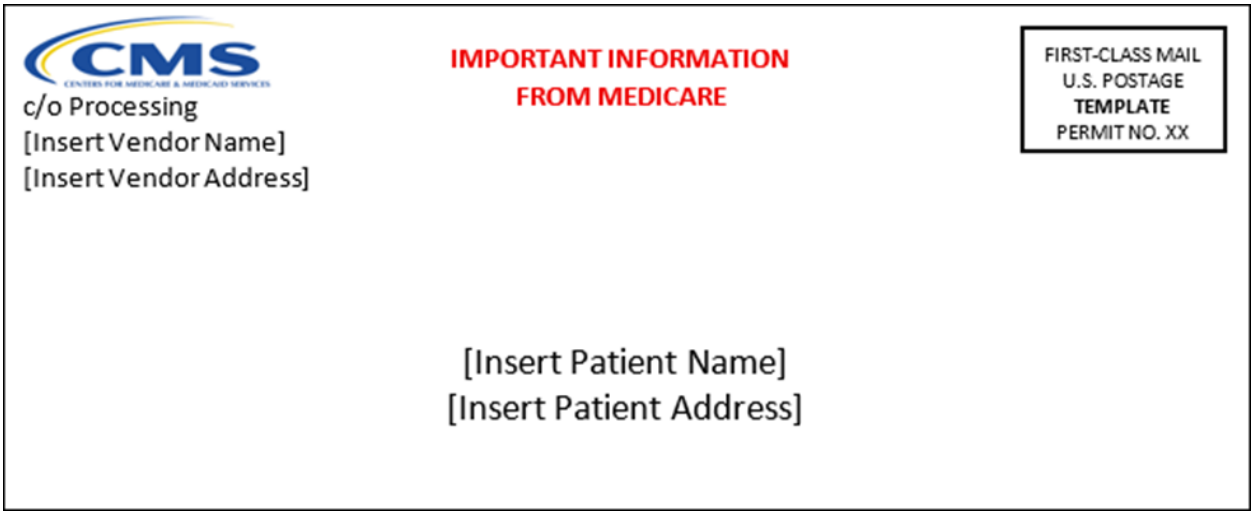
5.4.1 Mail Survey Envelopes

In addition to the prenotification envelopes discussed above, survey vendors are also responsible for supplying the outgoing envelopes that will be used to mail survey packages to sample patients. A postage-paid business reply envelope must be included with each survey package mailing, preaddressed to the survey vendor.

Survey Package Envelope Requirements

- Regardless of the size of the envelope, survey vendors must structure the envelope used to mail the survey packages as shown in ***Exhibit 5-2***.
- The CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address must be printed on the envelope. The Coordination Team provides 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. Survey vendors are permitted to use a window envelope to mail the survey packages as long as only the sample patient's name and address can be viewed in the window and the structure and contents on the envelope match those included in ***Exhibit 5-2***.
- The phrase "IMPORTANT INFORMATION FROM MEDICARE" must be printed in red above the patient's name and mailing address.
- The following things are not permitted to appear on the survey package envelope:
  - the survey vendor's logo; or
  - the facility's name, logo, or address;
- The postage-paid business reply envelope can be structured as needed by the survey vendor.

Exhibit 5-2. Outgoing ICH CAHPS Survey Package Envelope Structure and Contents



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 survey package must be mailed 14 days after the prenotification letter is mailed; the second survey package to sample patients who do not respond to the first mailing must be mailed 4 weeks after the first mailing.

- 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. 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 survey 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.

- If a survey vendor notices that multiple sample patients in their sample file have the same address as the facility, the vendor must alert the ICH CAHPS Coordination Team for guidance on next steps prior to mailing the prenotification letter for these patients.

- Each survey package must contain a personalized cover letter, survey, and postage-paid business reply 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 survey package to the sample patient at the correct address.

- We recommend that survey packages 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 survey packages to the survey vendor staff, which will allow the survey vendor to assess the completeness of the survey package and timeliness of package delivery.

5.5 Data Receipt and Data Capture Requirements

The following guidelines are provided for receiving and tracking returned surveys. 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 survey was received from each sample patient must be entered into the data record created for each case on the data file.

- Surveys 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 survey for proper disposition code assignment. If the note/comment appears to be a serious patient complaint, such as one that needs to be escalated to CMS (e.g., unsafe conditions, abuse, neglect, discrimination, and harassment), the vendor should alert the Coordination Team for guidance on next steps.

- Completed surveys 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 mailing.

- If two surveys are received from the same sample patient, survey vendors must keep and use the survey that has the more complete data, regardless of which survey is received first. If the two surveys 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 survey), the survey vendor **must not** process (scan or key) the data from the survey 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 37 and 38) and the case meets the completeness criteria.

- Survey vendors cannot process and include on the XML file any completed mail survey that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such surveys. This means that the vendor should thoroughly shred the completed survey so that no one can "reconstruct" the survey. 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 surveys.
- The scanning program must not permit out-of-range or invalid responses.
- A sample of surveys (minimum of 10 percent) must be rescanned and compared with the original scanned image of the survey as a quality control measure. Any discrepancies must be reconciled by a supervisor.
- The survey responses marked in a sample of surveys (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 Q35, and the "Helped in some other way" (response option 5) in Q38. 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.

5.5.3 Data Entry Requirements

- The key entry process must not permit keying of duplicate surveys.
- The key entry program must not permit out-of-range or invalid responses.
- All surveys must be 100 percent rekeyed for quality control purposes. That is, for every survey, a different key entry staff person must rekey the survey 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 8) in Q35, and the "Helped in some other way" (response option 5) in Q38. 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 survey assembly and mailout, data receipt, and data entry must be trained on:

- Use of relevant equipment and software (case management systems for entering survey receipts, scanning equipment, data entry programs);
- ICH CAHPS Survey protocols specific to their role (for example, contents of the survey package, requirements for visually reviewing surveys prior to scanning for notes/comments, how to document or enter returned surveys into the tracking system);
- Decision rules and coding guidelines for returned surveys (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 available for download on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). 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 E***) 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 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.[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 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

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.

[2] American Association for Public Opinion Research. (n.d.) *Additional IRB resources*. https://aapor.org/standards-and-ethics/institutional-review-boards/

- 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, survey 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 survey that they return to the vendor. The types of documents that sample patients might include with their returned surveys 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. If a facility wishes to administer an additional survey, it cannot repeat the ICH CAHPS Survey questions or include questions that are very similar. It can include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions as long as the questions are different from those included in the ICH CAHPS Survey.

When deciding on whether to administer additional surveys, we recommend facilities keep in mind the survey burden this may cause for their patients and that additional surveys could negatively affect the ICH CAHPS Survey response rates and number of completed interviews per survey period for the facility (which could impact whether data for the facility are publicly reported).

ICH facilities are ***strongly encouraged to refrain*** fielding additional surveys from:

- One week before the mailing of the prenotification letter in either the ICH CAHPS Spring Survey or Fall Survey

  Until

- One week after the mailing of the second survey package for mail-only mode.

Table 5-2 shows an example of how this suggested plan would be implemented for the 2026 Spring and Fall Survey periods:

Table 5-2. Mail-Only Mode: Recommended Schedule for Administering ICH CAHPS in Conjunction With Other Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Beginning of suggested 8-week period to refrain from administering additional surveys	April 10, 2026	October 9, 2026
Start of data collection (mailing of the prenotification letter)	April 17, 2026	October 16, 2026
Date of second wave of data collection (second survey package for mail-only)	May 29, 2026	November 27, 2026, **OR** December 2, 2026*
End of suggested 8-week period to refrain from administering additional surveys	June 5, 2026	December 4, 2026

* In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed

mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027, for both schedules.

In addition, 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 have been administering the ICH CAHPS Survey for each of their client ICH facilities on a semiannual basis (twice each year) since 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, 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 CY2026 ICH CAHPS Surveys. 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 the Coordination Team.

Table 6-1. CY2026 Telephone-Only Survey Administration Schedule

Activity	2026 Spring Survey	2026 Fall Survey
Sampling window (months in which sample patients received ICH care at their current facility)	October 1–December 31, 2025	April 1–June 30, 2026
Deadline to Submit Facility Non-Participation Form(s) for 2026	February 28, 2026	N/A
Vendor Authorization Deadline	February 28, 2026	August 31, 2026
Deadline to submit Facility Closed Attestation form(s)	February 28, 2026	August 31, 2026
Samples provided to ICH CAHPS Survey vendors	March 27, 2026	September 25, 2026
Survey vendors attest to receipt of sample file	March 31, 2026	September 29, 2026
Mail prenotification letter to sample patients	April 17, 2026	October 16, 2026
Begin telephone contact with sample patients*	May 1, 2026	October 30, 2026
End data collection	July 10, 2026	January 8, 2027
Data submission deadline	5:00 PM Eastern Time, July 29, 2026	5:00 PM Eastern Time, January 27, 2027

* Survey vendors must begin initial call attempts starting on the "begin telephone contact with sample patients" date. We do not expect that all sampled patients will receive a call on this date; however, they should receive this initial call very soon after the start date (and within the first week of data collection).

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 by the survey vendor via either mail or phone 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 kept private by law. Language is also included to emphasize the importance of repeat participation in the survey and to point out that the survey has been shortened in length.

The prenotification letter will be printed on CMS letterhead and includes the organizational signature, "Center for Medicare." The ICH CAHPS prenotification letter must be personalized for each sample patient; more information on this personalization can be found in the next section. ***ICH CAHPS Survey vendors are only permitted to edit the specified mail merge fields in the prenotification letters. Survey vendors cannot make any changes to the text of the prenotification letter***. Changes are sometimes made to the prenotification letter, including the CMS signature or letter text; vendors should always confirm that they are using the most recent version of the letter provided by the Coordination Team.

Survey vendors should note that although the prenotification letter is available in traditional and simplified Chinese, Samoan, and Vietnamese (and should be sent to sample patients requesting them), ***the ICH CAHPS Survey cannot be administered by telephone in traditional Chinese***, ***simplified Chinese, Samoan, or Vietnamese***. If a telephone interviewer learns during the course of a phone contact attempt that a sample patient speaks only Chinese, Samoan, or Vietnamese, 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, Samoan, or Vietnamese, 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, Samoan, or Vietnamese 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.

If a survey vendor notices in their sample file that multiple sample patients have the same address as the facility, the vendor should alert the ICH CAHPS Coordination Team for guidance on next steps prior to mailing the prenotification letter for these patients.

6.1.1.1 Requirements for the Prenotification Letter and Envelope

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website. The Coordination Team will provide a vendor-specific Microsoft Word prenotification letter template to each vendor; the Word template will allow vendors to personalize the letter for each sample patient. If a survey vendor will be offering the survey in any of the approved languages, the Coordination Team will also provide a Word template containing the prenotification letter in that language.

Each survey vendor will be responsible for using the Word template to personalize the specified mail merge fields, print the prenotification letters, and mail the letters to the patients sampled for each of its ICH facility clients. Survey vendors must also 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 its envelope that will be used to mail the letter.

- **Prenotification Preparation Requirements**

  – 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.

- **Prenotification Letter Requirements**

  – Vendors must personalize the prenotification letters in the specified mail merge fields with:

    - the date mailed,
    - the name and address of the sample patient, and
    - the first and last name of the sample patient in the salutation.

  – Survey vendors may only update the specified mail merge fields in the prenotification letters. Vendors cannot make any changes to the text of the prenotification letter.

  – Vendors must not modify the location of any mail merge fields (such as the date mailed and name/address block), unless they have an ERF approved by CMS.

  – The CMS logo, along with CMS's return address, must be printed at the top of the prenotification letter.

  – The prenotification letter includes the organizational signature, "Center for Medicare."

  – The Coordination Team will pre-fill the following information in the prenotification letter template provided to the survey vendors:

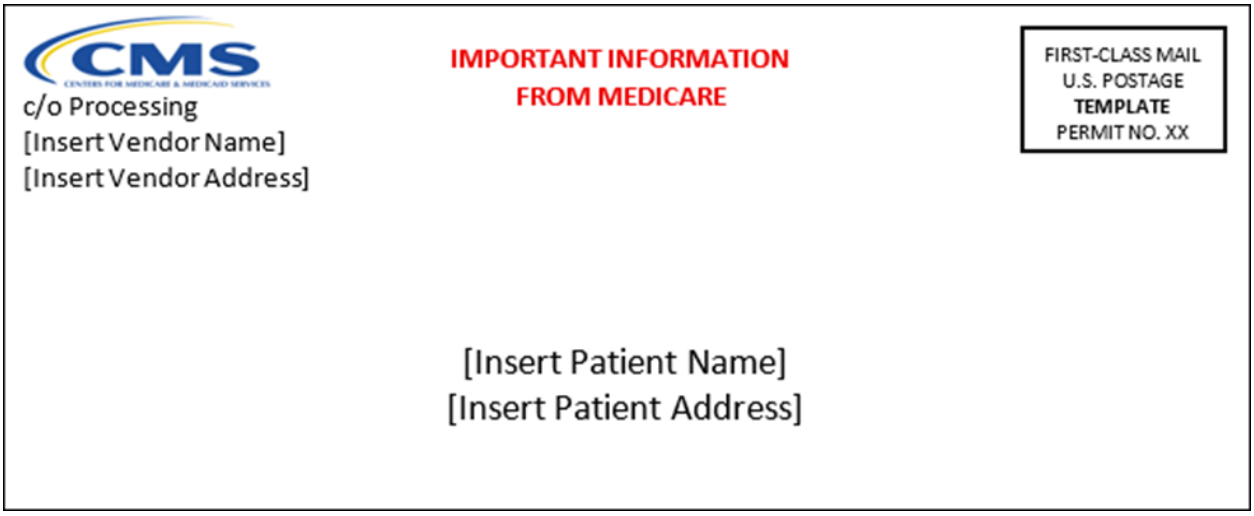
    - the vendor's name (in two mail merge fields);
    - the vendor's toll-free customer support telephone number; and
    - the days and hours the vendor is available for contact.

If any changes are needed to the vendor's contact information, the vendor should notify the Coordination Team.

- The following things are not permitted to appear on the prenotification letter:
  - the survey vendor's logo; or
  - the facility's name, logo, or address.

- **Prenotification Letter Envelope Requirements**
  - Survey vendors must structure the prenotification envelope as shown in ***Exhibit 6-1***.
  - The CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address must be printed on the envelope. The Coordination Team provides 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. Survey vendors are permitted to use a window envelope to mail the prenotification letters as long as only the sample patient's name and address can be viewed in the window and the structure and contents on the envelope match those included in ***Exhibit 6-1***.
  - The phrase "IMPORTANT INFORMATION FROM MEDICARE" must be printed in red above the patient's name and mailing address.
  - The following things are not permitted to appear on the prenotification letter envelope:
    - the survey vendor's logo; or
    - the facility's name, logo, or address.

Exhibit 6-1. ICH CAHPS Prenotification Envelope Structure and Content



6.1.1.2 Recommendations 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.
- Vendors are permitted to include a second approved language of the prenotification letter on the back of the English version of the letter. For example, vendors may print the Spanish version of the prenotification letter on the back of the English version.
  - If printing two-sided prenotification letters, vendors should be mindful that the type of fold they use to mail the letters could make it difficult for a sample patient to initially see the language that they need. Vendors are asked to avoid using the Z-fold (accordion fold) when sending out two-sided letters. Instead, vendors are encouraged to use a bifold, trifold, or no fold at all.

6.2 Telephone Interview Development Process

The following sections describe the requirements for producing all materials and systems needed for the telephone-only survey administration. The telephone interview script in English and Spanish are available in Microsoft Word on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Note that even though Chinese, Samoan, and Vietnamese versions of the mail survey are available, the ***ICH CAHPS Survey cannot be administered by telephone in Chinese, Samoan, or Vietnamese***. A list of questions frequently asked by sample patients and suggested answers to those questions are also available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Some general guidelines for telephone interviewer training and monitoring are provided in ***Appendix B***.

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 the regulations, please visit the FTC website and the FCC website.

- 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. ***Please note that vendors ARE expected to call cell phone numbers***, especially given that most people have only cell phone numbers and not calling these numbers would affect ICH CAHPS response rates. 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 is 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, revised for the 2026 Surveys, is now significantly shorter and contains 36 questions. Questions 1 to 31 are considered the "core" ICH CAHPS Survey questions and must be placed at the beginning of the interview. Questions 32 to 36 are the "About You" ICH CAHPS Survey questions. Note that the ICH CAHPS telephone interview script contains only 36 questions, and the mail survey contains 38 questions; the difference in the number of questions is that the mail survey contains questions

asking if anyone helped the sample patient to complete the survey (Questions 37 and 38). These two questions are not applicable if the survey is administered by telephone.

There are 21 ICH CAHPS 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 and Protocols web page.

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 survey, the questions in the "About You" section must follow the core set of questions.

The telephone scripts in English and Spanish are posted on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). As noted in the preceding section, the ICH CAHPS Survey will not be administered by telephone in Chinese, Samoan, or Vietnamese; therefore, a telephone script in those languages is not provided.

Because changes are sometimes made to the telephone scripts, vendors should always confirm that they are using the most recent version of the script provided by the Coordination Team.

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.

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.

Graft (GRAFT): Surgical connection of an artery directly to a vein using a synthetic tube, usually in the forearm, created in people who need **hemodialysis**. The arteriovenous (AV) **graft** causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV graft takes 72 hours to 2 weeks 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 Programming Requirements

- The telephone survey must begin with the core ICH CAHPS Survey questions (Qs 1 to 31).
- 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 32 to 36) 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 (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.
- Only CMS-approved translations of the survey 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 available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

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

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 31). They may be placed either before or after the ICH CAHPS Survey "About You" questions (Qs 32 to 36).

- 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 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 to the Coordination Team at ichcahps@rti.org. For the CY2026 ICH CAHPS Spring Survey, the deadlines for submitting facility-specific supplemental questions to the Coordination Team was February 6, 2026. 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 survey 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/PHI 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 survey.

- 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, such as those having to do with sexuality or gender, or lengthy additions, because these will likely reduce expected response rates.

6.3 Telephone Interviewing Requirements

Telephone interviewing requirements for the ICH CAHPS Survey 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 callback 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 or 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 try their best to call sample patients' new telephone number the required 10 times, 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 a vendor is unable to complete 10 attempts on a new number due to receiving the new number very late in the data collection period, the vendor should combine the old and new call attempts, ensuring that at least 10 attempts were made in total, and then code the case as a 250. Please note that this is only permissible when the new number is received late in the data collection period.

- If a survey vendor has multiple phone numbers from EQRS data, 3rd-party phone search, or data from client facilities, vendors should try all numbers available in an effort to reduce the number of cases coded as 250 (No response after maximum attempts). Although all numbers should be tried, it is the discretion of the vendor to decide the hierarchy of the phone numbers available. Vendors should also still be mindful of following, to the best of their ability, the "10 attempts" rule described in the previous bullet.

- 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 survey 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, Samoan, or Vietnamese, 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.

- If a survey vendor notices in their sample file that multiple sample patients have the same address ***and*** phone number as the facility, **and** the CCN is assigned to either the telephone-only or mixed mode data collection, the vendor must alert the ICH CAHPS Coordination Team for guidance on any needed next steps prior to initiating telephone data collection efforts for these patients.

- Should an ICH CAHPS Survey vendor receive a request from a sample patient to receive/complete the survey in an alternate format or mode due to an accessibility issue, the

vendor is asked to contact the Coordination Team for guidance on how to proceed. Examples of requests vendors may receive are listed below:

  - Requests for vendors to provide a large-print questionnaire due to a vision disability,
  - Requests for mail-only vendors to conduct the survey over the phone for a blind respondent, or
  - Requests for phone-only vendors to send a mail survey to a deaf or hard-of-hearing respondent.

