

Vendor Update Webinar Training Session

**In-Center Hemodialysis Consumer Assessment of
Healthcare Providers and Services
(ICH CAHPS) Survey
February 18, 2026**



Overview of the ICH CAHPS Survey Vendor Update Training Session

Welcome to the 2026 ICH CAHPS Vendor Update Training Session!

The purpose of this session is to review:

- 2026 ICH facility participation requirements and survey schedule;
- Survey administration updates;
- Vendor oversight;
- Data coding and processing;
- Data submission;
- ICH CAHPS tidbits; and
- More potential future changes to the ICH CAHPS Survey

Training Session Logistics and Reminders

- Your phone will be muted during the presentation.
- We will answer questions at the end of the training. You will be able to submit questions via the Q&A feature or click on the “raise hand” icon to ask your question live.
- If you leave the session at any time, do not disconnect from either the web or telephone connections.
- Please contact the Webinar Event Producer, Patrick Ahearn, for technical assistance issues at: pahearn@rti.org.

Reminder: Self-Paced Introduction to ICH CAHPS Survey Training

Introduction to the ICH CAHPS Survey Training

Self-Paced Introduction to the ICH CAHPS Survey Training

New vendor applicants (and any subcontractors) are required to complete the self-paced Introduction to ICH CAHPS training **and** complete a certification.

Approved survey vendors and subcontractors are not required to complete the self-paced training.

New staff from approved survey vendors are strongly encouraged to complete the self-paced intro training. No certification is required for approved vendors.

2026 ICH CAHPS Participation Requirements and Survey Schedule

2026 ICH CAHPS Participation Requirements: ESRD PPS Rules

- Requirements for administering the ICH CAHPS Survey are determined by the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) proposed and final rules for each calendar year.
- The final ESRD PPS Rule for CY2026 was published on November 24, 2025.
 - The 2026 surveys are part of the quality reporting requirements for payment year 2028.
- A link to the ESRD PPS final rule for CY2026 can be found in the “Quick Links” box on the homepage of the ICH CAHPS website.

Quick Links

[ICH CAHPS Coordination Team Annual Review \(CTAR\) Newsletter](#) (Posted 7/22/25)

For ICH Facilities

1. [Determining Whether Participation in 2025 ICH CAHPS Survey is Required](#) (Posted 1/5/26)
2. [ICH CAHPS Participation Overview](#) (Updated 12/4/23)
3. [ICH CAHPS Survey Fact Sheet](#) (Updated 12/4/23)
4. [Register to Participate](#)
5. [Updating Survey Admin Contact Information](#)
6. [Approved Survey Vendors](#)
7. [Authorizing or Changing a Vendor](#)
8. [2026 Final Rule for ESRD Facilities](#) (Posted 11/24/25)
9. [ICH CAHPS Response Rates by Mode and Race/Ethnicity](#) (Posted 10/3/24)

2026 ICH CAHPS Participation Requirements: Determining Participation (1 of 2)

- ICH facilities must determine whether they are required to administer the ICH CAHPS Surveys in CY2026 by counting the number of survey-eligible patients served in CY2025.

IF...the facility served **30 or more** survey-eligible patients in CY2025, then:

Facility **IS** required to contract with an approved ICH CAHPS Survey vendor to administer the surveys in CY2026.

IF...the facility served **29 or fewer** survey-eligible patients in CY2025, then:

Facility **is NOT** required to participate in the ICH CAHPS Surveys in CY2026 but can do so if it chooses.

- If your clients have questions about participation in the 2026 surveys: Refer them to the announcement “**Determining Whether Participation in 2026 ICH CAHPS Survey is Required**” on the ICH CAHPS website home page (under the Quick Links box) or ask them to email the Coordination Team at ichcahps@rti.org.

2026 ICH CAHPS Participation Requirements: Determining Participation (2 of 2)

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

Were 18 years old or older as of December 31, 2025;

Were alive as of December 31, 2025;

Received hemodialysis on an outpatient basis from their facility for 3 consecutive months or longer at some point in CY2025;

Are not currently receiving hospice care;

Were not receiving dialysis care at a nursing home or other skilled nursing facility where they lived (as opposed to traveling to an ICH facility); and

Were not living in a long-term facility such as a prison or jail as of December 31, 2025.

