Introduction to the In-Center Hemodialysis (ICH) CAHPS Survey

Self-Paced Training

February 12-18, 2025

Introduction to the ICH CAHPS Survey

This training covers:

- Background and development of the ICH CAHPS Survey

- Roles and responsibilities of ICH facilities, survey vendors, and the ICH CAHPS Coordination Team

- Survey participation requirements

- Sample selection and distribution processes

- Survey administration procedures and survey protocols for each approved mode

- Confidentiality and data security

Introduction to the ICH CAHPS Survey (cont'd)

This training covers:

- Data processing and coding

- The ICH CAHPS website

- Data file preparation, data submission, and reports

- Quality control procedures

- Oversight activities

- Exceptions Request Form and Discrepancy Notification Report

- Public reporting

Information and Reminders

You can submit questions about these slides (content or other) to ichcahps@rti.org.

Currently approved vendors and their subcontractors are encouraged to have new staff review these slides; the Training Certification Form is not required.

Background and Development of the ICH CAHPS Survey

Background and Development of the ICH CAHPS Survey

This section covers the following topics:

1. Overview of CAHPS® Surveys and the Quality Initiative

2. The In-Center Hemodialysis CAHPS Survey Development Timeline

3. Overview of the ICH CAHPS Survey

Background and Development of the ICH CAHPS Survey

Topic 1:
Overview of CAHPS® Surveys and the Quality Initiative

Overview of CAHPS® Surveys

Consumer

Assessment of

Healthcare

Providers and

Systems®

- Family of surveys designed to collect data from patients about their experiences with the care they receive from their health care providers

- Developed over 20 years ago by the Agency for Healthcare Research and Quality (AHRQ)

- Allows patients to self-report their own perceptions of their care experience

CAHPS® is a registered trademark of AHRQ, a U.S. government agency

Overview of CAHPS® Surveys (cont'd)

CAHPS® development methods include:

- Public call for measures

- Literature reviews

- Focus groups with patients

- Cognitive interviews

- Stakeholder input

- Public response to Federal Register notices

- Field tests

Goals of CAHPS® surveys:

- Conduct the survey in a standardized manner

- Analyze and adjust data to achieve reliable comparisons

- Publicly report survey results

The Quality Initiative

- November 2001, the Department of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS) announced the Quality Initiative "to assure quality health care for all Americans through accountability and public disclosure."

  o https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo

- Dialysis facility measures publicly reported on Care Compare on Medicare.gov: https://www.medicare.gov/care-compare/ (formally reported on Dialysis Facility Compare).

- Facilities have been conducting ICH CAHPS Surveys since 2012.

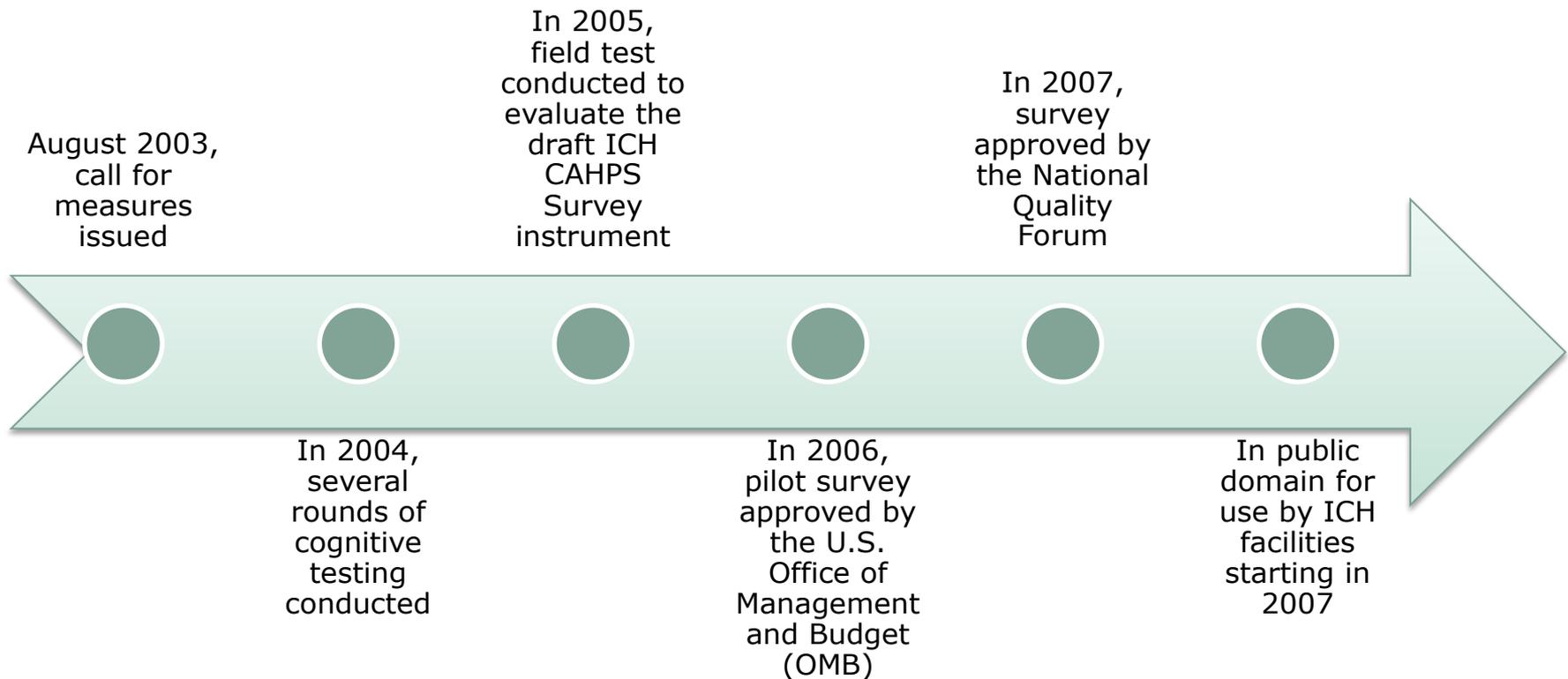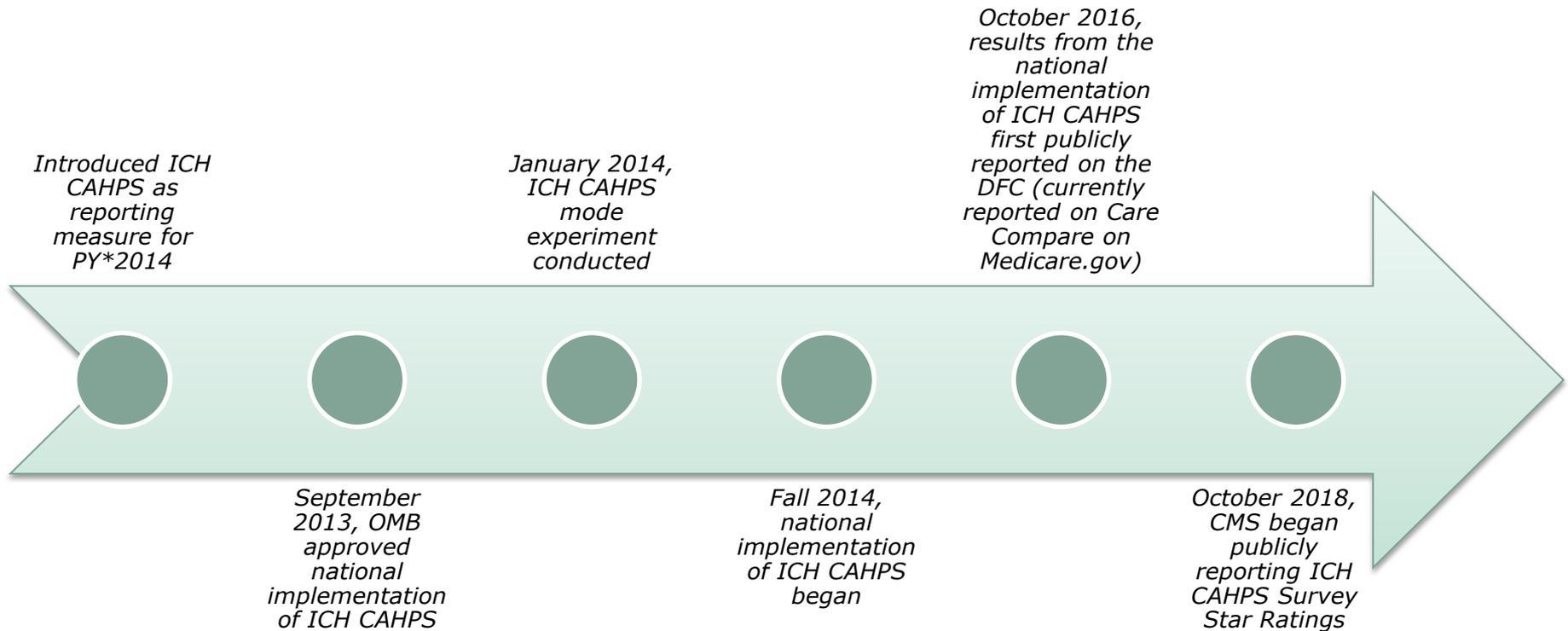# Background and Development of the ICH CAHPS Survey

Topic 2:
The In-Center Hemodialysis CAHPS Survey Development Timeline

The In-Center Hemodialysis CAHPS Survey Development Timeline

August 2003, call for measures issued

In 2004, several rounds of cognitive testing conducted

In 2005, field test conducted to evaluate the draft ICH CAHPS Survey instrument

In 2006, pilot survey approved by the U.S. Office of Management and Budget (OMB)

In 2007, survey approved by the National Quality Forum

In public domain for use by ICH facilities starting in 2007

The In-Center Hemodialysis CAHPS Survey Development Timeline (cont'd)

Introduced ICH CAHPS as reporting measure for PY*2014

September 2013, OMB approved national implementation of ICH CAHPS

January 2014, ICH CAHPS mode experiment conducted

Fall 2014, national implementation of ICH CAHPS began

October 2016, results from the national implementation of ICH CAHPS first publicly reported on the DFC (currently reported on Care Compare on Medicare.gov)

October 2018, CMS began publicly reporting ICH CAHPS Survey Star Ratings

*Payment Year (PY) refers to the year in which a payment reduction would apply as a result of facility performance.

ESRD Quality Incentive Program

The ESRD Quality Incentive Program impacts the way CMS pays for the treatment of patients who receive dialysis.

The program links a portion of payment directly to facilities' performance on quality-of-care measures.

The ICH CAHPS Survey is one of the quality measures in the program.

To find out more about the ESRD Quality Incentive Program:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP

Review the ESRD Prospective Payment System Final Rules published online in the *Federal Register*.

ESRD Prospective Payment System Final Rules

- End-Stage Renal Disease Prospective Payment System (ESRD PPS) Final Rules are typically posted every November. When they are posted, there will be an announcement on the ICH CAHPS website.

Announcement

2025 ESRD Prospective Payment System Final Rule

Information for Dialysis Facilities   Posted November 12, 2024

The ESRD Prospective Payment System (PPS) Final Rule for Calendar Year 2025, which was published in the *Federal Register* on November 12, 2024, is available here.

- Final Rules update and revise the PPS, update payment rate for services furnished to ESRD patients, and update requirements for the ESRP Quality Incentive Program (QIP).

Background and Development of the ICH CAHPS Survey

Topic 3:
Overview of the ICH CAHPS Survey

Overview of the ICH CAHPS Survey

Purpose of the ICH CAHPS Survey: To measure experiences of patients who receive ICH care from Medicare-certified ICH facilities.

Goals of the ICH CAHPS Survey:

- 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.

Overview of the ICH CAHPS Survey (cont'd)

The ICH CAHPS Survey is administered by independent approved survey vendors working under contracts with ICH facilities.

Three modes of data collection are allowed—mail-only, telephone-only, and mail with telephone follow-up of nonrespondents (mixed mode).

Sampling and data collection is conducted on a semiannual basis (Spring and Fall Surveys).

For PY2027, all ICH facilities must administer the ICH CAHPS Survey in CY2025 if they served 30 or more survey-eligible patients in CY2024.

The ICH CAHPS Survey

The ICH CAHPS Survey contains 62 questions:

- 44 core questions about in-center dialysis care:
    - 2 questions obtain eligibility
    - 32 questions form three Composite Measures (first row below)
    - 3 questions are the Global Rating Items (second row below)

Composite 1	Composite 2	Composite 3
Kidney Doctors' (Nephrologists') Communication and Caring	Quality of Dialysis Center Care and Operations	Providing Information to Patients

Global Rating 1	Global Rating 2	Global Rating 3
Rating of kidney doctors (nephrologists)	Rating of dialysis center staff	Rating of the dialysis center

The ICH CAHPS Survey (cont'd)

A series of "About You" questions focus on the demographic characteristics of the patient:

- 18 questions are included in the mail survey
- 15 questions are included in the telephone script

Why does the ICH CAHPS telephone script contain 59 questions and the mail survey contain 62 questions?

- The mail survey contains three additional questions in the "About You" section that ask if anyone helped the sample patient to complete the survey (Questions 60, 61, and 62).
- These three questions help determine if a proxy completed the mail survey for the sample patient.
- These three questions are not applicable if the survey is administered by telephone because telephone interviewers ensure that a proxy does not complete the telephone interview.

The ICH CAHPS Survey (cont'd)

The ICH CAHPS Survey is available in English, Spanish, traditional and simplified Chinese, Samoan, and **<u>Vietnamese (added for 2025 Spring)</u>**.

- Note: The telephone interview can only be administered in English and Spanish.

Survey vendors must offer the survey in English in their approved data collection modes.

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.
- 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, and Vietnamese.
- at this time, the survey is only to be administered using the above mentioned 6 languages.

Vendors cannot edit or alter wording of the questions or responses in any languages.

All translations are available on the ICH CAHPS website or by emailing the Coordination Team.

Public Reporting on Care Compare on Medicare.gov (https://www.medicare.gov/care-compare)

October 2016: CMS began publicly reporting ICH CAHPS Survey data.

October 2018: CMS began reporting ICH CAHPS Survey Star Ratings.

Results are "refreshed" on Care Compare on Medicare.gov every April and October.

- 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 across the two most recent semiannual surveys will be reported. Otherwise, a footnote will appear to indicate the reason results are not reported.

- Survey results are "refreshed" on Care Compare on Medicare.gov at https://www.medicare.gov/care-compare in April and October of each year.

Data Submission Requirements and Deadlines

- ICH CAHPS Survey data must be submitted to the ICH CAHPS Data Center by the semiannual data submission deadlines:

  - last Wednesday in July for Spring Surveys

  - last Wednesday in January for Fall Surveys

- No data is accepted after the deadline.

Payment Year (PY)	Period	Data Collection Months	Data Submission Deadline
2026	2024 Spring Survey	April 2024–July 2024	July 31, 2024
2026	2024 Fall Survey	October 2024–January 2025	January 29, 2025
2027	2025 Spring Survey	April 2025–July 2025	July 30, 2025
2027	2025 Fall Survey	October 2025–January 2026	January 28, 2026

Roles and Responsibilities

Roles and Responsibilities

This section covers the following topics:

1. Roles and Responsibilities of CMS and RTI International

2. ICH Facility Participation Requirements

3. Roles and Responsibilities of ICH Facilities

4. Roles and Responsibilities of Approved ICH CAHPS Survey Vendors

5. Communications With ICH Patients About the ICH CAHPS Survey

6. Administering ICH CAHPS in Conjunction With Other Surveys

Roles and Responsibilities

Topic 1:

Roles and Responsibilities of CMS and RTI International

Roles and Responsibilities of CMS and RTI International

CMS is responsible for overseeing the federal contractor for this Survey, RTI International.

- Ensures that the federal contractor carries out all tasks that support the national implementation of the ICH CAHPS Survey

RTI International selects the sample, monitors approved ICH CAHPS Survey vendors, and conducts oversight activities to ensure that the ICH CAHPS Survey is being implemented correctly.

- Selects a sample of patients and distributes to survey vendors
- Provides annual training sessions to vendors
- Conducts oversight and quality assurance of survey vendors
- Provides daily technical assistance to vendors and ICH facilities
- Maintains the ICH CAHPS website
- Processes and analyzes survey data and prepares data files for Care Compare
- Prepares compliance files for CMS's Quality Incentive Program (QIP)

Roles and Responsibilities

Topic 2:

ICH Facility Participation Requirements

ICH Facility Participation in the ICH CAHPS Survey

ICH facilities interested in participating in the ICH CAHPS Survey must:

✓ Be Medicare-certified (have a CMS Certification Number, also known as a CCN)

✓ Register someone as a Survey Administrator on the ICH CAHPS website: https://ichcahps.org/

✓ Determine whether participation is required by counting the number of survey-eligible patients served during the previous calendar year

2025 ICH Facility Participation Requirements

- ICH facilities must determine whether they are required to administer the ICH CAHPS Surveys in CY2025 by counting the number of survey-eligible patients served in CY2024.

IF...the facility served 30 or more survey-eligible patients in CY2024, then:	IF...the facility served 29 or fewer survey-eligible patients in CY2024, then:
Facility **IS** required to contract with an approved ICH CAHPS Survey vendor to administer the survey in CY2025.	Facility **is NOT** required to participate in the ICH CAHPS Survey in CY2025 but can do so if it chooses.

2025 ICH Facility Participation Requirements (cont'd)

- If your facility clients have questions about determining whether they are required to participate in the ICH CAHPS Survey in 2025, refer them to the announcement **"Determining Whether Participation in 2025 ICH CAHPS Survey is Required"** on the ICH CAHPS website home page (under the Quick Links box):

  o If they still have questions, refer them to the ICH CAHPS Coordination Team (ichcahps@rti.org).

2025 ICH Facility Participation Requirements (cont'd)

ICH facilities that *are* **not** *required* to administer the survey in 2025 can choose one of the following options:

#	Facility Participation Options	Vendor Receives a Sample File from CMS?	Vendor Submits Data to the Data Center for Public Reporting?
1	Administer both surveys in 2025 following all the ICH protocols and procedures described in the ICH CAHPS Survey Administration and Specifications Manual.	Yes	Yes
2	Administer the survey using a third-party vendor but not following the ICH CAHPS protocols and procedures.	No	No
3	Administer the survey themselves instead of using a third-party vendor.	No	No
4	Choose not to administer the survey at all.	No	No

2025 ICH Facility Participation Requirements (cont'd)

If a facility chooses participation **option 2** or **3**:

If any changes are made to the survey that is administered, it cannot be referred to as a CAHPS Survey.

The Coordination Team will not select and provide a sample. The facility or its survey vendor will be responsible for selecting its own sample of patients to survey.

CMS will not accept submission of any data files to the Data Center.

Collected survey data will not be analyzed for official public reporting purposes, nor will the administration of these surveys be used to determine ESRD Quality Incentive Program (QIP) compliance.

2025 ICH Facility Participation Requirements (cont'd)

If a facility chooses participation **option 2, 3, or 4:**

The facility must complete and submit a 2025 ICH CAHPS Facility Non-Participation Form, an online form available on the ICH CAHPS website and discussed more later in this training.
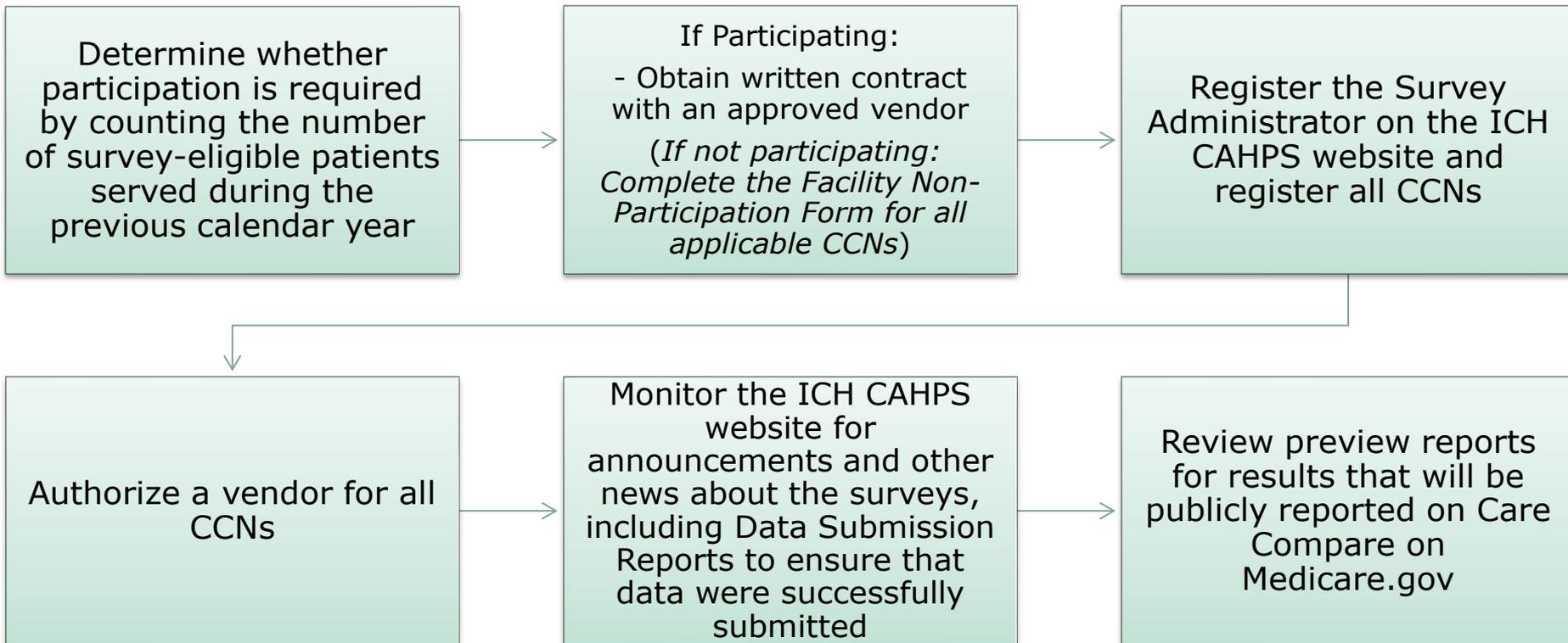
Roles and Responsibilities

Topic 3:

Roles and Responsibilities of ICH Facilities

Roles and Responsibilities of ICH Facilities

Determine whether participation is required by counting the number of survey-eligible patients served during the previous calendar year

→

If Participating:

- Obtain written contract with an approved vendor

(*If not participating: Complete the Facility Non-Participation Form for all applicable CCNs*)

→

Register the Survey Administrator on the ICH CAHPS website and register all CCNs

Authorize a vendor for all CCNs

→

Monitor the ICH CAHPS website for announcements and other news about the surveys, including Data Submission Reports to ensure that data were successfully submitted

→

Review preview reports for results that will be publicly reported on Care Compare on Medicare.gov

Primary and Alternate CCNs

Reminder regarding use of primary and alternate CCNs for the ICH CAHPS Survey.

- Data can only be entered into End-Stage Renal Disease Quality Reporting System (EQRS), the database we use for sampling, under one CCN.

- Moving forward, **facilities do not need to register and authorize multiple CCNs for a single 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.

- For facilities that already have both primary and alternate CCNs registered and authorized on the ICH CAHPS website, no action is needed; the Coordination Team will sample under the CCN with sample patients in EQRS.

Roles and Responsibilities

Topic 4:

Roles and Responsibilities of Approved ICH CAHPS Survey Vendors

Roles and Responsibilities of Approved ICH CAHPS Survey Vendors

1. Verify that each facility client has authorized your organization to submit data on its behalf.

2. Download sample files from the ICH CAHPS website.

3. Field the Survey according to the specifications in the Survey Administration and Specifications Manual.

4. Prepare and successfully submit ICH CAHPS Survey data files to the Data Center.

5. Review Data Submission Reports to ensure that data were successfully submitted.
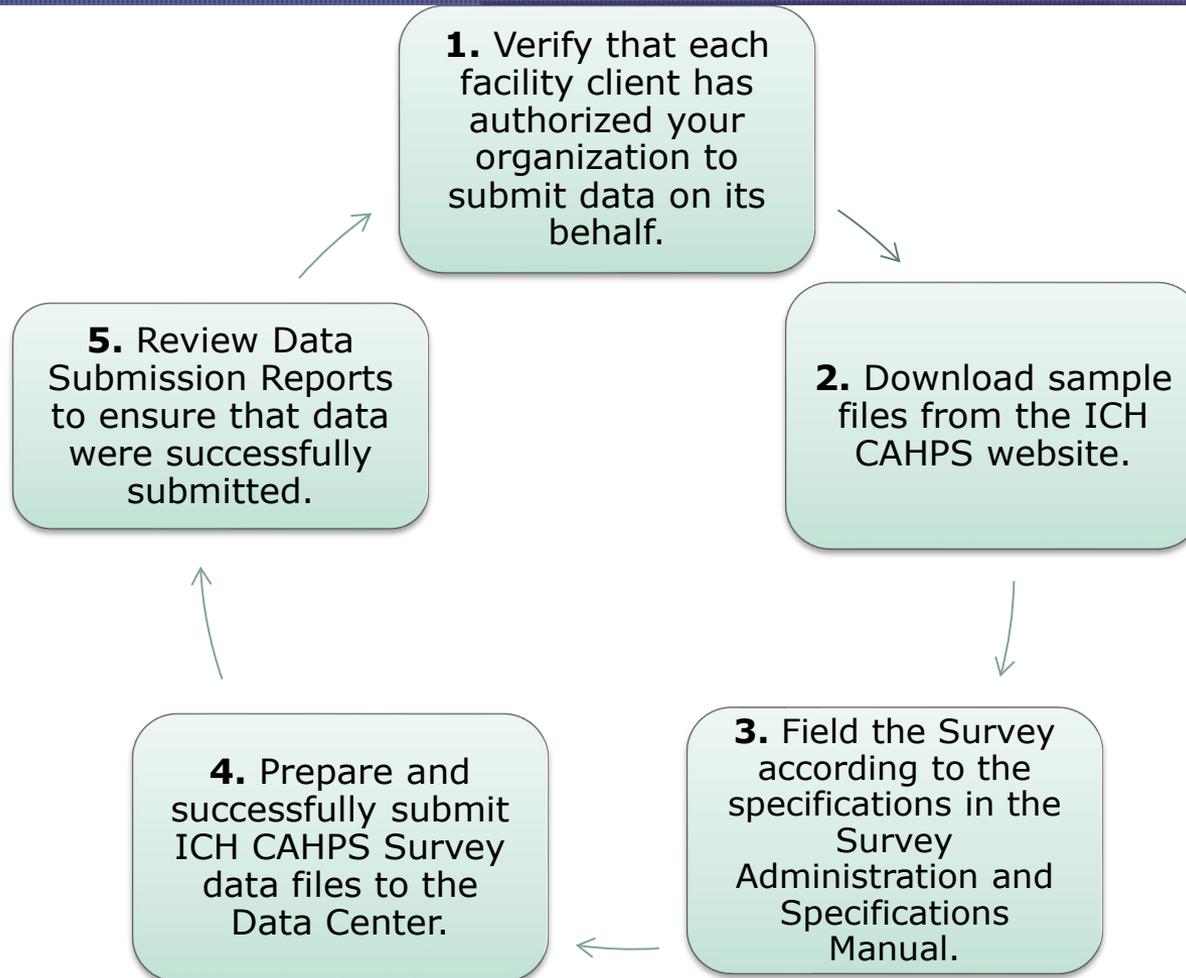
Vendor Business Requirements

To become an approved ICH CAHPS Survey vendor, organizations must:

✓ Have been in business for a minimum of 3 years.

✓ Have a minimum of 2 years of experience conducting surveys of individuals responding about their own experiences, not of individuals responding on behalf of a business or organization (establishment or institution surveys).

  ➢ 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.

✓ Have a minimum of 2 years experience conducting surveys in the requested mode of data collection.

Vendor Business Requirements (cont'd)

Vendors must have the organizational capability and capacity to collect and process all survey-related data following standardized procedures.

- Adequate personnel (vendors cannot have one person conduct all implementation tasks for the ICH CAHPS Survey)
- Data collection and processing systems
- Data submission capabilities
- Technical assistance or customer support

Vendors must demonstrate that they have adequate quality control procedures for every step of the ICH CAHPS Survey implementation process.

- Each person's work should be checked by someone else to ensure that the right protocols are being followed
- Ability to train survey personnel
- Have procedures and methods to review and ensure the quality of submitted data
- Document and maintain records of all quality control activities conducted

Vendor Business Requirements (cont'd)

If the vendor does not have all required capabilities for the modes in which they are applying, in order to be considered for approval, they must formally contract with a subcontractor who meets the requirements needed for CMS approval.

Vendor Business Requirements (cont'd)

Organizations that are <u>not eligible</u> to administer the ICH CAHPS Survey:

- organizations or divisions within organizations that own or 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, the monitoring of hemodialysis patients' health via telephone, or teleprompting services for ICH facilities; and
- organizations that provide staff to ICH facilities that provide care to ICH patients.

Vendor Business Requirements (cont'd)

A vendor applicant organization must:

Not have any existing or future work with RTI (organization that serves as the ICH CAHPS Coordination Team),	Disclose and describe to RTI any working relationship with other organizations (as a subcontractor, partner or prime through collaboration, merger or acquisition), and	Once approved, continue to meet the MBRs as long as they administer the ICH CAHPS Survey.

Vendor Business Requirements (cont'd)

Highlights of 2025 Updates Made to Vendor Minimum Business Requirements

- Minimum Business Requirements (ichcahps.org)⬈
- **Data Security Procedures:**
  - Vendors and all subcontractors must implement systems and security policies which protect the security of personally identifiable information (PII) and protected health information (PHI) as defined by HIPAA, including sample and survey data. Vendors are required to maintain documentation to confirm adherence to the security policies outlined in the ICH CAHPS Manual (v.13.0).
- **Facilities and Systems:**
  - Vendors and subcontractor(s) staff must conduct all ICH CAHPS business operations within the continental United States.
- **Requirements to Reapply:**
  - Vendors that do not have any ICH facility clients after 2 years from date of interim approval will have approval rescinded; if the vendor wants to maintain approval status, they must reapply.
- **Telephone-only Survey Administration:**
  - Vendors must conduct monitoring of interviewers in all languages being administered.

Vendor Business Requirements: Subcontractor Capabilities

2025 Updates Made to Vendor Minimum Business Requirements

- 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 (**Appendix B** of the ICH CAHPS Survey Protocols and Guidelines Manual) about each of its subcontractors.
- Please see the Vendor Application for more details.