- Sample patients assigned to the telephone-only mode may call in to the vendor's customer support toll-free line requesting to complete the telephone interview. Although it is not required that vendors complete telephone interviews on the spot when a sample patient calls a vendor's toll-free hotline, vendors are encouraged to accommodate these sample patients' requests, if possible.

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 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 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 from the EQRS database and excludes patients who do not meet survey-eligibility criteria. Patients who reside in a nursing home or skilled nursing facility are eligible to participate in the ICH CAHPS Survey, but ***only*** **if they travel to an ICH facility to receive dialysis**. Sample patients who live in a nursing home/skilled nursing facility **and** receive dialysis at this same nursing home/skilled nursing facility are ineligible to participate in the survey.

- However, because EQRS does not contain an explicit indicator that the patient (a) lives in a nursing home and (b) receives dialysis treatment at the nursing home, this determination is usually made by vendors during the ICH CAHPS data collection period, often via the sample patient's response to Q1 in the survey (which asks where they receive their dialysis treatment).

- 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 response option 1 ("At home or at a skilled nursing home where I live"), the CATI program should skip the sample patient to Q32 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 patient, and if so, ask for the sample patient's phone number.

6.4 Telephone Interviewer Training

Survey vendors must provide training to all telephone interviewers prior to beginning telephone survey data collection activities. Telephone interviewer 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 B***);

- Use the list of questions frequently asked by sample patients and suggested answers to those questions so that they can answer questions in a standardized format. These are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual); 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 prior to permitting the interviewer to make 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 and ability to respond to sample patients' questions about the survey. Documentation of training of all telephone interviewers and customer support staff and certification of all telephone interviewers 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 E***) 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

Survey vendors must develop a "distressed respondent protocol," to be incorporated into all telephone interviewer and help desk trainings. 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 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 the protection of human subjects is available at AAPOR's website.[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)
- 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.
- 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 Data Center. Identifiable data include respondent names and contact information.
- Survey vendors must assign a final 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

[3] American Association for Public Opinion Research. (n.d.). *Additional IRB resources*. https://aapor.org/standards-and-ethics/institutional-review-boards/

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. If a facility wishes to administer an additional survey, it cannot repeat the ICH CAHPS Survey questions or include questions that are very similar. It can include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions as long as the questions are different from those included in the ICH CAHPS Survey.

When deciding on whether to administer additional surveys, we recommend facilities keep in mind the survey burden this may cause for their patients and that additional surveys could negatively affect the ICH CAHPS Survey response rates and number of completed interviews per survey period for the facility (which could impact whether data for the facility are publicly reported).

ICH facilities are ***strongly encouraged to refrain*** fielding additional surveys from:

- One week before the mailing of the prenotification letter in either the ICH CAHPS Spring Survey or Fall Survey

  Until

- One week after the second wave of data collection begins (i.e., mailing of the second survey package for mail-only, continued calling for phone-only, and the beginning of phone follow-up for mixed mode).

Table 6-2 shows an example of how this suggested plan would be implemented for the 2026 Spring and Fall Survey periods:

Table 6-2. Telephone-Only Mode: Recommended Schedule for Administering ICH CAHPS in Conjunction With Other Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Beginning of suggested 8-week period to refrain from administering additional surveys	April 10, 2026	October 9, 2026
Start of data collection (mailing of the prenotification letter)	April 17, 2026	October 16, 2026
Date of second wave of data collection (continued calling for phone-only)	May 29, 2026	November 27, 2026, **OR** December 2, 2026*
End of suggested 8-week period to refrain from administering additional surveys	June 5, 2026	December 4, 2026

* In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027, for both schedules.

In addition, 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.

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, telephone interviewing materials, and the data collection systems. Guidelines are also provided for mailing the prenotification letters and survey packages, developing and administering the telephone interview, data processing activities (such as optical scanning and data entry of the mail survey), and general interviewing protocols and frequently asked questions that telephone 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 have been administering the ICH CAHPS Survey for each of their ICH facility clients on a semiannual basis (twice each year) since 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 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 survey package will be sent to sample patients 14 days after the prenotification letter is mailed. Four weeks after the first survey 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. ***Please note, survey vendors must use the same data collection mode for all of a facility's sample patients during a survey period.***

Table 7-1 shows the sampling window and schedule, including the data submission deadline, for the CY2026 ICH CAHPS Surveys. 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 the Coordination Team.

Table 7-1. CY2026 Mixed Mode Survey Administration Schedule

Activity	2026 Spring Survey	2026 Fall Survey
Sampling window (months in which sample patients received ICH care at their current facility)	October 1–December 31, 2025	April 1–June 30, 2026
Deadline to Submit Facility Non-Participation Form(s) for 2026	February 28, 2026	N/A
Vendor Authorization Deadline	February 28, 2026	August 31, 2026
Deadline to submit Facility Closed Attestation form(s)	February 28, 2026	August 31, 2026
Samples provided to ICH CAHPS Survey vendors	March 27, 2026	September 25, 2026
Survey vendors attest to receipt of sample file	March 31, 2026	September 29, 2026
Mail prenotification letter to sample patients	April 17, 2026	October 16, 2026
Mail survey with cover letter to sample patients	May 1, 2026	October 30, 2026
Initiate telephone follow-up contact for all mail survey nonrespondents*	May 29, 2026	November 27, 2026, **OR** December 2, 2026**
End data collection activities	July 10, 2026	January 8, 2027
Data submission deadline	5:00 PM Eastern Time, July 29, 2026	5:00 PM Eastern Time, January 27, 2027

* Survey vendors must begin call attempts starting on the telephone follow-up start date. We do not expect that all sampled patients will receive a call on this start date; however, they should receive a call very soon after the start date (and within the first week of telephone follow-up data collection).

** In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027, for both schedules.

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 Coordination Team and are administering, but they are not required to offer or administer the survey in any of the other approved survey languages (Spanish, simplified Chinese, traditional Chinese, Samoan, and Vietnamese). If a facility chooses to use mixed mode data collection and it has sample patients who speak only Chinese, Samoan, or Vietnamese, the survey vendor can send the prenotification letter and the first survey package to those patients in the applicable approved language. If, however, Chinese-, Samoan-, or Vietnamese-speaking sample patients do not return the mail survey, 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.

Survey vendors should note that even though the prenotification letter and mail survey are available in traditional and simplified Chinese, Samoan, and Vietnamese (and should be sent to sample patients requesting them), ***the ICH CAHPS Survey cannot be administered by telephone in traditional Chinese, simplified Chinese, Samoan, or Vietnamese***. If a telephone interviewer learns during the course of a phone contact attempt that a sample patient speaks only Chinese, Samoan, or Vietnamese, 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.

Although the facility might indicate that a sample patient's preferred language is Chinese, Samoan, or Vietnamese, 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, Samoan, or Vietnamese, 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 Surveys

The requirements for producing all materials needed for the mail phase of the mixed mode survey administration are described below. The mail cover letters and the mail survey in English, Spanish, traditional Chinese, simplified Chinese, Samoan, and Vietnamese are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual).

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

7.2.1 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 by the survey vendor via either mail or phone 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 kept private by law. Language is also included to emphasize the importance of repeat participation in the survey and to point out that the survey has been shortened in length.

The prenotification letter will be printed on CMS letterhead and includes the organizational signature, "Center for Medicare." The ICH CAHPS prenotification letter must be personalized for each sample patient. ***ICH CAHPS Survey vendors are only permitted to edit the specified mail merge fields in the prenotification letters. Survey vendors cannot make any changes to the text of the prenotification letter***. Changes are sometimes made to the prenotification letter, including the CMS signature or letter text; vendors should always confirm that they are using the most recent version of the letter provided by the Coordination Team.

7.2.1.1 Requirements for the Prenotification Letter and Envelope

The prenotification letter that will be used on the ICH CAHPS Survey is not available on the ICH CAHPS website. The Coordination Team will provide a vendor-specific Microsoft Word prenotification letter template to each vendor; the Word template will allow vendors to personalize the letter for each sample patient. If a survey vendor will be offering the survey in any of the approved languages, the Coordination Team will also provide a Word template containing the prenotification letter in that language.

Each survey vendor will be responsible for using the Word template to personalize the specified mail merge fields, print the prenotification letters, and mail the letters to the patients sampled for each of its ICH facility clients. Survey vendors must also 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 its envelope that will be used to mail the letter.

- **Prenotification Preparation Requirements**
  - 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.
- **Prenotification Letter Requirements**
  - Vendors must personalize the prenotification letters in the specified mail merge fields with:

- the date mailed,
- the name and address of the sample patient, and
- the first and last name of the sample patient in the salutation.

– Survey vendors may only update the specified mail merge fields in the prenotification letters. Vendors cannot make any changes to the text of the prenotification letter.

– Vendors must not modify the location of any mail merge fields (such as the date mailed and name/address block), unless they have an ERF approved by CMS

– The CMS logo, along with CMS's return address, must be printed at the top of the prenotification letter.

– The prenotification letter includes the organizational signature, "Center for Medicare."

– The Coordination Team will pre-fill the following information in the prenotification letter template provided to the survey vendors:

- the vendor's name (in two mail merge fields);
- the vendor's toll-free customer support telephone number; and
- the days and hours the vendor is available for contact.

If any changes are needed to the vendor's contact information, the vendor should notify the Coordination Team.

– The following things are not permitted to appear on the prenotification letter:

- the survey vendor's logo; or
- the facility's name, logo, or address.

• **Prenotification Letter Envelope Requirements:**

– Survey vendors must structure the prenotification envelope as shown in ***Exhibit 7-1***.

– The CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address must be printed on the envelope. The Coordination Team provides 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. Survey vendors are permitted to use a window envelope to mail the prenotification letters as long as only the sample patient's name and address can be viewed in the window and the structure and contents on the envelope match those included in ***Exhibit 7-1***.

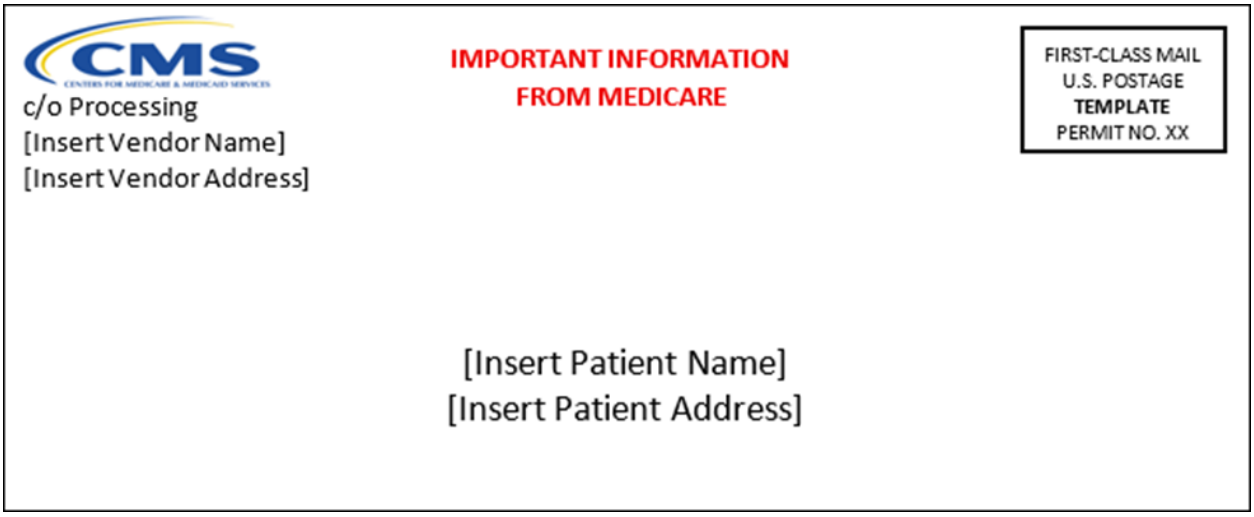
– The phrase "IMPORTANT INFORMATION FROM MEDICARE" must be printed in red above the patient's name and mailing address.

– The following things are not permitted to appear on the prenotification letter envelope:.

  ▪ the survey vendor's logo; or

  ▪ the facility's name, logo, or address.

Exhibit 7-1. ICH CAHPS Prenotification Envelope Structure and Content



7.2.1.2 Recommendations 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.

- Vendors are permitted to include a second approved language of the prenotification letter on the back of the English version of the letter. For example, vendors may print the Spanish version of the prenotification letter on the back of the English version.

  – If printing two-sided prenotification letters, vendors should be mindful that the type of fold they use to mail the letters could make it difficult for a sample patient to initially see the language that they need. Vendors are asked to avoid using the Z-fold (accordion fold) when sending out two-sided letters. Instead, vendors are encouraged to use a bifold, trifold, or no fold at all.

7.2.2 Mail Survey Cover Letters (First Survey Package Mailing)

The cover letter included with each survey package explains the purpose of the survey and how the results will be used, provides instructions on how to participate in the survey, emphasizes the importance of repeat participation, and contains the survey vendor's toll-free telephone number(s) and available days/hours so that sample patients can contact the survey vendor if they have any questions about the survey. The survey package that survey vendors send to sample patients will consist of a cover letter, the ICH CAHPS Survey, and a postage-paid return envelope. The official ICH CAHPS cover letters in English, Spanish, traditional Chinese, simplified Chinese, Samoan, and Vietnamese are located on the ICH CAHPS website (links to these materials can also be found in ***Appendix A*** of this manual).

Survey vendors must use the official ICH CAHPS cover letters. The cover letter includes the organizational signature, "Center for Medicare," and includes the CMS logo.

Starting with the 2025 Fall Survey, the OMB Disclosure Notice can be printed either on the mail survey OR on cover letter 1 (in all approved languages):

- Vendors can make the determination of whether to include the notice on the mail survey only, ICH CAHPS cover letter 1 only, or both the survey and the letter.

- If choosing to print the notice on the mail survey only (not the letter), vendors should remove the notice text from their personalized cover letter 1. If choosing to print the notice on cover letter 1 only (not the survey), vendors should remove the notice text from their personalized mail surveys.

ICH CAHPS Survey vendors are only permitted to edit the specified mail merge fields in the cover letter. Survey vendors cannot make any changes to the text of the cover letter except to remove the OMB Disclosure Notice (if the vendor chooses to include the notice on the mail survey only).

The Coordination Team will provide each approved vendor with a Microsoft Word cover letter template so that it can be personalized for each sample patient. If a survey vendor will be

offering the survey in any additional approved language, CMS will provide a Word file containing the cover letter in that language. Each survey vendor will be responsible for using the Word file to personalize the specified mail merge fields, print the cover letter, and mail it with the survey package. Changes are sometimes made to the cover letters, including the CMS signature, letter text, or OMB Disclosure Notice text; vendors should always confirm that they are using the most recent version of the letters provided by the Coordination Team.

7.2.2.1 Requirements for Cover Letters

- Survey vendors are required to use the official ICH CAHPS cover letters; vendors are not permitted to use their own version of cover letters.
- Vendors must personalize the cover letters in the specified mail merge fields with:
  - the date mailed;
  - the name and address of the sample patient;
  - the first and last name of the sample patient in the salutation;
  - the facility's name (in two mail merge fields);
  - the vendor's name; and
  - the vendor's toll-free customer support telephone number and the days and hours the vendor is available for contact. The exact sentence containing these details is also included in the prenotification letter vendors are provided. If providing the cover letter in any of the approved languages, vendors should use the translated sentence from the prenotification letter.
- Survey vendors may only update the specified mail merge fields in the cover letters. Vendors cannot make any changes to the text of the cover letters except to remove the OMB Disclosure Notice (if the vendor chooses to include the notice on the mail survey only).
- Vendors must not modify the location of any mail merge fields (such as the date mailed and name/address block), unless they have an ERF approved by CMS.
- The CMS logo, along with CMS's return address, must be printed at the top of the cover letters.
- The cover letter includes the organizational signature, "Center for Medicare."

- 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).

- The following things are not permitted to appear on the cover letters:

  – the survey vendor's logo; or

  – the facility's logo or address.

- If printing the revised OMB Disclosure Notice on cover letter 1:

  – the notice must be equal to or larger than 9 point font; and

  – due to the length of the revised notice's text, it may be necessary to print the notice on the back of the letter, especially once the merge information has been added. Vendors should try to print the notice on the front of the letter but do not need to submit an ERF if they must print the notice on the back of the cover letter.

- The cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 (please see bullet above regarding OMB Disclosure Notice font size requirements).

- Cover letters must be ***separate*** from the survey so that no PII/PHI is returned with the survey when the respondent sends it back to the survey vendor.

7.2.2.2 Recommendations for Cover Letters

- If survey vendors offering Spanish, traditional Chinese, simplified Chinese, Samoan, or Vietnamese versions of the survey want to add wording to the English cover letter indicating that a version of the survey is available in those languages, the survey vendor should submit an ERF to the Coordination Team.

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

7.2.3 ICH CAHPS Survey

The revised ICH CAHPS mail survey—implemented beginning with the 2026 Surveys—is now significantly shorter and contains 38 questions. The survey can be administered as is or can be combined with ICH CAHPS supplemental questions or facility-specific questions (more information about supplemental and facility-specific questions can be found throughout this chapter). Questions 1 to 31 are considered the "core" ICH CAHPS Survey questions and must be placed at the beginning of the survey. Questions 32 to 38 are the "About You" and "Help" ICH CAHPS Survey questions and must be administered *as a unit*, though 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 survey, the "About You" questions must follow the core questions. Because changes are sometimes made to the mail surveys, including the OMB number, OMB expiration date, and OMB Disclosure Notice, vendors should always confirm that they are using the most recent version of the mail survey provided by the Coordination Team.

Starting with the 2025 Fall Survey, the OMB Disclosure Notice can be printed either on the mail survey OR on cover letter 1 (in all approved languages):

- Vendors can make the determination of whether to include the notice on the mail survey only, ICH CAHPS cover letter 1 only, or both the survey and the letter.
- If choosing to print the notice on the mail survey only (not the letter), vendors should remove the notice text from their personalized cover letter 1. If choosing to print the notice on cover letter 1 only (not the survey), vendors should remove the notice text from their personalized mail surveys.

There are 21 ICH CAHPS supplemental questions available for ICH facilities to use if they desire. 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. More information about the ICH CAHPS supplemental questions, which are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual), is provided below.

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

7.2.3.1 ICH CAHPS Survey Requirements

- Every survey must begin with the core ICH CAHPS Survey questions (Qs 1 to 31).
- 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" and "Help" questions (Qs 32 to 38) 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" and "Help" 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, "About You," or "Help" 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 survey 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 survey. 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 survey must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11. The OMB Disclosure Notice, if printed on the mail survey, must be equal to or larger than 9 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 survey 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 survey. If the vendor would rather use an internal tracking ID on the survey (or has other requests related to the placement of the SID on the survey), the vendor is required to submit an ERF to the Coordination Team for review and approval.

- Only CMS-approved translations of the survey 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 survey.

- The ICH facility's logo may appear on the mail survey, but cannot appear on the pre-notification letter, cover letters or envelopes.

- 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, survey, 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 in case the respondent does not use or misplaces the business reply envelope included with the survey package mailed to the sample patient.

- The OMB number must be printed in the upper right-hand corner of the survey cover. If there is no cover, then the OMB number must be printed in the upper right-hand corner of the first page of the survey. In addition, the OMB expiration date must appear under the OMB number.

  – The OMB number and expiration date for the Spanish, traditional Chinese, and simplified Chinese, Samoan, and Vietnamese surveys are translated into each language.

- If printing the revised OMB Disclosure Notice on the mail survey:

  – The notice may be printed on the survey cover (or the first page if there is no cover page) or the last page of the mail survey and must be equal to or larger than 9 point font.