2026 ICH CAHPS Participation Requirements:

Participation Steps in the 2026 ICH CAHPS Survey

Facility Administered the Survey in a Preceding Survey Period

Facilities that authorized a vendor between 2014 and 2025 do not need to update their vendor authorization UNLESS one of the following is true:

They are switching to a different survey vendor.

They entered an End Date prior to 2026 on their Vendor Authorization Form.

They submitted a Facility Non-Participation Form in the previous survey period.

2026 ICH CAHPS Participation Requirements: Participation Steps in the 2026 ICH CAHPS Survey *Facility Has Never Administered the Survey*

Activities for a facility that has **never** administered the ICH CAHPS Survey:

Steps 1-4
must be
completed by
the
February 28,
2026, Vendor
Authorization
Deadline

#	Activity
1	Select and contract with a CMS-approved ICH CAHPS survey vendor.
2	Designate a Survey Administrator who will create login credentials on the ICH CAHPS website.
3	Register the CCN(s) on the ICH CAHPS website.
4	Complete the online "Authorize a Vendor" form on the ICH CAHPS website (only after the facility and vendor have a written contract in place).
5	Check the ICH CAHPS website regularly for news and updates.
6	Assign backup administrators on the ICH CAHPS website.

2026 ICH CAHPS Participation Requirements:

Participation Steps in the 2026 ICH CAHPS Survey

Facility is Not Required to Administer the Survey

ICH facilities that *are not required* to administer the survey in 2026 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 2026 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

2026 ICH CAHPS Participation Requirements: Participation Steps in the 2026 ICH CAHPS Survey

- If your clients have questions about how to authorize a survey vendor for the first time or switch to a new survey vendor:
 - Refer them to the document “**Authorizing or Changing a Vendor**” on the ICH CAHPS website home page (under the Quick Links box) for detailed steps on how to complete this task.
 - If they still have questions, refer them to the Coordination Team (ichcahps@rti.org).

Quick Links

[ICH CAHPS Coordination Team Annual](#)

[Review \(CTAR\) Newsletter](#) (Posted

7/22/25)

For ICH Facilities

1. [Determining Whether Participation in 2025 ICH CAHPS Survey is Required](#)

(Posted 1/5/26)

2. [ICH CAHPS Participation Overview](#)

(Updated 12/4/23)

3. [ICH CAHPS Survey Fact Sheet](#) (Updated

12/4/23)

4. [Register to Participate](#)

5. [Updating Survey Admin Contact Information](#)

6. [Approved Survey Vendors](#)

7. [Authorizing or Changing a Vendor](#)

8. [2026 Final Rule for ESRD Facilities](#) (Posted

11/24/25)

9. [ICH CAHPS Response Rates by Mode and Race/Ethnicity](#) (Posted 10/3/24)

2026 ICH CAHPS Participation Requirements: The 2026 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 calendar 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. 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.

Non-Participation Form Submission Deadline:

The 2026 Facility Non-Participation Form must be submitted **by 5:00 PM ET on February 28, 2026.**

The 2026 ICH CAHPS Survey Schedule

Tentative Data Collection Schedule for the 2026 ICH CAHPS Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Distribute sample to survey vendors	3/27/2026	9/25/2026
Vendors attest to receipt of sample file	3/31/2026	9/29/2026
Mail prenotification letter	4/17/2026	10/16/2026
Mail survey package to sample patients in mail-only and mixed mode samples	5/1/2026	10/30/2026
Begin calling sample patients in telephone-only sample	5/1/2026	10/30/2026
Mail second survey package to nonrespondents in the mail-only sample	5/29/2026	11/27/2026 OR* 12/2/2026
Begin telephone follow-up with mixed mode sample patients who do not respond by mail	5/29/2026	11/27/2026 OR* 12/2/2026
End data collection activities	7/10/2026	1/8/2027
Begin cleaning/processing final data and construct XML file	7/10/2026	1/8/2027
Submit data to ICH CAHPS data center	7/29/2026	1/27/2027

- In CY2026, the Thanksgiving holiday falls on 11/26/26.
- Because some vendors may have difficulties with the original data collection deadline set in the last week of November, vendors may choose whether to begin the 2026 Fall second wave of ICH CAHPS data collection activities on the original 11/27/26 start date or on 12/2/26 instead.