Vendor Approval Process

New vendors should complete the Vendor Application and submit it to the ICH CAHPS Coordination Team

Assuming that all business requirements are met, and the *Training Certification Form* is successfully completed, new vendors will receive "conditional approval" status for the upcoming Fall Survey period.

New vendors and their subcontractors who will be conducting one or more of the following activities will be required to complete the self-paced training and the *Training Certification Form*

telephone survey data collection	mail or survey receipt and processing	construction or submission of XML data files

Within 6 weeks after their first data submission, vendors must submit their Quality Assurance Plans (QAPs) to the ICH CAHPS Coordination Team

If their QAP meets requirements, the new vendor will then receive final approval status.

Vendor Participation in the ICH CAHPS Survey

Organizations interested in becoming approved ICH CAHPS Survey vendors must:

| Register on the ICH CAHPS website and submit a Vendor Application Form. | Complete the ICH CAHPS Introduction Training and Certification. | Submit a Data Use Agreement (DUA) to CMS. | Collect data adhering to the ICH CAHPS Administration and Specifications Manual. | Review and monitor the work performed by subcontractors, if applicable. | Prepare and submit a QAP 6 weeks after submitting data for the first time. | Participate in all vendor oversight activities. |

Approval will be withdrawn if the vendor does not administer the survey within 2 years after approval is granted.

Data Use Agreement (DUA) Submission and Tracking Process

- CMS will not release a sample file to the vendor if they do not have an updated executed DUA with CMS.

For Assistance with EPPE, please refer to:

EPPE FAQs: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Downloads/EPPE_FAQ.PDF

EPPE Help Desk: 844-EPPE-DUA (844-377-3382) or EPPE@cms.hhs.gov

For questions regarding general information or DUA policies, please contact datauseagreement@cms.hhs.gov

Sources of Information About the ICH CAHPS Survey

All ICH facilities and survey vendors are encouraged to check the ICH CAHPS website on a regular basis for announcements about the ICH CAHPS Survey:

- ICH CAHPS Survey Administration and Specifications Manual (https://ichcahps.org/Survey-and-Protocols)

- The ICH CAHPS website (https://ichcahps.org)

- Send email inquiries to ichcahps@rti.org

- Call technical assistance at 1-866-245-8083

Roles and Responsibilities

Topic 5:

Communications With ICH Patients

About the ICH CAHPS Survey

Communications With ICH Patients About the ICH CAHPS Survey

Vendors should be aware that ICH patients are an especially vulnerable patient population who:

depend on hemodialysis care for their survival

might be reluctant to participate in the survey for fear of retribution

might not provide survey responses that accurately reflect their experience at their ICH facility

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

ICH facility staff **are encouraged** to:

- Tell their patients that they might be asked to respond to a patient experience of care survey.

- Share with patients the link to the Dialysis Patient page on the ICH CAHPS website, which has FAQs and helpful information for survey participants.

- Hang posters or give flyers containing information about the survey (see next slide for details).

- Print and display the Waiting Room FAQs document in a prominent area of their facility.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

Official ICH CAHPS Flyer/Poster Template

If a facility does not currently use a poster or flyer, vendors are encouraged to discuss its use to encourage patient participation in the ICH CAHPS Survey.

Facilities do not need prior approval from CMS to use the official ICH CAHPS flyer/poster template if only the following edits are made to the existing template:

The name of the facility's authorized ICH CAHPS Survey vendor

The vendor's toll-free telephone number

The facility's logo

Vendors should make an effort to monitor response rates for facilities that implement the use of an ICH CAHPS Survey flyer/poster.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

Official ICH CAHPS Flyer/Poster Template (cont'd)

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.

Facilities and vendors that would like the official poster/flyer translated into a different approved language are asked to contact the Coordination Team with their request.

Official ICH CAHPS Flyer/Poster Template

ICH CAHPS Flyer/Poster Template
English Version

ICH CAHPS Flyer/Poster Template
Spanish Version

The official ICH CAHPS Flyer/Poster Templates are included in the manual as Appendix A and on the ICH CAHPS website.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

Waiting Room FAQs

ICH facilities are strongly encouraged to print and display the Waiting Room FAQ document in a prominent area of their facility, perhaps hanging on a wall/door or laminated and sitting on a table.

In an effort to increase 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 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 the Waiting Room FAQs; CMS is interested in whether this helps improve response rates.

ICH CAHPS Waiting Room FAQs Document

ICH CAHPS Waiting Room FAQs English Version

If You Receive the Medicare In-Center Hemodialysis Survey, You May Have Some Questions

What is the Medicare In-Center Hemodialysis Survey? Your dialysis center is taking part in a national survey from Medicare. The Medicare In-Center Hemodialysis Survey (sometimes referred to as the In-Center Hemodialysis CAHPS Survey or ICH CAHPS Survey) asks about the care you receive at your dialysis center. To learn more about the Medicare In-Center Hemodialysis Survey visit https://ichcahps.org/Dialysis-Patients.

How did the survey get my name and contact information? Your name was randomly selected from all patients receiving in-center hemodialysis at your dialysis center.

I have already completed this survey. Why am I being contacted again? To help Medicare understand how the experiences of dialysis patients change over time, patients may be contacted up to two times a year to provide feedback about the dialysis care they have received. Spring Surveys are typically conducted each year from April through July and Fall Surveys are conducted from October through January.

Why should I complete this survey? Because *your* opinion matters! It is important we hear from you as your input will help make dialysis care better for you and other dialysis patients like you.

What kinds of questions are asked? The survey asks about your opinion of your kidney doctor(s), the dialysis center staff you have encountered, your experiences with the dialysis care you receive at your center, and your rating of this care. It also asks some general health and demographic questions.

How long does the survey take? The survey takes about 16 minutes to complete.

How will I be contacted? If selected for the survey, you will receive a letter in the mail letting you know about the survey. Then you will be contacted via mail and/or telephone to complete the survey.

Am I required to take part in this survey? Your participation in this survey is voluntary and your information is kept private by law.

Is my information confidential? Yes. All information you give in this survey will be held in confidence and is protected by law. No dialysis centers, including your current dialysis center, will see your individual answers to this survey, nor will they know whether or not you participated.

What if I need help taking the survey? Ask a family member or friend to help you by writing down your answers, reading the survey to you, or translating it into your language. But because you are the one receiving dialysis care, only you may provide the answers to the survey.

Where can I see the results from the survey? Results from all respondents who answer the survey are combined and then publicly reported on Care Compare on Medicare.gov. You can access the results by visiting medicare.gov/care-compare and choosing the provider type "Dialysis facilities."

Is the survey offered in other languages? The survey is offered in 6 languages. If you need a survey in a language other than English, please contact the survey vendor listed in the materials that you receive via mail.

ICH CAHPS Waiting Room FAQs Spanish Version

Si usted recibe la Encuesta de Medicare de los Centros de Hemodiálisis, es posible que tenga preguntas

¿Qué es la Encuesta de Medicare de los Centros de Hemodiálisis? Su centro de diálisis está tomando parte en una encuesta nacional de Medicare. La Encuesta de Medicare de los Centros de Hemodiálisis también se conoce como Encuesta de Hemodiálisis en un Centro CAHPS o Encuesta ICH CAHPS. La encuesta le hace preguntas sobre los servicios que recibe en su centro de diálisis. Para obtener más información sobre la Encuesta de Medicare de los Centros de Hemodiálisis, visite la página web https://ichcahps.org/Dialysis-Patients-Spanish.

¿Cómo obtuvo la encuesta mi nombre e información de contacto? Su nombre fue seleccionado al azar de todos los pacientes que reciben hemodiálisis en el centro de diálisis donde usted se atiende.

Ya he completado esta encuesta. ¿Por qué se están comunicando conmigo otra vez? Para ayudar a Medicare a entender cómo cambian con el tiempo las experiencias de los pacientes de diálisis, los pacientes pueden ser contactados hasta dos veces al año para que proporcionen sus comentarios sobre los servicios de diálisis que han recibido. Las encuestas que se realizan durante la primavera generalmente se llevan a cabo cada año desde abril hasta julio y las encuestas que se realizan durante el invierno se llevan a cabo desde octubre hasta enero.

¿Por qué debo completar esta encuesta? ¡Porque su opinión importa! Es importante que sepamos de usted, ya que su opinión ayudará a mejorar la atención de diálisis para usted y otros pacientes de diálisis como usted.

¿Qué tipos de preguntas se hacen? La encuesta hace preguntas sobre lo que opina de su doctor o doctores de los riñones, del personal del centro de diálisis con el que usted ha tratado, de sus experiencias con los servicios de diálisis que recibe en su centro y su calificación de estos servicios. También le hacen algunas preguntas sobre su salud en general y preguntas demográficas.

¿Cuánto tiempo toma la encuesta? La encuesta toma como 16 minutos en completarse.

¿Cómo se comunicarán conmigo? Si usted es seleccionado(a) para la encuesta, recibirá una carta por correo postal que le hará saber sobre la encuesta. Luego se comunicarán con usted por correo postal y/o por teléfono para completar la encuesta.

¿Estoy obligado(a) a tomar parte en esta encuesta? Su participación en esta encuesta es voluntaria y su información se mantiene en forma privada según la ley.

¿Es mi información confidencial? Sí. Toda la información que usted dé en esta encuesta se mantendrá en forma confidencial y es protegida según la ley. Ningún centro de diálisis, incluso su centro de diálisis actual, verán sus respuestas individuales a esta encuesta, ni tampoco sabrán si usted participó o no.

¿Qué debo hacer si necesito ayuda para responder la encuesta? Pídale a un miembro de su familia o a una amistad que le ayude escribiendo sus respuestas, leyéndole la encuesta y/o traduciendo la encuesta a su idioma. Pero como usted es la persona que recibe los servicios de diálisis, solo usted puede proporcionar las respuestas a la encuesta.

¿Dónde puedo ver los resultados de la encuesta? Los resultados de todos los participantes que responden la encuesta son combinados y luego se reportan públicamente en la página web de Comparación de Cuidados, disponible en Medicare.gov. Usted puede tener acceso a los resultados al visitar la página web https://es.medicare.gov/care-compare y seleccionar el tipo de proveedor en "Centros de diálisis".

¿Se ofrece la encuesta en otros idiomas? La encuesta se ofrece en 6 idiomas. Si necesita una encuesta en un idioma diferente al inglés, puede comunicarse con el proveedor de encuestas mencionado en los materiales que recibió por correo postal.

Revisions to the Waiting Room FAQs (in all posted languages) for 2025:

- Revised reference to provider type "Dialysis facilities" ("Centros de diálisis" in Spanish translation) to match updated language on Care Compare website.

- Revised number of offered languages from "5" to "6" to include addition of Vietnamese.

The official ICH CAHPS Waiting Room FAQs (including both Chinese and Vietnamese versions) are included in the manual as Appendix R and on the ICH CAHPS website.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

ICH facilities <u>and</u> survey vendors:

- Must not help the patient answer survey questions.

- Must not attempt to influence patients' answers to survey questions.

- Must not tell patients that the facility hopes or expects its patients to give them the best or highest rating or respond in a certain way to survey questions.

- Must not offer incentives for participating (or not) in the survey.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

ICH facilities:

- Must not give a copy of the ICH CAHPS Survey or cover letters to their patients.

- Must not include words or phrases verbatim from the ICH CAHPS Survey in marketing or promotional materials.

- Must not include any messages or materials promoting the facility or the services they provide in survey materials.

Communications With ICH Patients About the ICH CAHPS Survey (cont'd)

ICH facilities:

- Must not use the ICH CAHPS Survey to identify or ask about other patients who might need hemodialysis care.

- Must not ask their patients if they would like to be included in the survey.

Survey Vendor Analysis of ICH CAHPS Survey Data

Survey vendors:

- Must not provide patient-level datasets to facilities.

- Must not share a sample patient's survey responses with an ICH facility, even if the patient gives the survey vendor consent to share his or her responses.

Survey Vendor Analysis of ICH CAHPS Survey Data (cont'd)

- ICH facilities should recognize that survey results provided by their vendor are not official ICH CAHPS Survey results.

- CMS-calculated results for the ICH CAHPS Survey are the <u>only</u> official survey results.

Survey vendors can analyze ICH CAHPS Survey data to provide facilities with results they can use for quality improvement purposes. However, please note that:

- Vendors must report as blank any cells or 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.

Roles and Responsibilities

Topic 6:

Administering ICH CAHPS in Conjunction With Other Surveys

Administering ICH CAHPS in Conjunction With Other Surveys

If a facility wishes to administer other patient experience of care or satisfaction surveys in addition to the ICH CAHPS 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.	It **should** keep in mind that conducting additional surveys with the same patient population as ICH CAHPS may lower ICH CAHPS Survey response rates because of respondent survey fatigue.

Administering ICH CAHPS in Conjunction With Other Surveys (cont'd)

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 2nd survey package for mail-only and the beginning of phone follow-up for mixed-mode.

Administering ICH CAHPS in Conjunction With Other Surveys (cont'd)

- Recommended Schedule for Administering ICH CAHPS in Conjunction With Other Surveys For the 2025 Surveys:

Activity	2025 Spring Survey	2025 Fall Survey
Beginning of suggested 8-week period to refrain from administering additional surveys	April 11, 2025	October 10, 2025
Start of data collection (mailing of the prenotification letter)	April 18, 2025	October 17, 2025
Date of second wave of data collection (2nd survey package for mail-only, continued calling for phone-only, and telephone follow-up for mixed mode)	May 30, 2025	November 28, 2025 **OR** December 2, 2025*
End of suggested 8-week period to refrain from administering additional surveys	June 6, 2025	December 5, 2025

*Due to holiday, vendors have the option of two different schedules.

Sample Selection and Sample Distribution

Sample Selection and Sample Distribution

This section covers the following topics:

1. Sample Selection and Distribution Schedule

2. Patient Eligibility and Ineligibility Criteria

3. Sample Selection and Distribution

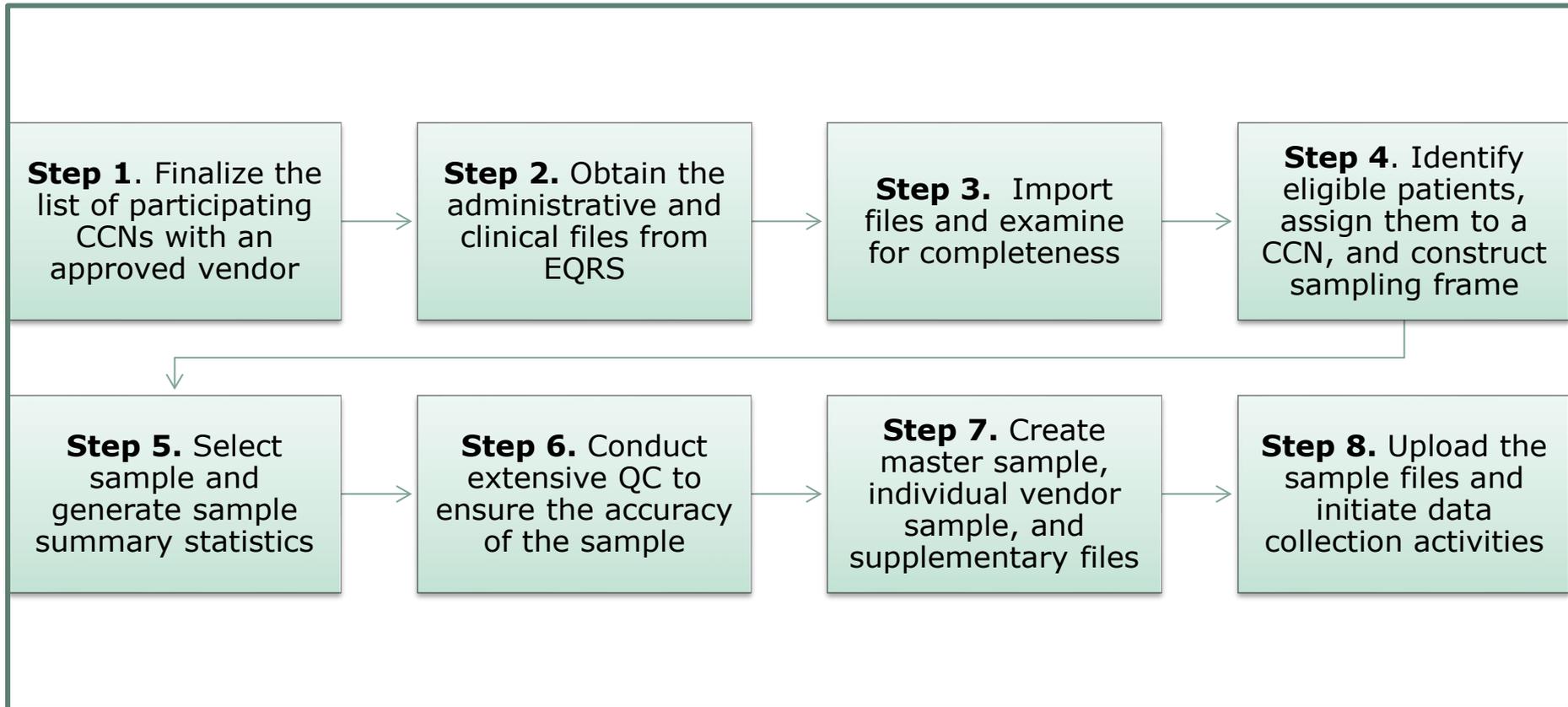4. Additional Sample Information

Sample Selection and Distribution

Topic 1:

Sample Selection and Distribution

Schedule

Sample Selection and Distribution

The Eight Steps in ICH CAHPS Sampling

Step 1. Finalize the list of participating CCNs with an approved vendor

→

Step 2. Obtain the administrative and clinical files from EQRS

→

Step 3. Import files and examine for completeness

→

Step 4. Identify eligible patients, assign them to a CCN, and construct sampling frame

Step 5. Select sample and generate sample summary statistics

→

Step 6. Conduct extensive QC to ensure the accuracy of the sample

→

Step 7. Create master sample, individual vendor sample, and supplementary files

→

Step 8. Upload the sample files and initiate data collection activities

Sampling Windows for the 2025 Surveys

The Coordination Team will select the samples for each participating ICH facility and provide the sample to the facility's authorized ICH CAHPS Survey vendor. This means that survey vendors will not be responsible for sample selection for the ICH CAHPS Survey.

The sampling window for each semiannual survey is 3 months.

2025 Spring Survey sampling window is October 1, 2024, through December 31, 2024.

2025 Fall Survey sampling window is April 1, 2025, through June 30, 2025.

The sample selected for each participating ICH facility in each survey period will consist of patients who received hemodialysis during the sampling window who meet survey eligibility criteria.

The 2025 ICH CAHPS Sample Distribution Schedule

The 2025 Spring and Fall Sample Distribution Schedule:

Activity	2025 Spring Survey	2025 Fall Survey
Sample file becomes available for download on the ICH CAHPS website	March 28, 2025	September 26, 2025
Vendor attests that sample was downloaded successfully, within 2 business days of sample file being made available for download	April 1, 2025	September 30, 2025

Sample Selection and Distribution

Topic 2:

Patient Eligibility and Ineligibility Criteria

Patient Eligibility

To be eligible to be included in the ICH CAHPS sample, patients must meet the following criteria:

| At least 18 at the end of the sampling window | Alive as of last day of sampling window | Has received ICH care from their current facility on an outpatient basis for 3 months or longer | Not receiving hospice care | Not receiving dialysis treatment in a nursing home/skilled nursing facility where they live | Not currently residing in an institution (jail/prison) | **Patient is <u>Eligible to be included in the Sample</u>** |

Patient Eligibility (cont'd)

If any of the following criteria are met, the patient is <u>not</u> eligible to be included in the sample:

| Currently receives dialysis care at home or receives peritoneal dialysis | Was deceased before the sampling window closed | Is under age 18 by the end of the sampling window | Has not received ICH at the sample ICH facility for 3 months or longer | **Patient is Ineligible to be included in the Sample** |

Ineligible Patients Identified During Data Collection

- The Coordination Team will remove ineligible patients based on EQRS data but will also try to confirm eligibility in Questions 1 and 2 of the survey.

- Please note that facilities that primarily serve pediatric, home, peritoneal, and kidney transplant patients are not automatically exempted from administering the survey. If a facility serves 30 or more survey-eligible patients during the preceding calendar year, it is required to administer the survey.

- EQRS does not include all necessary eligibility criteria. The next few slides show the types of ineligible patients that may be identified by the survey vendor *during the data collection period*.

Ineligible Patients Identified During Data Collection (cont'd)

Some ineligible patients may be identified by the survey vendor after data collection begins. These include patients who:

Are no longer receiving ICH care from the sample facility

Have not received dialysis care from the sample facility for 3 months or longer

Are physically or mentally incapable of participating in the survey (proxy respondents are not permitted)

Receive dialysis at home, at a nursing home/skilled nursing home where they live (as opposed to traveling to an ICH facility), or peritoneal dialysis

Patient is ineligible

Ineligible Patients Identified During Data Collection (cont'd)

Additional ineligible patients who will be identified by the survey vendor after data collection begins include patients who:

Do not speak one of the approved languages offered by the survey vendor	Are institutionalized (live in a prison or jail)	Currently receive hospice care	Are deceased (died after the sampling window closed)	**Patient is ineligible**

Ineligible Patients Identified During Data Collection (cont'd)

Patients determined ineligible to participate in the survey based on their response to Question 1: "**Where do you get your dialysis treatments?**"

Q1 in the survey asks sample patients where they currently receive dialysis care

If they report that they receive dialysis at home or at a skilled nursing home where they live, they are ineligible to participate in the survey*

If they report that they no longer receive dialysis in this question, they are also ineligible to participate*

Although these patients will be considered ineligible, they will still be asked to complete the questions in the About You section of the survey.

Ineligible Patients Identified During Data Collection (cont'd)

Patients determined ineligible to participate in the survey based on their response to Question 2: "**How long have you been getting dialysis at ABC Dialysis Facility?**"

Q2 in the survey asks sample patients how long they have been receiving hemodialysis at the sample ICH facility

If they report that they have received care from that facility for less than 3 months, they are ineligible to participate in the survey*

If they report that are no longer receiving ICH from the sample facility, they are also ineligible to participate in the survey*

Although these patients will be considered ineligible, they will still be asked to complete the questions in the About You section of the survey.

Ineligible Patients Identified During Data Collection (cont'd)

- Although patients who are identified as home or peritoneal patients in EQRS are excluded, these patients are not always clearly identified so there might be some included in the sample.

- ICH CAHPS Survey vendors must survey all patients in the sample, including those that received dialysis from a facility that primarily serves home and peritoneal patients.

Sample patient reports to the vendor that he or she received home or peritoneal dialysis	→	Vendor instructs the patient to mark home or the applicable response option in Q1 or Q2 in the survey, then skip to Q45 and answer the remaining questions in the survey	→	Vendor must assign the most appropriate final disposition code to the case and include data for that case on the data file prepared for that CCN

Sample Selection and Distribution

Topic 3:

Sample Selection and Distribution

Sample Selection

Sample Selection:

- The Coordination Team selects the sample for the ICH CAHPS Surveys using patient-level data from EQRS.

- Samples are selected at the CCN level.

- Eligible patients are either chosen randomly or selected with certainty depending on the number of eligible patients served at the ICH facility during the preceding 12-month period.
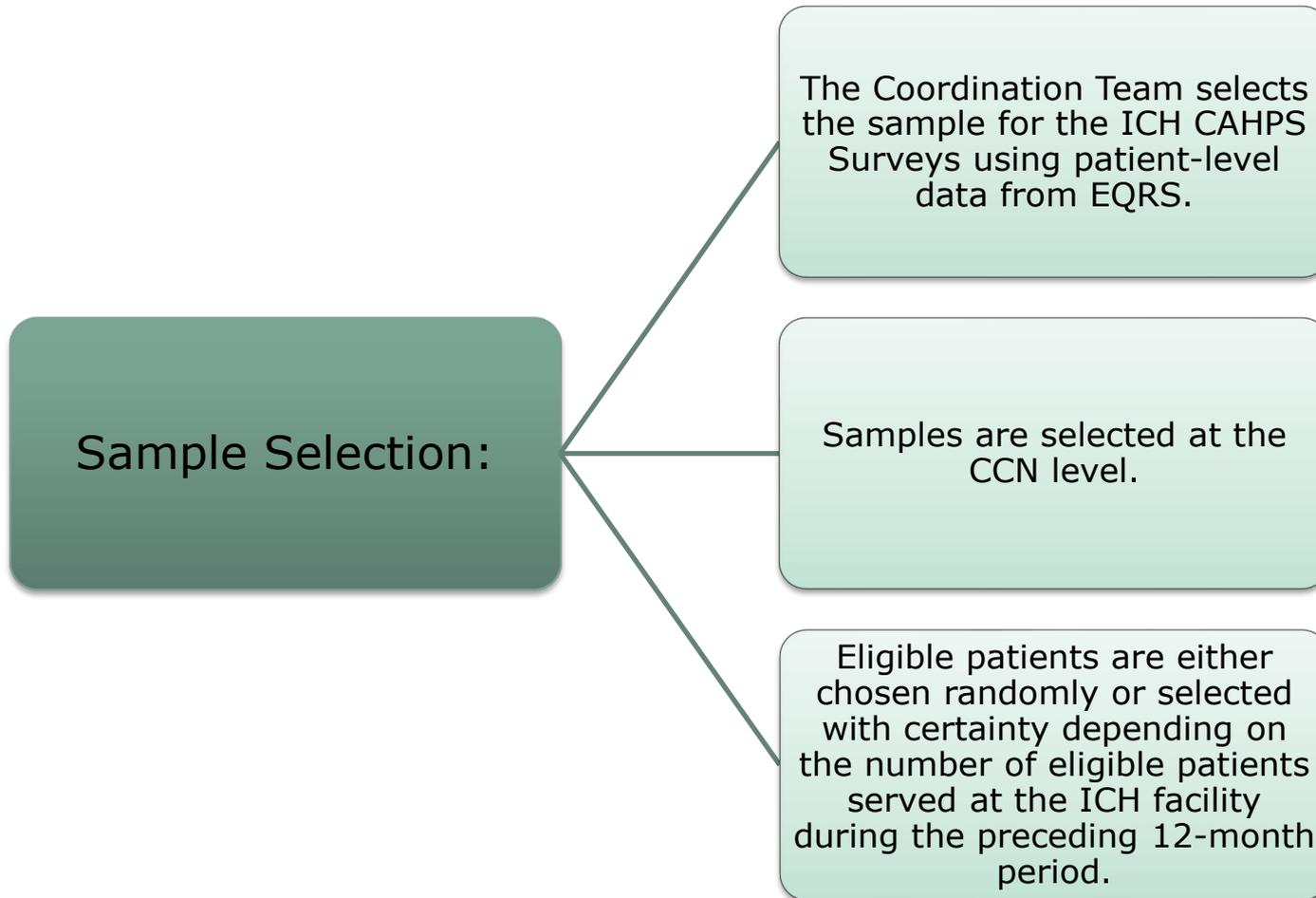
Sample Selection (cont'd)

Sampling will differ depending on the number of ICH patients served by each ICH facility

Facilities With up to 240 Unique Patients

- A census of all ICH patients will be conducted for facilities with fewer than 240 eligible ICH patients at each semiannual sampling wave. Thus, patients at these smaller ICH facilities will mostly be sampled twice in a calendar year.

Facilities With 240 or More Unique Patients

- For ICH facilities with 240 or more survey-eligible ICH patients, a simple random sample of patients will be selected for the 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*).

Survey Response Rates

- This table shows the ICH CAHPS response rates by data collection mode for the most recently processed/cleaned survey period (2024 Spring).

- ICH facilities and 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.

- We expect that response rates that survey vendors obtain might be higher or lower than the rates shown on this slide, however facilities and vendors should note that across all survey periods, mixed mode administration of the survey currently yields the highest response rates.

- Facilities and vendors should review the updated "ICH CAHPS Response Rates by Mode and Race/Ethnicity" document on the ICH CAHPS website (Quick Links box) after each survey period to identify the best data collection mode for their patients.

Data Collection Mode	Response Rate
Mail-Only	19%
Phone-Only	17%
Mixed Mode	25%

Sample Identification (SID) Number

A <u>unique</u> Sample Identification (SID) number is assigned to each sample patient included in the sample in each semiannual survey.

- **Survey vendors must not change the SID number assigned to a sample patient**.

- A SID number will never be reassigned once it has been used. A new SID number will be assigned to patients each time they are sampled for the survey.

- 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 using the assigned SID number.

- Vendors must submit de-identified data files (i.e., does not contain sample patient's name, address, and any other identifying information) to the Data Center. It is critical that submitted survey data contain the original SID number assigned to each sample patient.

Sample Distribution

Sample files will not be released unless the vendor has an updated, executed DUA with 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.

- The DUA must be renewed each calendar year. The deadline for renewing the DUA with CMS will be provided to survey vendors via an email from CMS.

Sample Distribution (cont'd)

Sample files will not be released to a survey vendor until the ICH facility has authorized the survey vendor to collect and submit ICH CAHPS Survey data on its behalf.

ICH facilities that did not authorize a vendor in 2024 **and** those that are changing to a different vendor must authorize their contracted vendor by:

2025 Spring Survey: February 28, 2025

2025 Fall Survey: August 31, 2025

Sample Distribution (cont'd)

Vendors should review the Vendor Authorization Report on the ICH CAHPS website weekly in the weeks leading up to the vendor authorization deadline, checking it for the following:

Make sure that the CCN for each facility client appears on the report.	Contact the Coordination Team as soon as possible if a CCN for one or more facility clients is not on the report.	Make sure an End Date of the previous survey period does NOT appear on the report for each CCN listed. If it does, ask the facility to update the online vendor authorization form before the deadline.	Make sure you have a written contract to administer the ICH CAHPS Survey for every CCN that appears on the Vendor Authorization Report.

Sample Distribution (cont'd)

This slide describes the process by which sample files are distributed to ICH CAHPS Survey Vendors.

Coordination Team distributes the sample for all of a survey vendor's ICH facility clients (with eligible sample patients) via a secure link on the ICH CAHPS website.

→

Survey vendors are notified that sample files are available for download via an email.

On the sample download webpage, survey vendors must attest that they are taking control of the sample file for each of their ICH facility clients.

→

Within 2 business days after the files are made available, survey vendors must download the file containing the sample for their authorized clients.

Sample File Format

- The sample file is a Microsoft Excel spreadsheet containing contact information for each sample patient (*see next two slides*).

- If the vendor has multiple facility clients, sample information for all facilities will be included in one Excel file.

- Vendors are permitted to ask client facilities:

  o to provide the facility's preferred facility name—the name that sample patients might know best. This might be different than the facility name provided in the sample file;

  o to provide language information for all of the hemodialysis patients the facility treated during the sampling window; and

  o 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.