  – Although the revised notice includes the OMB number within it, the OMB number must still appear separately on the survey cover (or first page of the mail survey if there is no cover page). In other words, if the revised notice is printed on the survey cover/first page, then the OMB number will appear twice on this page: once within the OMB Disclosure Notice and separately in the top right corner, along with the expiration date.

- 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.

- Should an ICH CAHPS Survey vendor receive a request from a sample patient to receive/complete the survey in an alternate format or mode due to an accessibility issue, the vendor is asked to contact the Coordination Team for guidance on how to proceed. Examples of requests vendors may receive are listed below:

  – Requests for vendors to provide a large-print questionnaire due to a vision disability,

  – Requests for mail-only vendors to conduct the survey over the phone for a blind respondent, or

  – Requests for phone-only vendors to send a mail survey to a deaf or hard-of-hearing respondent.

7.2.3.2 Recommendations for Printing the ICH CAHPS Survey

- Survey vendors should consider printing the sample patient's SID number on every page or every other page of the survey in case the respondent defaces or marks through the SID on parts of the survey or returns the survey without the first page attached.
- Survey vendors should consider printing the SID at the top and bottom of every page in the survey 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 survey, 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 survey as a trifold document, we recommend including information in the survey to alert sample patients that the last page of the survey is folded on top of another page and that patients should make sure they answer questions on all pages included in the survey.

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 available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

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

7.2.4.1 Requirements for Adding Supplemental Questions and Facility-Specific Questions (Mail Survey)

- All ICH CAHPS supplemental questions and facility-specific questions added to the mail survey must be placed **after** the core ICH CAHPS Survey questions (Qs 1 to 31). They may be placed either before or after the ICH CAHPS Survey "About You" and "Help" questions (Qs 32 to 38).

- 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 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 in the ICH CAHPS Survey to the Coordination Team at ichcahps@rti.org. For the CY2026 ICH CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 6, 2026. 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 survey 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 question 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/PHI 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 survey.

- 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, such as those having to do with sexuality or gender, 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.

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.

Graft (GRAFT): Surgical connection of an artery directly to a vein using a synthetic tube, usually in the forearm, created in people who need **hemodialysis**. The arteriovenous (AV) **graft** causes the vein to grow thicker, allowing the repeated needle insertions required for hemodialysis. Development of the AV graft takes 72 hours to 2 weeks 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.

7.3 Mailing Survey Packages

Mailing requirements and recommendations for the ICH CAHPS Survey 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

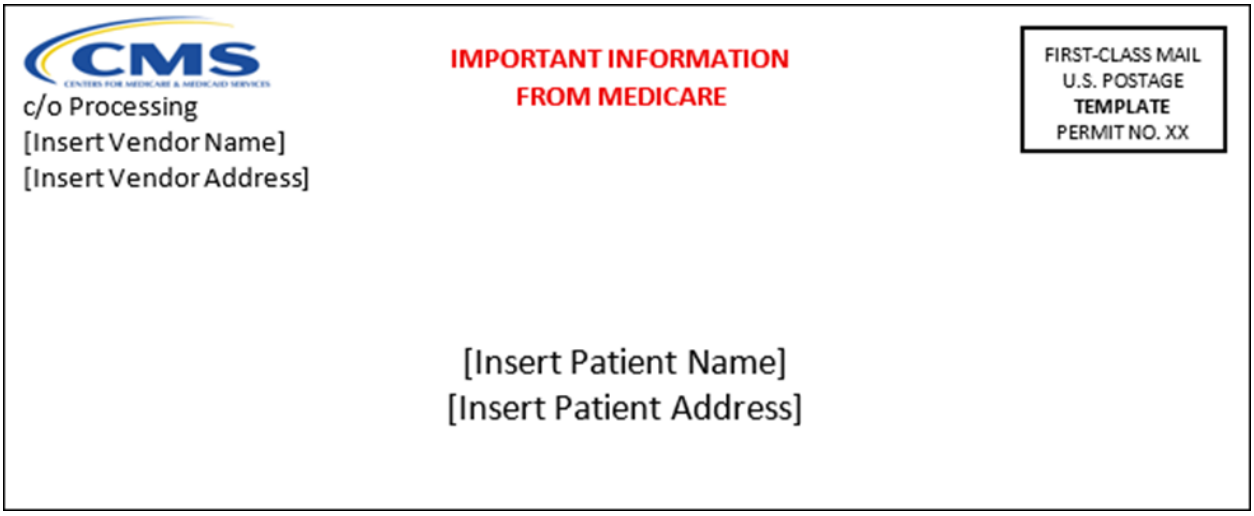
In addition to the prenotification envelopes discussed above, survey vendors are also responsible for supplying the outgoing envelopes that will be used to mail survey packages to sample

patients. A postage-paid business reply envelope must be included with each survey package mailing, preaddressed to the survey vendor.

Survey Package Envelope Requirements:

- Regardless of the size of the envelope, survey vendors must structure the envelope used to mail the survey packages as shown in ***Exhibit 7-2***.
- The CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address must be printed on the envelope. The Coordination Team provides 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. Survey vendors are permitted to use a window envelope to mail the survey packages as long as only the sample patient's name and address can be viewed in the window and the structure and contents on the envelope match those included in ***Exhibit 7-2***.
- The phrase "IMPORTANT INFORMATION FROM MEDICARE" must be printed in red above the patient's name and mailing address.
- The following things are not permitted to appear on the survey package envelope:
  - the survey vendor's logo; or
  - the facility's name, logo, or address;
- The postage-paid business reply envelope can be structured as needed by the survey vendor.

Exhibit 7-2. Outgoing ICH CAHPS Survey Package Envelope Structure and Contents



7.3.2 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 survey package must be mailed 14 days after the prenotification letter is mailed.

- 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 survey 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 must assign the case for telephone follow-up.

- If a survey vendor notices that multiple sample patients in their sample file have the same address as the facility, the vendor must alert the ICH CAHPS Coordination Team for guidance on next steps prior to mailing the prenotification letter for these patients.

- Each survey package must contain a personalized cover letter, survey, and postage-paid business reply 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 survey package to the sample patient's correct mailing address.

- We recommend that survey packages 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 survey packages to the survey vendor staff, thereby allowing the survey vendor to assess the completeness of the survey package and timeliness of package delivery.

7.4 Data Receipt and Data Capture Requirements

The following guidelines are provided for receiving and tracking returned surveys. 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.

7.4.1 Data Receipt Requirements

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

- Surveys 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 survey for proper disposition code assignment. If the note/comment appears to be a serious patient complaint, such as one that needs to be escalated to CMS (e.g., unsafe conditions, abuse, neglect, discrimination, and harassment), the vendor should alert the Coordination Team for guidance on next steps.

- Completed surveys 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 survey 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 survey/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 survey), the survey vendor **must not** process (scan or key) the data from the survey 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 37 and 38) and the case meets the completeness criteria.

- Survey vendors cannot process and include on the XML file any completed mail survey that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such surveys. This means that the vendor should thoroughly shred the completed survey so that no one can "reconstruct" the survey. 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 surveys.

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

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

- The survey responses marked in a sample of surveys (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 Q35 and the "Helped in some other way" (response option 5) in Q38. 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 surveys.

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

- All surveys must be 100 percent rekeyed for quality control purposes. That is, for every survey, a different key entry staff person must rekey the survey 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 Q35 and the "Helped in some other way" (response option 5) in Q38. 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 survey assembly and mailout, data receipt, and data entry must be trained on:

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

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

- Decision rules and coding guidelines for returned surveys (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 available for download on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Note that some patients might call the vendor's hotline to complain about their ICH facility or the hemodialysis care they receive. Customer service staff and telephone interviewers should have the list of ESRD Networks that serve patients in each state (see ***Appendix E***) 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.

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* patients 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, survey 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 survey that they return to the vendor. The types of documents that sample patients might include with their returned surveys 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 survey package is sent to all sample patients. The following sections 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 and Spanish are available in Microsoft Word on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Note that even though Chinese, Samoan, and Vietnamese versions of the mail survey are available, the ***ICH CAHPS Survey cannot be administered by telephone in Chinese, Samoan, or Vietnamese***. A list of questions frequently asked by sample patients and suggested answers to those questions are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). Some general guidelines for telephone interviewer training and monitoring are provided in ***Appendix B***.

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. ***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 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 the regulations, please visit the FTC website and the FCC website.

- 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. ***Please note that vendors ARE expected to call cell phone numbers***, especially given that most people have only cell phone numbers and not calling these numbers would affect ICH CAHPS response rates. 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 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 is 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—revised for the 2026 Surveys—is now significantly shorter and contains 36 questions. Questions 1 to 31 are considered the "core" ICH CAHPS Survey questions and must be placed at the beginning of the interview. Questions 32 to 36 are the "About You" ICH CAHPS Survey questions. Note that the ICH CAHPS telephone interview script contains only 36 questions, and the mail survey contains 38 questions; the difference in the number of questions is that the mail survey contains questions asking if anyone helped the sample patient to complete the survey (Questions 37 and 38). These two 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, 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 do not need to be administered as a group. ICH CAHPS supplemental questions are available on the ICH CAHPS Survey and Protocols web page.

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 any. If

the ICH facility does not plan to add supplemental or facility-specific questions to the survey, the questions in the "About You" section must follow the core set of questions.

The telephone scripts in English and Spanish are posted on the ICH CAHPS Survey and Protocols web page. As noted in a preceding section in this manual, the ICH CAHPS Survey will not be administered by telephone in Chinese, Samoan, or Vietnamese; therefore, a telephone script in those languages is not provided.

Because changes are sometimes made to the telephone scripts, vendors should always confirm that they are using the most recent version of the script provided by the Coordination Team.

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

7.7.3 ICH CAHPS Telephone Survey Programming Requirements

- Every telephone survey must begin with the core ICH CAHPS Survey questions (Qs 1 to 31).
- 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 32 to 36) 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 (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 choices.
- Only CMS-approved translations of the survey 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 available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual). ICH facilities might wish to use some of these questions or add their own facility-specific questions to the ICH CAHPS Survey.

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

7.7.4.1 Requirements for Adding Supplemental Questions and Facility-Specific Questions (Telephone Script)

- All ICH CAHPS supplemental questions and facility-specific questions added to the telephone script must be placed **after** the core ICH CAHPS Survey questions (Qs 1 to 31). They may be placed either before or after the ICH CAHPS Survey "About You" questions (Qs 32 to 36).

- Use of any of the 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 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 Coordination Team at ichcahps@rti.org. For the CY2026 ICH CAHPS Spring Survey, the deadline for submitting facility-specific supplemental questions to the Coordination Team was February 6, 2026. 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 survey 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/PHI 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 survey.

- 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, such as those having to do with sexuality or gender, or lengthy additions, because these will likely reduce expected response rates.

7.8 Telephone Interviewing Requirements

Telephone interviewing requirements for the ICH CAHPS Survey 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 callback 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 or 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 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 try their best to call sample patients' new telephone number the required 10 times, 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 a vendor is unable to complete 10 attempts on a new number due to receiving the new number very late in the data collection period, the vendor should combine the old and new call attempts, ensuring that at least 10 attempts were made in total, and then code the case as a 250. Please note that this is only permissible when the new number is received late in the data collection period.

- If a survey vendor has multiple phone numbers from EQRS data, 3rd-party phone search, or data from client facilities, vendors should try all numbers available in an effort to reduce the number of cases coded as 250 (No response after maximum attempts). Although all numbers should be tried, it is the discretion of the vendor to decide the hierarchy of the phone numbers available. Vendors should also still be mindful of following, to the best of their ability, the "10 attempts" rule described in the previous bullet.

- 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 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.

- 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 survey, 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 for another survey conducted by the organization which indicates that the sample patient should never be contacted again, 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 survey 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, Samoan, or Vietnamese, 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.

- If a survey vendor notices in their sample file that multiple sample patients have the same address ***and*** phone number as the facility, **and** the CCN is assigned to either the telephone-only or mixed mode data collection, the vendor must alert the ICH CAHPS Coordination Team for guidance on any needed next steps prior to initiating telephone data collection efforts for these patients.

- Sample patients assigned to the mixed mode may call in to the vendor's customer support toll-free line requesting to complete the telephone interview. Although it is not required that vendors complete telephone interviews on the spot when a sample patient calls a vendor's

toll-free hotline, vendors are encouraged to accommodate these sample patients' requests, if possible.

7.8.2 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.

7.8.2.1 Requirements for Contacting Difficult-to-Reach Sample Patients

- Starting with the 2026 Surveys, for cases assigned to the MIXED MODE ONLY, vendors are no longer required to use a commercial address/telephone database service or directory assistance to verify **EVERY** telephone number in the sample file provided by the Coordination Team. Instead, vendors are permitted to use a commercial address/telephone database service or directory assistance to verify the telephone number of only those **sample patients who have not returned a mail survey**.

  – This means that for mixed mode cases, the vendor does not have to send all cases for verification prior to starting Wave 1 data collection efforts. Vendors may instead send only mail nonresponse cases for verification **prior** to the deadline for beginning Wave 2 phone follow-up data collection efforts.

  – Please note that even though vendors are no longer required to verify all *telephone numbers* in their sample for cases assigned to mixed mode, it is still required that vendors verify **all *addresses*** in their sample using a commercial address database service, prior to starting Wave 1 data collection efforts.

- 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 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 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 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).

7.8.2.2 Requirements for Contacting Sample Patients Residing in Nursing Homes

- When selecting samples for the ICH CAHPS Survey, the Coordination Team uses patient-level information from the EQRS database and excludes patients who do not meet survey-eligibility criteria. Patients who reside in a nursing home or skilled nursing facility are eligible to participate in the ICH CAHPS Survey, but only if **they travel to an ICH facility to receive dialysis**. Sample patients who live in a nursing home/skilled nursing facility ***and*** receive dialysis at this same nursing home/skilled nursing facility are ineligible to participate in the survey.

- However, because EQRS does not contain an explicit indicator that the patient (a) lives in a nursing home and (b) receives dialysis treatment at the nursing home, this determination is usually made by vendors during the ICH CAHPS data collection period, often via the sample patient's response to Q1 in the survey (which asks where they receive their dialysis treatment).

- 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 response option 1 ("At home or at a skilled nursing home where I live"), the CATI program should skip the sample patient to Q32 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.

7.8.2.3 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 patient and, if so, ask for the sample patient's phone number.

7.9 Telephone Interviewer Training

Survey vendors must provide training to all telephone interviewing staff prior to beginning telephone survey data collection activities. Telephone interviewer 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 B***);
- Use the list of questions frequently asked by sample patients and suggested answers to those questions so that they can answer questions in a standardized format. These are available on the ICH CAHPS Survey and Protocols web page (links to these materials can also be found in ***Appendix A*** of this manual); 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 prior to permitting the interviewer to make 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 and ability to respond to sample patients' questions about the survey. Documentation of training and certification of all telephone interviewers 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 trainings. 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 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 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.[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 Office for Human Research Protections (OHRP)

[4] American Association for Public Opinion Research. (n.d.). *Additional IRB resources*. https://aapor.org/standards-and-ethics/institutional-review-boards/

- 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 Data Center. Identifiable data include respondent names and contact information.
- Survey vendors must assign a final 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.

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. If a facility wishes to administer an additional survey, it cannot repeat the ICH CAHPS Survey questions or include questions that are very similar. It can include questions that ask for more in-depth information about ICH CAHPS issues but should not repeat the ICH CAHPS Survey questions as long as the questions are different from those included in the ICH CAHPS Survey.

When deciding on whether or not to administer additional surveys, we recommend facilities keep in mind the survey burden this may cause for their patients, as well as the fact that additional surveys could negatively affect the ICH CAHPS Survey response rates and number of completed interviews per survey period for the facility (which could impact whether or not data for the facility are publicly reported).

ICH facilities are ***strongly encouraged to refrain*** fielding additional surveys from:

- One week before the mailing of the prenotification letter in either the ICH CAHPS Spring Survey or Fall Survey

  Until

- One week after the beginning of phone follow-up for mixed mode.

Table 7-2 shows an example of how this suggested plan would be implemented for the 2026 Spring and Fall Survey periods:

Table 7-2. Mixed Mode: Recommended Schedule for Administering ICH CAHPS in Conjunction With Other Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Beginning of suggested 8-week period to refrain from administering additional surveys	April 10, 2026	October 9, 2026
Start of data collection (mailing of the prenotification letter)	April 17, 2026	October 16, 2026
Date of second wave of data collection (telephone follow-up for mixed mode)	May 29, 2026	November 27, 2026, **OR** December 2, 2026*
End of suggested 8-week period to refrain from administering additional surveys	June 5, 2026	December 4, 2026

* In 2026, the Thanksgiving holiday falls on November 26, 2026, during the last week of November. Some vendors may have difficulties with mailing the second survey package (mail-only) or beginning phone follow-up (mixed mode) for the 2026 Fall Survey on the originally scheduled date of November 27, 2026 (the day after Thanksgiving). As such, the 2026 Fall data collection schedule has been set such that vendors may begin implementing the second wave of ICH CAHPS data collection either on November 27, 2026, or the following week on December 2, 2026. The deadline for data submission will remain January 27, 2027, for both schedules.

In addition, 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.

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 kept private by law (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);
- 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; and
- They can skip or refuse to answer any question they do not feel comfortable with.

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 Coordination Team, it will contain PII/PHI, 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, 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. Survey vendors must have a security incident response plan in place to ensure that the appropriate actions are taken to contain identified security incidents, communicate to stakeholders, and remediate the incident. The survey vendor's plans must include, but are not limited to, a system to notify the 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, as survey vendors will be asked to provide this documentation during site visits by the 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 in-person and virtual 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 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 surveys 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. Vendors are encouraged to investigate, and implement if appropriate for their organization, industry standards for password requirements. 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 surveys 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 surveys 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 surveys do not need to be kept if electronic images of the surveys 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 surveys, and assignment of survey disposition codes to all cases regardless of data collection mode. In addition, procedures and steps for determining whether a returned survey 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 surveys, 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 surveys. 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 surveys.

- Questions 36 and 38 are the only questions in the ICH CAHPS Survey 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 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 surveys, 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 surveys.

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 Q32, assign Code X to Questions 2–31.

- 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 Q32, assign Code X to Questions 3–31.

- If Q1 is left blank in a mail survey, and the sample patient skips to Q32, assign Code M to questions 1–31 and assign final disposition Code 130 to the case. If Q1 is left blank but questions 2–31 are answered, still assign a final disposition Code 130 to the case and key or scan the responses provided by the respondent.

- If Q2 is left blank in a mail survey, and the sample patient skips to Q32, assign Code M to questions 2–31 and assign final disposition Code 130 to the case. If Q2 is left blank but questions 3–31 are answered, still 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 (i.e. Q1 is either "At home or at a skilled nursing home where I live" (response option 1) or "I do not currently receive dialysis" **AND** Q2 is either "Less than 3 months" (response option 1) or "I do not currently receive dialysis at this dialysis center") in a mail survey, assign final disposition Code 130 to the case. If the sample patient then skips to Q32, assign Code M to questions 3–31. If the sample patient answers any of questions 3–31, still 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 Q32, assign Code M to Q1 or Q2 (whichever is answered DK/REF), then assign Code X to questions 2 or 3–31.

9.1.1.2 Decision Rules for Coding Screening Questions (Qs 12, 25, 29, 30, and 37)

- 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 13, 26, 30, 31, 35a, and 38)*

*Please note: Q35a is 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 35 and 38)

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 surveys 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."