The 2026 ICH CAHPS Survey Schedule: Deadlines for Facilities

Deadlines for *ICH facilities* for the 2026 Spring and Fall Surveys

Action	Activity	2026 Spring Survey	2026 Fall Survey
If not administering the 2026 Surveys	Submit the 2026 Facility Non-Participation Form	5:00 PM ET on February 28, 2026	N/A
If administering the survey for the first time	Complete the Vendor Authorization Form	5:00 PM ET on February 28, 2026	5:00 PM ET on August 31, 2026
If switching to a different vendor (or removing an End Date)	Update the Vendor Authorization Form	5:00 PM ET on February 28, 2026	5:00 PM ET on August 31, 2026
If a facility has closed or will be closing	Notify authorized vendor	Prior to February 28, 2026	Prior to August 31, 2026

The 2026 ICH CAHPS Survey Schedule: Deadlines for Survey Vendors (1 of 2)

Deadlines for *survey vendors* for the 2026 Spring and Fall Surveys

Activity	2026 Spring Survey	2026 Fall Survey
Submit new facility-specific questions to CMS	February 6, 2026	August 7, 2026
Submit Vendor Facility Closing Attestation Forms	February 28, 2026	August 31, 2026
Review Vendor Authorization Report and notify the Coordination Team of any authorization issues	March 2, 2026	September 1, 2026
2026 sample file is provided on the ICH CAHPS website	March 27, 2026	September 25, 2026
Attest that 2026 sample was received successfully, within 2 business days of sample file being provided	March 31, 2026	September 29, 2026

The 2026 ICH CAHPS Survey Schedule: Deadlines for Survey Vendors (2 of 2)

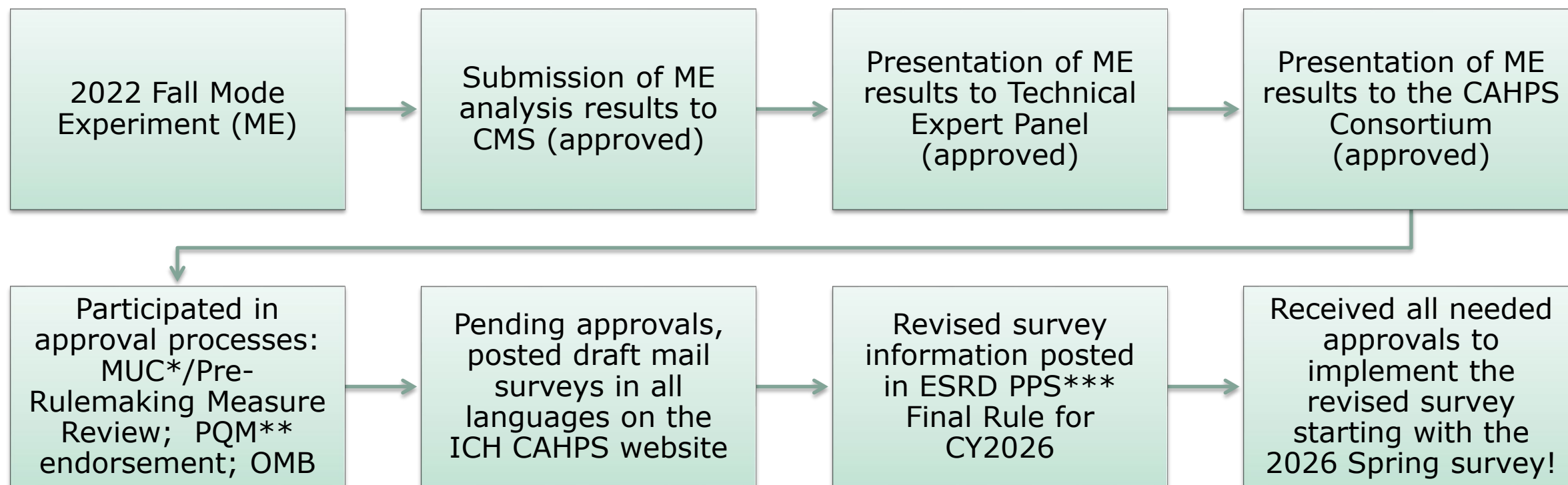
Deadlines for *survey vendors* for the 2026 Spring and Fall Surveys (cont'd)

Activity	2026 Spring Survey	2026 Fall Survey
Submit the updated Quality Assurance Plan	May 31, 2026	N/A
Administer the 2026 ICH CAHPS Survey	May 1, 2026, through July 10, 2026	October 30, 2026, through January 8, 2027
Submit data files for the 2026 ICH CAHPS Survey	5:00 PM ET on July 29, 2026	5:00 PM ET on January 27, 2027

Survey Administration

Survey Administration: The Revised ICH CAHPS Survey

The Journey to Implementing the 2026 Revised ICH CAHPS Survey!