- The facility address is provided as a cross-check for vendors to confirm that the ICH facility has authorized the vendor to submit data on its behalf.

- Patient data that will be provided includes the SID number assigned to the sample patient, patient contact information, including the patient's address and telephone number if they were available in EQRS, and the patient's age and sex.

Sample File Format (cont'd)

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 number is assigned to each sample patient included in the sample each vendor receives for the 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.

Sample File Format (cont'd)

- Facility- and patient-level information that will be included on the sample files provided to survey vendors:

<u>Tab 1 – ICH CAHPS Survey Sample Data</u>   <u>Tab 2 – Repeat Patient SID Numbers</u>

Facility-Level Information

- CCN
- Name
- Street Address 1
- Street Address 2
- City
- State
- Zip Code
- ESRD Network No.

Patient-Level Information

- SID Number
- First Name
- Middle Name
- Last Name
- Street Address 1
- Street Address 2
- City
- State
- Zip Code
- Telephone Number
- Date of Birth
- Age
- Sex

Repeat Patient SID Information

- SID Number
- Last SID Number

Sample Selection and Distribution

Topic 4:

Additional Sample Information

Supplemental Sample Files

Once the sample files have been made available for download on the ICH CAHPS website, survey vendors will also receive another file with additional sample information:

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.

Sample Patient Contact Info Matches Facility Contact Info

- In <u>rare</u> occasions, all patients assigned to a facility appear to live in a nursing home/skilled nursing facility and all have the same phone number.

- In the event a 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 Coordination Team for guidance on any needed next steps prior to initiating telephone data collection efforts for these patients.

Survey Administration

Survey Administration

This section covers the following topics:

1. Survey Instrument and Materials

2. Supplemental and Facility-Specific Questions

3. Survey Management Systems

4. Overview: All Modes of Survey Administration

5. Mail-Only Administration Procedures

6. Telephone-Only Administration Procedures

7. Mixed Mode Administration Procedures

Survey Administration

Topic 1:

Survey Instrument and Materials

The ICH CAHPS Survey and Materials

The survey instrument has two key components:

- Core Questions (Q1–44)
- "About You" Questions (Q45–62)

Survey Materials are available on the ICH CAHPS website and in the appendices of the Survey Administration and Specifications Manual:

- English (Appendix C)
- Spanish (Appendix D)
- Simplified and Traditional Chinese (Appendices E and F)
- Samoan (Appendix G)
- Vietnamese (Appendix H)
- OMB Disclosure Notice Language (Appendix I)
- ICH CAHPS Supplemental Questions (Appendix J)

The ICH CAHPS Survey and Materials (cont'd)
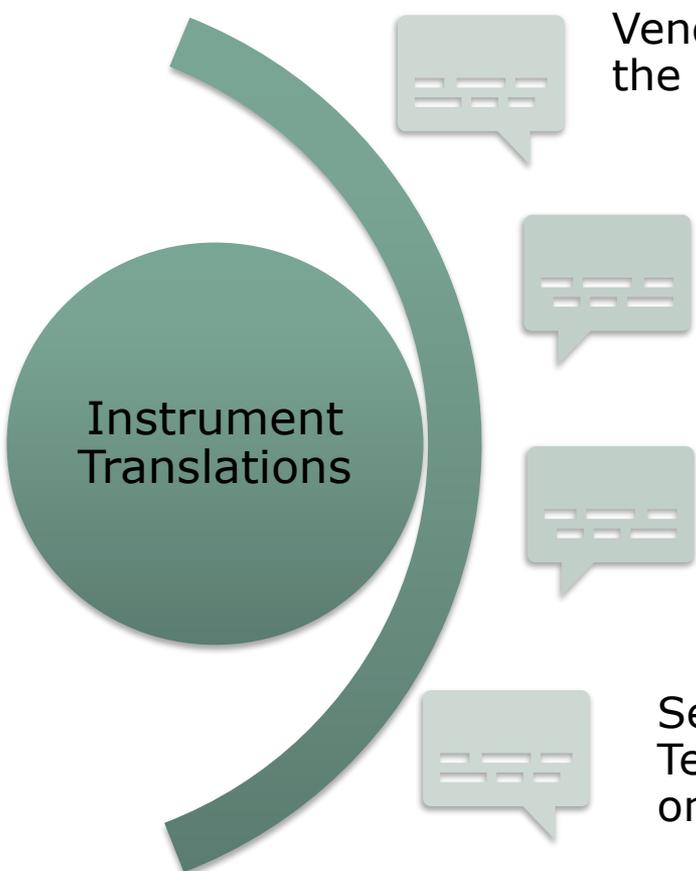
Instrument Translations

Vendors must use the CMS-approved translations of the ICH CAHPS Survey questions and responses.

English and Spanish (for both mail and phone survey administration); Traditional Chinese, Simplified Chinese, Samoan, and Vietnamese (for mail survey administration).

Vendors may ask for all patients' language preferences from ICH facilities.

Send additional language requests to the Coordination Team for consideration by CMS. We welcome feedback on additional languages that would be useful to you!

Survey Administration

Topic 2:

Supplemental and Facility-Specific Questions

Supplemental and Facility-Specific Questions

```
            ┌──────────────────────────────┐
            │    ICH facilities may add     │
            │ two types of questions to     │
            │  the ICH CAHPS Survey         │
            │  mail or telephone survey     │
            └──────────────────────────────┘
                   │            │
          ┌────────┘            └────────┐
  ┌──────────────────┐          ┌──────────────────┐
  │   ICH CAHPS       │          │  Facility-specific│
  │   supplemental    │          │    questions      │
  │   questions       │          │                   │
  └──────────────────┘          └──────────────────┘
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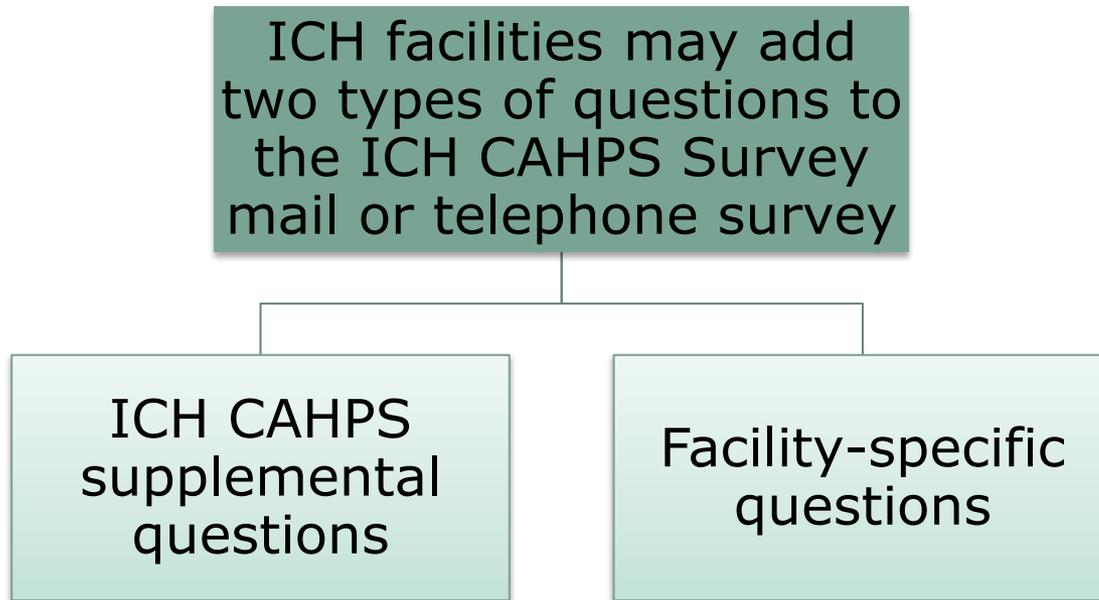
- ICH CAHPS supplemental questions and facility-specific questions must be placed after the core ICH CAHPS Survey questions (Qs 1–44). They may be placed either before or after the ICH CAHPS Survey "About You" questions.

- Do not include responses to ICH CAHPS supplemental or facility-specific questions in ICH data files that will be uploaded to the Data Center.

ICH CAHPS Supplemental Questions

- There are 21 ICH CAHPS supplemental questions available for ICH facilities to use, should they choose to.

- Facilities may choose to use some, all, or none of these ICH CAHPS supplemental questions.
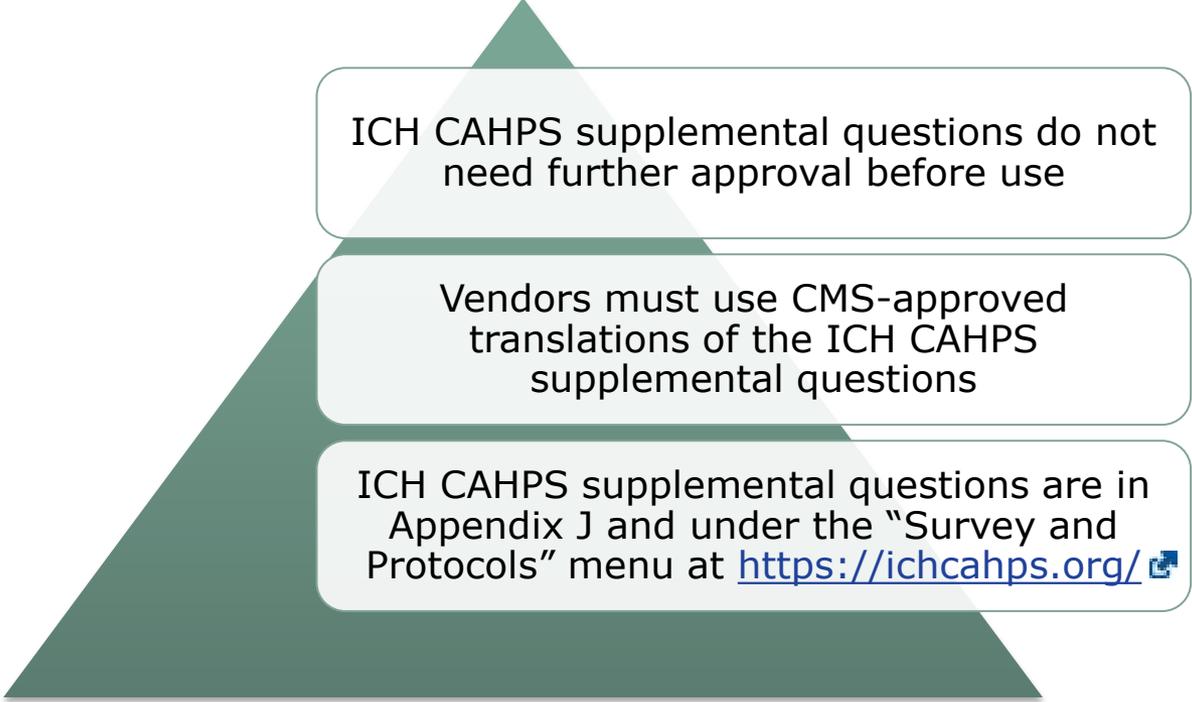
ICH CAHPS supplemental questions do not need further approval before use

Vendors must use CMS-approved translations of the ICH CAHPS supplemental questions

ICH CAHPS supplemental questions are in Appendix J and under the "Survey and Protocols" menu at https://ichcahps.org/

Facility-Specific Questions

If an ICH facility wants to add its own questions, there are a few things vendors must keep in mind:

All facility-specific questions must be approved by CMS prior to use.

If questions were approved for use during a previous survey period, no further action is needed, unless the question wording or response options changed.

Deadline for submitting new facility-specific questions for the 2025 Spring Survey was February 7, 2025. Deadline for Fall Survey is August 1, 2025.

ICH facilities or their vendors are responsible for translating all facility-specific questions added to the survey

Facility-Specific Questions (cont'd)

- We strongly recommend that facilities/vendors avoid sensitive questions or lengthy additions because they may reduce response rates.

- Vendors should consider adding transitional phrasing to help focus the respondent on the facility-specific questions; this phrasing must also be approved.

- Please note, facility-specific questions cannot:

Repeat any ICH CAHPS core items

Be used for marketing or promoting ICH facility services

Ask for identification of people who might need in-center hemodialysis

Ask sample patients why they responded a certain way to a core CAHPS question
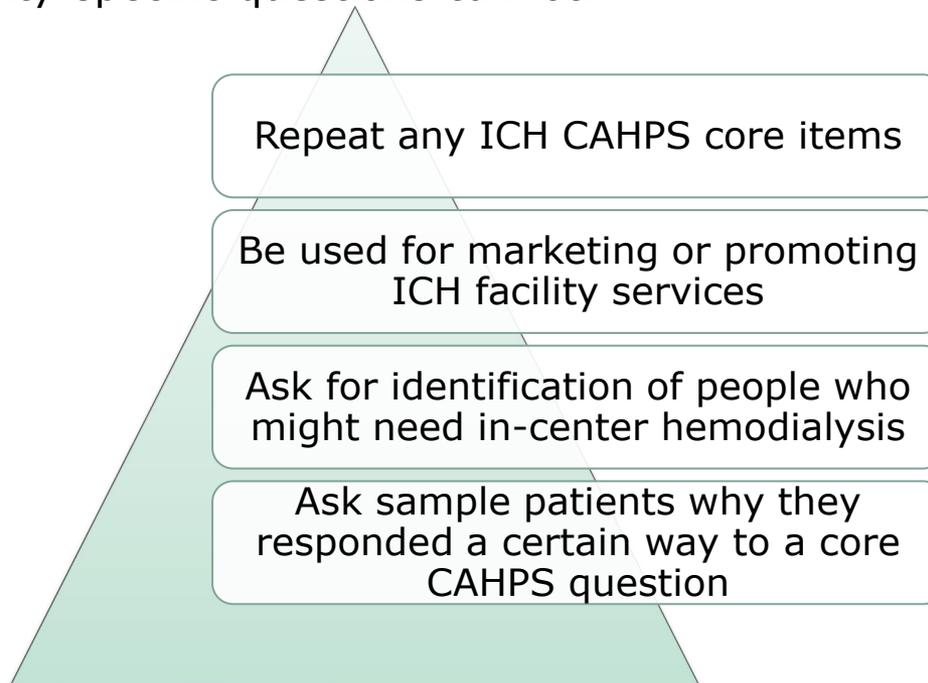
Survey Administration
Topic 3:
Survey Management Systems

Survey Management System: All Modes

- Survey management systems allow the vendor to track the status of sampled cases through all phases of data collection.

- Cases are assigned and tracked using the unique SID number assigned by the Coordination Team.

- All cases must be assigned a final ICH CAHPS Survey disposition code at the end of the data collection period.

- Vendors can use their own pending or internal codes to track cases before they are finalized. However, vendors must be able to map pending codes back to the correct final disposition code and to the correct SID number.

Survey Management System: All Modes (cont'd)

The vendor's survey management system must ensure that the appropriate cases:

- Are included in a second mailing (for mail-only administration)

- Receive the required number of call attempts (for phone-only and mixed mode administration)

- Are rolled over to telephone follow-up (for mixed mode administration)

- The survey management system and computer-assisted telephone interview (CATI) or data entry systems must be synchronized so that the current status of a case is readily accessible.

Survey Administration
Topic 4:
Overview: All Modes of Survey Administration

Overview: All Survey Modes

The following survey administration requirements apply to all three modes of data collection:

Prenotification letter
- Prenotification letter must be mailed 3 weeks (21 days) after downloading the sample file

Data Collection Starts
- Data collection must begin 15 calendar days after the prenotification mailing

Data Collection Ends
- Data collection must end 12 weeks (84 days) from prenotification mailing
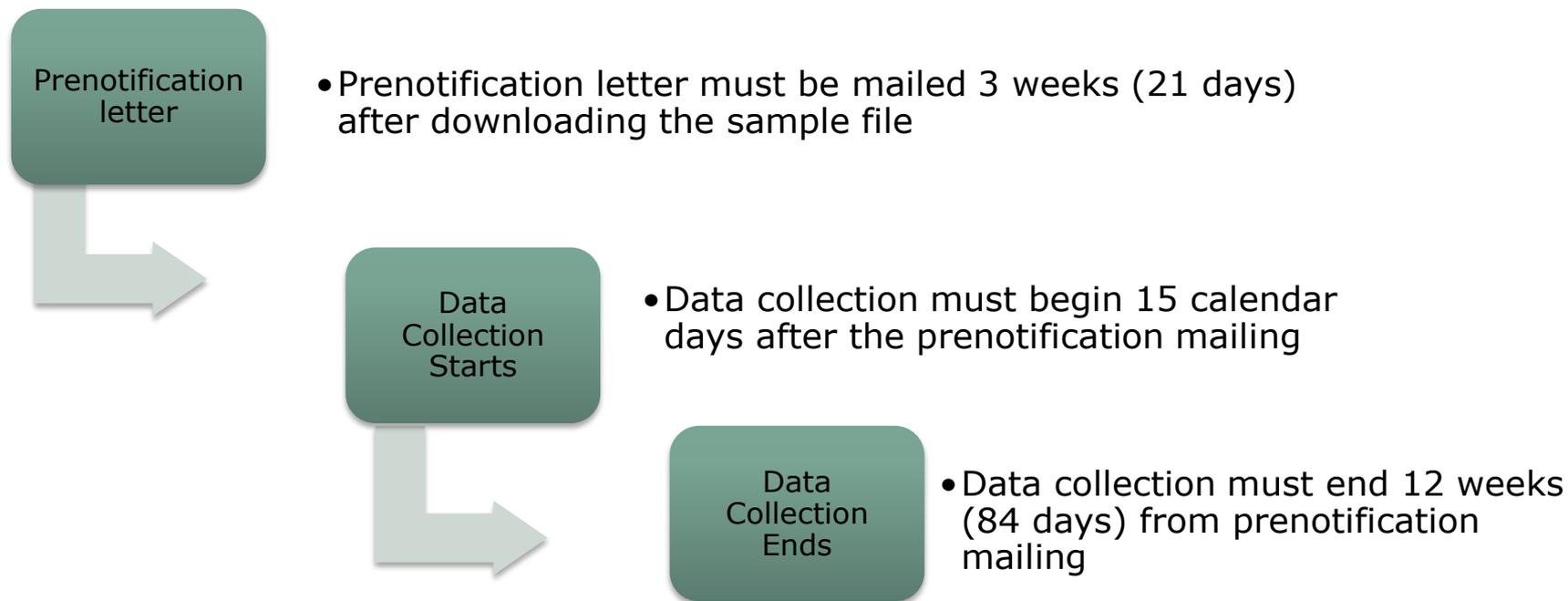
Please note that the number of days may shift slightly if dates for activities fall on a weekend.

Overview: All Survey Modes (cont'd)

The next two slides are additional requirements that impact all survey modes:

- No changes are permitted to the ICH CAHPS Survey questions.

- Data collection must not stop for a given ICH facility even if the targeted number of completes is reached.

  - o Every sample patient must be given an opportunity to participate in the survey.

  - o Data collection efforts must continue on each case until the survey is completed or otherwise finalized (the patient is ineligible, refused to participate, or could not be reached after maximum attempts were made on the case).

Overview: All Survey Modes (cont'd)

- Proxy respondents are NOT permitted.

- No incentives may be offered.

- ICH facilities may not influence sample patients in any way (avoid sending sample patients materials or do anything that could compromise the vendor's ability to implement the survey protocols) or ask their patients if they would like to be included in the survey.

- Final data files must be submitted to the Data Center via the ICH CAHPS Survey website.

- Survey vendors must use the same data collection mode for all of a facility's sample patients during a survey period.

Overview: All Survey Modes (cont'd)

- 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.

Prenotification Letter Requirements

A prenotification letter must be mailed to all sample patients, regardless of the survey administration mode.

The prenotification letter:

- Provides information about the survey purpose and alerts sample patients that they will be contacted soon.
- Emphasizes the importance of repeat participation.
- Must be personalized for each sample patient.
- Contains text that cannot be changed.
- Is provided to survey vendors as a vendor-specific Microsoft Word file by the Coordination Team.
- Will be provided to survey vendor in all the approved languages the vendor offers.

Prenotification Letter Requirements (cont'd)

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 personalize the prenotification 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

Prenotification Letter Requirements (cont'd)

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

The Coordination Team will prefill the following information in the template provided to the vendors:

- the vendor's name (in two mail merge fields)

- the vendor's toll-free customer support telephone number

- the days and hours the vendor is available for contact

Prenotification Letter Requirements (cont'd)

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

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

The following **must** appear on the prenotification letter:

- CMS logo and return address
- official CMS signature

Prenotification Letter Requirements (cont'd)

Prenotification Letter Requirements:

- Survey vendors will be responsible for printing and mailing prenotification letters to all sample patients.

- Vendors must verify all mailing addresses included in the ICH CAHPS sample files, using commercial address update services (such as National Change of Address, NCOA).

- Vendors are permitted to ask for updated addresses from ICH facilities.

- Survey vendors must structure the prenotification envelope following the format shown on the next two slides.

- 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.

Prenotification Letter Requirements (cont'd)

Prenotification Letter Envelope Requirements:

- Vendors must print the CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address on the envelope.

- The phrase "Address Service Requested," or "Return Service Requested," or "Change Service Requested," or "Electronic Services Requested" or "First-Class Mail" must be printed on the envelope for the US Postal Service to provide new address information for those who have moved.

- Must include the sample patient's name and address.

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

- 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 on the next slide.

Prenotification Letter Requirements (cont'd)

ICH CAHPS Prenotification Envelope Structure and Content

Prenotification Letter Requirements (cont'd)

The following **are not permitted** to appear on the prenotification envelope:

- the survey vendor's logo

- the facility's name, logo, or address

Prenotification Letter Recommendations

Recommendations for Mailing Prenotification Letters

Prenotification letters should be sent using first-class postage or indicia, to ensure timely delivery and maximize response rates.	**New for 2025**: Vendors are permitted to include a second approved language of the prenotification letter on the back of the English version (for example, vendors may print the Spanish version of the prenote letter on the back of the English version.	**New for 2025**: Vendors are asked to avoid using the Z-fold (accordion fold) when sending out two-sided letters. The use of a Z-fold could make it difficult for a sample patient to initially see the language that they need. Instead, vendors are encouraged to use a bifold, trifold, or no fold at all.

Prenotification Letter Revisions Made since March 2024

The Prenotification Letter (in all approved languages) was slightly revised for the 2024 Fall Survey period to include the following edits:

Added title "Director" to Vanessa S. Duran's signature as the Medicare Drug Benefit and C & D Data Group Director.

Revised reference to provider type "Dialysis facilities" to match updated language on Care Compare website.

Survey Administration

Topic 5:
Mail-Only Administration Procedures

Mail-Only Administration Procedures: Data Collection Schedule

The mail-only survey administration protocol consists of two survey mailings.

| Prenotification letter 3 weeks (21 days*) after receiving the sample file | Initial survey with cover letter sent 15 calendar days* after the prenotification letter | Second survey with follow-up cover letter sent 4 weeks (28 days*) after initial survey mailing | Data collection ends 12 weeks (84 days*) after prenotification letter mailing | Submit data to Data Center by semiannual submission deadline (submit as early as possible prior to the deadline) |

Please note that the number of days may shift slightly if they fall on a weekend.

Mail-Only: Cover Letter Requirements

Cover Letters Overview

Every survey package must contain a cover letter.

Explains the purpose of the survey, how results will be used, how to participate, emphasizes the importance of repeat participation, and contains vendor's toll-free number.

Survey vendors must use the official ICH CAHPS cover letters for both survey package mailings. **Vendors are not permitted to use their own version of cover letters or modify the text in the cover letter**.

The Coordination Team provides each survey vendor with a vendor-specific Microsoft Word template of the cover letter in all the approved languages the vendor offers.

Mail-Only: Cover Letter Requirements (cont'd)

The cover letters:	
	Must be printed using font size equal to or larger than Times New Roman or Arial 11-point font.
	Must contain the sample patient's SID number (if the vendor would rather use an internal tracking ID on the cover letter, the vendor is required to submit an Exceptions Request Form for review and approval).
	Must be separate from the survey so that no personally identifying information or protected health information appears on the survey.
	Cannot offer sample patients the option to complete the survey by phone if the mode is mail-only.

Mail-Only: Cover Letter Requirements (cont'd)

- 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.
- 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.

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 appropriate salutation
	the facility's name (in two mail merge fields)
	the vendor's name
	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)

Mail-Only: Cover Letter Requirements (cont'd)

The following **must** appear on the cover letters:	The CMS logo and return address must be printed at the top of the cover letters.
	The cover letter is signed by a CMS official.
	The OMB disclosure notice, which includes the OMB number within it.
	The sample patient's SID number.

Mail-Only: Cover Letter Requirements (cont'd)

The following are <u>not</u> permitted to appear on the cover letters:	the survey vendor's logo
	the facility's logo or address

Mail-Only: Cover Letter Recommendations

Recommendations for cover letters (not required):	If offering the survey in any of the approved translations, the survey vendor should submit an Exceptions Request Form to the Coordination Team if they would like to add a sentence instructing the sample patients how to request the survey in their preferred language.
	If offering two languages, consider printing English on one side and the second language on the other.
	Try to format the cover letter so that it is only one page.

Mail-Only: Cover Letter 1 and 2 Revisions Made since March 2024

The Covers Letter 1 and 2 (in all approved languages) were slightly revised for the 2024 Fall Survey period to include the following edits:

Added title "Director" to Vanessa S. Duran's signature as the Medicare Drug Benefit and C & D Data Group Director.

Revised reference to provider type "Dialysis facilities" to match updated language on Care Compare website.

Minor update made to match text included in the prenotification letter *(Samoan Cover Letters 1 and 2 only)*

Mail-Only: Mail Survey Requirements

Mail Survey - Requirements

"Core" items (Qs 1–44) must be placed first in the survey.	"About You" questions (Qs 45–62) must be administered together.	The "About You" questions may be placed either before or after any supplemental or facility-specific questions that are added to the survey.
Facilities/vendors may add their own facility-specific questions or the supplemental questions, following the guidance about adding such questions.	Questions and responses may not be split across pages.	Font size should be no smaller than 11 point.

See guidelines for incorporating supplemental questions in the Survey Administration and Specifications Manual.

Mail-Only: Mail Survey Requirements

Mail Survey – Requirements (cont'd)

Matrix formatting is not 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.

Vendors must be consistent throughout the survey in formatting response options either vertically or horizontally.

The ICH facility name must be printed where indicated in the survey.

The OMB number and expiration date must be printed on the survey cover or, if no cover, on the first page of the survey.

The OMB disclosure notice is included on the cover letter. It may also be printed on the survey, but this is not required.

The vendor name and address must be printed on the last page of the survey (in case someone loses their return envelope).

Mail-Only: Mail Survey Requirements (cont'd)

Mail Survey—Requirements (cont'd)

A unique SID number to be used for tracking purposes must be on at least the first page of the survey.

A vendor or ICH facility may **not** include promotional information or materials in the mail survey package.

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

Mail-Only: Mail Survey Recommendations

Mail Survey—Recommendations (not required)

Maximize the use of white space.	Use a standard and easy-to-read font, like Arial or Times New Roman.	Use a two-column format, so there are two columns of questions per page.
Use font size of 12 or larger.	If keying is used, may include small numbers next to the question response option boxes.	If administering in two languages, consider putting surveys in both languages in envelope.

Mail-Only: 2024 Fall and 2025 Spring Mail Survey Revisions

The mail surveys were revised to include the following edits:

Revisions for the 2024 Fall mail survey:	Revisions for the 2025 Spring mail survey:
• Minor formatting edit to text in Question 30 (*Simplified Chinese only*). • Minor formatting and/or text edits to the response options in Questions 20, 35, and 37 (*Traditional Chinese only*).	• For question 57 (What language do you mainly speak at home?) the clarifying statement "(Please mark only one response.)" has been added (*in all approved languages*). • Minor text edit made to response option 4 in Question 20 and response option 3 in Question 37, for better readability (*English only*).

Mail-Only: Mailing Requirements

Mail Survey Envelopes

- Vendors are responsible for supplying:
  - outgoing prenotification letter envelopes,
  - outgoing survey package envelopes, and
  - business-reply envelopes for returning surveys.

- Regardless of the size of the envelope, survey vendors are required to structure the envelope used to mail the survey packages as shown on the next two slides.
  - The postage-paid business reply envelope can be structured as needed by the survey vendor.

Mail-Only: Mail Survey Package Envelope Requirements

The following **<u>must</u>** appear on the survey package envelope:

- Vendors must print the CMS logo, the phrase "c/o Processing," the survey vendor's name, and the survey vendor's return address on the envelope.

- The phrase "Address Service Requested," or "Return Service Requested," or "Change Service Requested," or "Electronic Services Requested," or "First-Class Mail" must be printed on the envelope for the US Postal Service to provide new address information for those who have moved.

- The sample patient's name and address.

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

- 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 on the next slide.

Mail-Only: Mail Survey Package Envelope Requirements (cont'd)

ICH CAHPS Mail Survey Package Envelope Structure and Content

Mail-Only: Mail Survey Package Envelope Requirements (cont'd)

The following **are not permitted** to appear on the mail survey package envelope:

- the survey vendor's logo

- the facility's name, logo, or address

Mail-Only: Mailing Requirements (cont'd)

Mailing Requirements				
Vendors must verify each mailing address included in the sample file, using commercial address update services, such as NCOA. Vendors are permitted to obtain address information from ICH facilities for all patients served during the sampling window.	Each survey package must contain a personalized cover letter separate from the survey, a survey, and a postage-paid return envelope.	Promotional messages or materials, including indications that either the ICH facility or the survey vendor has been approved by the Better Business Bureau, are not permitted on any survey materials.	Vendors must send a survey package to all cases, even those without complete addresses.	Vendors must attempt to reach homeless patients using the address included in the sample file or provided by the address update service.

Mail-Only: Mailing Requirements (cont'd)

Mailing Schedule Requirements

Mailings must follow the following prescribed schedule:	**First Mailing**: The prenotification letter is mailed 3 weeks after downloading the sample file.	**Second Mailing**: The first survey package is mailed 15 calendar days after the prenotification letter.	**Third Mailing**: The second survey package is mailed 4 weeks after the initial survey package to nonrespondents.	The data collection period should close 12 weeks after the prenotification letter mailing.

Mail-Only: Mailing Recommendations

Mailing Recommendations (not required)

Vendors should attempt to obtain a new or updated address for any mail returned as undeliverable in time to use it in the second mailing.	Prenotification letters and mail survey packages should be sent using first-class postage or indicia, to ensure timely delivery and maximize response rates.	Vendors should "seed" each mailing.

Mail-Only:
Data Receipt and Scanning/Keying Requirements

Data Receipt Requirements

| All returned surveys must be marked with a date of receipt that will be entered into the data file for that case. | Surveys must be logged into the tracking system in a timely manner. | Surveys must be reviewed prior to scanning, including comments and notes. | If two surveys are received from the same respondent, keep the one that has the more complete data. If both are equally complete, keep the first one received. | A final ICH CAHPS Survey status code must be assigned to each case. |

Mail-Only: Data Receipt and Scanning/Keying Requirements (cont'd)

Scanning Requirements

The scanning program must not permit scanning duplicate surveys.

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

A sample of surveys (minimum 10%) must be rescanned and compared with the original scanned image of the survey as a quality control measure.

Mail-Only:
Data Receipt and Scanning/Keying Requirements (cont'd)

Keying 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% rekeyed by a different keyer for quality control purposes.	A supervisor must resolve any discrepancies.

Mail-Only: Data Receipt and Scanning/Keying Requirements (cont'd)

Scanning _and_ Keying Requirements

If the response marked falls between two answer choices, select the answer choice closest to the mark.

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

If two responses are marked for same question, select the answer that appears darker. If it is not possible to make a determination, leave the response blank and code as "missing" rather than guessing.

Mail-Only: Data Receipt and Scanning/Keying Requirements (cont'd)

Scanning <u>and</u> Keying Requirements (cont'd)

If a response is missing, leave the response blank and code as "missing."	It is the ICH facility's decision whether to scan/key responses to open-ended questions.	Open-ended question responses are not to be included in the submitted data file.	CMS encourages survey vendors to review open-ended entries to provide feedback to the Coordination Team about adding additional preprinted response options to these survey questions if needed.

Mail-Only:
Staff Training

Training is an important part of overall quality control vendors undertake on this survey. You must document and save all training records for staff working on the ICH CAHPS Survey.

- All support staff must be trained on ICH CAHPS Survey protocols.

- Relevant sections of the manual must be made available, depending on staff roles.

- Staff must be trained on:

  o use of relevant equipment (case management systems, data entry programs)

  o decision rules and coding guidelines for returned surveys (data receipt and data entry staff)

- Training must include proper handling and storage of paper and electronic data.

Mail-Only:
Staff Training (cont'd)

- Patients may call in with complaints about their ICH facility or care. Staff should provide the patient with the name and telephone number of the ESRD Network that serves the state in which the patient lives (Appendix Q).

- 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 be able to handle questions via the toll-free telephone number in that language.

Mail-Only: Staff Training (cont'd)

Toll-free customer support staff must be trained on:

- responses to frequently asked questions
- how to respond to questions when they do not know the answer
- rights of survey respondents
- how to handle distressed respondents

Mail-Only: Distressed Respondent Procedures
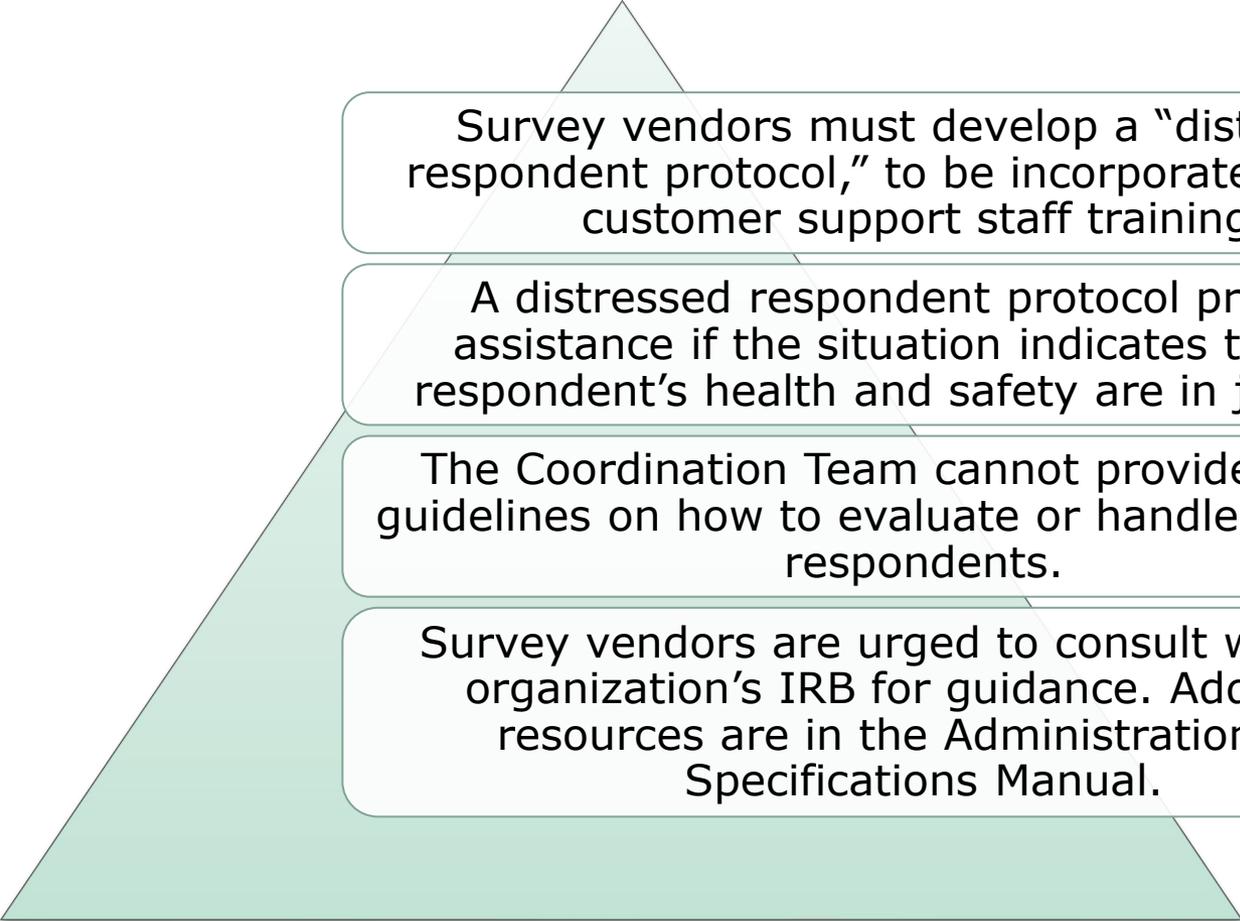
Survey vendors must develop a "distressed respondent protocol," to be incorporated into all customer support staff training.

A distressed respondent protocol provides assistance if the situation indicates that the respondent's health and safety are in jeopardy.

The Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents.

Survey vendors are urged to consult with their organization's IRB for guidance. Additional resources are in the Administration and Specifications Manual.

Survey Administration
Topic 6:
Telephone-Only Administration Procedures

Telephone-Only: Data Collection Schedule

| Prenotification letter must be mailed 3 weeks (21 days*) after receiving the sample file. | Begin telephone contact 15 calendar days* after the prenotification letter is mailed. | End data collection 12 weeks (84 days*) after prenotification letter is mailed. | Submit data to the Data Center by semiannual submission deadline (submit as early as possible prior to the deadline). |

Please note that the number of days may shift slightly if they fall on a weekend.

Telephone-Only: Telephone Interviewing Systems

Telephone Interviewing Systems Requirements

To administer the ICH CAHPS Survey using a telephone-only data collection mode, vendors must use a CATI system.

Paper-and-pencil administration is not permitted for telephone surveys.

Vendors must also have a survey management system to ensure that sample patients are called at different times of the day and different days of the week.

Telephone-Only: Telephone Interviewing Systems (cont'd)

Telephone Interviewing Systems Requirements (cont'd)

Predictive or auto-dialers are permitted as long as:

- they are compliant with FTC and FCC regulations, and
- respondents can easily interact with a live interviewer.

FCC regulations prohibit auto-dialing of cell phone numbers. Therefore, cell phone numbers need to be identified in advance to allow the vendor to treat cell phone numbers in a way that complies with FCC regulations.

It is the vendors' responsibility to familiarize themselves with all applicable state and federal laws and abide by those accordingly in regard to calling cell phone numbers.

Telephone-Only:
Telephone Interview Script

Telephone Interview Script

- Vendors must use standardized telephone scripts for the ICH CAHPS Survey.

- The scripts include the introductory screens and the survey questions.

- Questions 1–44 are the "Core" ICH CAHPS questions. Questions 45–59 are the "About You" questions.

- Questions 60–62 in the mail survey are not included in the telephone script.

- No changes in wording are allowed in the ICH CAHPS Survey questions or response options.

Telephone-Only:
Telephone Interview Script (cont'd)

Telephone Interview Script (cont'd)

- The Core ICH CAHPS Survey questions must be administered first and in the order in which they appear.

- The "About You" questions may be placed either before or after any supplemental or facility-specific questions that are added to the survey.

- Facilities/vendors may add their own facility-specific questions or the ICH CAHPS supplemental questions, following the guidance about adding such questions.

- Only CMS-approved translations are permitted for the ICH CAHPS Survey (including the ICH CAHPS supplemental questions).

Telephone-Only: 2025 Spring Revisions to Telephone Script

The telephone scripts were revised for the 2025 Spring Survey period to include the following edits:

Minor edits were made to Q58a, response option 4 for easier readability (including commas, and the word "or" before the last item in the option) (*English only*).

The screens containing the race questions (Q59, Q59a, and Q59b) now include an interviewer note to be read if the respondent asks why they are being asked to share their race (*English and Spanish*).

Telephone-Only: Contacting Guidelines

Vendors must attempt to contact every sample patient.

- **Vendors must:**
  - Make a total of 10 telephone contact attempts for each sample patient, unless the sample patient refuses, or the 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 the day spread over the entirety of data collection.

- **Vendors may:**
  - Make more than one telephone attempt in one 7-day period but cannot make all 10 attempts in one 7-day period.
  - Continue after 10 attempts if the tenth call attempt results in a scheduled appointment with the sample patient, as long as the appointment is within the data collection period.

Telephone-Only: Contacting Guidelines (cont'd)

A telephone contact attempt is defined as:

Telephone rings six times	**Busy signal**	**Interviewer reaches a household member**	**Interviewer reaches the sample patient**
✓ No answer ✓ Reached Answering Machine	✓ Make two consecutive call attempts ✓ Space attempts at least 20 minutes apart	✓ Told the sample patient is not available	✓ Asked to schedule a call-back

Telephone-Only: Contacting Guidelines (cont'd)

Vendors **Must**:

- Begin initial call attempts starting on the data collection start date. We do not expect that all sample patients will receive a call on the data collection start date; however, they should receive this initial call within the first week of data collection.

- Continue to work every case in the sample until the maximum number of attempts has been made for each case.

- Make call attempts on cases for which only a cell phone number is available. Most people have only cell phone numbers and not calling these numbers would affect ICH CAHPS response rates.

- Start the 10 call attempts over if a new number is obtained. If the new number is identified later in the data collection period, survey vendors should use their best judgment in implementing the number of attempts.

Telephone-Only: Contacting Guidelines (cont'd)

Vendors **Must**:

- Make an effort to recontact the respondent on their requested date/time, if a sample patient is reached but is unable to speak with the telephone interviewer at that time, and he or she requests that a telephone interviewer call back at a different date/time (for either a callback or scheduled appointment).

- Be able to provide the Coordination Team with a call log indicating the date and time calls were made to each sample patient.

Telephone-Only: Contacting Guidelines (cont'd)

Vendors **Must**:

- Make additional attempts to complete the interview if the respondent does not complete the interview on the first attempt.

- Make an appointment to conduct the interview at a better time if a respondent does not feel up to participating in the telephone interview because of his or her medical treatment.

- Be able to offer the telephone interview to each sample patient in both English and Spanish, if Spanish is offered.

- End telephone survey data collection 12 weeks after the prenotification letter was mailed.

Telephone-Only: Contacting Guidelines (cont'd)

*Vendors **May**:*

- *Tell household members that they are calling about a "study about health care" only.*

*Vendors Must **Not**:*

- *Leave voicemail messages on answering machines **or** with household members.*
- *Continue contact attempts if interviewers discover the sample patient is ineligible for the ICH CAHPS.*

*Vendors are **Encouraged to**:*

- ***New for 2025**: If a sample patient calls into the vendor's customer support toll-free hotline requesting to complete the telephone interview, vendors are encouraged to accommodate these sample patients' requests, if possible.*

Telephone-Only: Contacting Guidelines (cont'd)

Fast Busy Signals

- Fast busy signals should be redialed immediately.

- If the interviewer again receives a fast busy signal, the interviewer should re-call the telephone number on a different day of the week and at a different time of the day than the initial calls.

- If the third call attempt results in another fast busy signal, the vendor should apply the appropriate final disposition code to the case.

Telephone-Only: Contacting Guidelines (cont'd)

Out of Service Message

- If the interviewer receives a recorded message indicating the telephone number is "temporarily out of service," the interviewer should redial the telephone number within 5 days after the initial call was made.

- If the second call attempt results in the same recorded message, the interview should call the telephone number a third time, 5 days after the second call attempt was made.

- If the third call attempt results in the same recorded message, the vendor should apply the appropriate final disposition code to the case.