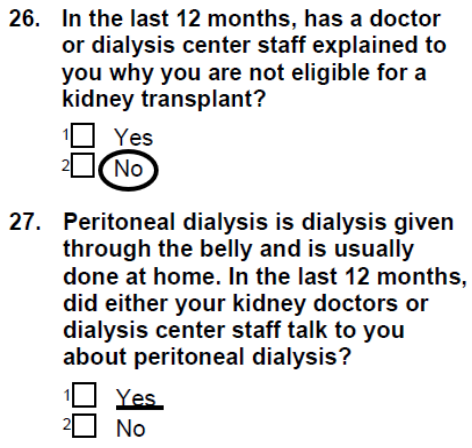
Although some text or marks to the right of the response options may seem to point to a particular response, many times the respondent's intent is not clear. This opens the door to nonstandardized interpretations from survey vendor to survey vendor. To provide some visual guidance on what is expected, ***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

When it is Acceptable to Code a Response

Example 1:

In this first example, the respondent has circled a response and underlined a response. The respondent's intention is clear.



Example 2:

In this second example, the respondent has circled "GED" in response option #5 to indicate GED is the applicable portion of that option. The respondent's intention is clear, and the vendor should code the answer to Q34 as "High school graduate or GED.

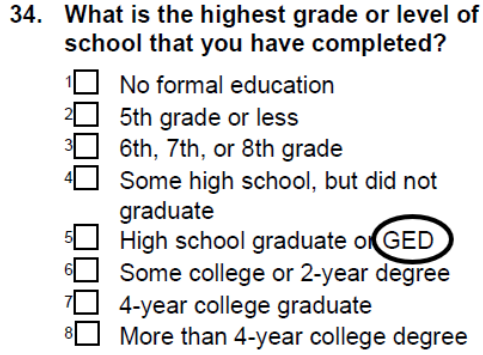


Exhibit 9-1. Examples of When It Is Acceptable to Code and Not Code a Response (continued)

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.

15. In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?

1 ☐ Never
2 ☐ Sometimes ✓
3 ☐ Usually
4 ☐ Always

Example 4:

In this fourth example, the respondent has marked a response and handwritten "N/A" (not applicable) beside it, but there is no clear indication that the "N/A" refers to the response rather than the question itself. The vendor should disregard Not Applicable notation and accept the marked response and code the answer to Q28 as "No.

28. 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?

1 ☐ Yes
2 ☒ No N/A

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.

6. In the last 3 months, how often did the dialysis center staff spend enough time with you?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always ✓

7. In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually ✓
4 ☐ Always

Example 2:

In this example, the respondent marked "No," crossed out the marked response and handwrote "N/A" (not applicable). Since another response option is not marked and it is clear the respondent crossed out the originally marked response, the vendor should code Q8 as "M." The handwritten "N/A" simply confirms the respondent's intention to not mark a response.

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

1 ☐ Yes N/A
2 ☒ ~~No~~

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 survey has been mailed, and another disposition code is used to indicate that the survey 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

Code	Description
110	**Completed Mail Survey** 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 Survey" section). That is, the survey must meet the completeness criteria.
120	**Completed Phone Interview** 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 Survey" section).

(continued)

Table 9-1. ICH CAHPS Survey Disposition Codes (continued)

Code	Description
130	**Completed Mail Survey—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 31 ***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." • Q1 is blank. Assign this code if the respondent answered one or more of Questions 3 through 31 ***AND*** one or more of the following applies: • Q2—The answer to Q2 is "Less than 3 months." • Q2—The answer to Q2 is "No longer receives dialysis at this facility." • Q2 is blank. • Q1 and Q2 are both blank. Assign this code if the respondent skipped Questions 3 through 31, answered any questions from Questions 32 through 38, ***AND*** the following applies: • Q1—The answer to Q1 is "At the dialysis center" AND Q2 is blank. Assign Code 130 if Q1 and Q2 both indicate ineligibility (Q1 is response option 1 or 3 AND Q2 is 1 or 5), regardless of if any responses are entered for Questions 3 through 31. Also assign Code 130 if the respondent left both Q1 and Q2 blank but then skipped to Q32. 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 2–31 as instructed.
150	**Deceased** Assign this code if the sample patient is reported as deceased during the data collection period.

(continued)

Table 9-1. ICH CAHPS Survey Disposition Codes (continued)

Code	Description
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, and: – The nursing home staff member indicates they cannot or are not permitted to transfer the telephone interviewer to the sample patient's room, ***AND*** – The telephone interviewer is unable to obtain a new phone number for the sample patient. • The sample patient resides in a 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 2–31**. • 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 3–31**.
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 patient and should not be assigned until a determination is made that the sample patient cannot speak the language(s) being administered.
180	**Mentally or Physically Incapacitated** Assign this code if it is determined that the sample patient is unable to complete the survey because he or she is mentally or physically incapable. This includes sample patients who are visually impaired (for mail surveys only) or hearing impaired with no TTY service (for telephone surveys only). **Note that proxy respondents are not allowed to respond for a sample patient on the ICH CAHPS Survey.**
190	**Ineligible: No Longer Receiving Care at Sampled Facility** Assign this code to sample patients who report in Q2 that they no longer receive ICH care at the sampled facility and they skipped Qs 3–31 as instructed. Please note that if Q1 is blank and the response to Q2 is 5, assign final disposition Code 190 to the case. If the case is finalized by telephone and the response to Q1 or Q2 is DK/RE, assign final disposition Code 190 to the case.
199	**Survey Completed by Proxy Respondent** 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 response marked in Q38 is "Answered the questions for me."

(continued)

Table 9-1. ICH CAHPS Survey Disposition Codes (continued)

Code	Description
210	**Breakoff** Assign this code if the sample patient responds to some questions but not enough to meet the completeness criteria. This code should be applied if a case does not meet any other coding criteria.
220	**Refusal** Assign this code if the sample patient indicates either in writing or verbally (for telephone administration) that he or she does not wish to participate in the survey.
230	**Bad Address/Undeliverable Mail** This code, which is applicable only for cases in the mail-only mode, should be assigned if it is determined that the sample patient's address is bad (e.g., the survey is returned by the Post Office as undeliverable with no forwarding address).
240	**Wrong, Disconnected, or No Telephone Number** This code, which will be used in telephone-only or mixed mode survey administration, should be assigned if it is determined that the telephone number the survey vendor has for the sample patient is bad (disconnected, does not belong to the sample patient) and no new telephone number is available.
250	**No Response After Maximum Attempts** This code can be used in all three approved data collection modes. It should be assigned when the contact information for the sample patient is assumed to be viable, but the sample patient does not respond to the survey/cannot be reached during the data collection period.

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 ineligible 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 if the answers to **either** Q1 or Q2 make the sample patient ineligible using the following criteria:
  - The respondent answered Q1 as "Receive dialysis care at home or at a skilled nursing home where I live" or "I am not currently receiving dialysis" ***AND*** they answered one or more of Questions 2 through 31.
  - The respondent answered Q2 as "Less than 3 months" or "No longer receives dialysis at this facility" ***AND*** they answered one or more of Questions 3 through 31.
- Assign this code if the answers to **both** Q1 ***and*** Q2 make the sample patient ineligible using the following criteria, regardless of if any responses are entered for Questions 3 through 31:

  - The respondent answered Q1 as "Receive dialysis care at home or at a skilled nursing home where I live" or "I am not currently receiving dialysis" **AND** they answered Q2 as "Less than 3 months" or "No longer receives dialysis at this facility."

- Assign this code if Q1 is blank **AND** one or more of the questions from Questions 2–31 are answered.

- Assign this code if Q2 is blank or both Q1 and Q2 are blank and one or more of the questions from Questions 3–31 are answered.

- Assign this code if the respondent left both Q1 and Q2 blank but skipped to Q32.

- Assign this code if the respondent answered Q1 as "At the dialysis center", left Q2 blank, skipped to Q32, and answered any questions from Questions 32 through 38.

Vendors should be sure that a code 130 is the appropriate code based on the scenarios listed above. If a vendor is unsure, please review the scenarios listed below of when it would be more appropriate to code the case a 140, 160, or 190 (which can also be assigned based on responses to Q1 and Q2).

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 he or she CORRECTLY skipped to Q32 by not marking a response for any question in Q2–Q31.

Code 160, Ineligible: Does Not Meet Eligibility Criteria
Assign Code 160 if the sample patient's response to Q1 **or** Q2 (and not both Q1 and 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 Q32 by not marking a response for any question in Q2–Q31, or

- he or she has received dialysis at that facility for less than 3 months (as indicated in Q2) AND he or she CORRECTLY skipped to Q32 by not marking a response for any question in Q3–Q31.

Also assign Code 160 to patients who are receiving hospice care, those under 18 years of age, and those who are institutionalized. A Code 160 should also be assigned to sample patients living in a nursing home or other skilled nursing facility, where the nursing home staff member indicates they cannot or are not permitted to transfer the telephone interviewer to the sample

patient's room **AND** the telephone interviewer is unable to obtain a new phone number for the sample patient.

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 AND he or she CORRECTLY skipped to Q32 by not marking a response for any questions in Q3–Q31 (AND Q1 does not also indicate ineligibility).

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 (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 survey is returned as "undeliverable, no forwarding address"; or
- The survey 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 surveys 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 survey is returned as undeliverable, the survey vendor is strongly encouraged to attempt to locate

a new address prior to mailing the second survey package to sample patients who do not respond to the first survey 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. However, starting with the 2026 Surveys, for cases assigned to the **MIXED MODE ONLY:**

- Vendors are no longer required to use a commercial address/telephone database service or directory assistance to verify **EVERY** telephone number that is included in the sample file provided by the Coordination Team.
- Instead, for cases assigned to the **mixed mode ONLY**, vendors may use a commercial address/telephone database service or directory assistance for only sample patients **who have not returned a mail survey**.
- **Please see *Chapter VII* for additional details on this mixed mode only protocol.**

Again, survey vendors are *also* permitted to ask ICH facilities to provide updated telephone information for ***all*** patients treated within the sampling window but cannot 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 survey mailings and/or telephone attempts appropriate for the given mode have been implemented. This code applies to all modes.

9.2.3 Other Data Coding and Processing Protocols

- If after a completed mail survey is returned the survey vendor learns that the sample patient is deceased and the survey 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.

- Survey vendors should not assign final disposition codes based on feedback received from their facility clients, with the exception of being informed by a facility that a sample patient is either deceased or in hospice. In these circumstances ***only***, vendors are permitted to assign the appropriate final disposition codes (150 Deceased or 160 Ineligible: Does Not Meet Eligibility Criteria) for these specific cases, based on the feedback received from facility clients. Please remember that vendors cannot disclose to a facility which of their patients are in the ICH CAHPS Survey sample.

- Survey vendors should not assign final disposition codes based on the results received from commercial address/telephone database service or directory assistance verifications.

- 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 Q38) 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 surveys that are received after the data collection period ends for a specific survey period. The survey vendor must properly dispose of all such surveys. This means that the vendor should thoroughly shred the returned survey so that no one can "reconstruct" the survey. 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 Q38 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 surveys received and review all notes and comments that the respondent wrote on the survey and those included in detached notes included with the returned survey. 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 Surveys

In handling surveys that are returned blank, survey vendors should differentiate between mail surveys 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 surveys 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 survey package to all sample patients. A second survey package will be sent to sample patients in the mail-only mode who do not respond to the first survey mailing.

- If the first survey 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 survey was returned blank and then send the second survey package to that sample patient. Please note, that the mail survey should be considered a blank survey if the sample patient answered **only** supplemental and/or facility-specific questions (and no core or "About You" questions).

- If the second survey is also returned blank (again, the survey should be considered blank if the sample patient answered **only** supplemental and/or facility-specific questions), the survey vendor should assign final survey disposition Code 220 (refusal) to the case.

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

- If the first survey for the mail-only mode is never returned or returned blank and the second survey 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 (and have the sample patient's phone contact information verified using a commercial telephone database service or directory assistance), 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 survey was returned blank and those for which the survey was undeliverable.

9.4 Definition of a Completed Survey

A survey 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

Question Number	Question Text
Q1	Where do you get your dialysis treatments?
Q2	How long have you been getting dialysis at [SAMPLE FACILITY NAME]?
Q3	In the last 3 months, how often did the dialysis center staff listen carefully to you?
Q4	In the last 3 months, how often did the dialysis center staff explain things in a way that was easy for you to understand?
Q5	In the last 3 months, how often did the dialysis center staff show respect for what you had to say?
Q6	In the last 3 months, how often did the dialysis center staff spend enough time with you?
Q7	In the last 3 months, how often did dialysis center staff make you as comfortable as possible during dialysis?
Q8	In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?
Q9	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?
Q10	In the last 3 months, which one did they use most often to connect you to the dialysis machine?
Q11	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?
Q12	In the last 3 months, did any problems occur during your dialysis?
Q14	In the last 3 months, how often did dialysis center staff behave in a professional manner?
Q15	In the last 3 months, how often did dialysis center staff explain blood test results in a way that was easy to understand?
Q16	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?
Q17	Did dialysis center staff at this center ever review your rights as a patient with you?
Q18	Have dialysis center staff ever told you what to do if you experience a health problem at home?
Q19	Have any dialysis center staff ever told you how to get off the machine if there is an emergency at the center?

(continued)

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

Question Number	Question Text
Q20	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?
Q21	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?
Q22	In the last 3 months, how often was the dialysis center as clean as it could be?
Q23	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?
Q24	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?
Q25	Are you eligible for a kidney transplant?
Q27	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?
Q28	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?
Q29	In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

If two mail surveys are received from the same sample patient—that is, the sample patient returned a survey from both the first and second survey mailings—the one that is more complete (more questions are answered) must be considered as the completed survey. If both surveys that were returned have the same number of questions answered, the first one received must be considered the completed survey. 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 Survey 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 27, 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 survey (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 survey 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.

$$\textbf{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}}$$

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

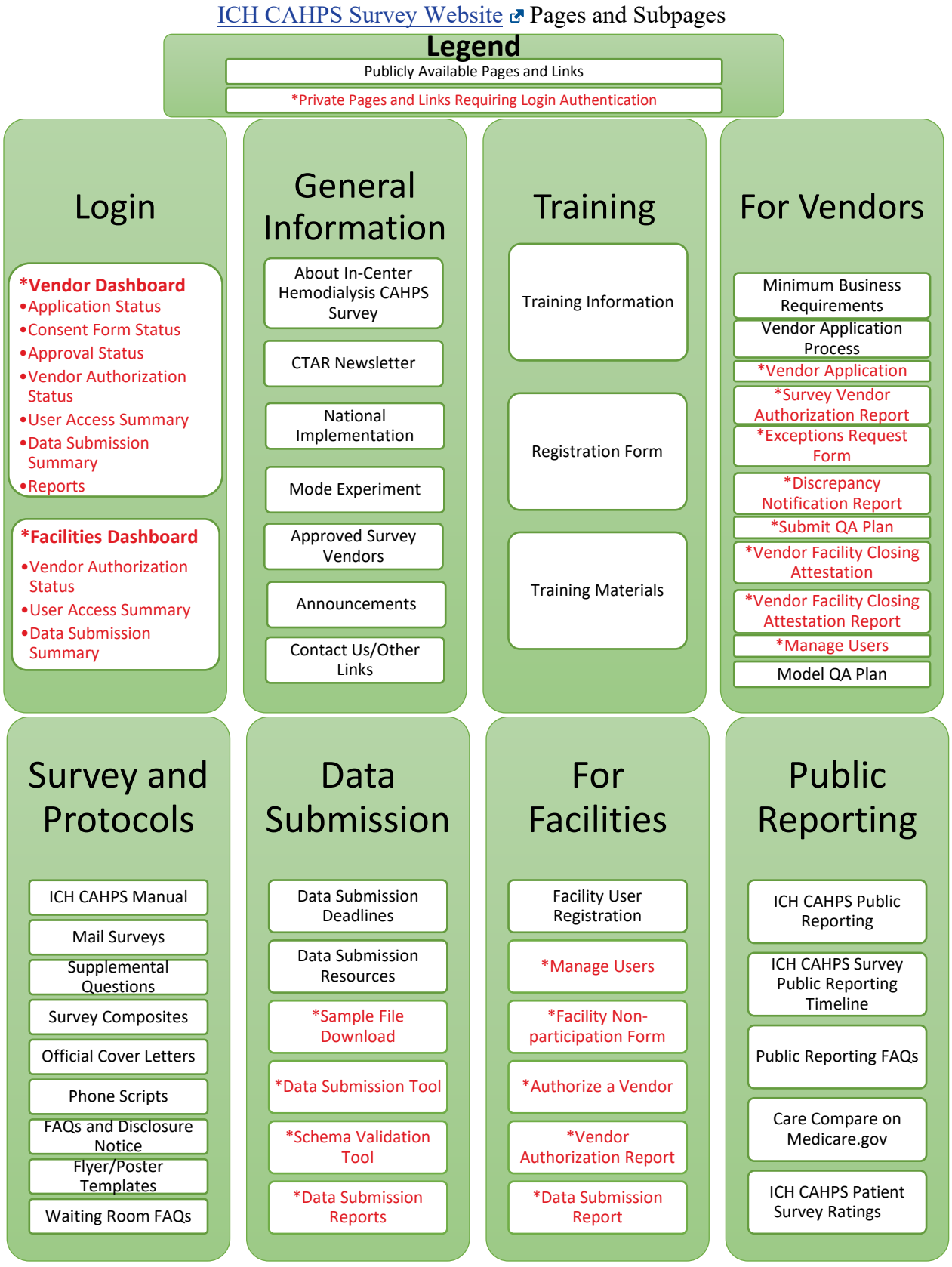
The Data Center is maintained by RTI International, which is assisting CMS with the ICH CAHPS Survey. RTI also developed and maintains the ICH CAHPS Survey website, available at https://ichcahps.org. This website is the main vehicle for communicating and updating information about the ICH CAHPS Survey to ICH facilities, dialysis patients, and to survey vendors. In addition, survey vendors can access specific links on the private side of the website to submit data to the Data Center. The website also allows facilities to authorize their contracted survey vendor to submit data on their behalf, access their data submission reports, and review their 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 website contain numerous links and information including the following:

- Background information about the ICH CAHPS Survey;
- Contact information for the Coordination Team (email address and toll-free telephone number);
- Surveys and related survey materials in English, Spanish, traditional and simplified Chinese, Samoan, and Vietnamese;
- Survey administration procedures and protocols (including this manual);
- Data Collection Schedule for the current survey period;
- Information regarding ICH CAHPS timelines, public reporting, and FAQs;
- A dialysis patient page that contains helpful information and links for patients selected to participate in the survey;

Exhibit 10-1. ICH CAHPS Website



- *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;
- *Facility User Registration Form* that the ICH facility's Survey Administrator will complete to create an account and credentials for accessing links on the private side 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*, and reminders of upcoming data submission deadlines;
- Training information and materials for the self-paced Introduction to the ICH CAHPS Survey Training and the Vendor Update webinar training sessions; and
- Information about data submission, the schema validation tool, and the data submission tool.