MUC: Measures Under Consideration; **PQM: Partnership for Quality Management; *PPS: Prospective Payment System*

Survey Administration: The Revised ICH CAHPS Survey – Original vs. Revised Survey

ICH CAHPS Survey Questions	Total Number of Questions in Original Survey	Total Number of Questions Removed	Removed Question Numbers from Original Survey	Total Number of Questions in Revised Survey
Nephrologists' Communication and Caring (NCC) Composite	6	6	Q3-Q7 and Q9	0
Quality Of Dialysis Center Care And Operations (QDCCO) Composite	17	4	Q14, Q16, Q21, Q26	13
Providing Information To Patients (PIP) Composite	9	0	N/A	9
Rating of Kidney Doctors	1	1	Q8	0
Rating Of Dialysis Center Staff	1	0	N/A	1
Rating Of The Dialysis Facility	1	0	N/A	1
Stand-alone (non-composite) Questions	9	2	Q18, Q44	7
About You Series	15	10	Q47-Q55, Q58	5
Proxy Series (Mail Survey Only)	3	1	Q61	2

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, English Mail Survey

Q58 – Original Version (English):

58. Are you of Spanish, Hispanic, or Latino origin or descent?

1 ☐ No, not Spanish/Hispanic/Latino

2 ☐ Yes, Puerto Rican

3 ☐ Yes, Mexican, Mexican American, Chicano

4 ☐ Yes, Cuban

5 ☐ Yes, other Spanish/Hispanic/Latino

Q59 – Original Version (English):

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

Q36 – Revised for 2026 Spring (English):

36. What is your race or ethnicity? Please mark one or more.

1 ☐ American Indian or Alaska Native

2 ☐ Asian

3 ☐ Black or African American

4 ☐ Hispanic or Latino

5 ☐ Middle Eastern or North African

6 ☐ Native Hawaiian or Pacific Islander

7 ☐ White

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Subcategory race options for “Asian” and “Native Hawaiian or Pacific Islander” were removed.

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Spanish Mail Survey

Q58 – Original Version (Spanish):

58. ¿Es usted de origen español, hispano o latino?
- 1 ☐ No, no es de origen español, hispano o latino
 - 2 ☐ Sí, puertorriqueño
 - 3 ☐ Sí, mexicano, mexicano americano, chicano
 - 4 ☐ Sí, cubano
 - 5 ☐ Sí, de otro origen español, hispano o latino

Q59 – Original Version (Spanish):

59. ¿Cuál es su raza? (Puede seleccionar una o más categorías.)
- 1 ☐ Indígena de las Américas o nativa de Alaska
 - 2 ☐ Asiática – **Por favor especifique →**
 - 3 ☐ India asiática
 - 4 ☐ China
 - 5 ☐ Filipina
 - 6 ☐ Japonesa
 - 7 ☐ Coreana
 - 8 ☐ Vietnamita
 - 9 ☐ Otra raza asiática
 - 10 ☐ Negra o afroamericana
 - 11 ☐ Nativa de Hawái o isleña del Pacífico – **Por favor especifique →**
 - 12 ☐ Guamesa o Chamorra
 - 13 ☐ Nativa de Hawái
 - 14 ☐ Samoana
 - 15 ☐ De otra isla del Pacífico
 - 16 ☐ Blanca

Q36 – Revised for 2026 Spring (Spanish):

36. ¿A qué raza o etnicidad pertenece? Por favor marque una o más.
- 1 ☐ Indígena americana o nativa de Alaska
 - 2 ☐ Asiática
 - 3 ☐ Negra o afroamericana
 - 4 ☐ Hispana o Latina
 - 5 ☐ De medio oriente o África del norte
 - 6 ☐ Nativa de Hawái o de otras islas del Pacífico
 - 7 ☐ Blanca