Telephone-Only: Contacting Guidelines (cont'd)

Hang-Ups

- If a sample patient hangs up immediately before or while the interviewer is reading the introductory script, the case should be called on a different day of the week and at a different time of the 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. No additional calls should be made to that sample patient.

Telephone-Only:
Contacting Difficult-to-Reach Sample Patients

Requirements

- Survey vendors must verify each telephone number included in the sample file using a commercial address/telephone database service or directory assistance.

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

- Vendors must attempt to contact homeless patients, if a telephone number is included on the sample file.

- Please note that survey vendors are responsible for screening any newly identified telephone numbers to identify if they are cell phone numbers as needed to maintain compliance with FCC guidelines. But cell phone numbers should be attempted!

Telephone-Only: Contacting Difficult-to-Reach Sample Patients (cont'd)

Recommendations

- Vendors may request updated telephone numbers from ICH facilities for all patients served during the sampling window.

- We strongly 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 or who has moved.

- If the telephone number is incorrect, the interviewer may ask the person who answers the phone for a new telephone number for the sample patient.

Telephone-Only: Contacting Sample Patients Residing in Nursing Homes

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 lives in a nursing home, this determination is usually made by vendors during data collection.

Telephone-Only: Contacting Sample Patients Residing in Nursing Homes (cont'd)

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 next steps prior to initiating telephone data collection efforts for these patients.

Telephone-Only: Contacting Sample Patients Residing in Nursing Homes (cont'd)

If a telephone interviewer learns that the sample patient's telephone number leads to a nursing home facility's front desk, the telephone interviewer should still read INTRO1 of the ICH CAHPS telephone script: "Hello, may I please speak to [SAMPLED MEMBER'S NAME]?"

If the nursing home staff member transfers the telephone interviewer to the sample patient's room at the facility, continue with the interview once they reach the sample patient.

If the sample patient **lives in the nursing home or a skilled nursing facility** and responds to Q1 by response option 1 ("At home or at a skilled nursing home where I live"), the CATI program should skip the sample patient to Q45 and automatically final code the case as a 160 (Ineligible: Does Not Meet Eligibility Criteria).

Telephone-Only: Contacting Sample Patients Residing in Nursing Homes (cont'd)

If the nursing home staff member transfers the telephone interviewer to the sample patient, and he or she is an **_employee_** *at the facility:*

- *The interviewer should continue with the interview once they reach the sample patient (but be prepared to reschedule if the sample patient is unable to complete the interview while at work).*

Telephone-Only: Contacting Sample Patients Residing in Nursing Homes (cont'd)

*If the nursing home staff member indicates they are **<u>not permitted</u>** 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 (from the phone number update process), the vendor may want to call all numbers provided to see if any result in a direct dial to the sample patient.*

- *If the telephone interviewer is unable to obtain a new phone number for the sample patient, then a final disposition code of 160 (Ineligible: Does Not Meet Eligibility Criteria) should be assigned to the case.*

Telephone-Only:
Staff Training

Telephone interviewer and customer support staff training must include teaching interviewers:

- how to establish rapport with the respondent

- the content and purpose of the survey so that they can effectively communicate this information to the sample patient

- to read the questions as they are worded

- to speak only from script and to not provide additional information

- to maintain a professional manner and adhere to quality control standards

Telephone-Only: Staff Training (cont'd)

Train Interviewers on Interviewing Conventions:

- Emphasize all bolded words in the question text
- Ask the questions <u>exactly</u> as they are written
- Ask questions in the exact order in which they are presented
- If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question

Interviewers cannot:

- Suggest answers to the respondent
- Help the respondent answer the questions
- Change the order of the response options
- Skip any questions
- Read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories (e.g., "DON'T KNOW," "REFUSED")

Telephone-Only: Staff Training (cont'd)

Training must also include teaching interviewers:

- how to use effective neutral probing techniques (see Appendix L in Manual)

- to use the Frequently Asked Questions (FAQs) so that they can answer questions in a standardized manner (see Appendix K in Manual)

- how to be sensitive to the patient or family member

- how to handle distressed respondents

Telephone-Only: Staff Training (cont'd)

If patients have complaints about their ICH facility or care:
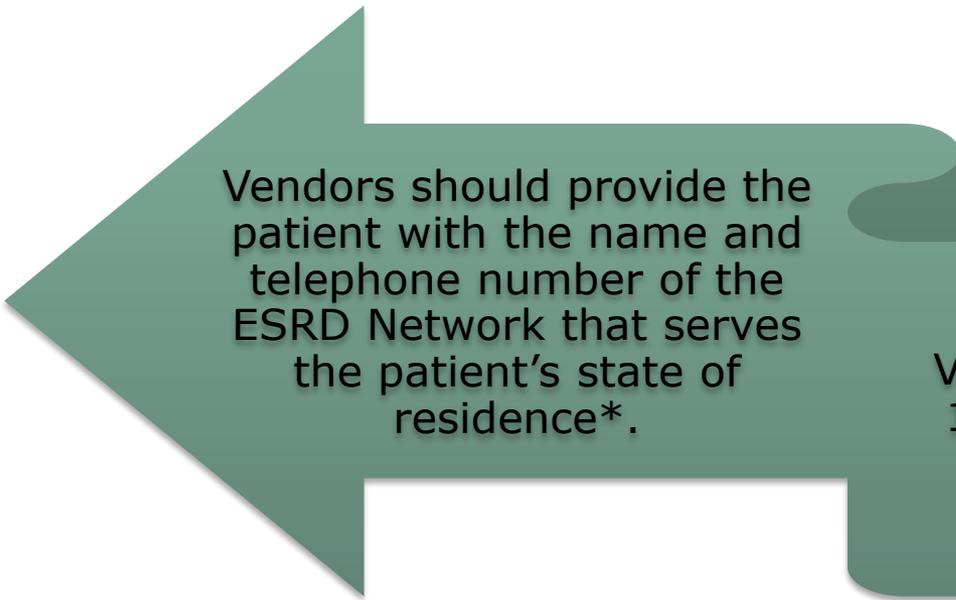
Vendors should provide the patient with the name and telephone number of the ESRD Network that serves the patient's state of residence*.
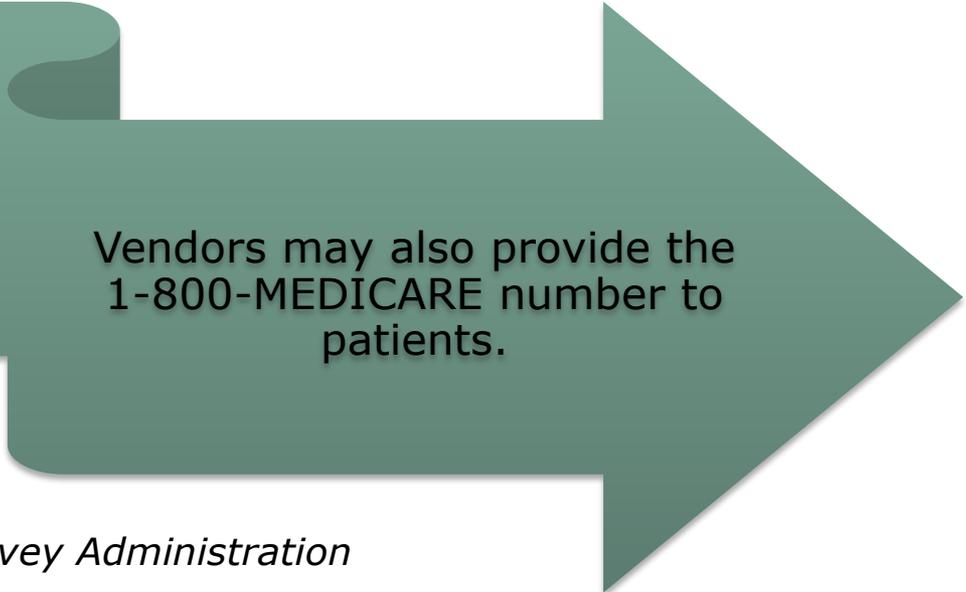
Vendors may also provide the 1-800-MEDICARE number to patients.

*See Appendix Q in the ICH CAHPS Survey Administration

and Specifications Manual.

Telephone-Only: Staff Training (cont'd)

Train Interviewers on Providing Neutral 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 maintain cooperation.

Acceptable neutral acknowledgment words:

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

Telephone-Only: Staff Training (cont'd)

Train Interviewers on Probing Techniques

- Probe to obtain a more complete or more specific answer from a respondent.

  - Repeat the question and answer choices if the respondent does not seem to understand.

  - When probing, never suggest answers or lead the respondent.

- Encourage the respondent to give his or her best guess if he or she gives a "don't know" response.

- Code an incomplete answer as "missing/don't know" if after probing, the respondent cannot give a response.

Probing Example #1

Question 56: What is the highest grade or level of school that you have completed? Would you say…

1. No formal education,
2. 5th grade or less
3. 6th, 7th, or 8th grade,
4. Some high school, but did not graduate,
5. High school graduate or GED,
6. Some college or 2-year degree,
7. 4-year college graduate, or
8. More than 4-year college degree?

- Example of a difficult response to handle: "I went to college."

- (Probe): We would like to know the highest grade or level of school that you completed. Would you say that you completed some college or 2-year degree, 4-year college graduate, or more than a 4-year college degree?

Telephone-Only: Staff Training (cont'd)

Probing Example #2

Question 59: What is your race? You may choose one or more of the following. Are you…

1. American Indian or Alaska Native,
2. Asian,
3. Black or African American,
4. Native Hawaiian or Pacific Islander, or
5. White?

- Interviewers must read all responses once. Do not stop reading if the respondent interrupts you with an answer.

- Example of a difficult response to handle: "I'm Irish."

- (Probe): I understand… but if you had to choose one of the following categories, which category or categories best describes you. Would you say that you are American Indian or Alaska Native, Asian, etc. (repeat answer choices).

Telephone-Only: Staff Training (cont'd)

Train Interviewers on Avoiding Bias

Interviewers should:

✓Remain neutral at all times during the interview.

✓Read all statements, questions, and responses exactly as they are written.

✓Use neutral probes that do not suggest answers ("Take a minute to think about it," "Which would be closer," "so, would you say that is…").

✓Not provide their own personal opinions or answers in an effort to "help" respondents.

✓Not use verbal cues, such as a cough or a yawn to influence the respondent's answers.

✓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.

Telephone-Only: Staff Training (cont'd)

Train Interviewers on Avoiding Refusals

- The first and most critical step in avoiding refusals is to establish rapport with reluctant sample patients.

Interviewers must:

- ◦ treat respondents the way they would like to be treated

- ◦ always use an effective/positive/friendly tone and maintain a professional outlook

- ◦ listen as an ally, not an adversary, and not debate or argue with the respondent

Telephone-Only: Staff Training (cont'd)

To consider Telephone Interviewer training complete:

Vendors must conduct an interviewer certification process. This can be oral, written, or both.

The certification process should assess interviewers' knowledge and comfort administering the survey and ability to answer respondent questions.

Documentation of training and certification of all telephone interviewers and customer support staff and outcomes is subject to review during oversight visits.

Telephone-Only: Distressed Respondent Procedures

Survey vendors must develop a "distressed respondent protocol," to be incorporated into all customer support staff training.

A distressed respondent protocol provides assistance if the situation indicates that the respondent's health and safety are in jeopardy.

The Coordination Team cannot provide specific guidelines on how to evaluate or handle distressed respondents.

Survey vendors are urged to consult with their organization's IRB for guidance. Additional resources are in the Administration and Specifications Manual.

Survey Administration

**Topic 7:
Mixed Mode Administration
Procedures**

Mixed Mode: Data Collection Schedule

The mixed mode survey administration protocol consists of one survey mailing and telephone follow-up.

| Prenotification letters must be mailed 3 weeks (21 days*) after receiving the sample file. | Initial survey with cover letter must be sent 15 calendar days* after the prenotification letter is mailed. | After 4 weeks, assign nonrespondents to the survey mailing for telephone follow-up. | Data collection must end 12 weeks (84 days*) after the prenotification letter was mailed. | Submit data to Data Center by the semiannual submission deadline (submit as early as possible prior to the deadline). |

Please note that the number of days may shift slightly if they fall on a weekend.

Mixed Mode: Survey Administration Guidelines

Follow all guidelines for mail survey administration but send only **ONE** survey package instead of two.

Follow all guidelines for telephone survey administration for the telephone follow-up portion of the mixed mode implementation.

For mixed mode, mail surveys should be mailed in the appropriate language. If Chinese, Samoan, or Vietnamese, telephone follow-up with nonrespondents should be attempted in English.

The mixed mode design cannot offer the telephone interview in Chinese, Samoan, or Vietnamese. If Chinese, Samoan, or Vietnamese, sample patients cannot respond to the phone interview in English, the case should be given a final disposition code of language barrier.

Confidentiality and Data Security

Confidentiality and Data Security

This section covers the following topics:

1. Data Confidentiality, Security, and Storage: All Modes

2. Data Security and Sample File Transmission

Confidentiality and Data Security

Topic 1:

Data Confidentiality, Security, and Storage: All Modes

Data Confidentiality, Security, and Storage: All Modes

Steps Vendors Must Take to Safeguard Patient Data				
Patient data must be safeguarded (i.e., anything that has patient contact information on it must be protected).	Follow HIPAA guidelines.	Confidential data must be kept secure; limit access to authorized project staff only.	All staff and subcontractors who might have access to confidential data should sign a confidentiality agreement.	Establish procedures for handling data security breaches.	No personally identifying information or protected health information can be submitted to the Data Center—all files submitted to the Data Center must contain de-identified data only.

Security Incident Response Plan

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 security incident response plan must include, but is 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 | a means of notifying any persons affected by the breach, including sample patients, if necessary |

Data Confidentiality, Security, and Storage: All Modes (cont'd)

Vendors Must Implement Physical and Electronic Data Security Measures

Electronic security measures may include:

- firewalls
- restricted-access levels
- password-protected access

Physical security measures may include:

- locked file cabinets
- locked or restricted-access rooms

Data Confidentiality, Security, and Storage: All Modes (cont'd)

Physical and Electronic Data Storage Requirements

Paper copies of surveys must be stored in a secure location and kept for 3 years unless electronic images of the survey are being kept.	Electronic images of paper surveys or keyed data, including telephone interview data, should be retained for 3 years, also in a secure location.	Do not remove data files or surveys from the office environment.	Data stored electronically should be backed up frequently to minimize data loss.

Data Confidentiality, Security, and Storage: All Modes (cont'd)

Disaster Recovery Plan
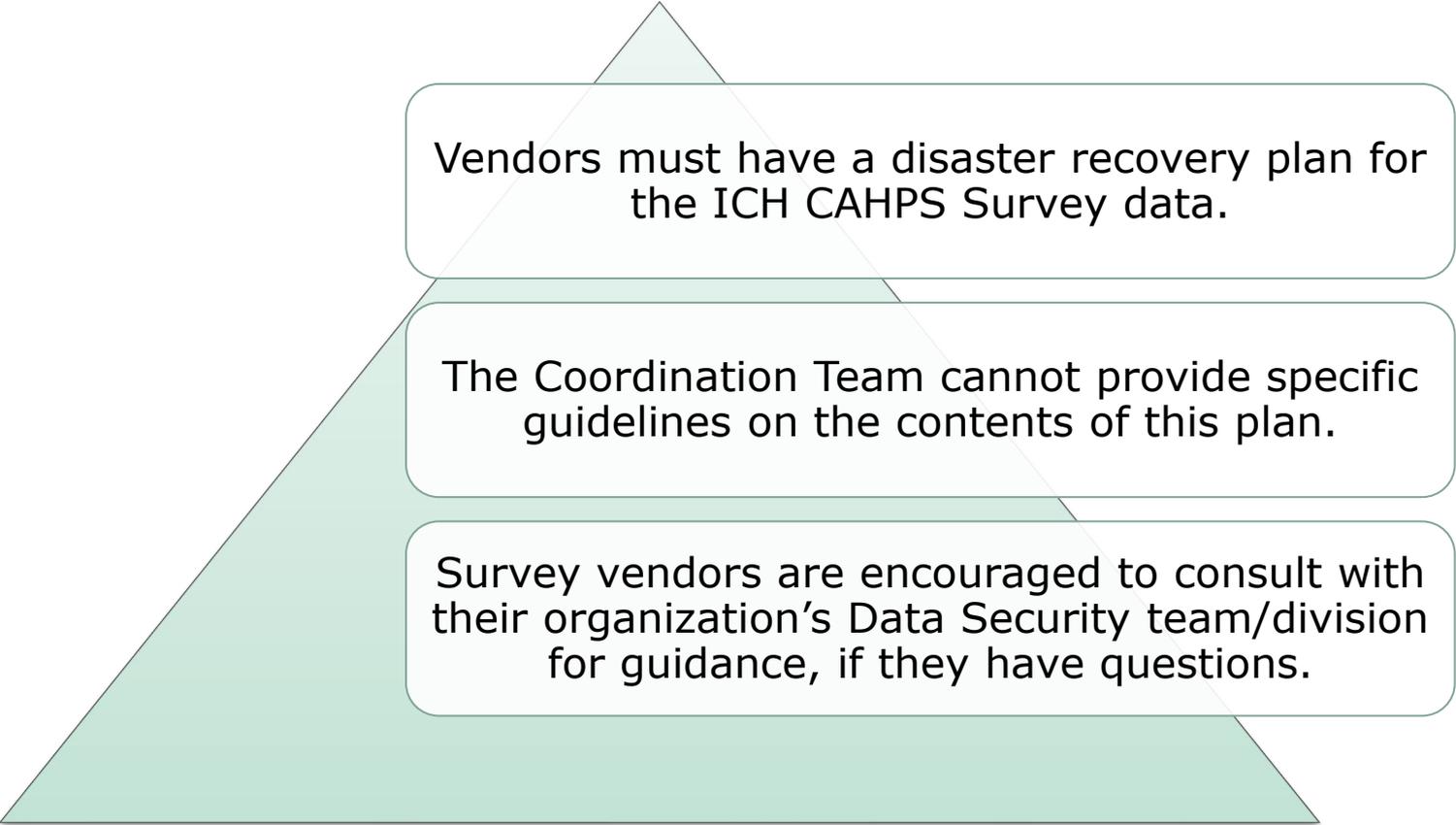
Vendors must have a disaster recovery plan for the ICH CAHPS Survey data.

The Coordination Team cannot provide specific guidelines on the contents of this plan.

Survey vendors are encouraged to consult with their organization's Data Security team/division for guidance, if they have questions.

Confidentiality and Data Security

Topic 2:

Data Security and Sample File Transmission

Data Security and Sample File Transmission

Important Reminders About Protecting PII and PHI Data

- Vendors are responsible for protecting all personally identifiable information (PII) and protected health information (PHI) of all sample patients.

- PII and PHI should **never** be sent via email without adequate security protection.

Data Security and Sample File Transmission (cont'd)

Important Reminders About Protecting PII and PHI Data (cont'd)

To ensure confidentiality and maintain data security, sample files should be encrypted and password-protected at a minimum.

Whether using File Transfer Protocol (FTP), Secure File Transfer Protocol (SFTP), or website protocols (HTTP or HTTPS), vendors must ensure that they transmit PHI and PII as securely as possible to any authorized subcontractors.

PII or PHI should not be transmitted between vendors and their ICH facility clients for any reason.

- Exception: updated contact information from facility to vendor for all sample patients in sample window.

Data Processing and Coding

Data Processing and Coding Overview

This section covers the following topics:

1. Survey Disposition Codes

2. Decision Rules and Coding Guidelines for Mail and Telephone Surveys

3. Definition of a Completed Survey

4. Computing the Response Rate

Data Processing and Coding

Topic 1:

Survey Disposition Codes

Final Survey Disposition Codes
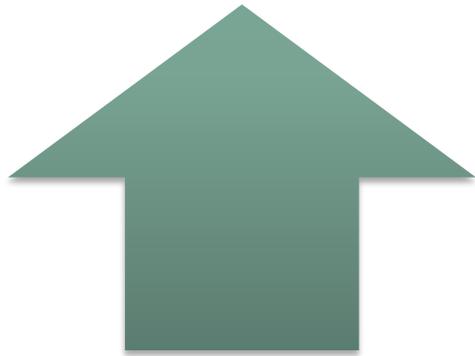
The ICH CAHPS Survey requires that vendors assign a final survey disposition code to each sampled case on XML data files submitted to the Data Center.
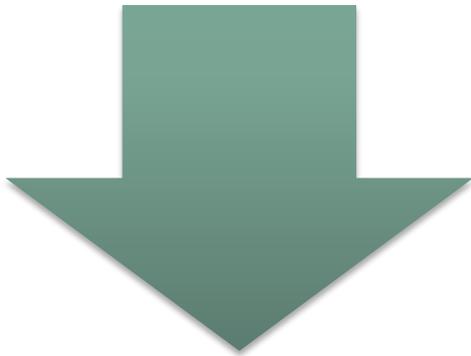
Vendors are free to use their own internal interim or pending disposition codes to track the status of work on a case **before** it is finalized.

Please note: Survey vendors should not assign final disposition codes based on any feedback received from their facility clients OR based on the results received from commercial address/telephone database service or directory assistance verifications.

Final Survey Disposition Codes (cont'd)

This table includes a list of the ICH CAHPS Survey Final Disposition Codes.

These codes are shown in Chapter 9 of the Survey Administration and Specifications Manual.

Code	Description
110	Completed Mail Survey
120	Completed Telephone Survey
130	Completed Mail Survey – Eligibility Unknown
140	Ineligible: Not Currently Receiving Dialysis
150	Ineligible: Deceased
160	Ineligible: Does Not Meet Eligibility Criteria
170	Ineligible: Language Barrier
180	Ineligible: Mentally or Physically Incapacitated
190	Ineligible: No Longer Receiving Care at Sample ICH Facility
199	Survey Completed by Proxy Respondent
210	Break-Off
220	Refusal
230	Bad Address/Undeliverable Mail
240	Wrong, Disconnected, or No Telephone Number
250	No Response After Maximum Attempts

Final Survey Disposition Codes – Completed Surveys

Codes 110 and 120 are the final disposition codes that indicate that the sample patient is eligible to participate in the survey and that the survey met the completeness criteria.

Code 110 and 120—Completed Survey (Patient is Eligible for the Survey)

Code 110—Completed Mail Survey

- Mail survey was completed; meets the completeness criteria
- Applicable only to mail-only cases and to mixed mode cases in which the sample patient responded to the survey by mail

Code 120—Completed Phone Interview

- Telephone interview was completed; meets completeness criteria
- Applicable only to telephone-only cases and for mixed mode cases if the sample patient responded by telephone

Final Survey Disposition Codes – Completed Surveys (cont'd)

Code 130 indicates that the respondent's eligibility to participate in the survey cannot be determined by the responses marked in questions 1 or 2 in the mail survey. Code 130 should be applied for the scenarios on the next few slides.

Code 130—Completed Mail Survey; Eligibility Unknown

Assign Code 130 if (scenarios determined by Q1):

The respondent marked a response to one or more questions from Qs 2-44, but indicated in Q1:

- that he or she currently receives "dialysis care at home or at a skilled nursing home where I live," **OR**

- is "not currently receiving dialysis," **OR**

- Q1 is blank (and one or more of the questions from Qs 2-44 are answered)

Final Survey Disposition Codes – Completed Surveys (cont'd)

Code 130—Completed Mail Survey; Eligibility Unknown

Assign Code 130 if (scenarios determined by Q2):

The respondent marked a response to one or more questions from Qs 3-44, but indicated in Q2:

- that he or she has received dialysis at the facility for "Less than 3 months," **OR**

- that he or she "No longer receives dialysis at this facility," **OR**

- Q2 is blank (and one or more of the questions from Qs 3-44 are answered)

Final Survey Disposition Codes – Completed Surveys (cont'd)

Code 130—Completed Mail Survey; Eligibility Unknown

Assign Code 130 if (scenarios determined by Q1 *and* Q2):

The answers to **both** Q1 and Q2 make the sample patient ineligible (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"), regardless of if any responses are entered for Qs 3-44 **OR**

Both Q1 and Q2 are blank and one or more of the questions from Qs 3-44 are answered, **OR**

Both Q1 and Q2 are blank but they skipped to Q45

Final Survey Disposition Codes – Completed Surveys (cont'd)

Code 130—Completed Mail Survey; Eligibility Unknown

Assign Code 130 if (scenarios determined by all questions *and* completeness criteria):

If the answer to Q1 is "At the dialysis center" **AND** Q2 is blank **AND** the respondent skipped Qs 3–44 **AND** the respondent answered any Qs from Q45-62.

Final Survey Disposition Codes – Completed Surveys (cont'd)

Code 130— Completed mail survey; eligibility unknown

- Mixed mode mail cases that responded by mail must never be assigned for telephone follow-up, including cases for which Code 130 was assigned.

- Survey vendors must include survey response data from cases assigned Code 130 on the XML data file submitted to the Data Center.

- The Coordination Team may recode cases with Code 130 during the data cleaning process.

Vendors should be sure that code 130 is the appropriate code based on the scenarios outlined in the previous slides. If unsure, please review the scenarios for coding 140, 160, or 190 to determine if one of these codes would be more appropriate.

Final Survey Disposition Codes – Ineligibles

There are three final disposition codes—140, 160, and 190—that you will use to indicate whether a sample patient is ineligible to participate in the survey based on their answers to Qs 1 and 2 in the mail or telephone survey.

Code 140—Ineligible: Not Currently Receiving Dialysis
Assign Code 140 if:

The sample patient's answer to Q1 is "I do not currently receive dialysis," **and**

does not answer any of the questions in Qs 2–44.

Final Survey Disposition Codes - Ineligibles (cont'd)

Code 160 — Ineligible: Does not meet eligibility criteria
Assign Code 160 if:

Scenario #1: The sample patient's answer to Q1 is "At home or at a skilled nursing home where I live" and does not answer any of the questions in Qs 2–44.

Scenario #2: The sample patient's answer to Q2 is "Less than 3 months" and does not answer any of the questions in Qs 3–44 (**AND** Q1 does not also indicate ineligibility).

Final Survey Disposition Codes – Ineligibles (cont'd)

Code 160* — Ineligible: Does not meet eligibility criteria

Code 160 will also be used to indicate that a sample patient is ineligible to participate in the survey because the sample patient:

Is under age 18, **OR**	Is receiving hospice care, **OR**	Resides in a nursing home or other skilled nursing facility, **AND** the nursing home staff indicate they cannot or are not permitted to transfer the telephone interview to the sample patient's room **AND** the telephone interviewer is unable to obtain a new phone number for the sample patient, **OR**	Resides in a nursing home/skilled nursing facility **AND** receives dialysis at this location, **OR**	Resides in a long-term facility, such as a jail or prison

* Survey vendors are not allowed to assign final disposition codes based on feedback from facility clients, except when informed that a sample patient is deceased or in hospice. In these cases, vendors may assign the appropriate codes (150 Deceased or 160 Ineligible, respectively). Vendors must not disclose to a facility which patients are included in the ICH CAHPS Survey sample.

Final Survey Disposition Codes - Ineligibles (cont'd)

Code 190—Ineligible: No Longer Receiving Care at Sampled Facility

Assign Code 190 if:

Scenario #1: The sample patient's answer to Q2 is "I do not currently receive dialysis at this dialysis center" and does not answer any of the questions in Qs 3–44 (**AND** Q1 does not also indicate ineligibility).

Scenario #2: If Q1 or Q2 are DK/RF (Don't Know/Refuse) in a telephone survey and the CATI instrument skipped the sample patient to Q45.

Scenario #3: If Q1 is blank, Q2 is "I do not currently receive dialysis at this dialysis center" and does not answer any of the questions in Qs 3–44.

Final Survey Disposition Codes – Ineligibles (cont'd)

For all Cases Assigned a Final Disposition Code 140, 160, or 190—Ineligibility Determined

Include survey response data from cases assigned Code 140, Code 160, and Code 190 on XML files submitted to the Data Center.

Final Survey Disposition Codes - Ineligibles (cont'd)

There are three other final disposition codes—150, 170, and 180—that you will use to indicate that a sample patient is ineligible.

Code 150* — Ineligible: Deceased

Assign Code 150 if:

It is determined that the sample patient is deceased.

* Survey vendors are not allowed to assign final disposition codes based on feedback from facility clients, except when informed that a sample patient is deceased or in hospice. In these cases, vendors may assign the appropriate codes (150 Deceased or 160 Ineligible, respectively). Vendors must not disclose to a facility which patients are included in the ICH CAHPS Survey sample.

Final Survey Disposition Codes - Ineligibles (cont'd)

Code 170 ─ Ineligible: Language barrier
Assign Code 170 if:

The sample patient does not speak any of the approved ICH CAHPS Survey languages for 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.

Reminder: The survey can only be administered by phone in English and Spanish.

Final Survey Disposition Codes - Ineligibles (cont'd)

Code 180—Ineligible: Mentally or physically incapacitated

Assign Code 180 if:

It is determined during data collection that the sample patient cannot complete the survey because he or she is mentally or physically incapable.

| Includes mental and physical impairments. | Includes visually impaired for mail-only mode. | Includes hearing impaired with no TTY service for telephone-only mode. |

Final Survey Disposition Codes - Nonresponse

There are five final disposition codes—210, 220, 230, 240, and 250—that are to be assigned to other nonrespondents.

210—Break-off

- Assign when fewer than 50% of core questions applicable to all sample patients are answered (case does not meet completeness criteria).
- Do not assign Code 210 if the patient is ineligible because he or she receives dialysis at home, is not currently receiving dialysis, has not received dialysis care from sample facility for at least 3 months, or no longer receives dialysis care at the sample facility.
- This code should be applied if a case does not meet any other coding criteria.

220—Refusal

- Sample patient indicates verbally or in writing that he or she does not wish to participate.

Final Survey Disposition Codes - Nonresponse (cont'd)

230—Bad Address/Undeliverable Mail

- Use <u>only</u> for mail-only mode. To assign this code, you need evidence that the address is not viable, such as:

  o the Coordination Team does not provide an address,

  o vendor has attempted and failed to obtain a new address,

  o the survey is returned as "undeliverable, no forwarding address," "addressee unknown," or other similar Post Office return notices.

- Vendors are permitted to ask ICH facilities to provide updated addresses, if they ask for <u>all</u> patients treated within the sampling window.

Final Survey Disposition Codes - Nonresponse (cont'd)

240—Wrong, Disconnected, or No Telephone Number

- For telephone-only or mixed mode.

- Assign this code if:

  o the Coordination Team does not provide a telephone number or the number provided is disconnected, not working, or no longer belongs to the sample patient; **and**

  o the vendor has attempted but cannot obtain a new telephone number for the sample patient.

- Vendors are permitted to ask ICH facilities to provide updated telephone numbers, if they ask for <u>all</u> patients treated within the sampling window.

Final Survey Disposition Codes – Nonresponse (cont'd)

250—No Response After Maximum Attempts

- Assign this code to:

  o <u>Mail-Only Cases</u> if address is assumed to be viable but there is no response to the mail survey.

  o <u>Mail-Only Cases</u> if a completed mail survey is received <u>after</u> the data collection period has ended.

  o <u>Telephone-Only Cases</u> if a telephone number is assumed to be viable but maximum number of call attempts (10) does not result in a completed interview or other final disposition code.

  o <u>Mixed Mode Cases</u> if address and telephone number are viable but survey mailing and maximum call attempts (10) do not result in a completed interview or other final disposition code.

Final Survey Disposition Codes – Survey Completed by Proxy Respondent

- A Code 199 is assigned if the response to Question 62 signifies that the sample patient did not complete the survey themselves and that instead, a proxy respondent completed the survey.

- This code is only applicable to mail-only cases and to mixed mode cases in which a response was received by mail.

- Data for cases coded 199 should be submitted to the Data Center.

Code 199— Survey Completed by Proxy Respondent (mail surveys) → The response to Q62 is "Answered the questions for me."

Vendor Review of Respondent Notes Included With Returned Surveys

Survey vendors must review all surveys returned for respondent comments and notes.

Comments and notes written in the survey or on separate paper included with the survey may indicate whether the respondent is eligible or not to participate in the survey.

Survey vendors must assign the applicable final disposition code if the note indicates that the sample patient is ineligible to participate in the survey.

Vendor Review of Respondent Notes Included With Returned Surveys (cont'd)

Example of a note that would impact a mail survey's final disposition code:

A sample patient writes a note indicating that he or she is not currently receiving hemodialysis treatments from the sample facility but answers no questions.

Survey Vendor action: Vendor should assign the final disposition code 190 (Ineligible: No Longer Receiving Care at Sampled Facility).

Data Processing and Coding

Topic 2:

Decision Rules and Coding Guidelines for Mail and Telephone Surveys

Decision and Coding Rules for Multiple Responses

Use the rules on the next few slides to handle ambiguous or missing responses when processing completed surveys. *For further guidance please review Chapter 9 of the ICH CAHPS Survey Administration and Specifications Manual.*

Only one answer choice is accepted for most questions.

If two or more answer choices are marked for a single-answer question:

- select the one that appears darkest, **OR**

- leave the response blank and code as "Missing" if it is not possible to determine the respondent's answer.

Decision and Coding Rules for Multiple Responses (cont'd)

If a response mark falls between two answer choices:

- select the answer choice that is closest to the marked response; **OR**

- if the marked response is not clearly closer to one answer choice, code as "Missing."

Decision and Coding Rules for Multiple Responses (cont'd)

Questions 59 and 62 (mail survey only) 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 response options that are applicable.

For these questions, scan or key all response options that are marked. For all response options that are not chosen by the sample patient, the vendor should code as Not Applicable (Code X).

If no response options are chosen, then all response options should be coded as Missing (Code M).

Decision and Coding Rules for Screening and Follow-up Questions

There are eight questions in the survey that are referred to as screening questions. The response to a screening question determines the next applicable question or series of questions that the sample patient should answer.

Decision rules for coding screening questions Q1, Q2, Q20, Q23, Q37, Q41, Q42, and Q60:

Enter the response provided by the respondent regardless of whether the response agrees with the preceding screener question.

If the screener question is left blank, code it as "Missing."

Decision and Coding Rules for Screening and Follow-up Questions (cont'd)

- For Q41, the respondent left the screening question blank. The vendor would code this response as "Missing" since no response was provided.
- For Q42, the respondent clearly marked the first response option. In this case, the vendor would code the response as "1, yes" since that is the response that is marked.

Example #1

41. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

    1 ☐ Yes
    2 ☐ No → If No, Go to Question 45 on page 7

42. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?

    1 ☒ Yes
    2 ☐ No → If No, Go to Question 45 on page 7

Coding Guidance:

Code as "M – Missing"

Coding Guidance:

Code as "1 – Yes"

Decision and Coding Rules for Screening and Follow-up Questions (cont'd)

There are 12 follow-up questions in the ICH CAHPS Survey. These questions should be answered based on the answer to a preceding screening question.

> Decision rules for coding follow-up questions Q21, Q24, Q38, Qs 42–44, Q57a*, Q58a*, Q59a*, Q59b*, Q61, and Q62.
>
> (*Included in telephone script only)

For follow-up questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question.	If the follow-up question is blank because the respondent correctly followed the skip instruction beside the response option marked in the preceding screening question, assign the "not applicable" code (Code X) to the response.	If the follow-up question should have been answered but was left blank, assign Code M to indicate that the response is missing.