10.1.1.1 Recent Announcements

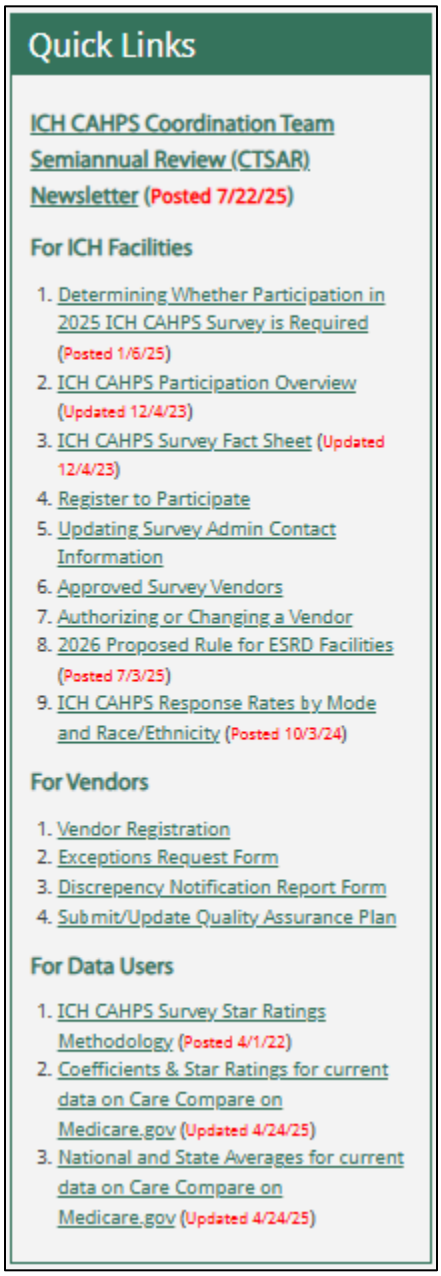
The *ICH CAHPS Survey Administration and Specifications Manual* will be updated annually. However, the Coordination Team will use the *Recent Announcements* field on the bottom left side of the website home page to disseminate important updates about the ICH CAHPS Survey to ICH facilities and survey 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***) is broken out into three sections, based on the user: ICH facilities, Vendors, and Data Users. Under the section "For ICH facilities," the *Quick Links* box includes important information for ICH facilities, such as an overview of ICH CAHPS participation, ICH CAHPS website registration instructions, an ICH CAHPS Survey fact sheet, instructions and deadlines for authorizing a survey vendor, and the list of approved ICH CAHPS survey vendors. The "For Vendors" section includes links to the vendor registration page, the exceptions request form and discrepancy notification form, and a link to submit or update Quality Assurance Plans. The *Quick Links* box also includes the following information under the "For Data Users" section for the most recently completed public reporting period: the Average State and National ICH CAHPS Scores and Patient-Mix Coefficients and the Star Ratings for the In-Center Hemodialysis CAHPS Survey Results.

Exhibit 10-2. *Quick Links* Box

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



10.1.1.3 Designating an ICH CAHPS Survey Administrator

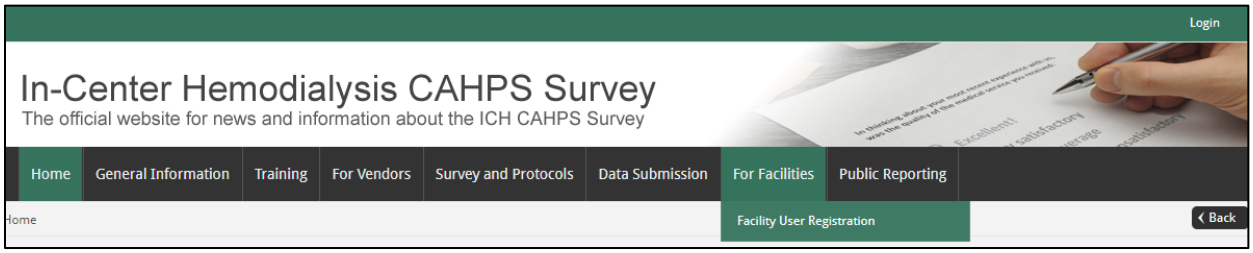
Before any participating ICH facility or survey vendor accesses the private side of the website, an ICH facility or survey vendor must designate a staff member to serve as its ICH CAHPS Survey Administrator. The designated ICH CAHPS Survey Administrator's roles and responsibilities on the ICH CAHPS Survey 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);
- 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, email 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

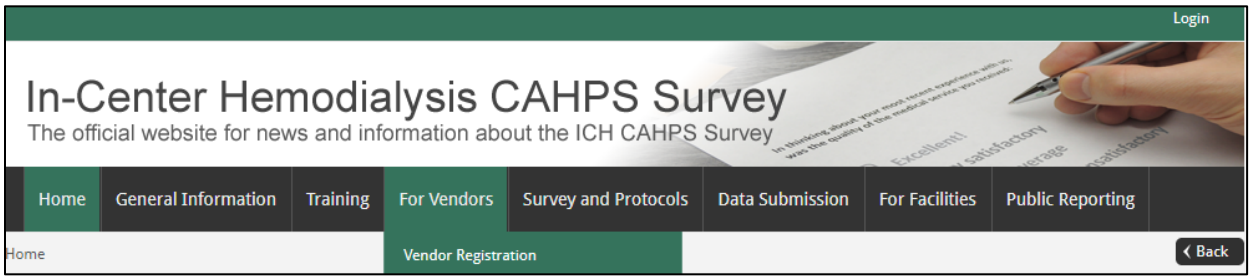


Once the registration form is submitted, users will be routed to a dashboard created specifically for their ICH facility, where they can find the other forms required to complete the registration process. Additional links to important functions and forms, including the *Authorize a Vendor Form*, are 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 private side of the website. The *Vendor Registration Form* can be found in the Quick Links box under "For Vendors" (see ***Exhibit 10-2)*** and 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 Survey Administrator's name and email address. When completing the *Vendor Registration Form*, the survey vendor's Survey Administrator will be instructed to create a username and password that will be used to access the secure links and forms on the private side of the website, including the *Vendor Application*. Please note that this form is only accessible October – December, if the Coordination Team receives interest from new vendor applicants.

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 Private 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 private side of the website 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 private side of the website, Survey Administrators will be routed to a dashboard created specifically for their organization.

Survey vendors must access specific links on the private side of the website to apply to become a CMS-approved survey vendor, to obtain their sample files, use the schema validation tool, to submit 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 private side of the website to authorize their contracted survey vendor to submit data on their behalf and to access and review their data submission reports.

10.1.2.1 Facility Dashboard

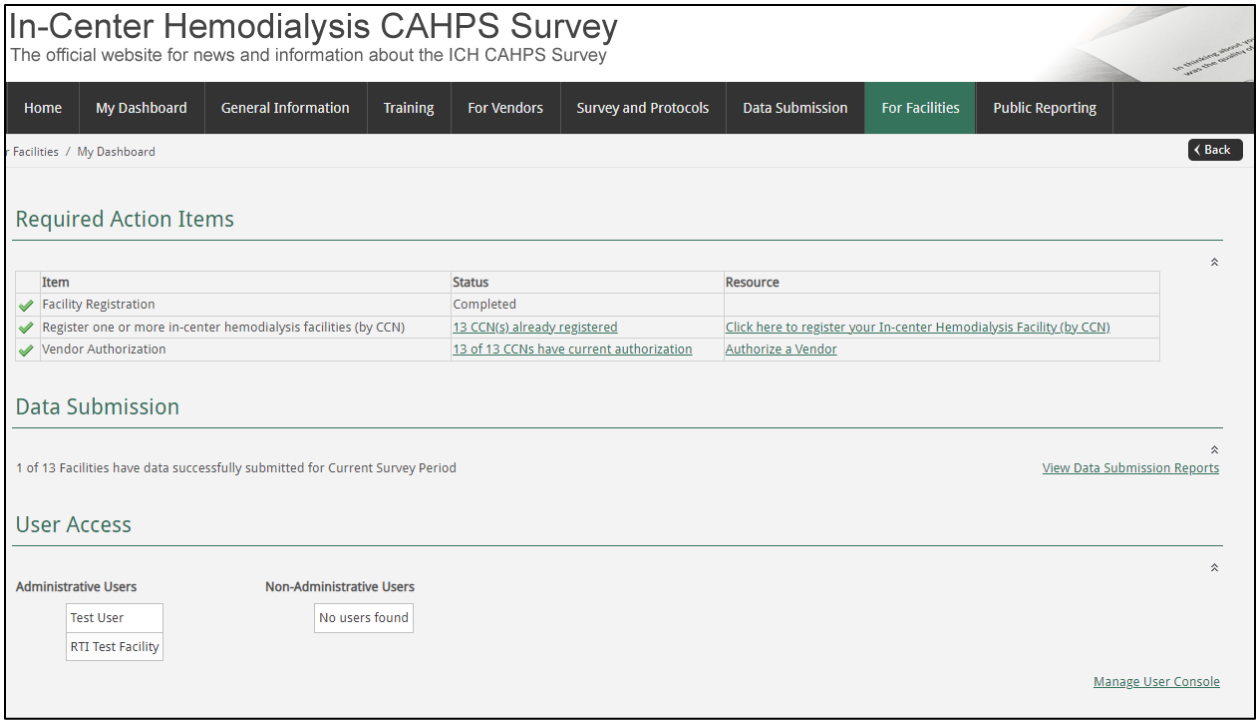
Each time the ICH facility Survey Administrator logs into the website using the user credentials created during the registration process, he or she will be taken to the *Facility Dashboard* (see ***Exhibit 10-5***). The dashboard will guide the Survey Administrator through the rest of the registration 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) and that his or her contact information will be provided to the survey vendor authorized for their CCN(s). Survey Administrators should note that they can register additional ICH facilities at any time using the dashboard.

The *Facility Dashboard* also includes:

- An *Authorize a Vendor* link that allows the ICH facility's Survey Administrator to select a CMS-approved survey vendor to submit data on behalf of the ICH facility.
- A *Vendor Authorization Report* link, where the Survey Administrator can review and export to Excel a list of all CCNs that have been authorized under his or her Survey Administrator account. Facility Survey Administrators can also review this report to see any future vendor authorizations that are in place (i.e., authorizations that will start after the current survey period).
- 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.
- A *Registered CCNs Report* link, where the Survey Administrator can review and export to Excel a list of CCNs that are registered under his or her Survey Administrator Account. This report also shows whether the CCN has a *Vendor Facility Closing Attestation Form* or a *Facility Non-Participation Form* submitted. This report also shows the name of the Survey Administrator who last registered the CCN; however, if the CCN(s) does not currently have a primary Survey Administrator designated on the ICH CAHPS website (i.e., the account for the Survey Administrator who last registered the CCN was removed and a new Survey Administrator has not yet registered the CCN), a name will not be present in this report.

- Facilities are responsible for checking the announcements regularly for updates, which can be found on their dashboard or on the website homepage.

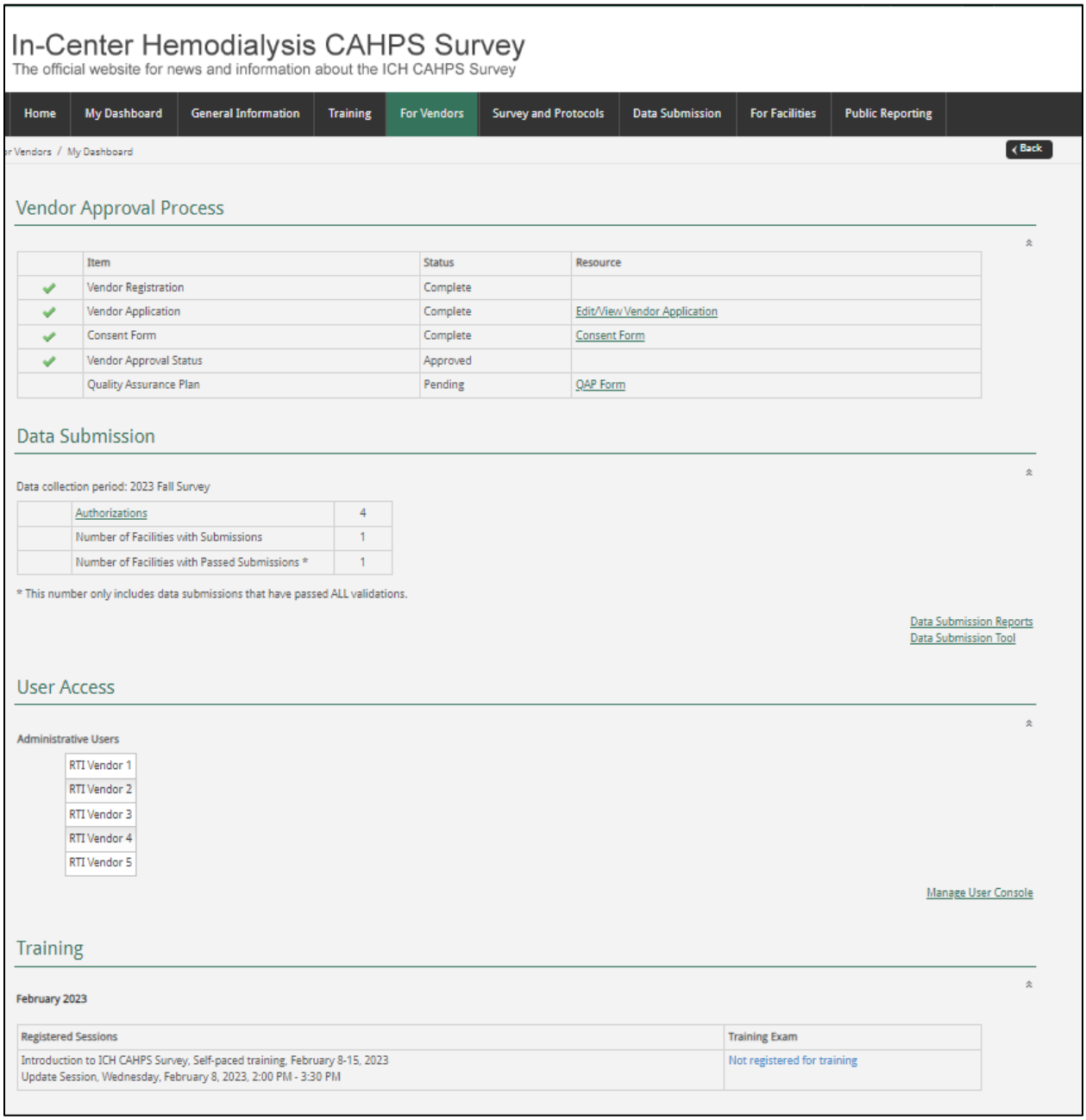
Exhibit 10-5. Facility Dashboard



10.1.2.2 Survey Vendor Dashboard

Each time the survey vendor's 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 complete the online *Vendor Consent Form* from the dashboard, indicating that they are the designated ICH CAHPS Survey Administrator for the CCN(s). As the *Vendor Consent Form* is now electronic, it no longer needs to be printed, signed, notarized, and mailed to the Coordination Team.

Exhibit 10-6. Vendor Dashboard



The *Vendor Dashboard* or tab 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 survey vendors must complete and submit to the Coordination Team to request a planned deviation from survey protocols;
- *Discrepancy Notification Report*, which approved 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;
- *Micro-Review Feedback Survey*, where the Survey Administrator can complete this vendor oversight activity when assigned (Please see ***Chapter XIII*** for more information on this process);
- *Data Submission Tool*, 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 website. 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 email with a link to reset the password will be sent to the user's registered email address. If the user does not receive the password reset message in his or her inbox, he or she should check their spam/junk email folders, as sometimes the reset password emails can get filtered to these email folders. By clicking on the password reset link in the email, the user will be taken to a page where he or she can then create a new password. Once sent, the reset password link will expire after 24 hours.

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 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 a 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 the private side of the 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 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.

1. Contract with an ICH CAHPS Survey vendor.

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 2026 Spring Survey, click on the 2026 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 2026 Fall, your vendor will receive a sample file (if there are survey-eligible patients) for the 2026 Fall Survey period, but they will not receive a sample file for the 2027 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 (or facilities) to which the authorization applies. The *Vendor Authorization Form* is designed so that ICH facilities can authorize multiple CCNs at the same time.

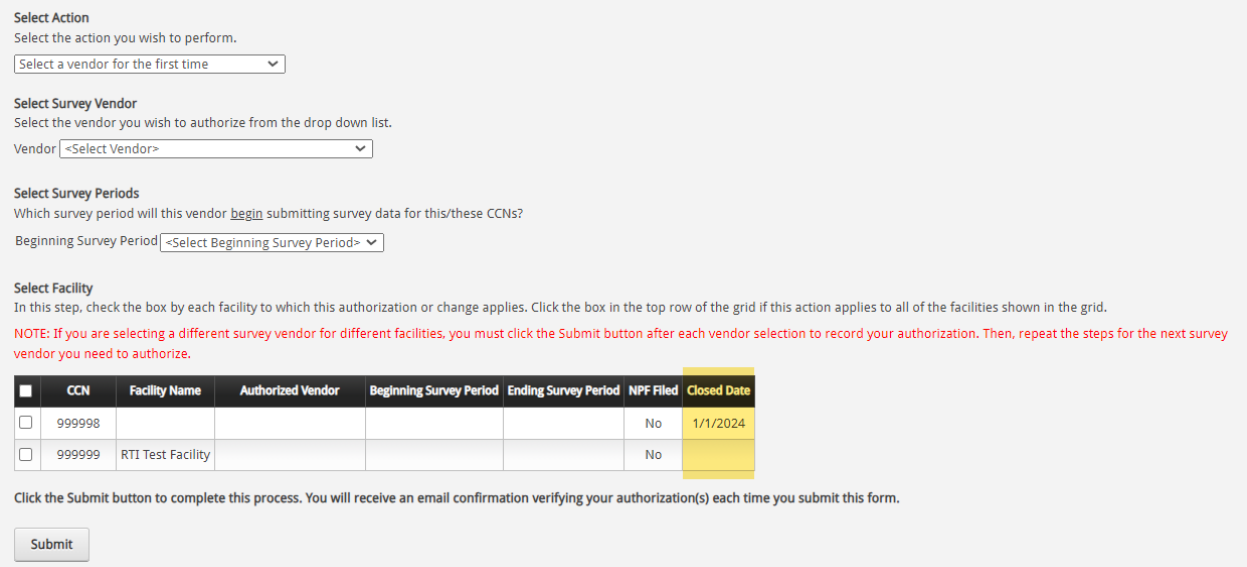
    a. **To authorize the same survey vendor for more than one facility:** Select the survey vendor, then click the box to the left of the facility for which this survey vendor is authorized. Click the "Submit" button.

    b. **To select different survey vendors for different facilities:** Authorize a survey vendor for the facilities that will have the same vendor and click the "Submit" button. Repeat the steps for the next CCN(s) for which you would like to authorize a different survey vendor.

9. Click the "Submit" button.

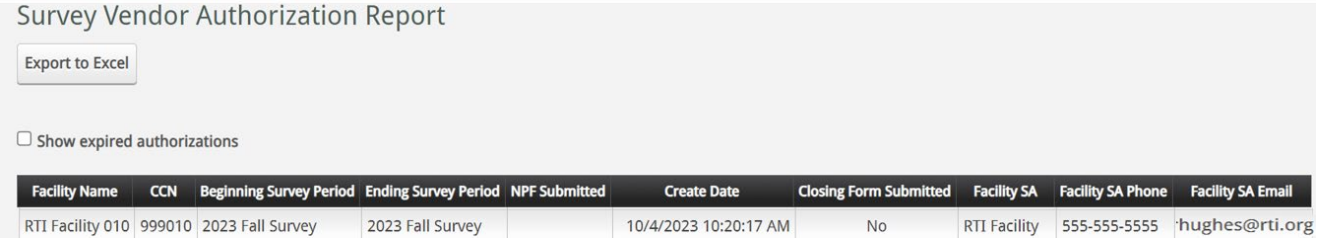
The *Authorize a Vendor* webpage (as shown in ***Exhibit 11-1*** and accessible via their dashboard or under the For Facilities tab on the ICH CAHPS website) has been updated so that facilities can see if a *Vendor Facility Closed Attestation Form* or *Facility Non-Participation Form* has been submitted for any of the CCNs registered under their account. When reviewing their list of CCNs to be authorized for the upcoming survey period, we recommend that facilities review this newly revised resource to determine if the CCN was previously reported as closed.