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Subcategory race options for “Asian” and “Native Hawaiian or Pacific Islander” have been removed.
- Changes to translations of the following response options in revised survey:
 - #1: “American Indian or Alaska Native”
 - #6: “Native Hawaiian or Pacific Islander”

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Samoan Mail Survey

Q58 – Original Version (Samoan):

58. O oe o se Sipaniolo, Hispanic, poo Latino i le tupuaga?

1 ☐ Leai e le o au o se Sipaniolo/Hispanic/Latino

2 ☐ Ioe Puteriko

3 ☐ Ioe Mexican, Mexican American, Chicano

4 ☐ Ioe Cuban

5 ☐ Ioe, nisi Sipaniolo/Hispanic/Latino

Q59 – Original Version (Samoan):

59. O le a lou Tupuaga? (Tasi pe tele vaega e mafai ona filifilia.)

1 ☐ Amerika Initia poo tagatanuu Alaska

2 ☐ Asia – Fa'amolemole Fa'aiiloa Mai →

3 ☐ Asia Initia

4 ☐ Saina

5 ☐ Filipino

6 ☐ Sapani

7 ☐ Koea

8 ☐ Vietnamese

9 ☐ Isi Asia

10 ☐ Uli poo Aferika Amerika

11 ☐ Tagata Hawaii poo le Atu Pasefika – Fa'amolemole Fa'aiiloa Mai →

12 ☐ Guamanian poo Chamorro

13 ☐ Tagatanuu Hawaii

14 ☐ Samoa

15 ☐ Isi Tagata Pasefika

16 ☐ Paepae

Q36 – Revised for 2026 Spring (Samoan):

36. O le a lou ituaiga tagatanu'u po'o le ituaiga fa'asinomaga? Fa'amolemole filifili le tasi po'o le sili atu.

1 ☐ Tagata Initia Amerika po'o se Tagatanu'u o Alaska

2 ☐ Tagata Asia

3 ☐ Tagata Meauli po'o le Aferika-Amerika

4 ☐ Tagata mai Sasa'e Tutotonu po'o se Tagata Aferika mai Matu

5 ☐ Tagatanu'u o Hawaii po'o se Tagata o isi Atu Motu Pasefika

6 ☐ Tagata Pa'epa'e

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable "Hispanic or Latino" (#4) was added.
 - Race variable "Middle Eastern or North African" (#5) was added.
 - Subcategory race options for "Asian" and "Native Hawaiian or Pacific Islander" have been removed.
- Changes to translations of the following response options in revised survey:
 - #1: "American Indian or Alaska Native"
 - #2: "Asian"
 - #3: "Black or African American"
 - #6: "Native Hawaiian or Pacific Islander"
 - #7: "White"

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Traditional Chinese Mail Survey

Q58 – Original Version (Traditional Chinese):

58. 您是否是西班牙裔，拉美裔或拉丁裔？
- 1 ☐ 否，我不是西班牙裔，拉美裔或拉丁裔
 - 2 ☐ 是，我是波多黎各裔
 - 3 ☐ 是，我是墨西哥人，墨西哥裔美國人或奇卡諾人
 - 4 ☐ 是，我是古巴裔
 - 5 ☐ 是，我屬於其他西班牙裔，拉美裔或拉丁裔

Q59 – Original Version (Traditional Chinese):

59. 您的種族是什麼？（可選擇一個或多個。）
- 1 ☐ 美洲印第安人或阿拉斯加原住民
 - 2 ☐ 亞洲人 – 請註明 →
 - 3 ☐ 亞裔印度人
 - 4 ☐ 中國人
 - 5 ☐ 菲律賓人
 - 6 ☐ 日本人
 - 7 ☐ 韓國人
 - 8 ☐ 越南人
 - 9 ☐ 其他亞洲人
 - 10 ☐ 黑人或非裔美國人
 - 11 ☐ 夏威夷島原住民或其他太平洋島民 – 請註明 →
 - 12 ☐ 關島或查莫洛人
 - 13 ☐ 夏威夷原住民
 - 14 ☐ 薩摩亞人
 - 15 ☐ 其他太平洋島民
 - 16 ☐ 白人

Q36 – Revised for 2026 Spring (Traditional Chinese):