Decision and Coding Rules for Screening and Follow-up Questions (cont'd)

- For Q41, the respondent marked "No." The vendor would code that response as "2," for "No."

- For Q42, the respondent marked an answer, even though he or she should have skipped to Q45 per the instructions in Q41. The vendor would code the response as "1" for "Yes."

Example #2

41. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

   1 ☐ Yes
   2 ☒ No → If No, Go to Question 45 on page 7

42. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?

   1 ☒ Yes
   2 ☐ No → If No, Go to Question 45 on page 7

Coding Guidance:
Code as "2 – No"

Coding Guidance:
Code as "1 – Yes"

Decision and Coding Rules for Screening and Follow-up Questions (cont'd)

- For Q41, the respondent marked "No." The vendor would code that response as "2", for "No."
- For Q42, the vendor would code "X" for "Not applicable" since the response was correctly left blank.

Example #3

41. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

    1 ☐ Yes
    2 ☒ No → If No, Go to Question 45 on page 7

42. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?

    1 ☐ Yes
    2 ☐ No → If No, Go to Question 45 on page 7

Coding Guidance:
Code as "2 – No"

Coding Guidance:
Code as "X – Not Applicable"

Decision and Coding Rules for Screening and Follow-up Questions (cont'd)

- For Q41, the respondent marked "Yes." The vendor would code that response as "1," for "Yes."
- Q42 was incorrectly left blank because the respondent skipped it. The vendor would code "M" for "Missing."

Example #4

41. In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

   1 ☒ Yes
   2 ☐ No → If No, Go to Question 45 on page 7

42. In the last 12 months, did you ever talk to someone on the dialysis center staff about this?

   1 ☐ Yes
   2 ☐ No → If No, Go to Question 45 on page 7

Coding Guidance:

Code as "1 – Yes"

Coding Guidance:

Code as "M – Missing"

Decision and Coding Rules for "Proximity" and Handwritten Comment Examples

- In mail surveys, some respondents may choose not to answer particular questions, and others may not clearly mark their answer choices or made included handwritten responses.

- To provide some visual guidance on what is expected, we offer examples on the next slides of when it is acceptable to code a response and when it is not acceptable to code a response.

Decision and Coding Rules for "Proximity" and Handwritten Comment Examples (cont'd)

- For Q17 and Q18, the respondent has circled a response and underlined a response, respectively. The respondent's intention is clear.
- For Q56, 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 Q56 as "High school graduate or GED.

Example #1

17. In the last 3 months, did you feel comfortable asking the dialysis center staff everything you wanted about dialysis care?
    - ☐ Yes
    - ☐ (No)

18. In the last 3 months, has anyone on the dialysis center staff asked you about how your kidney disease affects other parts of your life?
    - ☐ Yes
    - ☐ No

56. What is the highest grade or level of school that you have completed?
    - ☐ No formal education
    - ☐ 5th grade or less
    - ☐ 6th, 7th, or 8th grade
    - ☐ Some high school, but did not graduate
    - ☐ High school graduate or (GED)
    - ☐ Some college or 2-year degree
    - ☐ 4-year college graduate
    - ☐ More than 4-year college degree

Decision and Coding Rules for "Proximity" and Handwritten Comment Examples (cont'd)

- For Q27, the respondent has placed a check mark very close to a response. Again, the respondent's intention is clear.
- For Q50, the respondent has marked a response and handwritten "N/A" or Not Applicable beside it, but there is no clear indication that the "NA" 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 Q50 as "No.

Example #2

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

☐ Never
☐ Sometimes ✓
☐ Usually
☐ Always

50. Are you deaf or do you have serious difficulty hearing?

☐ Yes
☒ No   N/A

Decision and Coding Rules for "Proximity" and Handwritten Comment Examples (cont'd)

- For Q34 and Q43, the respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended. The vendor would code "M" for "Missing."
- For Q30, 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 Q30 as "M." The handwritten "N/A" simply confirms the respondent's intention to not mark a response.

Example #3

Decision Rules for Coding Open-Ended Survey Items

Questions 57, 61, and 62 have both preprinted and open-ended response options. These are the only questions in the ICH CAHPS Survey with an open-ended response option.

Vendors are not required to scan or key any open-ended responses but can do so if they choose.

Vendors must not submit open-ended responses to the Data Center. If scanned or keyed, the data must be removed before the XML file is submitted to the Data Center.

Vendors may share responses to open-ended responses if answered by more than 10 sample patients at the facility AND no answers allow for identification of the respondent.

Vendors are encouraged to review 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.

Decision Rules for Coding and Handling Returned Mail Surveys

Mail-Only Mode: How to assign a final code to a case where a blank* survey is returned in a postage-paid envelope or the survey is never returned:
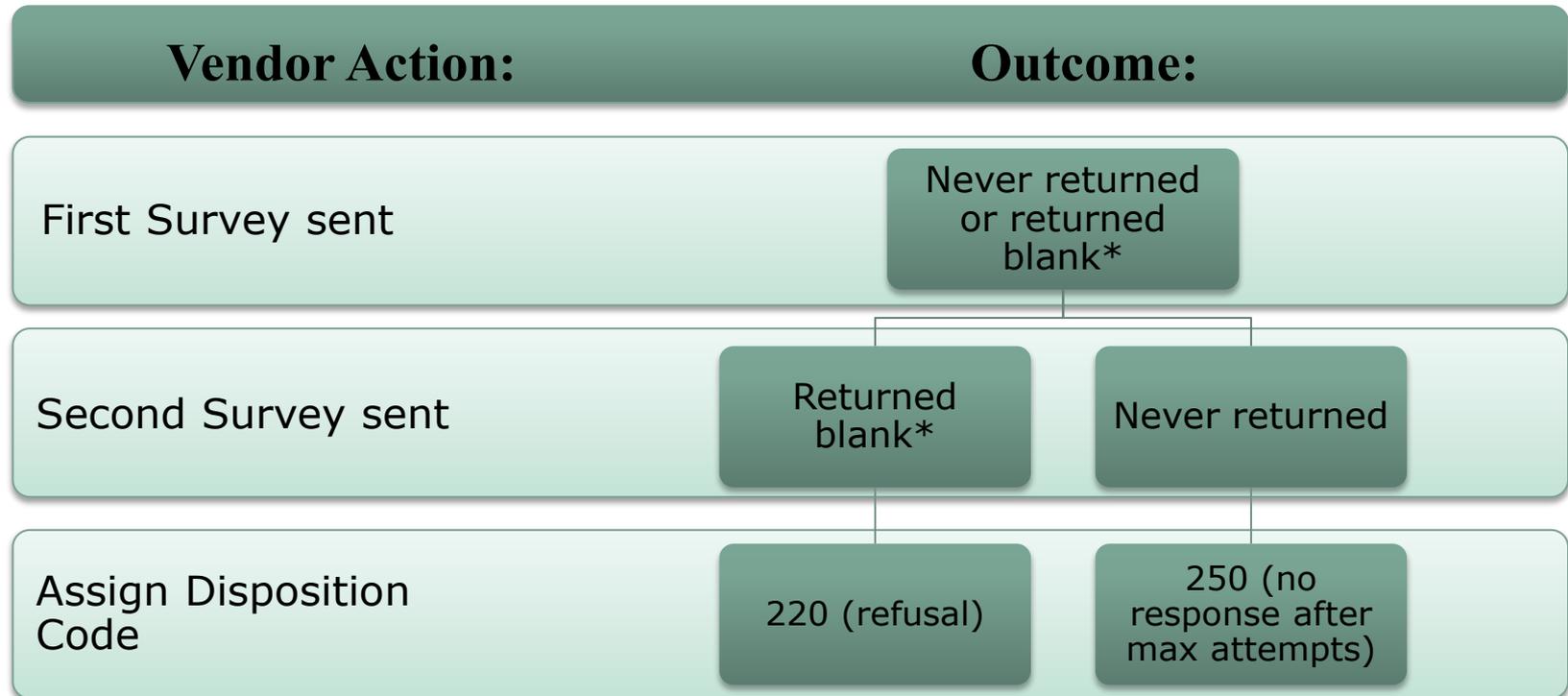
Vendor Action:	Outcome:	
First Survey sent	Never returned or returned blank*	
Second Survey sent	Returned blank*	Never returned
Assign Disposition Code	220 (refusal)	250 (no response after max attempts)

*Please note, a mail survey should be considered blank if the sample patient answered **only** supplemental and/or facility-specific questions (and no core or About You questions).

Decision Rules for Coding and Handling Returned Mail Surveys (cont'd)

Mail-Only Mode:
If a sample patient returns two completed surveys (from both the first and second survey mailings):

Use the one that has the more complete data. **IF** both surveys have the same number of questions answered, use the survey that was received first.

Surveys received after the data collection period ends must be assigned Code 250 and should not be processed or included on the XML file.

Decision Rules for Coding and Handling Returned Mail Surveys (cont'd)

Mixed Mode:

All mixed mode cases that are not finalized as a result of the first survey mailing must be assigned for telephone follow-up.

Surveys that are returned blank* or as undeliverable mail should be assigned for telephone follow-up.

If a sample patient completes a telephone survey and then returns a completed mail survey:

1 - Use the survey with the most complete data. **If equally complete,**

2 - Use data from the first one that was received/completed.

Surveys received after the data collection period ends must be assigned Code 250 and should not be processed or included on the XML file.

*Please note, a mail survey should be considered blank if the sample patient answered **only** supplemental and/or facility-specific questions (and no core or About You questions).

Data Processing and Coding

Topic 3:

Definition of a Completed Survey

Definition of a Completed Survey

A survey is considered complete if at least 50% of the core ICH CAHPS questions applicable to all sample patients are answered.

- The core ICH CAHPS questions that are applicable to all sample patients are:
  - Q1–Q20,
  - Q22–Q23,
  - Q25–Q37, and
  - Q39–Q41

A list of the core ICH CAHPS Questions is included in Chapter 9 of the ICH CAHPS Survey Administration and Specifications Manual.

Definition of a Completed Survey (cont'd)

Below are the steps involved in determining whether a survey meets the completeness criteria.

Step 1: Sum the number of core ICH CAHPS questions applicable to all sample patients that the respondent answered.

As per ICH CAHPS protocols, "Don't Know" and "Refuse" must be recoded to Missing.	Do not include a Missing response in the count of questions that the respondent answered.

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

Step 3: If the percentage is greater than or equal to 50%, assign a final disposition code to indicate a "Completed Survey" (either Code 110 or 120, as appropriate).

If the percentage is less than 50%, assign the final disposition Code "210—Breakoff."

Definition of a Completed Survey (cont'd)

Example of Determining Completeness of Survey

- A mail survey is returned to the vendor from the first survey mailing. The respondent answered the following questions: Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q22, Q23, Q25, and Q26.

- The other core questions that were applicable to all sample patients were left blank.

Step 1: Count the number of questions answered: 24

Step 2: 24/38 * 100 = 63.2%

Step 3: Percentage is equal to or greater than 50%, so we assign disposition Code 110 - Completed Mail Survey to the case

Data Processing and Coding
Topic 4: Computing the Response Rate

Computing the Response Rate

Steps to compute ICH CAHPS response rates

$$\frac{\text{Total \# of Completed Surveys (Codes 110 + 120)}}{\text{Total \# of Surveys Fielded} - \text{Total \# of Ineligible Surveys}}$$
(Ineligible Codes 130, 140, 150, 160, 170, 180, and 190)

Vendors are not required to compute a response rate.

While there are no penalties for low response rates, low response rates could be an indication of a data collection/data processing problem or issues with gaining sample patient participation.

Final disposition codes used to calculate response rates are shown in parentheses.

The ICH CAHPS

Website

The ICH CAHPS Website Overview

This section covers the following topics:

1. Website Purpose and Overview of the Website

2. Access to Private Side—Secured Links

   - Survey Vendor Access

   - Facility User Access

3. ICH CAHPS Survey Website Security

Website Purpose and Overview of the Website

The ICH CAHPS Website

Topic 1:

Website Purpose and Overview of the Website

ICH CAHPS Website Purpose

- The ICH CAHPS website serves multiple purposes:

    o provides a central location to post announcements about the ICH CAHPS Survey,

    o serves as a portal through which most project activities will be conducted,

    o provides a secure way for vendors to download sample files,

    o provides a dialysis patient page with helpful information for survey participants, and

    o is the location of the ICH CAHPS Data Center, where all survey data file submissions occur.

- ICH CAHPS website is located at https://ichcahps.org.

ICH CAHPS Website Home Page

Login link to gain access to the private section of the website

Navigation Bar contains menus that correspond to the main topic areas for the survey

Link to the dialysis patient page that contains helpful information including FAQs and links for patients selected to participate in the survey

Quick Links box that allows users to quickly get to important pages on the website, broken out into 3 sections, based on the user: ICH facilities, Vendors, and Data Users (see next slide)

ICH CAHPS Website Home Page (cont'd)

Data Collection Schedule for the current survey period

ICH CAHPS 2024 Fall Survey Data Collection Schedule

Activity	Date
Submit New Facility-Specific Questions to CMS	8/2/2024
Deadline for Authorizing a Vendor for 2024 Fall Survey[1]	8/31/2024
Deadline (for vendors) to submit Facility Closed Attestation form[2]	8/31/2024
Deadline (for vendors) to Review Vendor Authorization Report and Notify the Coordination Team of any Authorization Issues	9/3/2024
Sampling Window	4/1/2024-6/30/2024
Sample Files Uploaded on ICH CAHPS Website	9/27/2024
Vendors Attest to Receipt of Sample File	10/1/2024
Mail Prenotification Letter	10/18/2024
Mail 1st Survey (mail only and mixed mode)/Begin Telephone data collection (phone only mode)	11/1/2024
Mail 2nd Survey (mail only)/Begin phone follow-up (mixed mode)	11/29/2024 OR 12/4/2024
Data Collection Ends	1/10/2025
Vendors Clean/Process Final Data and Construct XML File	1/10/2025-1/29/2025
Deadline for Submitting XML Data File to ICH Data Center	1/29/2025

[1] Only ICH facilities that will be switching to a different survey vendor and those that will be participating in the ICH CAHPS Survey for the first time will need to complete the online vendor authorization form.

[2] Submission of the Vendor Facility Closing Attestation Form alerts the Coordination Team that a sample file should not be provided for the facility for the upcoming ICH CAHPS Survey period.

Recent Announcements

ICH CAHPS: Vietnamese Survey Materials for 2025 Spring
Posted Wednesday, December 18, 2024

RTI International will be closed December 25, 2024-January 1, 2025
Posted Tuesday, December 17, 2024

Updated ICH CAHPS Survey Materials for the 2025 Spring Survey
Posted Friday, December 13, 2024

2025 In-Center Hemodialysis CAHPS Survey Vendor Update Training Session: Registration
Posted Friday, December 6, 2024

2025 Introduction to the In-Center Hemodialysis CAHPS Survey Training Session (Session)
Posted Friday, December 6, 2024

7. Authorizing or Changing a Vendor
8. 2025 Final Rule for ESRD Facilities (Posted 11/12/24)
9. ICH CAHPS Response Rates by Mode and Race/Ethnicity (Posted 10/3/24)

For Vendors

1. Vendor Registration
2. Exceptions Request Form
3. Discrepency Notification Report Form
4. Submit/Update Quality Assurance Plan

For Data Users

1. ICH CAHPS Survey Star Ratings Methodology (Posted 4/1/22)
2. Coefficients & Star Ratings for current data on Care Compare on Medicare.gov (Updated 10/24/24)
3. National and State Averages for current data on Care Compare on Medicare.gov (Updated 10/24/24)

Other sections of the Quick Links Box not displayed on previous slide

Recent Announcements link allows users to quickly see when any new or updated information has been added to the website. Clicking on any of the links will take you to the announcements page, which will list out the details of what information was added or updated

ICH CAHPS Website Overview

General Information:
- About ICH CAHPS Survey
- ICH CAHPS Coordination Team Semiannual Review Newsletter
- Approved Survey Vendors
- Historical Survey Information

Announcements, including:
- Deadline reminders
- Changes to survey instrument and materials
- Data analysis results
- Recent and archived announcements

Training materials for Introduction and Update Trainings:
- Training Overview
- Registration form
- Training slides and agendas

ICH CAHPS Website Overview (cont'd)

Sample Distribution:
- Vendor download of individual sample files
- Vendor sample file download attestation

Public Reporting:
- Public reporting timelines
- Public reporting FAQs
- Link to Care Compare on Medicare.gov
- Overview of ICH CAHPS Patient Star Ratings

ICH CAHPS Website Overview (cont'd)

Survey and Protocols Materials:
- Survey instruments (mail and telephone)
- Cover letters, OMB Disclosure Notice, FAQs, etc.
- Survey Administration and Specifications Manual

Data Submission:
- XML data file submission layout specifications and templates
- Data submission tool
- Schema validation tool

ICH CAHPS Website Overview (cont'd)

Access to the private side of the website includes forms that vendors and facilities need to implement and manage the survey:

Online forms for participating vendors:
- Vendor Registration Form (please note that this form is only accessible October-December if the Coordination Team receives interest from new vendor applicants)
- Vendor Application Form
- Vendor Consent Form (now available to be completed online)
- Exceptions Request Form
- Discrepancy Notification Form
- Vendor Facility Closing Attestation Form

Online forms for participating ICH Facilities:
- Facility User and CCN Registration
- Vendor Authorization Form

The ICH CAHPS Website

Topic 2:

Access to Private Side—Secured Links

Website Structure

The website consists of two sections: **a public side and a private side**

The public side contains links available to the general public and does not require login credentials.

The private side requires login credentials for access to all private links and activities.

ICH CAHPS Website Site Map

- The next few slides contain a breakdown of all links and materials on the ICH CAHPS website, including those that are available to users once they have logged into the private side of the website. Access to private links is available only with active login credentials. These private links are denoted by an asterisk (*) on each slide.

- The private links will be available to users based on their role in this survey. Survey vendors will be able to see the links under the For Vendors and Data submission menus, but not the links under the For Facilities menu; only facilities would be able to view the private links under the For Facilities menu.

General Information (subtabs listed below)

- About ICH CAHPS Survey
- CTSAR Newsletter
- National Implementation
- Mode Experiment
- Approved Survey Vendors
- Announcements
- Contact Us/Other Links

ICH CAHPS Website Site Map (cont'd)

Vendor & ICH Facility Dashboards*

•Links available to users based on their role

For Vendors Tab (subtabs listed below)

•Vendor Registration (please note that this form is only accessible October–December if the Coordination Team receives interest from new vendor applicants)
•Vendor Application Process
•Vendor Application*
•Manage Users*
•Survey Vendor Authorization Report*
•Minimum Business Requirements
•Exceptions Request Form*
•Discrepancy Notification Report*
•Vendor Facility Closing Attestation (& Report)*
•Submit Quality Assurance Plan*
•Model Quality Assurance Plan

For Facilities Tab (subtabs listed below)

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

ICH CAHPS Website Site Map (cont'd)

Training Tab (subtabs listed below)

- Training Information
- Registration Form
- Training Materials

Data Submission Tab (subtabs listed below)

- Data Submission Deadlines
- Sample File Download*
- Data Submission Resources
- Schema Validation Tool*
- Data Submission Tool*
- Data Submission Reports*

Survey and Protocols Tab (survey materials listed below)

- Administration and Specifications Manual
- Questionnaire (Mail Survey)
- Supplemental Questions
- Survey Composites
- Official Cover Letters
- Telephone Scripts
- FAQs for Interviewers
- OMB Disclosure Notice
- Poster/Flyer Templates
- Waiting Room FAQs

Survey Vendor Access to Private Links

- Potential vendors must designate a staff member as the ICH CAHPS Survey Administrator. Survey Administrators must:

  - designate another staff member as a backup Survey Administrator, and

  - serve as the main contact with the Coordination Team.

- The next slide shows the steps potential vendors must take to gain access to the private side of the ICH CAHPS website.

Survey Vendor Access to Private Links (cont'd)

Step 1: Complete the Vendor Registration Form to obtain login credentials.

- A confirmation email will be sent to the Survey Administrator once the Registration Form has been completed.

Step 2: After completing the Registration Form, the survey vendor is routed to the Survey Administrator's personal dashboard on the website.

Step 3: The Survey Administrator can then complete and submit the Vendor Application to become a conditionally approved ICH CAHPS Survey vendor.

- A link to the Vendor Application is included on the dashboard.

Survey Vendor Access
to Private Links: Survey Vendor Dashboard

The Survey Vendor Dashboard gives vendors quick access to a variety of important links.

Survey Vendor Consent Form

New for 2025: From the dashboard, the Survey Administrator can now click the "Consent Form" button under "Resources" and complete this form electronically.

Purpose of the Consent Form:

- helps to validate the identification of the individual completing the form

- helps ensure that the individual completing the form is with the organization he or she claims to represent

Survey Vendor Consent Form (cont'd)

Completing the Vendor Consent Form indicates that the individual accepts the responsibilities of the ICH CAHPS Survey Administrator role.

For Vendors / Vendor Consent   ‹ Back

Vendor Consent

The In-Center Hemodialysis CAHPS (ICH CAHPS) Survey Administrator, RTI Vendor 2, has the following **Roles and Responsibilities** on ICH CAHPS for the Survey Vendor, RTI Test Vendor (rtivendor):

- Registering as the ICH CAHPS Survey Administrator on the ICH CAHPS website.
- Designating another individual within the organization as the backup Survey Administrator.
- Completing and/or approving each staff member who will have access to the ICH CAHPS website as a non-administrator user.
- Removing access and/or approving the removal of access for users who are no longer authorized to access the private side of the ICH CAHPS website.
- Serving as the main point of contact with the ICH CAHPS Survey Coordination Team.
- Notifying the ICH CAHPS Survey Coordination Team if their role as the ICH CAHPS Survey Administrator will no longer be valid and identifying their successor.
- Maintaining the confidentiality of all data that are provided by your dialysis facility clients and data collection from sampled patients during the survey.

By checking the two boxes below and clicking the **SUBMIT** button, you acknowledge and consent that you are the ICH CAHPS Survey Administrator for the Vendor listed above and you accept the ICH CAHPS Survey Administrator roles and responsibilities.

☐ I am the ICH CAHPS Survey Administrator for the Vendor listed above.

☐ I agree to the terms specified above.

Submit

Consent form received on 12/19/2024.

ICH Facility User Access to Private Links

ICH facilities must designate a staff member to serve as their Survey Administrator (SA). The facility's designated Survey Administrator must:

Complete the online Facility User Registration Form	Complete the online ICH CAHPS Facility Consent Form	Designate another staff member as a backup SA	If necessary, add additional backup admins	Maintain/ update user information and access	Serve as the main point of contact with the ICH CAHPS Coordination Team

It is critical that the Survey Administrator contact information on the ICH CAHPS website is accurate and up to date.

ICH Facility User Access to Private Links (cont'd)

A confirmation email will be sent to the Survey Administrator once the Facility User Registration Form has been completed.

The Survey Administrator will be directed to the custom dashboard.

The dashboard will contain links to the major features available to ICH facilities.

ICH Facility User Access to Private Links: Facility Dashboard

The Facility SA Dashboard gives the user quick access to a variety of important links.

ICH Facility User Access to Private Links (cont'd)

Backup ICH CAHPS Survey Administrator

It is important to designate someone within the organization as the backup Survey Administrator in case the primary Survey Administrator is not available.	The backup Survey Administrator will have all the same permissions as the primary facility Survey Administrator, including adding and removing accounts for their organization and updating vendor authorizations as needed.

Facility Consent Form

Once users have completed the online facility registration form, they will be prompted to complete the online ICH CAHPS Facility Survey Administrator Consent Form.

The Survey Administrator acknowledges that he or she accepts the roles and responsibilities of the Survey Administrator for the registered facility (or facilities) on the Consent Form.

PLEASE NOTE: In order for survey vendors to maintain communication with their client facilities, in the Fall of 2023, the ICH CAHPS Facility Survey Administrator Consent Form was revised to inform the designated Survey Administrator that their contact information will be provided to the survey vendor they authorize* for their CCN(s).

*Authorized survey vendors are now 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 authorization form is submitted by the facility.

The ICH CAHPS Website

Topic 3:
ICH CAHPS Survey Website Security

Website Security

Everyone plays a role in keeping the ICH CAHPS website secure:

Survey vendor and ICH facility staff should protect the security of the website

- Do not share or allow any staff to use the login credentials of another staff member; instead, create backup SA accounts.

- Limit user access to ensure security.

- Remove access for any staff no longer working on the survey.

File Preparation and Data Submission

File Preparation and Data Submission Overview

This section covers the following topics:

1. Survey Vendor Authorization

2. XML File Specifications

3. Data Preparation and Submission Procedures

4. Survey Reports

File Preparation and Data Submission

Topic 1:
Survey Vendor Authorization

Survey Vendor Authorization

For the ICH CAHPS Surveys, vendors must be approved to submit any data.

A list of approved survey vendors is currently available on the ICH CAHPS website.

Facilities must authorize their survey vendor to submit data on their behalf by the deadline announced by the Coordination Team prior to each survey period.

Facility users will log into the private side of the ICH CAHPS website to authorize their survey vendor.

Facilities that plan to use the same vendor they used in the preceding survey period do not need to reauthorize the vendor for new survey periods.

Survey Vendor Authorization (cont'd)

- To authorize a vendor, ICH facilities should:

  - Log into the private side of the website.

  - Select "Authorize a Vendor" under the *For Facilities* menu.

  - Choose one of four options:

    1. Select a vendor for the first time

    2. Switch to a different vendor

    3. Change/correct an existing authorization

    4. View list of current vendor authorizations

- Sometimes updates are needed, such as changing the beginning or ending period for an existing authorization or switching vendors. These changes can be completed with this form and all current authorizations can be viewed.

Survey Vendor Authorization (cont'd): First-time Authorization

ICH facilities wishing to participate in the ICH CAHPS Survey that have never authorized a survey vendor on the ICH CAHPS website are required to contract with an ICH CAHPS Survey vendor and then complete the online vendor authorization form on the website.

Option 1: Steps to Authorize a Vendor for the First Time (screenshot on next slide):

1. Select "Select a vendor for the first time" from the "Select Action" drop-down list.

2. Select the approved vendor they wish to authorize from the drop-down list.

3. Select appropriate "Beginning Survey Period" from the drop-down list.

4. Select the ICH facility(ies) to which this vendor authorization applies by checking the box next to each facility CCN/name.

5. Click the "Submit" button.

Survey Vendor Authorization (cont'd): First-time Authorization

Vendor Authorization Form

In-Center Hemodialysis CAHPS - Vendor Authorization Form for Facilities

This form will allow you to do the following.

- Authorize a Survey Vendor for the first time.
- Change/Switch to a different vendor for one or more facilities.
- Change or correct the Survey Period for an existing vendor authorization.
- View a list of facilities for which you have already authorized a vendor for the current period. *To view all authorizations, current and future, please use the vendor authorization report.*

To authorize the same Survey Vendor for more than one facility: Select the Survey Vendor, and then click the box to the left of the facility for which this Survey Vendor is authorized. Click the "Submit" button.

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.

You will receive an e-mail message confirming the vendor that you selected for each facility.

Select Action
Select the action you wish to perform.

(1) [Select a vendor for the first time ▾]

Select Survey Vendor
Select the vendor you wish to authorize from the drop down list.

(2) Vendor [<Select Vendor> ▾]

Select Survey Periods
Which survey period will this vendor <u>begin</u> submitting survey data for this/these CCNs?

(3) Beginning Survey Period [2025 Spring Survey ▾]

Select Facility
In this step, check the box by each facility to which this authorization or change applies. Click the box in the top row of the grid if this action applies to all of the facilities shown in the grid.

(4) NOTE: If you are selecting a different survey vendor for different facilities, you must click the Submit button after each vendor selection to record your authorization. Then, repeat the steps for the next survey vendor you need to authorize.

[No facilities found]

Click the Submit button to complete this process. You will receive an email confirmation verifying your authorization(s) each time you submit this form.

(5) [Submit]

Survey Vendor Authorization (cont'd): Changing Vendors

ICH facilities that plan to switch from one ICH CAHPS Survey vendor to another will need to update or change the online vendor authorization form prior to the beginning of the survey period in which the change will occur.

Option 2: Steps to Change an Authorized Survey Vendor:

1. Select "Switch to a different vendor" from the "Select Action" drop down list.

2. Select your new vendor from the drop-down list.

3. Select appropriate "Beginning Survey Period" from the drop-down list*.

4. Select the ICH facility(ies) to which this vendor authorization applies by checking the box next to each facility CCN/name.

5. Click the "Submit" button.

Facilities should not select an End Date on this Authorization Form unless they know that they will not be using this new vendor for future survey periods.

Survey Vendor Authorization (cont'd): Changing Vendors

Vendor Authorization Form

In-Center Hemodialysis CAHPS - Vendor Authorization Form for Facilities

This form will allow you to do the following.
- Authorize a Survey Vendor for the first time.
- Change/Switch to a different vendor for one or more facilities.
- Change or correct the Survey Period for an existing vendor authorization.
- View a list of facilities for which you have already authorized a vendor for the current period. *To view all authorizations, current and future, please use the* <u>vendor authorization report</u>.

To authorize the same Survey Vendor for more than one facility: Select the Survey Vendor, and then click the box to the left of the facility for which this Survey Vendor is authorized. Click the "Submit" button.

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.

You will receive an e-mail message confirming the vendor that you selected for each facility.

(1) **Select Action**
Select the action you wish to perform.

[Switch to a different vendor ▼]

(2) **Select New Vendor**
In this step, select the new vendor you wish to authorize from the drop down list.

NOTE: Facilities may only switch vendors at the beginning of a survey period. It is not permissible to switch vendors in the middle of a survey period.

Vendor [<Select Vendor> ▼]

(3) **Select Survey Periods**
Which survey period will this vendor <u>begin</u> submitting survey data for this/these CCNs?

Beginning Survey Period [<Select Beginning Survey Period> ▼]
Ending Survey Period [<Select Ending Survey Period> ▼] (Optional)

(4) **Select Facility**
Check the box by each facility for which you are changing vendors. Click the box in the top row of the grid if this action applies to all of the facilities shown in the grid.

NOTE: The vendor that is authorized for the current survey period will continue to be shown as the survey vendor for this/these CCNs until after the data submission deadline for the current survey period.

[No facilities found]

Click the Submit button to complete this process. You will receive an email confirmation verifying your authorization(s) each time you submit this form.

(5) [Submit]

Survey Vendor Authorization (cont'd)

- ICH facilities must authorize their survey vendor by the **vendor authorization deadline**.

- Facilities cannot change or switch survey vendors after the Vendor Authorization deadline has passed and not before the data submission deadline for the current survey period has ended.

- Each survey period will have a deadline for vendor authorization.

Survey Period	Vendor Authorization Deadline
2025 Spring Survey	February 28, 2025
2025 Fall Survey	August 31, 2025

- **PLEASE NOTE**: the authorized vendor will now be able to review the facility's ICH CAHPS SA's contact information (name, telephone number, and email address) via their vendor authorization report once the authorization form is submitted by the facility.