Exhibit 11-1. Authorize a Vendor Webpage



Once this online *Vendor Authorization Form* is submitted, the authorized survey vendor will be able to view the facility's ICH CAHPS Survey Administrator's contact information (name, telephone number, and email address) via their *Vendor Authorization Report* (as shown in ***Exhibit 11-2***) in order for the survey vendor to maintain communication with their client facility. However, if the CCN(s) does not currently have a primary Survey Administrator designated on the ICH CAHPS website (i.e., the previous primary Survey Administrator was removed and a new Survey Administrator has not yet registered the CCN), contact information will not be present in this report.

Exhibit 11-2. Survey Vendor Authorization Report



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 4–9 above to authorize the new survey vendor.

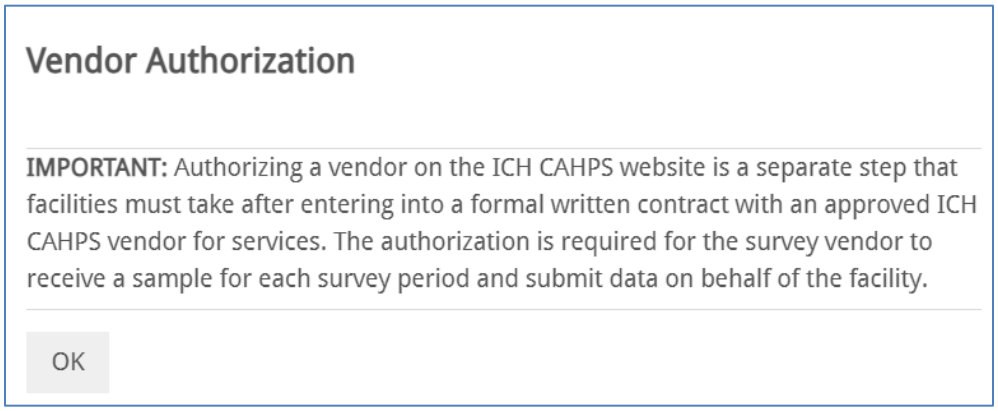
It is very important that facilities that are switching from one survey vendor to a different vendor update their *Vendor Authorization Form* by the deadline announced by the Coordination Team prior to each survey period; changes will not be accepted after the deadline has passed.

If a facility switches vendors or adds an end date to an existing vendor authorization record, the current survey vendor will receive an automated email 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 email that will be sent to each ICH facility.

As a reminder: facilities should not complete the online vendor authorization form until they have a written contract in place with a CMS-approved ICH CAHPS Survey vendor. In addition, submission of the *Vendor Authorization Form* does not initiate the contract process with the survey vendor. Upon submitting a new or revised *Vendor Authorization Form*, the facility will see the pop-up reminder shown in ***Exhibit 11-3***, reiterating the need to have a written contract in place prior to the form's submission.

Exhibit 11-3. Vendor Authorization Pop-up Reminder



11.1.1 Facility Non-Participation Form

ICH facilities that have already authorized a survey vendor on the website that decide that they WILL NOT administer the 2026 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 private side of the ICH CAHPS website. From the facility's dashboard, 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 email. **Please note that submission of this form *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 Coordination Team will not provide a sample for any 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 2025 and is not required to participate in the 2026 ICH CAHPS Surveys or decides not to administer the survey in 2026, then that facility will need to complete a 2026 *Facility Non-Participation Form*. However, if a facility submitted the 2025 *Facility*

Non-Participation Form and is now required to participate in the 2026 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, any current vendor authorization is removed from the website and the current survey vendor will receive an automated email alerting them that the facility has ended their authorization with the vendor. 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.

The *Vendor Authorization Report* (accessible via the vendor's dashboard) will indicate whether a *Facility Non-Participation Form* has been submitted for any CCN listed on the report. Please note, on rare occasions, a facility will submit a *Facility Non-Participation Form* for the Spring Survey and then authorize a survey vendor for the Fall Survey of that same calendar year. Once the *Facility Non-Participation Form* is removed in these situations, it is no longer retained for historical record and will no longer appear as a submitted form on the *Vendor Authorization Report.*

11.1.2 Vendor Facility Closing Attestation Form

ICH CAHPS Survey vendors must submit the online *Vendor Facility Closing Attestation Form* (***Exhibit 11-4)*** if they learn that one of their ICH facilities has closed or will be closing. Facilities should inform their authorized vendors of any known closed/closing facilities with enough notice such that vendors can submit the *Vendor Facility Closing Attestation Form* by the February 28, 2026, deadline for the Spring Survey and the August 31, 2026, deadline for the Fall Survey. Doing so will ensure that the Coordination Team will not provide a sample file for the 2026 ICH CAHPS Surveys to any ICH CAHPS Survey vendor authorized for that CCN(s). 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 *Vendor Facility Closing Attestation Form* as soon as possible after learning that the facility has closed or will be closing.

Please note, vendors will only be able to submit the *Vendor Facility Closing Attestation Form* for a facility (or facilities) for which they have already been authorized. An error message will appear on the screen if a vendor attempts to submit a *Vendor Facility Closing Attestation Form* for a CCN that has not authorized them.

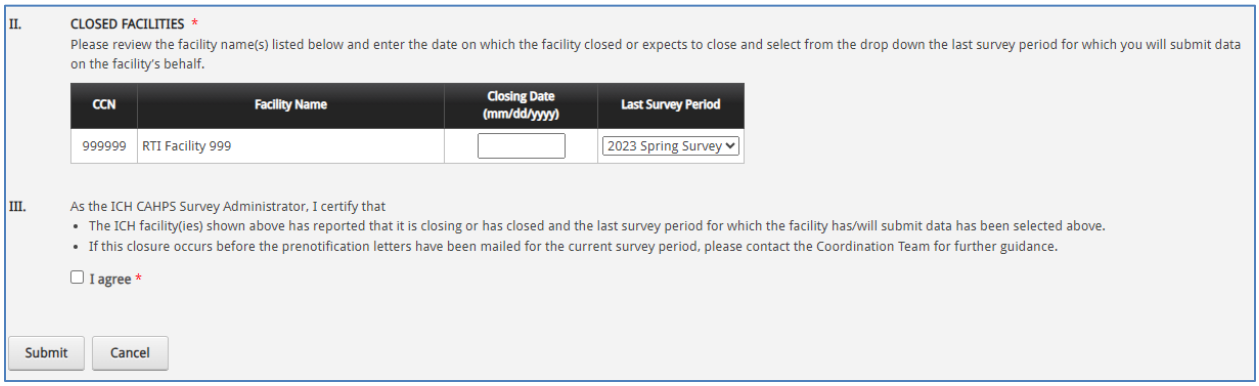
The survey vendor must not begin data collection efforts for facilities that closed or will be closing before data collection begins. Instead, contact the Coordination Team for guidance on deleting all of the PII/PHI provided on the sample file for the closed facility. If the facility closed before data collection began (therefore no data were collected) an XML file for this facility should not be submitted to the Data Center.

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

If an ICH facility closes *after* data collection activities have begun (such as the prenotification letter mailing), but *before* beginning telephone data collection or mailing the first mail survey, the vendor must contact the ICH CAHPS Coordination Team for guidance on next steps.

Vendors can access the *Vendor Facility Closing Attestation Form* by logging into the website and choosing "Vendor Facility Closing Attestation" form, which is under the *For Vendors* tab at the top of the website's home page. As can be seen in ***Exhibit 11-4***, on this form, vendors are to a) enter the date on which the facility closed or expects to close and b) select from the provided drop down list the last survey period for which the vendor will submit data on the facility's behalf. In addition, the form instructs vendors to contact the Coordination Team for guidance if the facility closure occurs before the prenotification letters have been mailed for the current survey period. Once a *Vendor Facility Closing Attestation Form* is submitted by a survey vendor, an email will be sent to the facility's Survey Administrator to notify the facility that the vendor has submitted the *Vendor Facility Closing Attestation Form* on the facility's behalf. The currently authorized vendor will also receive an automated email confirming submission of the form and that the facility has ended their authorization with the vendor.

Exhibit 11-4. Vendor Facility Closing Attestation Form


II. CLOSED FACILITIES *

Please review the facility name(s) listed below and enter the date on which the facility closed or expects to close and select from the drop down the last survey period for which you will submit data on the facility's behalf.

CCN	Facility Name	Closing Date (mm/dd/yyyy)	Last Survey Period
999999	RTI Facility 999		2023 Spring Survey

III. As the ICH CAHPS Survey Administrator, I certify that

- The ICH facility(ies) shown above has reported that it is closing or has closed and the last survey period for which the facility has/will submit data has been selected above.
- If this closure occurs before the prenotification letters have been mailed for the current survey period, please contact the Coordination Team for further guidance.

☐ I agree *

Submit Cancel

The *Vendor Facility Closing Attestation Report* (accessible under the "For Vendors" tab and shown in ***Exhibit 11-5***) lists all CCNs for which for the vendor has submitted a *Vendor Facility Closing Attestation Form.* Vendors will be able to filter this report to show CCNs that they previously reported as closed, that have since been reported as re-opened and currently participating in ICH CAHPS. The *Vendor Authorization Report* (accessible via the vendor's dashboard) will also indicate whether a *Vendor Facility Closing Attestation Form* has been submitted for any CCN listed on the report (as can be seen in ***Exhibit 11-2***).

Exhibit 11-5. Vendor Facility Closing Attestation Report

Vendor Facility Closing Attestation Report

Export to Excel

Your organization has reported the following facility closings:

Show inactive records - CCNs that have reopened

Vendor	CCN	Facility Name	Closing Date	Reported Date	Last Survey Period	Active Record?
RTI Test Vendor (rtivendor)	999993	RTI Facility 993	02/01/2019	04/25/2019		True
RTI Test Vendor (rtivendor)	999900	RTI Facility 900	10/04/2023	10/04/2023	2023 Spring Survey	True

The *Survey Vendor Authorization Report* (accessible via the vendor's dashboard and shown in ***Exhibit 11-2***) will indicate whether a *Vendor Facility Closing Attestation Form* has been submitted for any CCN listed on the report. Please note, on rare occasions, a CCN that was previously reported as closed will reopen. Should a facility authorize a CCN that had a previously submitted *Vendor Facility Closing Attestation Form*, the CCN will be designated as reopened, and the "Closed Date" for the CCN will be removed from the *Survey Vendor Authorization Report*.

11.2 Data File Specifications and Data Submission

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 survey). In this situation, the survey vendor **should *not*** process (scan or key) the data from the survey 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 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 surveys—this means that the vendor

should thoroughly shred the completed survey 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.

To assist with the XML data file upload process, the ICH CAHPS Coordination Team has created the following tools: *XML File Layout* and *XML Schema File.* The *XML File Layout* provides details about every data element included in the header record and patient response record. The *XML Schema File* outlines the details of all validation that will be applied to each data element at the time the file is submitted. Both the *XML File Layout* and the *XML Schema File* are available on the ICH CAHPS Data Submission Resources web page (see also ***Appendix A***).

Changes are sometimes made to the ICH CAHPS XML layout file, such as when substantive changes are made to the ICH CAHPS Survey; vendors are notified well in advance when such changes occur so that they may begin updating and testing their XML creation process prior to the next data submission period. Vendors should always confirm that they are using the most recent version of the XML layout file provided by the Coordination Team.

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 Spring Survey or the 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.
- **Number of Patients Sampled.** This is the number of patients that the Coordination Team sampled and is included on the sample file provided to the survey vendor prior to the beginning of the data collection period.

- **Date Data Collection Began**. Survey vendors must enter the date the prenotification letter was mailed to sample patients. Please see the survey administration schedules in *Sections 5.1 Mail Survey Activities and Schedule*, *6.1 Telephone-Only Survey Activities and Schedule*, and *7.1 Mixed Mode Activities and Schedule* of this manual for these specific dates.

- **Date Data Collection Ended**. Survey vendors must enter the date data collection ended for this survey period.

Note that all fields in the Header Record must have a valid entry.

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 (Code 140, 160, or 190) when the sample patient calls the vendor's toll-free customer service line or leaves a note on the mail survey that indicates that they are ineligible. If that is the case, the survey vendor should enter 88888888 for the Date Completed variable and the Not Applicable Code of X for the Survey Language and Survey Mode variables. For cases assigned Code 199, enter the date the mail survey was received. For cases assigned Code 210, enter the date the mail survey 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 Header Record. The Survey Mode indicator in the Header Section is the mode of data collection that the ICH facility chose to use for all sample patients during this survey period. 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 survey 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. 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.

Coding Q36 (Race/Ethnicity Question) XML Data Elements

For any mode that the ICH CAHPS Survey was completed in, survey vendors should use the following rules when coding Q36:

- If the respondent answered Q36 by choosing at least one response category, code the data element that corresponds to the selected response(s) as "1" and all other response categories not chosen in Q36 as "X" (Not Applicable).

- If no response categories were chosen for Q36, or a telephone respondent answered, "Don't Know" or refused, code all data elements for Q36 as "M" (Missing).

11.3 Data Submission Procedures

To submit ICH CAHPS Survey data files, survey vendors must access the private side of the website by logging in with their unique credentials and access the survey vendor's dashboard. The survey vendor will then click the *Submit Data* dropdown link under *Data Submission*. The website 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:

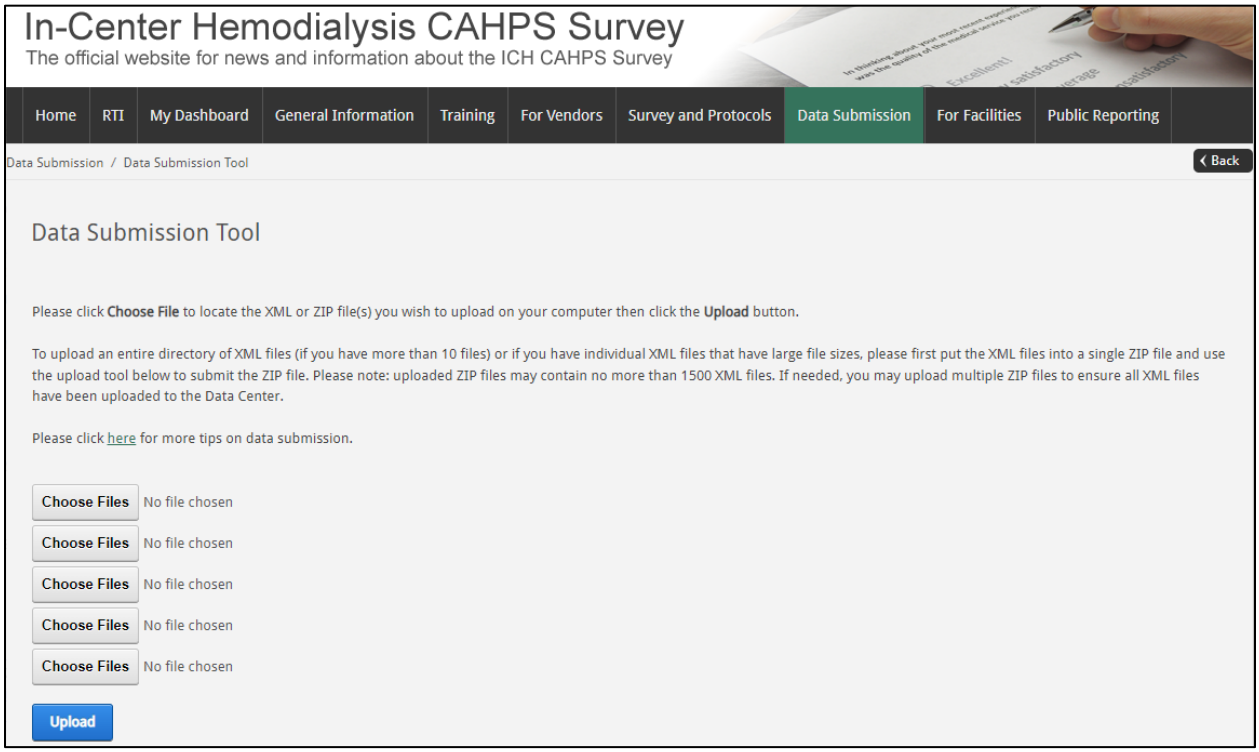
1. Log on to the ICH CAHPS website; when logged on, the system will display the vendor's dashboard.

2. Click the "Data Submission Tool" link under "Data Submission." The data submission tool page will display (as shown in ***Exhibit 11-6***).

3. Click the "Choose Files" button to select the file to upload. Up to five XML data files can be uploaded at a time. The Choose Files 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" to submit the file. The Validation Results Report based on the file selected will appear. A link to this report will also be emailed to the vendor's ICH CAHPS Survey Administrator.

Exhibit 11-6. Link to Data Submission Tool



When survey vendors upload 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 Coordination Team for technical assistance at 1-866-245-8083 or email at ichcahps@rti.org.

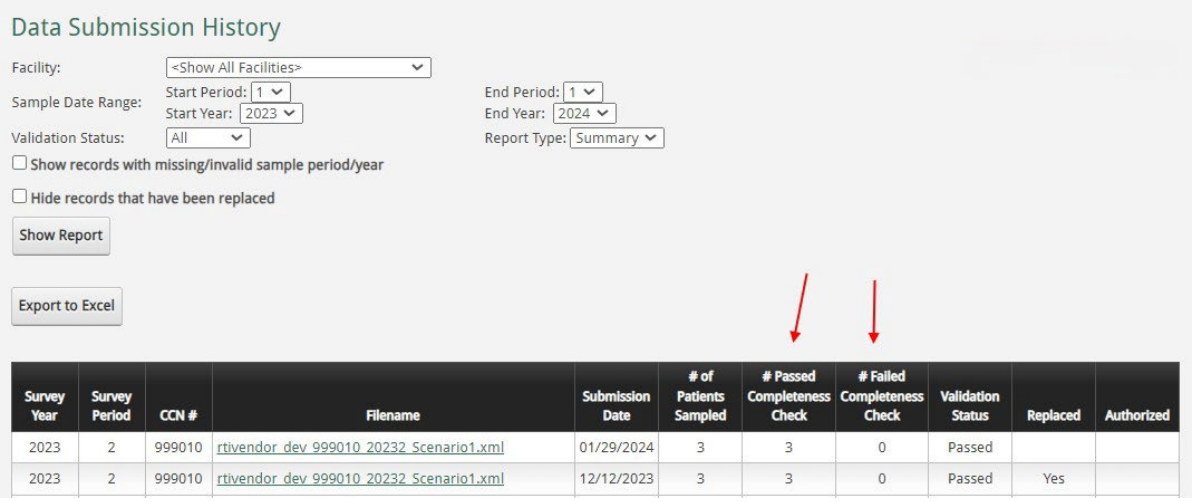
11.5 Data Submission Reports

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 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 private side 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*. As seen in ***Exhibit 11-7*****,** the header text clarifies the number of cases that passed the online data submission completeness checks ("# Passed Completeness Check") upon XML submission versus those that did not pass the online completeness checks ("#Failed Completeness Check").