36. 你的種族或族裔背景是什麼？請選一項或多項。
- 1 ☐ 美國印第安人或阿拉斯加土著
 - 2 ☐ 亞洲人
 - 3 ☐ 黑人或非裔美國人
 - 4 ☐ 西班牙裔或拉丁裔
 - 5 ☐ 中東人或北非人
 - 6 ☐ 夏威夷土著或太平洋島嶼人
 - 7 ☐ 白人

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Subcategory race options for “Asian” and “Native Hawaiian or Pacific Islander” have been removed.
- Changes to translations of the following response options in revised survey:
 - #1: “American Indian or Alaska Native”
 - #6: “Native Hawaiian or Pacific Islander”

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Simplified Chinese Mail Survey

Q58 – Original Version (Simplified Chinese):

58. 您是否是西班牙裔，拉美裔或拉丁裔？
- 1 ☐ 否，我不是西班牙裔，拉美裔或拉丁裔
 - 2 ☐ 是，我是波多黎各裔
 - 3 ☐ 是，我是墨西哥人，墨西哥裔美国人或奇卡诺人
 - 4 ☐ 是，我是古巴裔
 - 5 ☐ 是，我属于其他西班牙裔，拉美裔或拉丁裔

Q59 – Original Version (Simplified Chinese):

59. 您的种族是什么？（可选择一个或多个。）
- 1 ☐ 美洲印第安人或阿拉斯加原住民
 - 2 ☐ 亚洲人 – 请注明 →
 - 3 ☐ 亚裔印度人
 - 4 ☐ 中国人
 - 5 ☐ 菲律宾人
 - 6 ☐ 日本人
 - 7 ☐ 韩国人
 - 8 ☐ 越南人
 - 9 ☐ 其他亚洲人
 - 10 ☐ 黑人或非裔美国人
 - 11 ☐ 夏威夷岛原住民或其他太平洋岛民 – 请注明 →
 - 12 ☐ 关岛或查莫洛人
 - 13 ☐ 夏威夷原住民
 - 14 ☐ 萨摩亚人
 - 15 ☐ 其他太平洋岛民
 - 16 ☐ 白人

Q36 – Revised for 2026 Spring (Simplified Chinese):

36. 您属于什么种族或民族？请选择一项或多项。
- 1 ☐ 印第安人或阿拉斯加原住民
 - 2 ☐ 亚洲人
 - 3 ☐ 黑人或非裔美国人
 - 4 ☐ 西班牙裔或拉丁裔
 - 5 ☐ 中东人或北非人
 - 6 ☐ 夏威夷岛原住民或其他太平洋岛民
 - 7 ☐ 白人

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Subcategory race options for “Asian” and “Native Hawaiian or Pacific Islander” have been removed.
- Changes to translations of the following response options in revised survey:
 - #1: “American Indian or Alaska Native”

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Vietnamese Mail Survey

Q58 – Original Version (Vietnamese):

58. Quý vị có phải là người gốc hoặc dòng dõi Tây Ban Nha hoặc La tinh không?
- 1 ☐ Không, không phải người gốc Tây Ban Nha/La tinh
 - 2 ☐ Phải, người gốc Puerto Rico
 - 3 ☐ Phải, người gốc Mexico, Người Mỹ gốc Mexico
 - 4 ☐ Phải, người gốc Cuba
 - 5 ☐ Phải, người gốc Tây Ban Nha/La tinh khác

Q59 – Original Version (Vietnamese):

59. Chúng tộc của quý vị là gì? (Có thể chọn một hoặc nhiều câu trả lời.)
- 1 ☐ Người Mỹ Da Đỏ hoặc Thổ Dân Alaska
 - 2 ☐ Người Châu Á – Vui lòng nêu rõ →
 - 3 ☐ Người Châu Á gốc Ấn Độ
 - 4 ☐ Người Trung Quốc
 - 5 ☐ Người Philipin
 - 6 ☐ Người Nhật Bản
 - 7 ☐ Người Hàn Quốc
 - 8 ☐ Người Việt Nam
 - 9 ☐ Người Châu Á khác
 - 10 ☐ Người Mỹ da đen hoặc người Mỹ gốc Phi
 - 11 ☐ Người Hawaii bản địa hoặc Người dân đảo Thái Bình Dương – Vui lòng nêu rõ →
 - 12 ☐ Người Guamanian hoặc Chamorro
 - 13 ☐ Người Hawaii bản địa
 - 14 ☐ Người Samoa
 - 15 ☐ Người dân đảo Thái Bình Dương khác
 - 16 ☐ Người Da trắng