Survey Vendor Authorization (cont'd)

- **Updated for 2025**: the Authorize a Vendor webpage has been updated to show if a *Vendor Facility Closed Attestation Form (*in addition to a *Facility Non-Participation Form)* has been submitted for any of the CCNs registered under their account.

Select Action
Select the action you wish to perform.

[Select a vendor for the first time ▼]

Select Survey Vendor
Select the vendor you wish to authorize from the drop down list.

Vendor [<Select Vendor> ▼]

Select Survey Periods
Which survey period will this vendor begin submitting survey data for this/these CCNs?

Beginning Survey Period [<Select Beginning Survey Period> ▼]

Select Facility
In this step, check the box by each facility to which this authorization or change applies. Click the box in the top row of the grid if this action applies to all of the facilities shown in the grid.

NOTE: If you are selecting a different survey vendor for different facilities, you must click the Submit button after each vendor selection to record your authorization. Then, repeat the steps for the next survey vendor you need to authorize.

	CCN	Facility Name	Authorized Vendor	Beginning Survey Period	Ending Survey Period	NPF Filed	Closed Date
☐	999998					No	1/1/2024
☐	999999	RTI Test Facility				No	

Click the Submit button to complete this process. You will receive an email confirmation verifying your authorization(s) each time you submit this form.
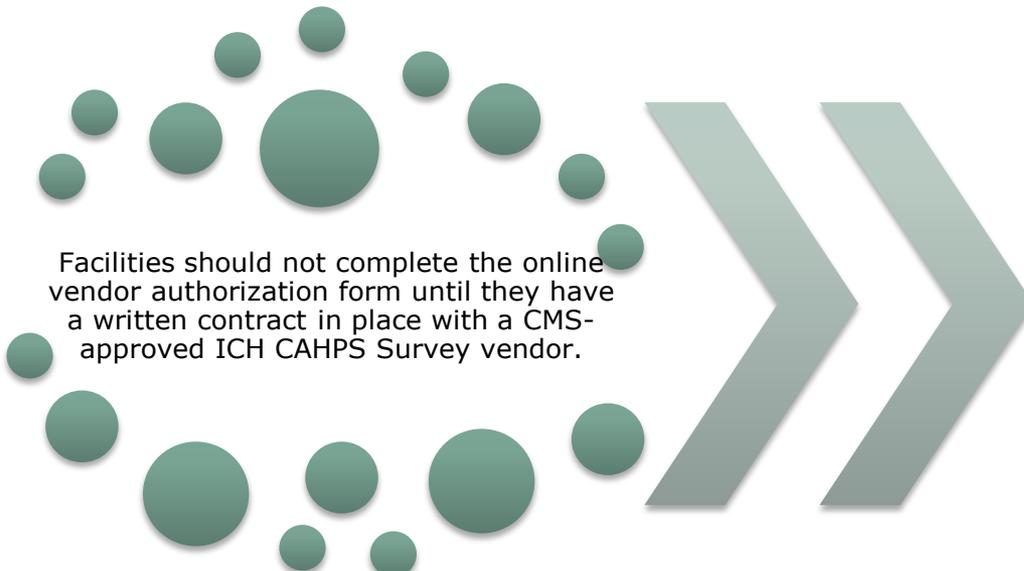
[Submit]

Survey Vendor Authorization (cont'd)

The Coordination Team **will not distribute an ICH facility's sample to a survey vendor** until the facility has authorized that survey vendor.
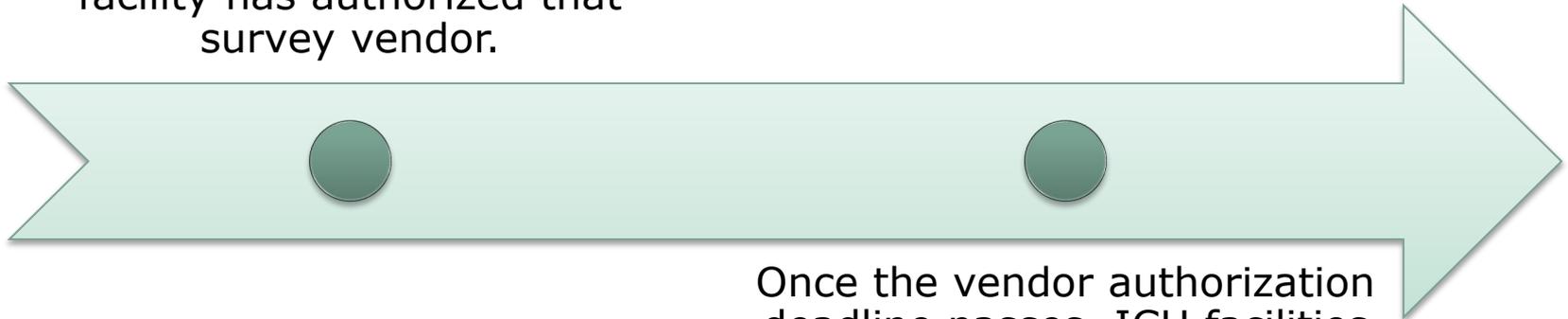
Once the vendor authorization deadline passes, ICH facilities **cannot change the survey vendor** until after the current ICH CAHPS Survey data submission period ends.

Survey Vendor Authorization (cont'd)

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 following pop-up reminder, reiterating the need to have a written contact in place prior to the form's submission.

Vendor Authorization

IMPORTANT: Authorizing a vendor on the ICH CAHPS website is a separate step that facilities must take after entering into a formal written contract with an approved ICH CAHPS vendor for services. The authorization is required for the survey vendor to receive a sample for each survey period and submit data on behalf of the facility.

OK

Survey Vendor Authorization (cont'd)

Survey vendors can log into the ICH CAHPS website to view an updated Vendor Authorization Report.

The report will show the name and CCN of each facility that has authorized the survey vendor to download sample files and submit data on its behalf, as well as the registered* facility's SA contact info.

Survey vendors should check their Vendor Authorization Report regularly.

Survey vendors should contact and urge their facility clients to complete the vendor authorization as soon as possible once a formal contract is in place.

*If the CCN(s) does not currently have a primary Survey Administrator registered 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.

Survey Vendor Authorization (cont'd) Facility Non-Participation Form

ICH facilities that choose **not to administer the ICH CAHPS Survey for a survey period** must notify the Coordination Team that they will not be administering the survey by completing an online Facility Non-Participation Form in January/February of each year:

The ICH CAHPS Facility Non-Participation Form is only available during January/February of each year.

If not administering the ICH CAHPS Survey, existing vendor authorizations do not need to be updated.

Steps to Complete Facility Non-Participation Form under the For Facilities menu: Enter CCN(s); Click check box to attest to Non-Participation Status.

The Coordination Team will not provide a sample for a CCN that submitted a Facility Non-Participation Form.

Survey Vendor Authorization (cont'd) Facility Non-Participation Form

Vendors should note the following details regarding the Facility Non-Participation form:	The Facility Non-Participation Form is an annual form that is valid only for the two data collection periods that occur in the year in which the form was submitted.
	Submission of the Facility Non-Participation Form only alerts the ICH CAHPS Coordination Team that the facility does not wish for a sample file to be provided to their authorized vendor for the current calendar year; it does not affect compliance.
	Once the Facility Non-Participation Form is submitted, any existing vendor authorization for the submitted CCN(s) is removed from the ICH CAHPS website, and the current survey vendor will receive an automated email alerting them that the facility has ended their authorization with the vendor. If participating in the survey in subsequent years, the Survey Administrator will need to authorize a survey vendor for the CCN(s).
	The Survey 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.
	The Facility Non-Participation form is different than the attestation a facility submits in EQRS at the beginning of each year to attest to CMS that the facility served 29 or fewer survey-eligible patients during the preceding calendar year.

Vendor Facility Closing Attestation Form

- ICH CAHPS Survey vendors must submit the online Vendor Facility Closing Attestation Form if they learn that one of their authorized ICH facilities has closed or will be closing. *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.*

- 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, 2025** deadline for the Spring Survey and the **August 31, 2025** deadline for the Fall Survey.

> ## 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 submit the online Vendor Facility Closing Attestation Form as soon as possible after learning that the facility has closed or will be closing.
>
> The survey vendor must not begin data collection efforts on the closed/closing facility, and instead should contact the Coordination Team for guidance on deleting the PII/PHI provided on the sample file.
>
> An XML file for this facility should not be submitted to the Data Center for the closed/closing facility.

Vendor Facility Closing Attestation Form
(cont'd)

If an ICH facility closes **after the data collection period has begun**:

> The survey vendor must submit the online Vendor Facility Closing Attestation Form and still submit an XML file for the closed facility.

> The data file must contain survey data collected, and a final disposition code must be assigned to each sample patient.

Vendor Facility Closing Attestation Form
(cont'd)

If an ICH facility closes **<u>after</u> the data collection period has begun either:**

a) After receiving the sample, but **<u>before</u>** mailing the prenotification letters; **OR**

b) After mailing the prenotification letters, but **<u>before</u>** beginning telephone data collection or mailing the first mail survey.

The vendor must contact the ICH CAHPS Coordination Team for guidance on next steps.

Vendor Facility Closing Attestation Form (cont'd)

Vendors can access the Vendor Facility Closing Attestation form by logging into the ICH CAHPS website and choosing "Vendor Facility Closing Attestation" form, which is under the For Vendors menu at the top of the website's home page.
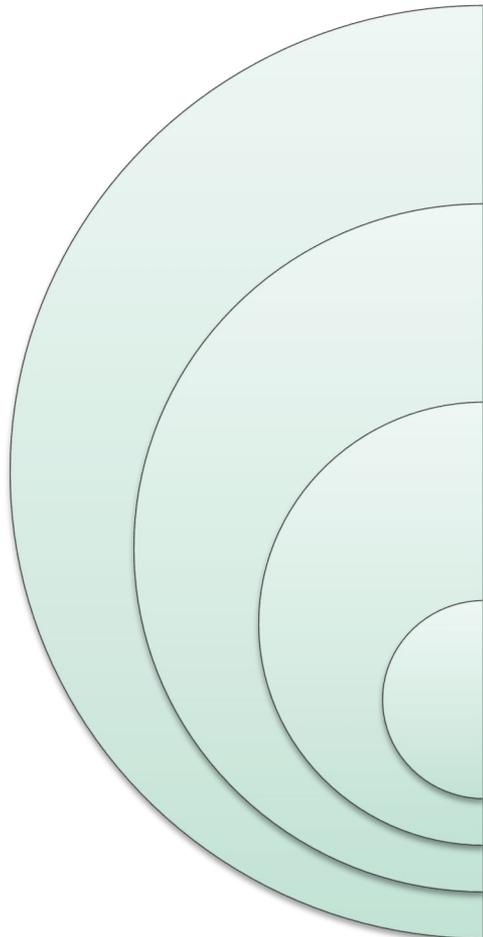
The Survey Vendor Authorization Report (accessible via the vendor's dashboard) will also indicate whether a Vendor Facility Closing Attestation Form has been submitted for any CCN listed on the report.

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.

Once a Vendor Facility Closing Attestation is submitted by a survey vendor, an email will be sent to the facility's ICH CAHPS Survey Administrator to notify the facility that the vendor has submitted the Vendor Facility Closing Attestation Form on the facility's behalf.

Vendor Authorization Key Reminders

Sample files will not be available for download until the facility has authorized the survey vendor.

Vendor authorizations must be completed before the deadline for a given survey period.

Facilities should not select an End Date on the Authorization Form unless they know that they will not be using this vendor for future survey periods.

The online Facility Non-Participation Form must be completed by ICH facilities that choose not to administer the ICH CAHPS Survey for a survey period. **The deadline for 2025 is February 28, 2025.**
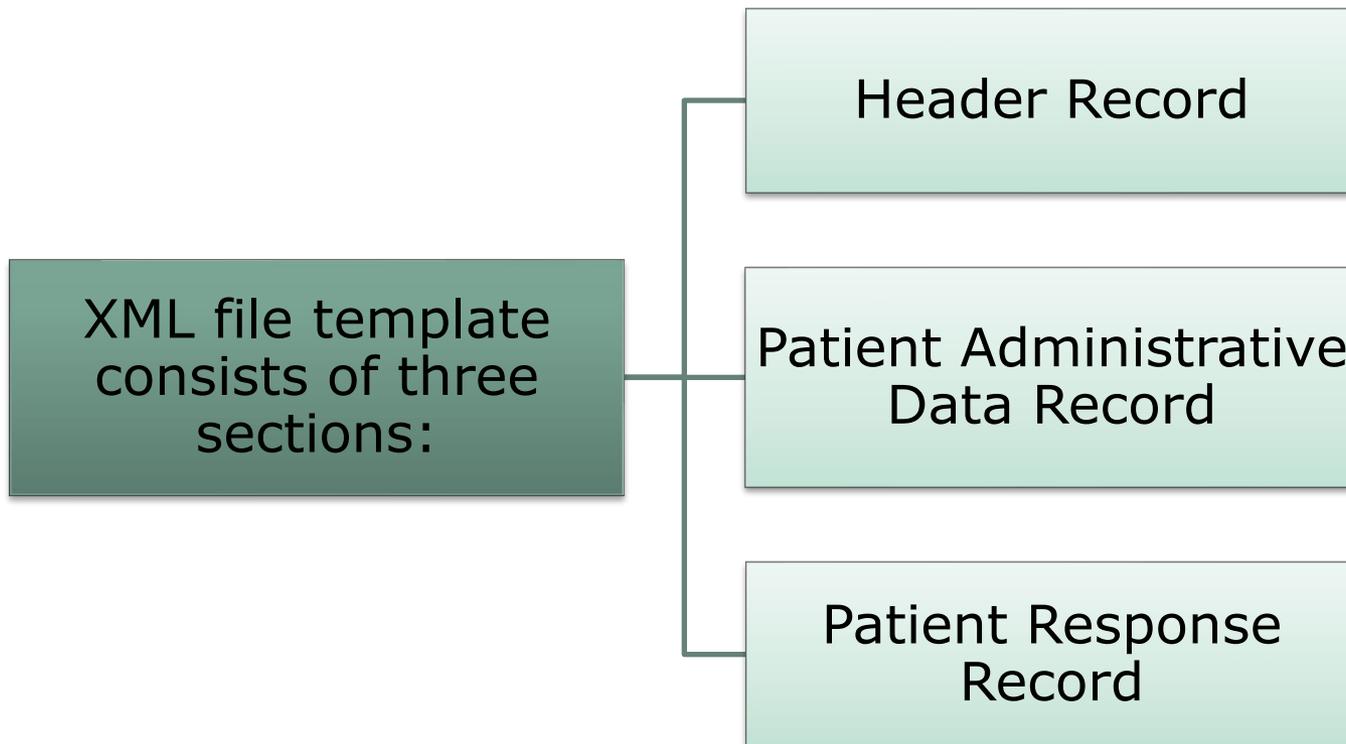
File Preparation and Data Submission

Topic 2:

XML File Specifications

XML File Specifications

- Vendors submit ICH CAHPS Survey data via XML (Extensible Markup Language) files for ICH facilities that have authorized them on the ICH CAHPS website.

    o The use of XML files ensures consistent formatting of all data submitted so the Data Center can run data checks and catch potential errors.

    o Vendors must be authorized in our system by their ICH facilities to successfully submit files.

- Survey vendors can download and review the required XML template from the ICH CAHPS website under the Data Submission menu.

- Survey vendors will submit one XML file per ICH facility for each survey period.

XML File Specifications (cont'd)

Header Record

XML file template consists of three sections:

Patient Administrative Data Record

Patient Response Record

More information about these sections of the XML can be found in Appendix M of the ICH CAHPS Survey Administration and Specifications Manual

XML Section 1: Header Record

All XML files MUST contain the header record.

The header record MUST contain the following data variables:

- **Facility Name**

- **Facility ID** (CCN for the ICH Facility)

- **Survey Period** ("1" for Spring Survey or "2" for Fall Survey)

- **Survey Year** (calendar year the survey was conducted)

- **Survey Mode** (mode used for all the facility's sample patients)

- **Number of Patients Sampled** (# of patients included in the sample file)

- **Data Collection Period Start Date** (date prenotification letter was mailed)

- **Data Collection Period End Date** (date data collection ended for the survey period)

XML Section 2: Patient Administrative Data Record

There MUST be a Patient Administrative Data Record for **<u>each patient</u>** in the sample the vendor received.

Data variables in the Patient Administrative Data Record include:

Facility ID (CCN for the ICH Facility)

Survey Period ("1" for Spring Survey or "2" for Fall Survey)

Survey Year (calendar year the survey was conducted)

Sample ID (assigned by the Coordination Team and included on the sample file)

Final Survey Status (the final disposition code that was assigned to this patient)

Date Completed (mail surveys-the date the survey was received; telephone surveys-the date the phone interview was completed; non-interview/ineligibles-the date the code was assigned. See more on next slide.)

Survey Language (the language in which the survey was conducted)

Survey Mode (the data collection mode in which the survey was conducted)

XML Section 2: Patient Administrative Data Record (cont'd)

- The **Date Completed** variable is the date that you deemed the case as final:

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.

XML Section 2: Patient Administrative Data Record (cont'd)

Vendors should enter the following for the **Date Completed** variable for codes 199 and 210:

For cases assigned Code 199, vendors should enter the date the mail survey was received.

For cases assigned Code 210, vendors should enter the date the mail survey was received or the date that some of the phone interview was completed with the respondent.

XML Section 2: Patient Administrative Data Record (cont'd)

A valid value must be entered for each variable in the Patient Administrative Data Record.

If a completed survey 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.

XML Section 3: Patient Response Record

The Patient Response Record contains the recorded responses to each question in the survey for an individual patient.

All data variables in the Patient Response Record are required (missing/don't know option is provided).

XML Section 3: Patient Response Record (cont'd)

There must be a Patient Response Record for every sample case assigned one of the following final disposition codes:

110 (completed mail survey)

120 (completed telephone interview)

130 (completed mail survey, eligibility unknown)

199 (survey completed by proxy respondent)

210 (breakoff)

Some cases assigned to the following codes will also have a Patient Response Record (unless coded from a call or note):

140 (ineligible: not currently receiving dialysis)

160 (ineligible: does not meet eligibility criteria)

190 (ineligible: no longer receiving care at sampled facility)

XML Section 3: Patient Response Record (cont'd)

Each XML file must contain a Header Record and a Patient Administrative Record for each sample patient at the facility. However, below are the two exceptions where no patient response record data should be included on the XML file.

There are two situations when patient survey response data should **not** be included on the XML file:

The survey vendor learns via a telephone call from a knowledgeable person, as a note on a completed survey, or from the facility that a sample patient is deceased and someone else completed the survey (assign Code 150).

The completed mail survey was received after the data collection period has ended (shred and assign Code 250).

Coding Q59 (Race Question) XML Data Elements - Mail

In 2024 Spring, the ICH CAHPS Survey XML data layout file was revised to reflect the edits made to Q59 in the mail surveys, and Q59 and Q59b in the telephone scripts. Survey vendors should use the following rules when coding Q59:

For Mail Mode (either mail-only or mixed mode)

- If at least one response category was selected, code the data element that corresponds to the selected response(s) as "1" and all other response categories in Q59 not chosen should be coded as "X" (Not Applicable).
  - If no response categories were chosen for Q59, then all "mail" data elements for Q59 should be coded as "M" (Missing).
- All data elements for Q59 that are intended for phone (the elements that contain the mode designation of "phone" on the end – "Q59-phone"/"<race-amer-indian-phone>", for example) should be coded as "X" (Not applicable).

Coding Q59 (Race Question) XML Data Elements – Mail Example

- Mail survey example for coding Q59 in the XML data file when the respondent selects only American Indian or Alaska Native" as their race:

59. **What is your race? (One or more categories may be selected.)**

1 ▣ American Indian or Alaska Native
2 ☐ Asian – **Please Specify** →
　3 ☐ Asian Indian
　4 ☐ Chinese
　5 ☐ Filipino
　6 ☐ Japanese
　7 ☐ Korean
　8 ☐ Vietnamese
　9 ☐ Other Asian
10 ☐ Black or African American
11 ☐ Native Hawaiian or Pacific Islander – **Please Specify** →
　12 ☐ Guamanian or Chamorro
　13 ☐ Native Hawaiian
　14 ☐ Samoan
　15 ☐ Other Pacific Islander
16 ☐ White

XML Data Elements for Q59	Value
race-amer-indian-**mail**	1
race-asian-**mail**	X
race-asian-indian-**mail**	X
race-chinese-**mail**	X
And so on for "mail" XML data elements…	X

All data elements intended for phone, code as "X".

Example: "race-amer-indian-phone"

Coding Q59 (Race Question) XML Data Elements – Telephone

For Telephone Mode (either telephone-only or mixed mode)

- If at least one response category was chosen, code the data element that corresponds to the selected response(s) as "1" and all other response categories in Q59 not chosen should be coded as "X" (Not Applicable).
  - If no response categories were chosen for Q59 because the respondent responded with "Don't Know" or refused (for telephone), then all data "phone" elements for Q59 should be coded as "M" (Missing).

- If response category #2 (Asian) and/or #4 (Native Hawaiian or Pacific Islander) are selected in Q59, Q59a and/or Q59b, respectively, should be administered and the rules above should be followed for the subsequent response categories for Q59a/Q59b. However,
  - If no response categories were chosen for Q59a/Q59b because it was not administered (i.e., response category #2 (Asian) and/or #4 (Native Hawaiian or Pacific Islander) was not selected in Q59), code all data elements for Q59a/Q59b as "X" (Not Applicable).

Coding Q59 (Race Question) XML Data Elements – Telephone Example

Telephone interview example for coding Q59 in the XML data file when the respondent said during telephone interview, "I am Asian and Black/African American".

XML Data Elements for Q59	Value
race-amer-indian-**phone**	X
race-asian-**phone**	1
race-african-amer-**phone**	1
race-nativehawaiian-pacific-**phone**	X
race-white-**phone**	X
race-noneofabove-**phone**	X

All data elements intended for mail, code as "X".

Example: "race-amer-indian-mail"

At Q59a, this respondent said, "I don't know".

XML Data Elements for Q59a	Value
race-asian-indian-**phone**	M
race-chinese-**phone**	M
And so on for Q59a…	M

XML Data Elements for Q59b	Value
race-guam-chamarro-**phone**	X
race-nativehawaiian-**phone**	X
And so on for Q59b…	X

2025 Spring XML Data File Layout Revisions

The ICH CAHPS Survey XML data layout file has been revised to include the addition of Vietnamese for the Survey Language (completed) data variable in the Patient Administrative data record:

XML Element Survey Language, **<language>**, "6=FUTURE LANG" has been replaced by "6=Vietnamese"

By May 2025, the ICH CAHPS Survey data submission tools (Schema Validation Tool and Data Submission Tool) will be updated to reflect the addition of this new survey language. Announcements will be posted on the website when the revised tools are available.

Data Preparation and Submission Procedures

File Preparation and Data Submission

Topic 3:

Data Preparation and Submission Procedures

The Importance of Successful Data Submission

Vendors play a **critical** role in the CAHPS program and the ESRD payment system.

CMS measures ICH facility compliance with CAHPS requirements by the successful and on-time submission of ICH CAHPS data to the ICH CAHPS Data Center.

The Importance of Successful Data Submission

If survey data are not successfully submitted to the Data Center by the posted data submission deadlines, the facility will be considered out of compliance, and this will affect the funds it receives from Medicare.

It is of vital importance that vendors ensure that their XML datafiles are accurate and then successfully submitted on time to the Data Center.

Data Submission Deadlines

ICH CAHPS Spring Survey Data Submission Deadlines:

5:00 PM ET on the last Wednesday of every July

July 30, 2025, for the 2025 Spring Survey

ICH CAHPS Fall Survey Data Submission Deadlines:

5:00 PM ET on the last Wednesday of every January

January 28, 2026, for the 2025 Fall Survey

Data Submission Deadlines (cont'd)

Data files for all ICH facilities MUST be submitted <u>before the submission deadline</u> for that survey period. No files will be accepted after the deadline.

Submit your data as early as possible. Do NOT wait until the data submission deadline to begin uploading files.

Survey vendors will submit one file per ICH facility for each survey period.

If the vendor has collected data for a facility that has closed, the vendor must submit the survey data collected for that facility to the Data Center.

Data Submission Procedures

Approved Survey Vendors must complete the following steps to submit data files on the ICH CAHPS website:
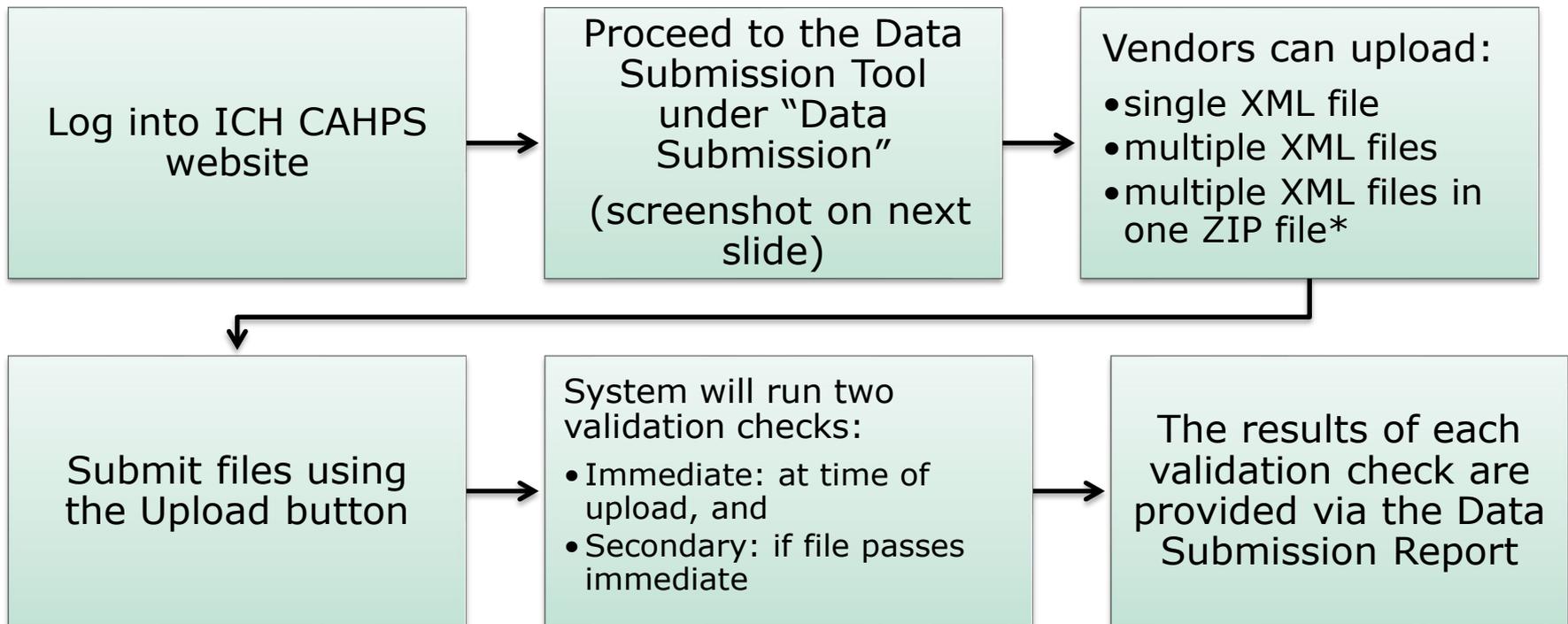
Log into ICH CAHPS website → Proceed to the Data Submission Tool under "Data Submission" (screenshot on next slide) → Vendors can upload:
- single XML file
- multiple XML files
- multiple XML files in one ZIP file*

Submit files using the Upload button → System will run two validation checks:
- Immediate: at time of upload, and
- Secondary: if file passes immediate
→ The results of each validation check are provided via the Data Submission Report

Please note: uploaded ZIP files may contain no more than 1500 XML files. If needed, you may upload multiple ZIP files to ensure all XML files have been uploaded to the Data Center.

Data Submission Procedures (cont'd)

Data Submission / Data Submission Tool

‹ Back

Data Submission Tool

Please click **Choose File** to locate the XML or ZIP file(s) you wish to upload on your computer then click the **Upload** button.

To upload an entire directory of XML files (if you have more than 10 files) or if you have individual XML files that have large file sizes, please first put the XML files into a single ZIP file and use the upload tool below to submit the ZIP file. Please note: uploaded ZIP files may contain no more than 1500 XML files. If needed, you may upload multiple ZIP files to ensure all XML files have been uploaded to the Data Center.

Please click here for more tips on data submission.

Please note: uploaded ZIP files may contain no more than 1500 XML files. If needed, you may upload multiple ZIP files to ensure all XML files have been uploaded to the Data Center

Choose Files	No file chosen
Choose Files	No file chosen
Choose Files	No file chosen

Click on the "Choose File" button to browse for the XML or ZIP file they wish to upload

| Choose Files | No file chosen |
| Choose Files | No file chosen |

Upload

Once the file has been selected, click on the "Upload" button to begin data submission

If your file has any errors during the immediate or the secondary validation checks, you will need to correct the errors and upload your file again.

XML Data File Validation

XML files will be validated immediately upon upload. The validation program will:

Check for valid vendor authorization

Check for required sections

Check for required data variables

Check for duplicate sample IDs

Check existing data variables against valid ranges

Data Submission—Key Tips and Points

Do **NOT** alter the XML template, this will create data upload errors.

Make sure you have downloaded from the website and use the most current version of the Data Submission Validation Tool **before** submission.

Make sure you have the most current version of XML Schema Definition, or XSD, files (required for XML validation).

Clearly name your XML files; include the facility's CCN and the survey period in the file name; don't use spaces.

•Example: ICHCAHPS_654321_2025spring.xml

Data Submission—Key Tips and Points (cont'd)

Be sure to check the Data Submission Reports to make sure that you have submitted an XML file for each of your ICH facility clients, and that the file submitted was accepted.

A file is not accepted until after it passes all validation checks.

Survey vendors should submit at least 2 days before the data submission deadline to ensure that all files are accepted.

If a survey vendor resubmits an XML data file, the system will overwrite the data from the file that was previously submitted.

•If a file is resubmitted, the survey vendor must check the data submission report to make sure that the file that was resubmitted was accepted.

Data Submission Process – Flowchart

Survey Data File

Correct and
Submit File

Validation
Check

Fail

Pass

Detailed
Check

Fail

Pass

Successful
Submission
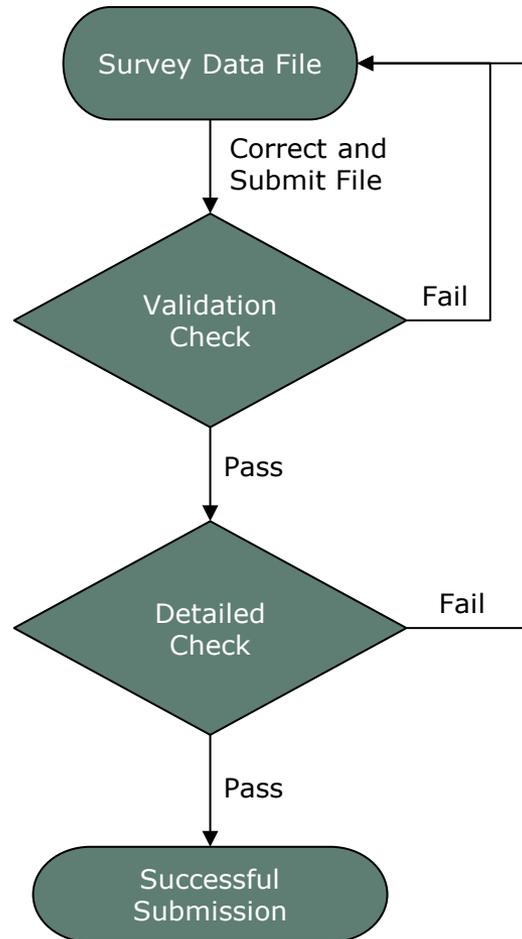
Data Submission: Reasons Files May Be Rejected

Most common reasons that files may be rejected:

Values for some variables are out of range.	Data for some variables are left blank (a value must be entered for every variable, even if it is Missing).	The survey vendor changed the XML name space.	The survey vendor resubmitted a file for a survey period but the resubmitted file did not pass all validation checks, therefore it was not accepted.	The survey vendor attempted to submit the file after the data submission deadline.

File Preparation and Data Submission

Topic 4:

Survey Reports

Understanding Data Submission Reports: Overview

- The next few slides will provide an overview of the reports that are available to both Survey Vendors and ICH Facilities:

- Reports for Survey Vendors

  o Data Submission Summary Report

  o Survey Vendor Authorization Report

- Reports for Facilities

  o Data Submission Summary Report

Reports for Survey Vendors: Data Submission Summary Report

Data Submission Summary Report

- The Data Submission Summary Report will be used by survey vendors every time they upload data files. Data Submission Summary Report contains both:

  o Immediate Validation Results

  o Secondary Validation Results

Reports for Survey Vendors: Data Submission Summary Report (cont'd)

Immediate Validation Results: Vendor will receive a confirmation email shortly after upload that includes the link to the Data Submission Summary Report.

Error messages a vendor may receive for files that fail immediate validation checks:

XML file not properly formatted

Missing values for required variables—report will list each variable with missing values

Invalid values—report will list any value that is outside of the allowed range

Duplicate records—report will list any sample ID that is duplicated for given facility

Missing response record values

Reports for Survey Vendors: Data Submission Summary Report (cont'd)

Validation Results Report
Vendor: RTI Test Vendor
CCN #: 777777, Survey Period: 1/2014, Patients Sampled: 1
File: VID232_UID660_CCN777777_20141.xml

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

Validation Results Report
Vendor: RTI Test Vendor
CCN #: 666666, Survey Period: 1/2014, Patients Sampled: 1
File: VID232_UID660_CCN666666_20141.xml

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: NOT VALID. Please review Data Validation specifications and re-upload.
15 - This facility has not authorized this vendor to submit data on its behalf. Check the CCN to make sure that it is correct and re-submit file. If CCN on the file is correct, ask your client to access the ICH CAHPS website to authorize your organization to submit ICH CAHPS Survey data on its behalf.
5 - Your organization has not been approved for the data collection mode indicated in the Header record.

Validation Results Report
Vendor: RTI Test Vendor
CCN #: 182563, Survey Period: 1/2014, Patients Sampled: 1
File: VID232_UID660_CCN182563_20141_failschema.xml

Message 1010: File Passed all XML Format checks.

Schema Validation: INVALID. Please review XML file specifications and upload again. Please see the schema validation errors below:

Error detail: Line: 8 - Position: 20 - The 'survey-mode' element is invalid - The value '19' is invalid according to its datatype 'Integer' - The MaxInclusive constraint failed.

Error detail: Line: 13 - Position: 20 - The element 'patientleveldata' in namespace 'http://ichcahps.org' cannot contain text. List of possible elements expected: 'administration' in namespace 'http://ichcahps.org'.

Error detail: Line: 19 - Position: 22 - The 'final-status' element is invalid - The value 'NA' is invalid according to its datatype 'Integer' - The Pattern constraint failed.

Error detail: Line: 23 - Position: 20 - The element 'patientleveldata' in namespace 'http://ichcahps.org' cannot contain text. List of possible elements expected: 'patientresponse' in namespace 'http://ichcahps.org'.

Reports for Survey Vendors: Data Submission Summary Report (cont'd)

Secondary Validation Results: Vendor will receive an email confirming the results of the secondary validation checks that includes the link to the updated Data Submission Summary Report and:

- Provides details about the edit checks processed for each facility

- Confirmation of record count for files successfully processed

Error messages a vendor may receive for files that fail secondary validation checks:

> Missing response record values

> Any response record that does not pass the completeness test

Reports for Survey Vendors: Survey Vendor Authorization Report

Survey Vendor Authorization Report

- The Survey Vendor Authorization Report allows vendors to see which facilities have authorized them to upload data.

- Vendors are responsible for verifying that any facility with which they have contracted has authorized them.

- Report can be filtered by survey period.

- Indicates whether a Vendor Facility Closing Attestation Form has been submitted for each CCN listed on the report.

Reports for Survey Vendors: Survey Vendor Authorization Report (cont'd)

- **REMINDER:** The Coordination Team will not release sample files to a survey vendor if the facility has not completed the online Authorize a Vendor Form.

- The deadline for authorizing a vendor for 2025 Spring ICH CAHPS Survey is **February 28, 2025.**

Survey Vendor Authorization Report

Export to Excel

☐ Show expired authorizations

Facility Name	CCN	Beginning Survey Period	Ending Survey Period	NPF Submitted	Create Date	Closing Form Submitted	Facility SA	Facility SA Phone	Facility SA Email
RTI Facility 005	999005	2024 Spring Survey			10/18/2023 1:58:09 PM	No	RTI Facility 2	0000000000	attarai@rti.org
RTI Facility 010	999010	2023 Fall Survey			10/4/2023 10:20:17 AM	No	RTI Facility	555-555-5555	ghes@rti.org
RTI Facility 011	999011	2023 Fall Survey	2023 Fall Survey		10/4/2023 10:20:17 AM	Yes'	RTI Facility	555-555-5555	ghes@rti.org
RTI Facility 012	999012	2023 Fall Survey			12/12/2023 2:57:07 PM	No	RTI Facility	555-555-5555	ghes@rti.org
RTI Facility 013	999013	2023 Fall Survey	2023 Fall Survey	Yes*	1/5/2024 11:58:23 AM	No	RTI Facility	555-555-5555	ghes@rti.org
RTI Facility 990	999990	2023 Fall Survey	2024 Spring Survey		10/10/2023 2:59:33 PM	No	RTI Facility	555-555-5555	ghes@rti.org
RTI Facility 999	999999	2022 Fall Survey			2/14/2022 4:44:31 PM	No	RTI Facility	555-555-5555	ghes@rti.org

Report for ICH Facilities: Data Submission Summary Report

Data Submission Summary Report

- The intent of this report is to allow ICH facilities to monitor data submission activity.

- The report lists dates for which vendor has submitted data to the Data Center for a given ICH facility.

- Only data that have passed both the immediate and secondary edit checks will appear on this report.

- Users can click on the filename hyperlink to view the details of the Data Submission Summary Report for a given uploaded file.

Report for ICH Facilities: Data Submission Summary Report (cont'd)

In 2024 Fall, the Data Submission Summary Report header text was revised to clarify the number of cases that passed the online data submission completeness checks ("# Passed Completeness Check") upon XML submission vs those that did not pass the online completeness checks ("#Failed Completeness Check").

Quality Control

Quality Control Overview

This section covers the following topics:

1. Sample File Download Quality Control Guidelines

2. Mail-Only Quality Control Guidelines

3. Telephone-Only Quality Control Guidelines

4. Mixed Mode Quality Control Guidelines

5. XML File Quality Control Guidelines

Sample File Download Quality Control Guidelines

Quality Control

Topic 1:

Sample File Download Quality Control Guidelines

Sample File Download Quality Control Guidelines

__REQUIRED__ Sample File Download Quality Control Procedures:

Use the appropriate electronic equipment and software to securely download the sample file from the ICH CAHPS website.

Ensure controlled access to the data (password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).

Sample File Download Quality Control Guidelines (cont'd)

<u>REQUIRED</u> Sample File Download Quality Control Procedures (cont'd):

Verify that the file contains a sample for all your ICH facility clients, after reviewing both the Vendor Authorization Report and Facility Non-Participation Form Report. Report any discrepancies immediately to the ICH CAHPS Coordination Team.

Verify that the number of patients for whom sample information is provided matches the number of patients indicated as having been sampled.

Sample File Download Quality Control Guidelines (cont'd)

<u>REQUIRED</u> *Sample File Download Quality Control Procedures (cont'd):*

If you received a sample file for a facility that you will not be collecting data for 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, submit the Vendor Facility Closing Attestation Form and contact the Coordination Team for guidance on deleting all the personally identifying information provided on the sample file for the closed facility, as indicated in the vendor's DUA with CMS.

Sample File Download Quality Control Guidelines (cont'd)

Recommended *Sample File Download Quality Control Procedures:*