Exhibit 11-7. Vendor Data Submission Summary Report



Survey Year	Survey Period	CCN #	Filename	Submission Date	# of Patients Sampled	# Passed Completeness Check	# Failed Completeness Check	Validation Status	Replaced	Authorized
2023	2	999010	rtivendor_dev_999010_20232_Scenario1.xml	01/29/2024	3	3	0	Passed		
2023	2	999010	rtivendor_dev_999010_20232_Scenario1.xml	12/12/2023	3	3	0	Passed	Yes	

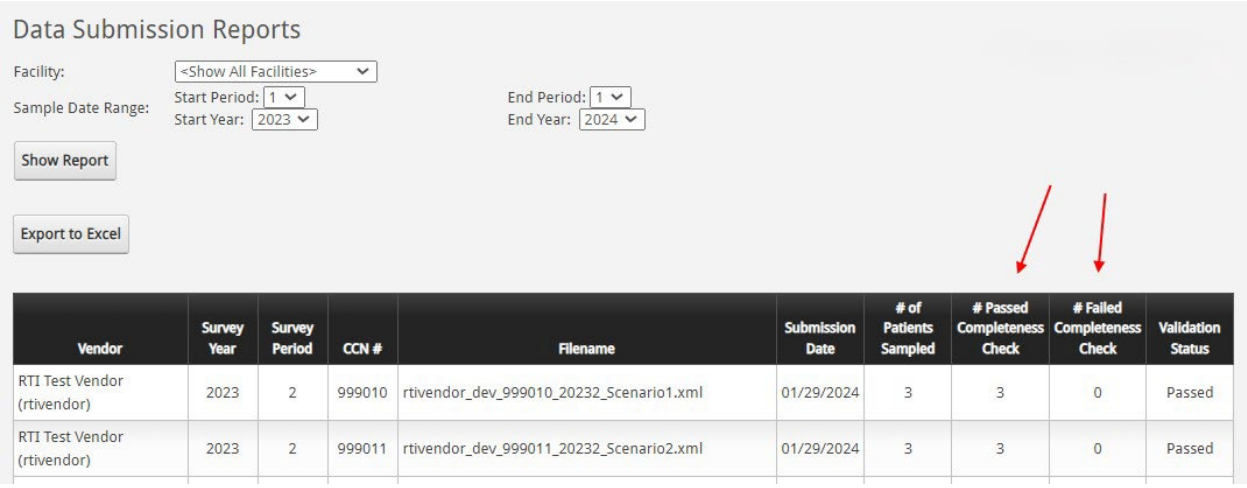
Another important report is the *Survey Vendor Authorization Report*, which allows the survey vendor to view all ICH facilities that have authorized the survey vendor to collect and submit

data on their behalf. This report shows current and future vendor authorization records and allows survey vendors to filter by expired authorizations.

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. As seen in ***Exhibit 11-8*****,** the header text clarifies the number of cases that passed the online data submission completeness checks ("# Passed Completeness Check") upon XML submission versus those that did not pass the online completeness checks ("#Failed Completeness Check").

Exhibit 11-8. Facility Data Submission Summary Report



Vendor	Survey Year	Survey Period	CCN #	Filename	Submission Date	# of Patients Sampled	# Passed Completeness Check	# Failed Completeness Check	Validation Status
RTI Test Vendor (rtivendor)	2023	2	999010	rtivendor_dev_999010_20232_Scenario1.xml	01/29/2024	3	3	0	Passed
RTI Test Vendor (rtivendor)	2023	2	999011	rtivendor_dev_999011_20232_Scenario2.xml	01/29/2024	3	3	0	Passed

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 data on its behalf. If the facility has not done so, 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 a CCN is missing from the *Vendor Authorization Report* and does not appear on the *Facility Non-Participation Form* report, the survey vendor must notify the Coordination Team by March 2, 2026, of the discrepancy for the 2026 Spring Survey and September 1, 2026, for the 2026 Fall Survey.

- If you confirm that an ICH facility has completed the vendor authorization by the vendor authorization deadline, and it is not on the *Facility Non-Participation Form* report, and you did not receive a sample file for that facility, contact the 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, please contact the Coordination Team for guidance on deleting all of the PII/PHI provided on the sample file for the closed facility. The vendor should also submit the online *Vendor Facility Closing Attestation Form* and 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 (unless the CCN is included on the *Facility Non-Participation Form* report) 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 Coordination Team via email at ichcahps@rti.org or 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 provided. 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 sample patients' addresses are obtained from EQRS, 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 (surveys, 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 surveys).

- Check a minimum of 10 percent of all outgoing survey packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the survey.

- For the prenotification letters and mail survey cover letters, check a sample of cases to make sure that the address matches either (a) the name and address included in the sample file provided by the Coordination Team, (b) the address update provided by the commercial address update service, or (c) the address information provided by the facility. Vendors should compare the address against whichever address information—a, b, or c—is most recent.

- For the prenotification and survey package envelopes, check a sample of cases to make sure that the name and address printed on the outside of the envelope match the name and address included on the letter.

- Survey vendors must check to make sure that the number of survey 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 a designated survey vendor staff member in each mailing file to have the prenotification letter and survey package sent to that staff member. Once the mailings are received, the vendor's survey staff should review and assess the completeness of the survey package and timeliness of package delivery. If the vendor's survey staff review the mailing and discover a deviation in ICH CAHPS protocols, the vendor should immediately notify the Coordination Team and submit a discrepancy notification report.

12.2.3 REQUIRED Mail-Only Data Processing Quality Control Measures

- A sample of returned surveys (minimum of 10 percent) must be rescanned and compared with the original scanned image of the survey as a quality control measure. Any discrepancies should be reconciled by a supervisor.

- If keying data, all surveys must be 100 percent rekeyed for quality control purposes. That is, for every survey, a different key entry staff member must rekey the survey 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 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 sample patients' addresses are obtained from EQRS, 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 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.

- For the prenotification letters, check a sample of cases to make sure that the address matches either (a) the name and address included in the sample file provided by the Coordination Team, (b) the address update provided by the commercial address update service, or (c) the address information provided by the facility. Vendors should compare the address against whichever address information—a, b, or c—is most recent.

- For the prenotification envelopes, check a sample of cases to make sure that the name and address printed on the outside of the envelope match the name and address included on the letter.

- 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.

- Vendors who are conducting telephone operations in both English and Spanish must conduct *telephone monitoring* of interviewers *in both languages.* In addition, telephone interviewer monitoring for each language must be conducted by supervisory staff who are conversationally fluent in that language.

  - ICH CAHPS vendors ***cannot*** have a bilingual telephone interviewer conduct supervisory and monitoring activities over another interviewer, as this is not a valid quality protocol. A separate supervisor/staff member, who is not a telephone interviewer, must conduct Spanish interview monitoring activities.

- 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."[5] 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.

- 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.

[5] The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, Nevada, New Hampshire, Oregon, Pennsylvania, Vermont, and Washington.

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, with the exception of the following **Required Mixed Mode Survey Administration Quality Control Measure:**

- Starting with the 2026 Surveys, for cases assigned to the ***MIXED MODE ONLY*** vendors are no longer required to use a commercial address/telephone database service or directory assistance to verify **EVERY** telephone number that is included in the sample file provided by the Coordination Team. Instead, vendors may use a commercial address/telephone database service or directory assistance to verify the telephone number for only those sample patients **who have not returned a mail survey**.

  – This means that for mixed mode cases, the vendor does not have to send all cases for verification prior to starting Wave 1 data collection efforts. Vendors may instead send only mail nonresponse cases for verification **prior** to the deadline for beginning Wave 2 phone follow-up data collection efforts.

  – Please note that even though vendors are no longer required to verify all *telephone numbers* in their sample for cases assigned to mixed mode, it is still required that vendors verify **all *addresses*** in their sample using a commercial address database service prior to starting Wave 1 data collection efforts.

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. Vendors should apply the validation schema on each data file. This validation tool contains some of the same validation checks that are applied when the data file is submitted to the ICH CAHPS Data Center. Using the validation schema to identify file problems and correcting any problems detected will reduce the number of attempts to submit the data file. Please note that this tool will validate your XML files against the published schema only. It will not do more extensive validation (i.e., ensuring that you are authorized to submit for the CCN in the file), and no XML file data are saved by this tool on the ICH CAHPS website.

- 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, 120, 130, 199, and 210 is assigned to the case. For cases coded 140, 160, and 190, the vendor should ensure that survey response data are included if applicable.

- Survey vendors must compare a sample of cases on the XML file to the matching hardcopy survey or original CATI data file, to ensure that the data on the XML file are accurate. Please note, if a vendor is using a subcontractor to administer the mail surveys and/or conduct CATI interviews, vendors must use the original data received from the subcontractor (i.e., scanned images or hardcopies of the mail surveys and the raw/precleaned CATI data) for this comparison quality check ***prior*** to importing the subcontractor's data into the vendor's XML.

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 survey (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 Q12 is response option 2 (No) and the respondent correctly skipped Q13, assign Code X to Q13. 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 Coordination Team to ensure that the survey is being administered according to required ICH CAHPS Survey protocols. Requirements for survey vendor Quality Assurance Plans (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 complete the self-paced Introduction to the ICH CAHPS Survey training and pass the training certification 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 May 31 of each year thereafter and at any time changes occur in staff, survey vendor capabilities, or systems. Vendors may submit their QAPs via the *Quick Links* box on the home page of the ICH CAHPS website or their vendor dashboard on the website.

A model QAP outline is available on the ICH CAHPS Survey website to assist vendors in the development of their own QAP (a link to the model QAP can also be found in ***Appendix A*** of this manual). The survey vendor's QAP should include the following sections:

- Organization Background and Staff Experience
- Work Plan for each approved mode of data collection
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan

- Survey and Materials Attachments (in each language being administered)

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 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. As part of their QAP, vendors will also be required to submit copies of their prenotification letters, mail survey cover letters 1 and 2 (mail-only vendors), mail surveys (mail-only and mixed mode vendors), and screenshots of the entire survey from their CATI interview (telephone-only and mixed mode vendors).

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 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 email 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 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.

Site visits for the Spring Survey period will always take place annually during the months of May and June, and site visits for Fall Survey will always take place during the months of November and December of each year. Because the Coordination Team will be visiting multiple survey vendors during this small window of time, during the visit scheduling period, survey vendors are asked to provide a limited number of unavailable dates. This will greatly assist CMS and the Coordination Team with scheduling site visits across these months at a time that is convenient to all participating CAHPS vendors.

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 survey mailings or provided to a call center for telephone survey data collection;
  - survey 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:

  - Documentation of 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 survey mailouts and receipt; and
  - verification records, for either data entry or scanning processes, showing the level of quality control for keyed surveys.

- 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, if requested by the vendor. 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.

Please note that site visits may be conducted either in person at the vendor and/or subcontractor's headquarters, or virtually. Virtual site visits mimic, to the best of their ability, an in-person visit; however, they are conducted using a HIPAA-compliant web-based video and audio-conferencing platform that allows for screen-sharing between the vendor and the site visit team.

In addition, some vendors may be asked to participate in an offsite site "visit" during a given survey period, instead of being visited in person. This offsite site visit will focus on the following, depending on the data collection modes the survey vendor administers:

- A review of a de-identified sample of the survey vendor's scanned images or raw CATI survey response data from both complete and non-complete returned mail surveys and telephone interviews against the data in the XML file the vendor submitted to the Data Center; and
- A review of a sample of the survey vendor's call histories from completed telephone surveys.
- The Coordination Team may request other information of vendors during these offsite site visits, as needed.

Beginning with the 2025 Fall Survey period, the Coordination Team introduced a new micro-review oversight activity as a lower-intensity alternative to traditional, virtual, and offsite site visits. This activity provides a streamlined way for vendors to share updates on their ICH CAHPS operations through a short reflective survey rather than a full site visit. The micro-review focuses on high-level topics, such as staffing, process updates, data quality checks, training practices, and any challenges or support needs identified during the survey cycle.

Vendors selected for a micro-review will receive a brief survey and will be asked to reflect on their procedures since their most recent site visit. After vendors submit their responses, the Coordination Team will prepare a brief summary for CMS review, then share the feedback with the vendor. No data-digging activities are included in this review, and vendors selected for a micro-review will still participate in virtual or offsite visits in future cycles.

Vendors should note that the Coordination Team will alternate virtual visits, offsite visits, and micro-reviews as determined by data submission quality, previous site visit dates and results, and discussions with CMS.

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. Vendors who have a corrective action plan in place will have the following notation added to the ICH CAHPS Approved Survey Vendors Page: (CMS is reviewing [vendor's name]'s vendor approval status).

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 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 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 email (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 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 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 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 the *Quick Links* box on the home page of the ICH CAHPS website or your vendor dashboard on the website. Specific instructions on how to complete the form are located on the form. The Exceptions Request Form is shown in ***Appendix C***.

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 Conducting ICH CAHPS Operations From a Remote Location

Vendors conducting or planning to conduct ICH CAHPS Survey operations from a remote location (other than the vendor's place of business) must summarize the impacted staff and thoroughly describe how remote operations will be conducted to assure compliance with HIPAA, data security, and quality assurance requirements. Vendors are required to update and resubmit their remote-work Exceptions Request every 2 years for CMS's continued consideration to allow their ICH CAHPS operations to continue remotely.

14.3 Discrepancy Notification Report

The Discrepancy Notification Report, which is shown in ***Appendix D***, 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 survey package was not mailed to all sample patients;
- The contents of the prenotification mailing or mail survey package mailing do not match ICH CAHPS survey material requirements;
- The correct SID number or facility name was not printed on the survey or cover letter for a sample patient; or
- A variable was incorrectly coded and submitted on the XML file.

The survey vendor must notify the Coordination Team ***within 24 hours after the discovery of the discrepancy***. The Discrepancy Notification Report can be accessed via the *Quick Links* box on the home page of the ICH CAHPS website or your vendor dashboard on the ICH CAHPS website. Instructions on how to complete the Discrepancy Notification Report are located on the online form itself.

14.4 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.

14.5 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 email 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 email 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 in October 2016. Survey results are updated or "refreshed" on Medicare's Care Compare tool 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 survey results are not reported on the compare tool on Medicare.gov, a footnote will appear to indicate the reason results are not reported.

This chapter provides a general overview of the public reporting activities associated with the ICH CAHPS Survey.

15.1 Public Reporting Schedule

The ICH CAHPS public reporting periods for 2023–2028, including the combined periods of survey data, are described in ***Table 15-1***. As noted above, survey results from the two most recent survey periods are combined for each reporting period. For example, the results published in April 2025 were based on combined data from the 2023 Fall and 2024 Spring ICH CAHPS Surveys, and the October 2025 (delayed until November 2025) results were based on combined data from the 2024 Spring and 2024 Fall Surveys, and so forth. The next public refresh of ICH CAHPS Survey data will be in April 2026; the data for this refresh will include the 2024 Fall and 2025 Spring survey periods.

Table 15-1. ICH CAHPS 2023–2028 Public Reporting Schedule

Survey Periods of Combined Data	Month Data Are Publicly Reported on Care Compare on Medicare.gov
2021 Fall and 2022 Spring	April 2023
2022 Spring and 2022 Fall	October 2023
2022 Fall and 2023 Spring	April 2024
2023 Spring and 2023 Fall	October 2024
2023 Fall and 2024 Spring	April 2025
2024 Spring and 2024 Fall	October 2025
2024 Fall and 2025 Spring	April 2026
2025 Spring and 2025 Fall	October 2026
2025 Fall and 2026 Spring	April 2027
2026 Spring and 2026 Fall	October 2027
2026 Fall and 2027 Spring	April 2028
2027 Spring and 2027 Fall	October 2028

15.2 ICH CAHPS Measures That Are Publicly Reported

Currently, ICH CAHPS Survey results are produced for three composite measures and three global items. Each facility's results are compared with national and state averages and posted on Medicare's Care Compare tool. ***Table 15-2*** shows a crosswalk of the composite measures and the global rating items mapped to the text that is displayed on the compare tool on Medicare.gov.

Beginning with the April 2027 refresh period, the results reported on Medicare.gov will change, based on the revised ICH CAHPS Survey. More information about these changes will be shared on the ICH CAHPS website prior to that refresh period. ***For the purposes of this manual, the remainder of this chapter will focus on the three composite measures and three global ratings that are currently reported on Medicare.gov.***

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 Coordination Team prepares and posts on the ICH CAHPS website a document that describes how results were calculated and the coefficients used to statistically adjust survey results based on survey mode and patient mix.

Table 15-2. Crosswalk of Composite Measures and Global Ratings to the Text on the Compare Tool on Medicare.gov

ICH CAHPS Composite Measurements/ Global Ratings	ICH CAHPS Questions Included in Composite/ Global Rating	Header and Text Displayed on Care Compare on Medicare.gov
Nephrologists' (Kidney Doctors) Communication and Caring	Q3, Q4, Q5, Q6, Q7, and Q9	"Communication: Patients who reported that kidney doctors "always" communicated well and cared for them as a person"
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	"Doctors & Staff: Patients who reported that dialysis center staff "always" communicated well, kept patients as comfortable and pain-free as possible, behaved in a professional manner, and kept the center clean"
Providing Information to Patients	Q19, Q28, Q29, Q30, Q31, Q36, Q38, Q39, and Q40	"Communication": "Patients who reported that YES their kidney doctors and dialysis center staff gave them the information they needed to take care of their health"
Rating of kidney doctors (nephrologist)	Q8	"Doctors & Staff: Patients who gave their kidney doctors a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)"
Rating of dialysis center staff	Q32	"Doctors & Staff: Patients who gave the dialysis center staff a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)"
Rating of the dialysis facility	Q35	"Overall experience: Patients who gave the dialysis center a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible)"

15.3 Star Ratings

CMS began reporting ICH CAHPS star ratings in October 2018. With CMS's transition in December 2020 to the compare tool on Medicare.gov, only the Overall Survey Summary Star is being publicly reported. The overall survey summary star is a simple average of the six individual ICH CAHPS star ratings, one for each composite and global rating. The Overall Survey Summary Star is displayed as the "Patient survey rating." Although only the Overall Survey Summary Star is available on Medicare.gov, CMS continues to make all seven star ratings available to the public via its Provider Data Catalog (PDC).

More information on how the star ratings are calculated can be found on the ICH CAHPS website.

15.4 Adjustment of ICH CAHPS Survey Results

In early 2014, the 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 semiannual submission of the ICH CAHPS Survey data during the national implementation. The adjustments made based on the 2014 mode experiment are reevaluated on occasion to ensure that the best adjustments are being made for national implementation.

For the revised ICH CAHPS Survey that is being implemented beginning with the 2026 Spring Survey, we will use results from the 2022 mode experiment to make the necessary adjustments.

15.5 Facility Preview Reports

Prior to publishing the results on the compare tool on Medicare.gov, CMS produces 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.

APPENDIX A:

SURVEY MATERIALS, TOOLS, AND PROTOCOLS

All survey and protocol materials are available on the ICH CAHPS Survey and Protocols web page. On this web page, the following materials are available for download:

- This ICH CAHPS Survey Administration and Specifications Manual
- Mail Survey (all languages)
- Telephone Scripts (English and Spanish only)
- Official Cover Letter 1st mailing (all languages)
- Official Cover Letter 2nd mailing (all languages)
- Supplemental Questions (all languages)
- OMB Disclosure Notice (all languages)
- Poster/Flyer Templates (English and Spanish only)
- Waiting Room FAQs (English, Spanish, Simplified Chinese, Traditional Chinese, and Vietnamese).
- FAQs for Interviews (English and Spanish only)
- Survey Composites

All data submission resources are available on the ICH CAHPS Data Submission Resources web page. On this web page, the following materials are available for download:

- XML File Layout
- XML Schema File

Resources for survey vendors are also available on the ICH CAHPS Survey website. These include:

- ICH CAHPS Model Quality Assurance Plan
- Vendor Application

APPENDIX B:

GENERAL GUIDELINES FOR TELEPHONE INTERVIEWERS

In-Center Hemodialysis CAHPS Survey
General Guidelines for Telephone Interviewing

OVERVIEW

The In-Center Hemodialysis CAHPS (ICH CAHPS) Survey is administered as an electronic system telephone interview. As a telephone interviewer on the ICH CAHPS Survey, you will use the system to conduct each interview. The questions you ask are programmed into a computer. The phone number is provided by the computer for you to make the call. You will read the questions from the computer screen and enter the answer to each question into the computer. Based on the answer you enter, the computer will automatically take you to a screen with the next applicable question.

You play an extremely important role in the overall success of this study. You are the link to the hundreds of respondents who will provide valuable information to the project team. You are the person who develops rapport with the respondents, assures them that their participation is important, and obtains their full cooperation and informed consent.