Always store the sample files in an encrypted format when not in use. Only decrypt the sample files when access to the patient information is required.

Download the sample files as soon as they are available and before the download deadline date to ensure sufficient time to address any technical issues that may arise with the download process.

Quality Control

Topic 2:

Mail-Only Quality Control Guidelines

Mail-Only Quality Control Guidelines

REQUIRED Mail-Only Survey Administration Quality Control Measures:

Verify each mailing address included in the sample file using commercial address update services, such as NCOA.

Maintain documentation that all staff involved with the mail survey implementation were properly trained on survey specifications and protocols.

Check a minimum of 10% of all printed materials (surveys, prenotification letters, cover letters) to ensure print quality.

Check a minimum of 10% of all outgoing survey packages to ensure that package contents are correct and that the SID number on the survey matches the SID number on the cover letter.

Mail-Only Quality Control Guidelines (cont'd)

REQUIRED Mail-Only Survey Administration Quality Control Measures (cont'd):

For both prenotification letters and cover letters, check a sample of cases to make sure the name and address printed on the letter and envelope:

> Match the name and address included in the sample file provided by the Coordination Team, **OR**

> Match the updated address provided by the commercial address update service, **OR**

> Match the address information provided by the facility.

Vendors should compare the address against whichever address information is most recent.

Mail-Only Quality Control Guidelines (cont'd)

REQUIRED *Mail-Only Survey Administration Quality Control Measures (cont'd):*

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

Make sure the number of survey packages mailed matches the number of sampled cases.

Mail-Only Quality Control Guidelines (cont'd)

Recommended* *Mail-Only Survey Administration Quality Control Measures:

Survey vendors are advised to "seed" each mailing by including names of designated staff members to assess timeliness and completeness of prenotification letter and mail survey packages.

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.

Mail-Only Quality Control Guidelines (cont'd)

REQUIRED *Mail-Only Data Processing and Submission Quality Control Measures:*

A sample of completed surveys (10% minimum) must be rescanned and compared with the original scanned image of the survey.

All keyed surveys must be 100% reentered by a different staff member.

A minimum of 5% of completed surveys must be reviewed to ensure that the coding rules were followed correctly.

Mail-Only Quality Control Guidelines (cont'd)

Recommended Mail-Only Data Processing and Submission Quality Control Measures:

Vendors are urged to develop a way to measure error rates of both data receipt staff, data entry or scanning operators, and coders.

Vendors should work with their staff to minimize error rates.

Telephone-Only Quality Control Guidelines

Quality Control

Topic 3:

Telephone-Only Quality Control Guidelines

Telephone-Only Quality Control Guidelines

REQUIRED Telephone-Only Survey Administration Quality Control Measures:

Verify each telephone number included in the sample file using commercial telephone update services.

Survey vendors must prepare and retain written documentation that all telephone interviewing and customer support staff have been properly trained.

Copies of interviewer certification exam scores must be retained, as should documentation of any retraining required—these will be subject to review during oversight visits.

For prenotification letters, check a sample of cases to make sure the name and address on the letter match the name and address on the envelope.

Telephone-Only Quality Control Guidelines (cont'd)

REQUIRED *Telephone-Only Survey Administration Quality Control Measures (cont'd):*

For prenotification letters, check a sample of cases to make sure the name and address printed on the letter and envelope:

> Match the name and address included in the sample file provided by the Coordination Team, **OR**

> Match the updated address provided by the commercial address update service, **OR**

> Match the address information provided by the facility.

Vendors should compare the address against whichever address information is most recent.

Telephone-Only Quality Control Guidelines (cont'd)

REQUIRED Telephone-Only Survey Administration Quality Control Measures (cont'd):

Beginning shortly after the start of data collection, vendors must silently monitor a minimum of 10% of all interviews.

Survey vendors are responsible for identifying and adhering to federal and state laws and regulations in 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.

If conducting surveys in both English and Spanish, survey vendors must conduct monitoring of interviewers in both languages **AND** a separate supervisor/staff member, who is not a telephone interviewer, must conduct Spanish interview monitoring activities.

Telephone-Only Quality Control Guidelines (cont'd)

Recommended *Telephone-Only Survey Administration Quality Control Measures:*

In addition to audio monitoring, an electronic system should be used to simultaneously observe the interviewer while conducting telephone interviews.

Supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.

Telephone-Only Quality Control Guidelines (cont'd)

Recommended *Telephone-Only Survey Administration Quality Control Measures (cont'd):*

Interviewers should be given the opportunity to correct deficiencies identified. Interviewers consistently receiving poor monitoring feedback should be removed from the project.

Survey vendors should conduct regular Quality Circle meetings with telephone interviewing and customer support staff.

Telephone Survey Quality Control Guidelines (cont'd)

<u>REQUIRED</u> Telephone-Only Data Processing and Submission Quality Control Measures:

Survey vendors must compare the survey responses for a sample of cases included on the XML data files directly with the survey responses that were entered on the CATI system file to ensure that the responses match.

Telephone-Only Quality Control Guidelines (cont'd)

Recommended *Telephone-Only Data Processing and Submission Quality Control Measures:*

Survey vendors should generate and review frequencies of cases at the various pending and final disposition codes.

Quality Control

Topic 4:

Mixed Mode Quality Control

Guidelines

Mixed Mode Quality Control Guidelines

REQUIRED and Recommended Mixed Mode Quality Control Measures:

All mail-only and telephone-only required and recommended quality control measures detailed on the preceding slides should be followed by all survey vendors administering the mixed mode.

Quality Control

Topic 5:

XML File Quality Control Guidelines

XML File Quality Control Guidelines

REQUIRED XML Quality Control Measures:

Use the XML Schema Validation tool, available on the website, to conduct initial quality control on the XML file.

Make sure information is included on the XML file for every sample patient included on the sample file provided by the Coordination Team.

Make sure that the SID numbers included in the Patient Administrative Record on the XML file match the same set of SID numbers that were included on the sample file.

XML File Quality Control Guidelines (cont'd)

<u>*REQUIRED*</u> *XML Quality Control Measures (cont'd):*

Make sure patient survey response data are matched to the correct patient.

Make sure the appropriate final code (either a completed interview code or a partial data/break-off code) is assigned based on the results of the completeness criteria check.

Compare the variables included in the **Patient Survey Response** section on the XML file to the hardcopy survey (for mail surveys) or to the CATI file (for surveys completed by telephone) on a sample of cases. If using a subcontractor, vendors must use the original data received from the subcontractor (i.e., scanned images or hardcopies of the mail surveys and the raw/pre-cleaned CATI data) for this comparison quality check **<u>prior</u>** to importing the subcontractor's data into the vendor's XML.

XML File Quality Control Guidelines (cont'd)

REQUIRED *XML Quality Control Measures (cont'd):*

Make sure questions that are appropriately skipped are correctly coded "X" for "Not Applicable," rather than "M" for missing.

For cases coded 140, 160, and 190, the vendor should ensure that survey response data are included if applicable.

Make sure survey response data are included for every case for which final disposition code 110, 120, 130, 199, and 210 is assigned to the case.

XML File Quality Control Guidelines (cont'd)

Recommended* *XML Quality Control Measures:

Conduct a final check of the final disposition codes assigned to all sampled cases on the Patient Administrative Record before submitting the XML file.

Generate response distributions (also referred to as frequencies) and compare the survey response record with the data on the hardcopy mail survey or the CATI file to look for anomalies or outliers and for unusual patterns of missing data.

Systems Quality Control

Vendors are strongly urged to check all 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.

Oversight Activities

Overview of Oversight Activities

This section covers the following topics:

1. Purpose and Description of Oversight Activities

2. Quality Assurance Plan (QAP) Requirements

3. Ongoing Review of Submitted Data

4. Site Visits and Corrective Action Plans

Purpose and Description of Oversight Activities

Oversight Activities

Topic 1:

Purpose and Description of Oversight Activities

Purpose of Oversight Activities

- The ICH CAHPS Survey is being administered by multiple, independent survey vendors, using multiple modes of data collection.

- It is critically important that the survey be administered in the same way by all survey vendors.

- The Coordination Team is responsible for providing oversight of approved survey vendors, which includes site visits and conference calls and a variety of other activities, to:

Ensure compliance with ICH CAHPS Survey Standardized Protocols and Procedures.

Ensure that survey data are complete, valid, and timely.

Purpose of Oversight Activities (cont'd)

The vendor oversight activities that the Coordination Team will conduct include:

Quality Assurance Plan (QAP) content requirements, submission requirements, and Coordination Team review of submitted QAPs	Review of submitted data	Site visits (in-person, virtual, and offsite)	Technical Assistance via phone and email

Quality Assurance Plan (QAP) Requirements

Oversight Activities

Topic 2:
Quality Assurance Plan (QAP) Requirements

Quality Assurance Plan (QAP) Content and Requirements

The QAP describes how vendors implement, comply with, and provide oversight of ICH CAHPS Survey data collection and processing activities.

A Model QAP* (available in Appendix N of the Survey Administration and Specifications Manual or on the ICH CAHPS website) can be used as an outline for developing the following sections of the vendor's QAP:

- Organization Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Survey and Materials Attachments

We **strongly** advise vendors submitting their QAP for the first time to structure it according to this outline, as that is how it will be reviewed.

The Model QAP was updated in 2025. Vendors and vendor applicants are asked to carefully review the revised document prior to submitting their QAP to ensure their document has all required information.

QAP Content and Requirements (cont'd)

- The QAP must provide sufficient information to understand the specific procedures you are using to implement the ICH CAHPS Survey.

- In the QAP, the vendor must:
  - note key staff responsible for implementing or overseeing a described activity or process,
  - incorporate descriptions of quality assurance measures in each section, and
  - include a copy of their prenotification letters, mail survey cover letters 1 and 2 (mail-only vendors), a copy of the mail survey (mail-only and mixed mode vendors), and screenshots of the entire survey from their CATI interview (telephone-only and mixed mode vendors) for each language they are administering.

QAP Content and Requirements (cont'd)
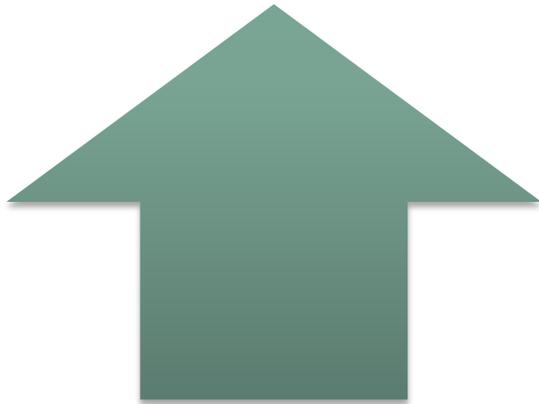
Reminder: Submission of a completed QAP is one of the components of the vendor approval process. After meeting the minimum business requirements and successfully participating in this training session, vendors will be given "conditional" approval as an ICH CAHPS Survey vendor.
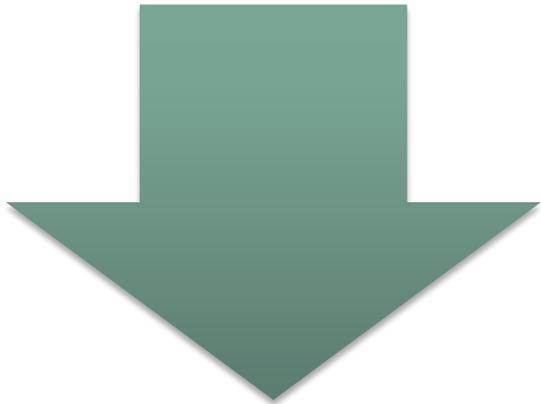
Final approval as an ICH CAHPS Survey vendor is granted only after the survey vendor submits the QAP and it is accepted by CMS.

QAP Submission Requirements

First QAP
- A vendor's first QAP must be submitted within 6 weeks of its first submission of ICH CAHPS Survey data.

Update QAPs
- Vendors must submit an update to the QAP annually (on or before May 31 each year) **and** whenever there is a change in key staff, processes, or vendor capabilities.

Track Changes
- All changes to previously approved QAP versions must be shown in track change mode, making it easier for CMS and the Coordination Team to see revisions. Once the QAP is formally accepted by CMS, the vendor should accept all the tracked changes.

Submit Online
- QAPs must be uploaded to the ICH CAHPS website via the For Vendors tab or via the Quick Links box on the home page of the ICH CAHPS website.

QAP Review Process

Multiple members of the Coordination Team review each QAP:

- They independently evaluate each QAP and consolidate all feedback.

The Coordination Team may:

- Send to CMS as-is (no revisions required);
- Request revisions or clarifications; or
- Request a complete rewrite of the plan.

Review Outcome:

- Vendors will be notified via email.
- An accepted QAP is necessary for final approval as an ICH CAHPS vendor.

Oversight Activities

Topic 3:

Ongoing Review of Submitted Data

Ongoing Review of Submitted Data

The Coordination Team conducts ongoing reviews of the quality of data submitted by each survey vendor, checking for:

out-of-range and missing data	incorrect application of status/disposition codes	unusual data patterns	unusual response rate patterns
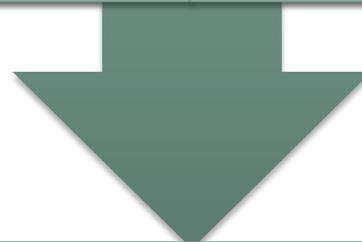
The Coordination Team will notify the vendor of any ongoing data issues and may set up a conference call to discuss any questions we have.

Oversight Activities

Topic 4:

Site Visits and Corrective Action

Plans

Site Visits and Conference Calls

Site visits and conference calls are intended to ensure compliance with ICH CAHPS Survey protocols.

All approved vendors receive site visits from the Coordination Team.

- Generally, vendors will be contacted about 5 weeks prior to the site visit to confirm their availability. An ICH CAHPS site visit team will be made up of two or three individuals.

Subcontractors with significant roles are subject to the same review as vendors.

- Such as a subcontractor responsible for telephone survey data collection or a subcontractor responsible for mail receipt and data entry.

Conference calls with the Coordination Team can be scheduled at the request of a vendor or by the Coordination Team.

- All information gathered during site visits and all vendor communications are treated as confidential by the Coordination Team.

Site Visit Procedures

Site visits for the Spring Survey period will always take place during the months of May and June

Site visits for the Fall Survey period will always take place during the months of November and December

Site Visit Procedures (cont'd)

Site visits may be conducted virtually or as an offsite site "visit."

Virtual site visits:

Virtual site visits 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.

Site Visit Procedures (cont'd)

Virtual site visits include the following activities, when possible:

- Meetings with key project staff

- Verbal walkthrough of vendor's facilities/systems

- Observation of applicable survey administration procedures, including activities occurring in real time, such as:
  - ❑ survey production/assembly/mailing
  - ❑ survey receipt/coding
  - ❑ telephone interviewing/monitoring

Site Visit Procedures (cont'd)

Virtual site visits will also include a review of the following activities, procedures, and documents:

- process to download and store sample patient files;

- data processing activities, including how final disposition codes are assigned using the original SIDs;

- activities and procedures related to data file preparation and data file submission;

- documentation associated with survey activities; and

- data security and storage procedures.

Site Visit Agenda

Below is a preview of the topics on a standard site visit agenda for virtual site visits.

Standard Site Visit Agenda Topics
✓ Welcome
✓ Overview of ICH CAHPS Survey Systems/ changes made since last visit
✓ Review and observe mail/phone survey administration process and quality oversight
✓ In-depth review of mail and/or phone survey data
✓ Review procedures for safeguarding patient confidentiality
✓ Review data security procedures
✓ Closing conference

Site Visit Agenda (cont'd)

Agenda topics are tailored to each vendor based on:		
approved mode(s)	whether it is an initial visit, a routine visit, or a follow-up visit due to issues identified by the Coordination Team	whether there are any identified issues that the site visit team would like to review

Before the Visit:	
Vendors are provided a detailed agenda, which can be reviewed during a conference call with the site visit team and vendor staff.	This call allows the vendor to ask clarifying questions about the site visit so they can be fully prepared.

Offsite Site Visits

Vendors may periodically be asked to participate in an **offsite site "visit"** during a given survey period. Offsite site visits are conducted via email.

Offsite site visits will focus on the following, depending on the data collection modes the survey vendor administers:

A review of a sample of the vendor's scanned images or raw CATI survey response data from both complete and noncomplete mail and telephone surveys against the data in the XML file the vendor submitted to the Data Center.

A review of a sample of the survey vendor's call histories from completed telephone surveys.

Site Visit Report

- After any type of site visit, the Coordination Team prepares a report summarizing the team's findings, which is reviewed and approved by CMS. Once approved, the Coordination Team sends the report to the vendor:
  - o It may request additional clarification or documentation, or
  - o It may request a change in system or process.

- A timeline will be specified for when change(s) must be implemented.

- The Coordination Team will follow up with the vendor via conference call/email.

- The vendor may be subject to additional site visits, conference calls, or increased oversight.

Corrective Action Plans

If a vendor, or its subcontractor, fails to demonstrate adherence to ICH CAHPS Survey protocols and guidelines, the Coordination Team may implement a formal corrective action plan.

A corrective action plan will provide vendors with specific tasks and deadlines to show compliance with ICH CAHPS protocols and guidelines.

Failure to comply with the corrective action plan may result in the vendor's approval status being revoked or the affected ICH facility's data not being publicly reported.

Exceptions Request Form
and
Discrepancy Notification Report

Exceptions Request Form and Discrepancy Notification Report

This section covers the following topics:

1. Exceptions and Discrepancy Process Overview

2. Exceptions Request Process

3. Conducting ICH CAHPS Operations from a Remote Location

4. Discrepancy Notification Process

Exceptions Request Form and Discrepancy Notification Report

Topic 1:

Exceptions and Discrepancy Process Overview

Exceptions and Discrepancy Process Overview

Exceptions Request Form (ERF)

Vendors must complete and submit an ERF, on behalf of their ICH Facility, for any **planned** deviations from the standard protocols.

Discrepancy Notification Report (DNR)

Vendors must complete and submit a DNR, on behalf of their ICH Facility, to notify the Coordination Team of any **unplanned** deviations from standard protocols.

These two types of deviations can be the result of actions by either an ICH facility or a vendor. The important thing is to notify the Coordination Team about them as soon as possible via submission of the correct form on the ICH CAHPS website.

Exceptions Request Form and Discrepancy Notification Report

Topic 2:

Exceptions Request Process

Exceptions Request Process

- Survey vendors must submit an ERF for any process or strategy not described in the *ICH CAHPS Survey Administration and Specifications Manual*.

- Any time you plan to deviate from a standard protocol, vendors must submit an ERF on behalf of their ICH facility. Vendors must notify their ICH client facilities of the request.

  - Must be submitted **before** planned deviation.

- The Exceptions Request Form can be accessed and submitted on the ICH CAHPS website via the *Quick Links* box on the home page of the ICH CAHPS website, or under the *For Vendors* menu.

Exceptions Request Example

Examples of exceptions requests would be:

To stagger mailings over a 2-day period.

To move the red text on the mailing envelopes.

Examples of exceptions that will not be granted:

A request to use any modes of survey administration other than those currently approved for the ICH CAHPS Survey.

Exceptions Request Review Process

CMS and the Coordination Team will review all exceptions requests, evaluating the methodological strengths and weaknesses of the proposed approach.

Depending on the type of exception, the Coordination Team may request a conference call or site visit to review the vendor's implementation procedures.	An exception may be requested for multiple ICH Facilities for which the vendor is collecting data.
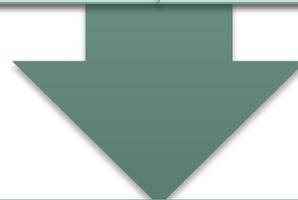
If the request is denied: the vendor has 5 business days to appeal.

To submit an appeal, the vendor should check the "Appeal of Exception Denial" in box 1a of the Exceptions Request form and update the form.	The Coordination Team will review the appeal and return a final decision to the vendor within 10 business days.

Exceptions Request Form and

Discrepancy Notification Report

Topic 3:

Conducting ICH CAHPS Operations

from a Remote Location

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.

Update and resubmit their remote-work Exceptions Request every two years for CMS' continued consideration to allow their ICH CAHPS operations to continue remotely.

Exceptions Request Form and Discrepancy Notification Report

Topic 4:

Discrepancy Notification Process

Discrepancy Notification Report Process

- The DNR is used to notify the Coordination Team of an <u>unplanned deviation</u> from standard protocols that may require some form of corrective action by the vendor.
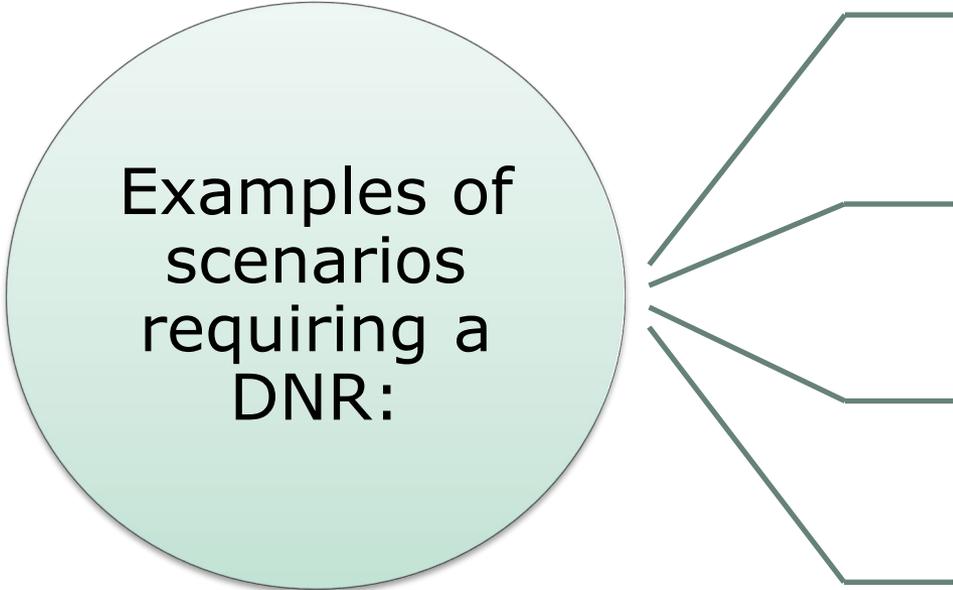
Examples of scenarios requiring a DNR:

- The vendor is unable to initiate data collection within 21 days after downloading the sample file.

- Cases coded a 250 (no response after maximum attempts), but the patients did not receive all 10 call attempts.

- A variable was incorrectly coded on the XML file and the problem was not discovered until after the data submission deadline.

- The contents of the prenotification mailing or mail survey package mailing do not match ICH CAHPS survey material requirements.

Discrepancy Notification Report Process (cont'd)

- The affected ICH facility(ies) must be informed of the DNR submission. The vendor must send a copy of the submitted DNR to the affected ICH facility(ies).

- The DNR can be accessed and submitted via the *Quick Links* box on the home page of the ICH CAHPS website, or under the *For Vendors* menu.

- The vendor must notify the Coordination Team within 24 hours of discovery of the discrepancy by submitting a DNR.

  - Timely notification is important because if you wait for months after the deviation occurs, it may be too late to take appropriate measures for the affected ICH facility(ies).

Discrepancy Notification Report Process (cont'd)

The affected CCN(s)

Number of patients affected (if known or applicable)

If a late start, the data collection start/end dates

The reason the discrepancy occurred

A detailed description of the discrepancy (for each CCN)

The affected survey period (Spring or Fall Survey and the survey year)

The following information must be included on the online DNR form

Description of corrective action
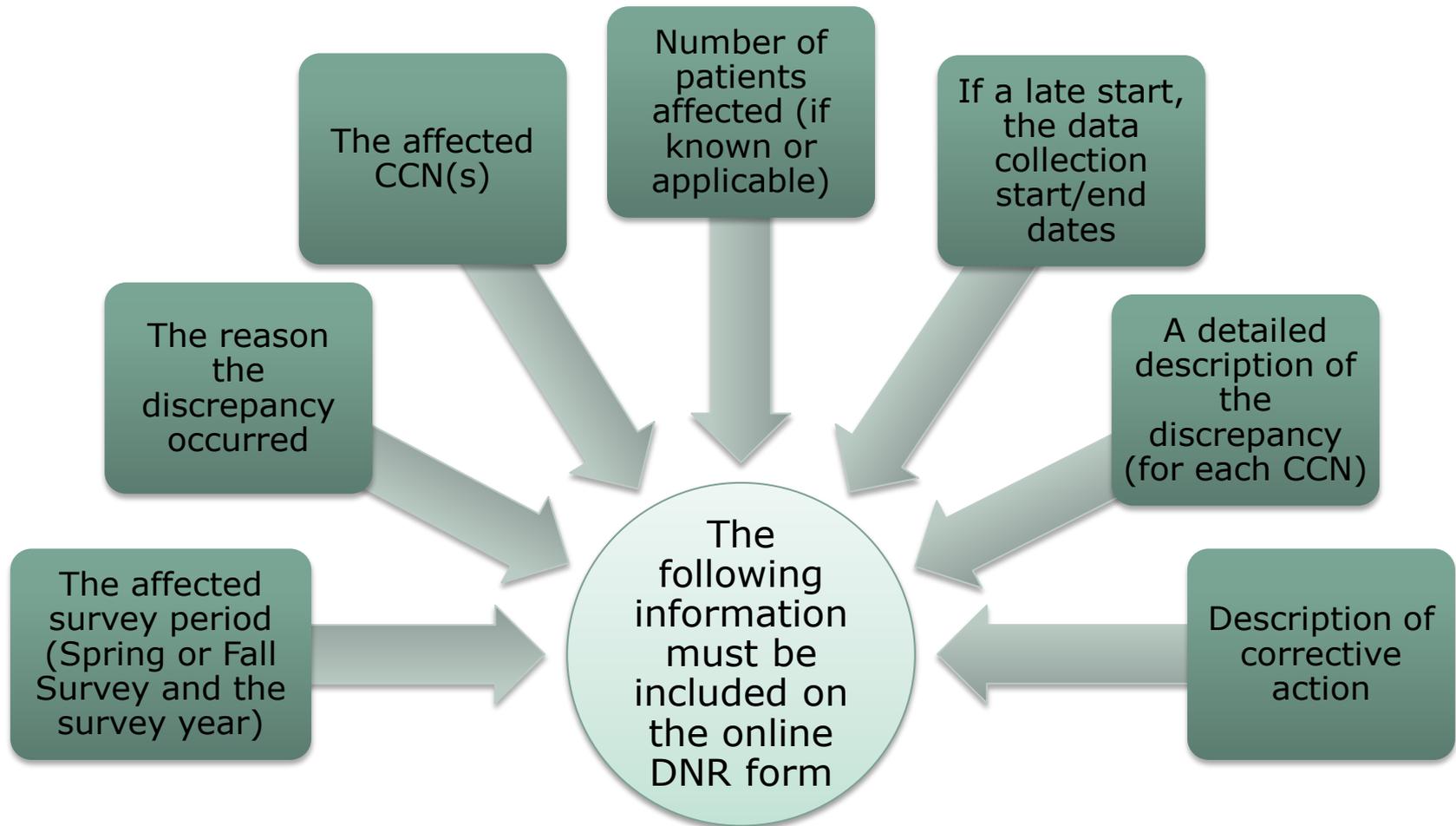
Discrepancy Report Review Process

- The Coordination Team will review the DNR to determine the following:
    - What is the impact, if any, on publicly reported data?
    - Is any additional information needed to document or correct the discrepancy?

- DNRs are reviewed with CMS.

- The Coordination Team will inform the vendor of the actions the vendor must take to correct the discrepancy.

Public Reporting

Public Reporting

This section covers the following topics:

1. Public Reporting Overview

2. Reporting Measures, Composites, and Star Ratings

3. Adjustment of ICH CAHPS Survey Results

4. Facility Preview Reports

Public Reporting

Topic 1:

Public Reporting Overview

Public Reporting Overview

- Results are publicly reported on Medicare's compare tool at www.medicare.gov/care-compare.

- ICH CAHPS Survey results were first published on the Medicare website in October 2016 and were based on data from the 2015 Spring and Fall Surveys.

- Survey results are "refreshed" on Medicare's compare tool twice a year, with the most recent results being published in October 2024.

  - NOTE: October 2024 Refresh included combined data from the 2023 Spring and Fall Surveys.

- Data were not refreshed in April 2021 due to COVID-19 exemptions.

- Data were not refreshed in October 2021 due to issues related to the migration of CROWNWeb to the new EQRS database.

- The next public refresh of ICH CAHPS Survey data will be in April 2025, which includes data from the 2023 Fall and 2024 Spring survey periods.

Public Reporting Overview (cont'd)

- This is the Medicare Care Compare website

- The ICH CAHPS data reside in the icon shaped like kidneys. The words "Dialysis facilities" are beside the icon.

Public Reporting Overview (cont'd)

Public Reporting Overview (cont'd)

- A user may select up to three facilities on the compare tool search page to compare their services and reported ICH CAHPS Survey data:

MY LOCATION	SELECT PROVIDER TYPE *	NAME OF FACILITY (optional)	
Raleigh, NC 27613	Dialysis facilities ⌄	Facility name	Search

Six Forks Dialysis Clinic ✕	Wake Dialysis Clinic ✕	Total Renal Care Inc.Research Triangle Park ✕

- Once a user chooses up to three facilities and selects the **Compare button**, a display is opened that shows an overview of the ICH facilities that were selected in the search, including information about each facility and their patient survey rating (if available).

Public Reporting Overview (cont'd)

- To view the ICH CAHPS Survey data results for the selected ICH facilities, the user must navigate to the section on the comparison page called "**Patient Survey Rating.**"

- By clicking on "**Patient Survey Rating**" (and "View Survey Details" if viewing only
  - The facility's Overall Summary Star Rating (displayed as the Patient Survey Rating)
  - Data for each reported measure
  - The State and National Averages for each reported measure
  - The number of completed interviews and the response rates

- Over 7,500 facilities have data on Care Compare. About 2,300 facilities have a Patient Survey Rating from the ICH CAHPS Survey.

Public Reporting Overview (cont'd)

- The results on Care Compare on Medicare.gov are the <u>official</u> data for the ICH CAHPS Survey.

- Although approved ICH CAHPS survey vendors provide data to their ICH facility clients, these data are not considered the official data results.

- Archived publicly reported ICH CAHPS Survey data going back to 2016 are available in the Provider Data Catalog at https://data.cms.gov/provider-data

Public Reporting

Topic 2:

Reporting Measures, Composites, and Star Ratings

ICH CAHPS Survey Measures That Are Publicly Reported

ICH CAHPS Survey results are produced for three composite measures and three global ratings

- The composite measures are the average of multiple survey questions.
- The ratings are derived from a single question.
- Composite measures and global ratings are reported by facility CCN.

Each facility's results are compared with national and state averages and posted on Care Compare on Medicare.gov.

On the next slide is a crosswalk of the composite measures and the global ratings mapped to the text that is displayed on Care Compare on Medicare.gov.

Reported Composite Measures and Ratings on Care Compare on Medicare.gov

ICH CAHPS Composite Measures/ Global Ratings	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 (nephrologists)	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 center	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)"

ICH CAHPS Survey Star Ratings

There are seven ICH CAHPS Survey star ratings.
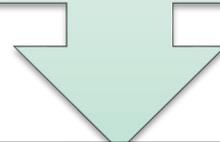
With CMS's transition to the new Care Compare on Medicare.gov in December 2020, only the Overall Survey Summary Star is being publicly reported (displayed as the "Patient Survey Rating").

The overall survey summary star is a simple average of the six individual ICH CAHPS Survey star ratings, one for each composite and global rating.

CMS continues to make all seven star ratings available to the public via its Provider Data Catalog (PDC) at https://data.cms.gov/provider-data.

ICH CAHPS Survey Star Ratings (cont'd)

To receive ICH CAHPS Survey star ratings, participating ICH facilities must have:

At least 30 completed ICH CAHPS surveys combined from the two most recent semiannual surveys.

If a facility has multiple CCNs under which patients were surveyed, data from patients at both CCNs are combined and results are publicly reported under only the primary CCN, which is determined by the Care Compare Team. However, this will be rare since data is entered into EQRS under only one CCN.

Public Reporting

Topic 3:

Adjustment of ICH CAHPS Survey Results

Adjustment of ICH CAHPS Survey Results

A mode experiment was conducted in 2014 to:

1. Determine whether and to what extent patient characteristics and data collection mode affect survey results, and

2. Detect potential nonresponse bias.

Results of these analyses are used to apply statistical adjustments that need to be made on survey data from each semiannual survey and are re-evaluated on occasion to ensure the best adjustments are being made for national implementation.

Adjustment of ICH CAHPS Survey Results (cont'd)

- The publicly reported scores are statistically adjusted for data collection mode and a set of patient-mix characteristics (including overall health, mental health, education, sex, age, etc.).

- These statistical adjustments are performed to create scores that can be compared across CCNs.

- The adjustments account for differences in the CCNs that are outside of the CCN's control but may affect their scores.

- A document describing how results are calculated and coefficients used to statistically adjust survey results is posted on ICH CAHPS website for each public reporting period.

Public Reporting

Topic 4:

Facility Preview Reports

Facility Preview Reports

CMS's Quality Incentive Program (QIP) provides a preview report to each ICH facility prior to publishing the results on the Care Compare website.

Preview reports are not posted on the ICH CAHPS website.

Facility Preview Reports

ICH CAHPS Survey results are not posted on the ICH CAHPS website. Only state and national averages for each composite and rating are posted on the ICH CAHPS website.

If a facility has questions regarding its preview reports, we recommend they contact CMS's Quality Incentive Program (QIP).

Thank You!

- All registrants for this training received an email with a link to an evaluation form. We appreciate your feedback!

- Please also check the ICH CAHPS website (https://ichcahps.org/ ⊞) on a regular basis for news and updates about the ICH CAHPS Survey.

For technical assistance on ICH CAHPS:
By email: *ichcahps@rti.org*
By telephone: *(866) 245-8083*