As a professional interviewer, your job is to help each respondent feel at ease and comfortable with the interview. Key to accomplishing this goal is to be fully informed about the survey, the interview, and the data collection procedures.

GENERAL INTERVIEWING TECHNIQUES

The process of asking questions, probing, and entering responses correctly is crucial to obtaining high-quality data for the ICH CAHPS Survey. General techniques and procedures you should follow when conducting the ICH CAHPS Survey interviews are provided below.

Administering Survey Questions

- Ask the questions *exactly* as they are presented. Do **not** change the wording or condense any question when reading it to the respondent.

- Emphasize all words or phrases that appear in **bold**, are <u>underlined</u>, or appear in *italics*.

- Ask every question specified, even when a respondent has seemingly provided the answer as part of the response to a preceding question. The answer received in the context of one question may not be the same answer that will be received when the other question is asked. If it becomes cumbersome to the respondent, remind him or her gently that you must ask all questions of all respondents.

- If the answer to a question indicates that the respondent did not understand the intent of the question, or if the respondent requests that any part of the question be clarified, even if it is only one word, repeat the question.

- Read the questions slowly, at a pace that allows them to be readily understood. Remember that the respondent has not heard these questions before and will not have had the exposure that you have had to the survey.

- Transition statements are designed to inform the respondent of the nature of an upcoming question or a series of questions, to define a word, or to describe what is being asked for in the question. Read transition statements just as they are presented. Don't create "transition statements" of your own, because these may unintentionally introduce bias into the interview. The exception to this is when transitioning from a set of questions with a scale to yes/no questions, like Q8 and Q16. If sample respondents want to continue answering with the scale in these instances, you can add the transition statement "Would you say yes or no?" after reading the question.

- Give the respondent plenty of time to recall past events.

- Do not suggest answers to the respondent. Your job as an interviewer is to read the questions exactly as they are printed, make sure the respondent understands the question, and then enter the responses. Do not help the respondent answer the questions.

- Ask questions in the exact order in which they are presented.

- Do not read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories. These are instructions for the interviewers or response options that should not be offered as choice, but chosen if answered as such by the respondent.

- Read all questions including those which may appear to be sensitive to the respondent in the same manner with no hesitation or change in inflection.

- Thoroughly familiarize yourself with the Frequently Asked Questions list before you conduct interviews so that you are knowledgeable about the ICH CAHPS Survey.

- At the end of the interview, tell the sample patient that the survey is completed and thank him or her for taking part in the survey.

Introducing the Survey

The introduction is of the utmost importance to successfully completing a telephone interview. Most people hang up in the first few minutes of the interview, so if you can convince the respondent to remain on the line long enough to hear the purpose of the study and begin asking the questions, the chances that your respondent will complete the interview increase dramatically.

- When reading the introduction, sound confident and pronounce the words as clearly as you can.
- Respondents are typically not expecting survey research calls, so they may need your help to clarify the nature of the call.
- Practice the introduction until you can present it in such a manner that your presentation sounds **confident**, **sincere**, and **natural**.
- Deliver the introduction at a conversational pace. Rushing through the introduction gives an impression of lack of confidence and may also cause the listener to misunderstand.
- Try not to pause too long before asking the first question in the survey following the introduction. A pause tends to indicate that you are waiting for approval to continue.

Providing Neutral Positive Feedback

The use of neutral feedback can help build rapport with sample patients, particularly with ICH CAHPS sample patients, who are generally sicker than the general population. Periodically acknowledging the respondent during the interview can help gain and retain cooperation during the interview.

Acceptable neutral acknowledgment words:

- Thank you
- All right
- Okay
- I understand
- Let me repeat the question

Avoiding Refusals

The first and most critical step in avoiding refusals is your effort to establish rapport with reluctant sample patients, therefore minimizing the incidence of refusals. Remember, you will not be able to call back and convert a refusal—your initial contact with the sample patient is the only chance you will have to create a successful interview. The following are some tips to follow to avoid refusals.

- Make sure you are mentally prepared when you start each call, and have a positive attitude.
- Treat respondents the way you would like to be treated.
- Always use an effective/positive/friendly tone and maintain a professional outlook.
- Pay careful attention to what the respondent says during the interview.
- Listen to the respondent completely rather than assuming you know what he or she is objecting to.
- Listen before evaluating and entering a response code.
- Be accommodating to the respondents' needs.
- Always remain in control of the interaction.
- Understand the reason for reluctance/refusal at the start of the call, or figure it out as quickly as possible.
- Listen as an ally, not an adversary, and do not debate or argue with the respondent.
- Be prepared to address one (or more) reason(s) for reluctance/refusal.
- Focus your comments to sample patients on why they specifically are important to the study.
- Paraphrase what you hear and repeat this back to the respondent.
- Remember that you are a professional representative of your survey organization and the ICH facility whose patients you are contacting.

GENERAL INTERVIEWING GUIDANCE

The following sections provide guidance on the use of probes, avoiding bias, and entering responses accurately. By following these rules, interviewers will help ensure that the ICH CAHPS Survey interviews are conducted in a standardized manner.

Probing

At times, it will be necessary for you to probe to obtain a more complete or more specific answer from a respondent. To elicit an acceptable response, you will often need to use an appropriate neutral or nondirective probe. The important thing to remember is not to suggest answers or lead the respondent. Some general rules for probing follow.

- Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question the second time, the respondent will probably understand what information is expected.
- Repeat the answer choices if the respondent is having difficulty selecting a response option.
- Use a silent probe, which is pausing or hesitating to indicate to the respondent that you need additional or better information. This is a good probe to use after you have determined the respondent's response pattern.
- Use neutral questions or statements to encourage a respondent to select an answer choice. Examples of neutral probes include the following where the interviewer says:
  - "Take a minute to think about it." REPEAT QUESTION, IF APPROPRIATE
  - "Which would be closer?" REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE PATIENT'S RESPONSE
- Use clarification probes when the response is unclear, ambiguous, or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. An example of a clarification probe is "So, would you say that it is…" REPEAT ANSWER CATEGORIES
- Encourage the respondent to give his or her best guess if a respondent gives a "don't know" response. Let the respondent know that this is not a test and there are no right or wrong answers. We are interested in the respondent's opinions and assessment of the dialysis care that he or she has received.
- If the respondent asks you to answer the question for him or her, let the respondent know that you cannot answer the question for him or her. Instead, ask the respondent if she or he requires clarification on the content or meaning of the question.
- Interviewers must not interpret survey questions for the patient. However, if the sample patient uses a word that clearly indicates yes/no, then the interviewer can accept those responses.

Avoiding Bias

One common pitfall of interviewing is unknowingly introducing bias into an interview. Bias occurs when an interviewer says or does something that affects the answers respondents give in an interview. An interview that has significant bias will not provide accurate data for the research being conducted; such an interview may have to be thrown out.

As a professional interviewer, remaining neutral at all times ensures that bias is not introduced into the interview. There are many things you can do or avoid to help ensure that no bias is introduced. You should

- read all statements and questions exactly as they are written,
- use neutral probes that do not suggest answers,
- **not** provide your own personal opinions or answers in an effort to "help" respondents, and
- **not** use body language, such as a cough or a yawn to influence the interview.

Taking these steps to monitor your own spoken and unspoken language will go a long way to guarantee that the interviews you conduct are completed correctly and efficiently.

Entering Responses

The majority of the questions you will ask have precoded responses. To enter a response for these types of questions, you will simply select the appropriate response option and enter the number corresponding to that response.

The conventions presented below must be followed at all times to ensure that the responses you enter accurately reflect the respondents' answers and to ensure that survey data are all collected in the same systematic manner.

- You must ***listen*** to what the respondent says and enter the appropriate answer if the response satisfies the objective of the question. If the answer does not appear to satisfy the objective, repeat the question.
- In entering answers to open-ended questions or "Other (specify)" categories, enter the response verbatim, exactly as it was given by the respondent.
- Enter the response immediately after it is given.
- If a respondent gives a range in response to a question, probe as appropriate for a more specific answer. For example, if a respondent says, "Oh, 2 or 3 times" and you can enter only one number, ask for clarification: "Would that be closer to 2 or to 3?"

Rules for Successful Telephone Interviewing

Remember, the key to successful interviewing is being prepared for every contact that you make. Have a complete set of the appropriate materials at your work station, organized in such a manner that you do not have to stop and search for required documents. Some general rules that you should follow every time you place a call are provided below.

1. ***Be prepared before you place a call.*** Be prepared to talk to the sample patient. You should be able to explain the purpose of your call to the sample patient or his or her family and friends. Do not rely on your memory alone to answer questions. Make sure you review and understand the Frequently Asked Questions (FAQs).

2. ***Act professionally.*** Convey to sample patients that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.

3. ***Make the most of your contact.*** Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future attempts. For example, if you are trying to contact the sample patient and he or she is not available, gain as much information as you can to help reach the sample patient the next time he or she is called. Important questions to ask:

   – When is the sample patient usually home?

   – What is the best time to reach the sample patient?

   – Can you schedule an "appointment" to reach the sample patient at a later time?

4. ***Don't be too quick to code a sample patient as incapable.*** Some sample patients may be hard of hearing or appear not to fully understand you when you call. Rather than immediately coding these cases as "Incapable," please attempt to set a callback for a different time of day and different day of the week. It is possible that reaching the sample patient at a different time may result in your being able to conduct the interview with him or her. Remember, **the use of proxy respondents is not permitted.**

   For situations where the respondent is mentally or physically incapable, including those who are hearing impaired with no TTY service, you should code the case as Mentally or Physically Incapacitated.

APPENDIX C:

EXCEPTIONS REQUEST FORM

In-Center hemodialysis CAHPS Survey
Exceptions Request Form Specs

Date Submitted: <Today's Date>

I. EXCEPTION REQUEST INFORMATION

Please complete Items 1 and 2 below.

1. Exception Request

1a. Exception Request Classification (Radio Button)

- New Exception
- Update List of Applicable In-Center Hemodialysis Facilities
- Appeal of Exception Denial

1b. Specify Reason for Exception Request:

Open ended text box

2. Description of Exception Request

2a. Purpose of requested exception (e.g., data issues).

Open ended text box

2b. How will the exception be implemented?

Open ended text box

2c. Provide evidence that exception will not affect survey results.

Open ended text box

II. LIST OF IN-CENTER HEMODIALYSYS FACILITIES IMPACTED BY THIS EXCEPTION REQUEST

Vendor should revise the Exception Request if additional facilities (CCNs) need to be added after the initial Exception Request was submitted.

If you have multiple CCN #s, please enter them as a comma separated list, as shown in the example below. After entering your CCN number(s), click on the "Lookup Facility Names" button. Do not include dashes in the CCN number.

Example: 111111,222222,333333

CCN #s

The following validation checks are run and corresponding messages displayed to the user:

- If no CCN number(s) have been entered, display the error message: "Please enter the CCN number(s)."
- If any CCN numbers are not numeric, display the error message: "CCN numbers must consist of numbers only."
- If any CCN numbers are not six digits, display the error message: "CCNs must consist of exactly six digits. One or more of the CCNs you entered is either too short or too long."
- If any CCNs do not match the master CMS list, display the error message: The following CCN number(s) do not match the master CMS database. Please correct your CCN number(s) and click the Lookup button again. If you believe that you received this message in error, please contact CMS to verify that your CCN number is correct, or contact the ICH CAHPS Coordination team to discuss the issue."

This lookup button should take the comma separated list of CCNs entered and check them against the table rti_CMS_Facility_List, in order to resolve the Facility Name. Any names that successfully resolve should be shown in the list. Any CCN numbers that do not exist in the master table should show an error, and request the user check the number and try again.

Lookup Results:

The following CCN number(s) will be registered when you click the "Submit" button below. Please verify that the list is correct. If it is not correct, please edit your CCN number(s) above and click the Lookup button again.

CCN #	Facility Name
017141	NORTHWEST HOME HEALTH WINFIELD
017142	ATMORE COMMUNITY HOME CARE, LLC

Submit

APPENDIX D:

DISCREPANCY NOTIFICATION FORM

In-Center Hemodialysis CAHPS Survey
Discrepancy notification report

To submit this form online, please visit the ICH CAHPS Survey website.

Date Submitted:

I. Discrepancy Notification Report

One DNR is required for each discrepancy reason. If you have multiple CCNs with the same discrepancy reason, please include all CCNs on one DNR. If you have more than one discrepancy reason, you will need to submit a DNR for each discrepancy reason. To complete this form, please complete the following sections:

- Section I—Select the affected Survey Period and the reason for the discrepancy from the drop down boxes.
- Section II—Enter all CCNs that are impacted by the discrepancy reason.
- Section III—Provide a detailed description of the discrepancy being reported for each CCN and include the number of affected patients. If you do not know the number of affected patients, please enter UNK. If the number of affected patients is not applicable, enter NA.
- Section IV—Include a description of the corrective action your organization has taken to address the discrepancy.
- Section V—Provide any additional information about the discrepancy that you feel the ICH CAHPS Coordination Team will need.

SURVEY PERIOD: <Select Survey Period> DISCREPANCY REASON: <Select Discrepancy Reason>

II. Lookup Facilities

Please enter your CCN number(s) for which you are filing the discrepancy. If you have multiple CCN numbers, please enter them as a comma separated list, as shown in the example below. After entering your CCN number(s), click on the "Lookup Facility Names" button. Do not include dashes in the CCN number.
Example: 111111, 222222, 333333

CCN #s

Lookup Facility Names

III. Discrepancy Information

Please complete the items below in detail for each facility listed.

CCN	Facility Name	# of Patients Affected (If not known/not applicable, enter UNK or NA)	If Late Start, dates data collection began and ended (Format 11/1/2014–12/2/2014)	Detailed Description of Discrepancy for the Affected CCN
XXXXXX	ABC Test Dialysis Center			

IV Description of corrective action to be taken to address discrepancy, along with proposed timeline.

V. Additional information not provided above which will help the ICH CAHPS Survey Coordination Team understand the discrepancy.

A Discrepancy form will be submitted for the CCN number(s) listed above when you click the "Submit" button below. Please verify that the list is correct. If it is not correct, please edit your CCN number(s) above and click the Lookup button again.

To submit this form, visit the ICH CAHPS Survey website. If you have any problems completing the online Discrepancy Notification form, please email the ICH CAHPS Coordination Team at ichcahps@rti.org for assistance.

APPENDIX E:

2026 END-STAGE RENAL DISEASE (ESRD) NETWORK PHONE NUMBERS BY STATE

2026 End-Stage Renal Disease (ESRD) Network Phone Numbers by State

Alabama:
NETWORK 8, INC.
NETWORK 8
1-877-936-9260

Alaska:
COMAGINE HEALTH
NETWORK 16
1-800-262-1514

American Samoa:
HSAG: ESRD NETWORK 17
NETWORK 17
1-800-232-3773

Arizona:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

Arkansas:
HSAG: ESRD NETWORK 13
NETWORK 13
1-800-472-8664

California (Northern):
HSAG: ESRD NETWORK 17
NETWORK 17
1-800-232-3773

California (Southern):
HSAG: ESRD NETWORK 18
NETWORK 18
1-800-637-4767

Colorado:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

Connecticut:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

Delaware:
QUALITY INSIGHTS RENAL NETWORK 4
NETWORK 4
1-800-548-9205

Florida:
THE FLORIDA ESRD NETWORK
NETWORK 7
1-800-826-3773

Georgia:
IPRO NETWORK OF THE SOUTH ATLANTIC
NETWORK 6
1-800-238-3773

Guam:
HSAG: ESRD NETWORK 17
NETWORK 17
1-800-232-3773

Hawaii:
HSAG: ESRD NETWORK 17
NETWORK 17
1-800-232-3773

Idaho:
COMAGINE HEALTH
NETWORK 16
1-800-262-1514

Illinois:
QSOURCE ESRD NETWORK 10
NETWORK 10
1-800-456-6919

Indiana:
IPRO ESRD NETWORK OF THE OHIO RIVER VALLEY
NETWORK 9
1-800-238-3773

Iowa:
QSOURCE ESRD NETWORK 12
NETWORK 12
1-800-444-9965

Kansas:
QSOURCE ESRD NETWORK 12
NETWORK 12
1-800-444-9965

Kentucky:
IPRO ESRD NETWORK OF THE OHIO RIVER VALLEY
NETWORK 9
1-800-238-3773

Louisiana:
HSAG: ESRD NETWORK 13
NETWORK 13
1-800-472-8664

Maine:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

Mariana Islands:
HSAG: ESRD NETWORK 17
NETWORK 17
1-800-232-3773

Maryland:
QUALITY INSIGHTS RENAL NETWORK 5
NETWORK 5
1-866-651-6272

Massachusetts:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

Michigan:
MIDWEST KIDNEY NETWORK
NETWORK 11
1-800-973-3773

Minnesota:
MIDWEST KIDNEY NETWORK
NETWORK 11
1-800-973-3773

Mississippi:
NETWORK 8, INC.
NETWORK 8
1-877-936-9260

Missouri:
QSOURCE ESRD NETWORK 12
NETWORK 12
1-800-444-9965

Montana:
COMAGINE HEALTH
NETWORK 16
1-800-262-1514

Nebraska:
QSOURCE ESRD NETWORK 12
NETWORK 12
1-800-444-9965

Nevada:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

New Hampshire:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

New Jersey:
QUALITY INSIGHTS RENAL NETWORK 3
NETWORK 3
1-888-877-8400

New Mexico:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

New York:
IPRO ESRD NETWORK OF NEW YORK
NETWORK 2
1-800-238-3773

North Carolina:
IPRO NETWORK OF THE SOUTH ATLANTIC
NETWORK 6
1-800-238-3773

North Dakota:
MIDWEST KIDNEY NETWORK
NETWORK 11
1-800-973-3773

Ohio:
IPRO ESRD NETWORK OF THE OHIO RIVER VALLEY
NETWORK 9
1-800-238-3773

Oklahoma:
HSAG: ESRD NETWORK 13
NETWORK 13
1-800-472-8664

Oregon:
COMAGINE HEALTH
NETWORK 16
1-800-262-1514

Pennsylvania:
QUALITY INSIGHTS RENAL NETWORK 4
NETWORK 4
1-800-548-9205

Puerto Rico:
QUALITY INSIGHTS RENAL NETWORK 3
NETWORK 3
1-888-877-8400

Rhode Island:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

South Carolina:
IPRO NETWORK OF THE SOUTH ATLANTIC
NETWORK 6
1-800-238-3773

South Dakota:
MIDWEST KIDNEY NETWORK
NETWORK 11
1-800-973-3773

Tennessee:
NETWORK 8, INC.
NETWORK 8
1-877-936-9260

Texas:
ESRD NETWORK OF TEXAS, INC.
NETWORK 14
1-877-886-4435

Utah:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

Vermont:
IPRO ESRD NETWORK OF NEW ENGLAND
NETWORK 1
1-800-238-3773

Virgin Islands:
QUALITY INSIGHTS RENAL NETWORK 3
NETWORK 3
1-888-877-8400

Virginia:
QUALITY INSIGHTS RENAL NETWORK 5
NETWORK 5
1-866-651-6272

Washington (state):
COMAGINE HEALTH
NETWORK 16
1-800-262-1514

West Virginia:
QUALITY INSIGHTS RENAL NETWORK 5
NETWORK 5
1-866-651-6272

Wisconsin:
MIDWEST KIDNEY NETWORK
NETWORK 11
1-800-973-3773

Wyoming:
HSAG: ESRD NETWORK 15
NETWORK 15
1-800-783-8818

Washington, DC:
QUALITY INSIGHTS RENAL NETWORK 5
NETWORK 5
1-866-651-6272

THE OFFICE OF MEDICARE:
1-800-MEDICARE OR 1-800-633-4227