Q36 – Revised for 2026 Spring (Vietnamese):

36. Quý vị thuộc chủng tộc hoặc sắc tộc nào? Xin chọn một hoặc một số các chủng tộc hoặc sắc tộc sau đây.
- 1 ☐ Người Mỹ bản xứ hoặc người bản xứ Alaska
 - 2 ☐ Người Á đông
 - 3 ☐ Người da đen hoặc người Mỹ gốc Phi Châu
 - 4 ☐ Người gốc Tây Ban Nha hoặc Mỹ La Tinh
 - 5 ☐ Người Trung Đông hoặc Bắc Phi
 - 6 ☐ Người bản xứ Hạ Uy Di hoặc người thuộc các Quần đảo Thái Bình Dương
 - 7 ☐ Người da trắng

- Per OMB, the ethnicity question (Q58 in original) has been combined with the race question.
- Q36 is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Subcategory race options for “Asian” and “Native Hawaiian or Pacific Islander” have been removed.
- Changes to translations of the following response options in revised survey:
 - #1: “American Indian or Alaska Native”
 - #2: “Asian”
 - #3: “Black or African American”
 - #6: “Native Hawaiian or Pacific Islander”
 - #7: “White”

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, English Telephone Script (1 of 2)

Q58 and Q58a – Original Version (English):

Q58. Are you of Spanish, Hispanic or Latino origin or descent?

1. YES
 2. NO [GO TO Q59]
- M MISSING/DK [GO TO Q59]

Q58a. Would you say you are...

1. Puerto Rican,
2. Mexican, Mexican American, Chicano,
3. Cuban, or
4. Other Spanish, Hispanic, or Latino?

M MISSING/DK

Q59a and Q59b – Original Version (English):

Q59a. Which groups best describe you? You may choose one or more of the following. Are you...

1. Asian Indian,
2. Chinese,
3. Filipino,
4. Japanese,
5. Korean,
6. Vietnamese, or
7. Other Asian?
8. NONE OF THE ABOVE

M MISSING/DK

Q59b. Which groups best describe you? You may choose one or more of the following. Are you...

1. Guamanian or Chamorro,
2. Native Hawaiian,
3. Samoan, or
4. Other Pacific Islander?
5. NONE OF THE ABOVE

M MISSING/DK

The following question and follow-up questions capturing ethnicity data and subcategory race data have been removed from the revised CATI telephone script: Q58, Q58a, Q59a, and Q59b.

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, English Telephone Script (2 of 2)

Q59 – Original Version (English):

Q59. 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?
6. NONE OF THE ABOVE

M MISSING/DK

Q36 – Revised for 2026 Spring (English):

Q36. I am going to read a list of race and ethnicity categories. You may select one or more categories. Are you....

IF THE PATIENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: "We ask about your race or ethnicity for informational purposes only."

IF THE PATIENT SAYS THEY ALREADY TOLD YOU THEIR RACE, SAY: "I understand. I am required to read all the categories to make sure our results are accurate. Thank you for your patience."

1. American Indian or Alaska Native,
2. Asian,
3. Black or African American,
4. Hispanic or Latino,
5. Middle Eastern or North African,
6. Native Hawaiian or Pacific Islander, or
7. White?

M MISSING/DK

- Q36 (previously Q59) is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable "Hispanic or Latino" (#4) was added.
 - Race variable "Middle Eastern or North African" (#5) was added.
 - Response option "NONE OF THE ABOVE" has been removed.
- Q36 includes onscreen telephone interviewer notes to be read 1) if a respondent asks the telephone interviewer why they are being asked to share their race/ethnicity, and/or 2) if the respondent says they already gave their race/ethnicity.

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Spanish Telephone Script (1 of 2)

Q58 and Q58a – Original Version (Spanish):

Q58. ¿Es usted de origen o ascendencia hispana, latina o española?

1. SÍ
2. NO [GO TO Q59]

M MISSING/DK [GO TO Q59]

Q58a. ¿Diría que usted es...?

1. Puertorriqueño(a),
2. Mexicano(a), mexicano(a) americano(a), chicano(a),
3. Cubano(a), o
4. Otro hispano(a), latino(a) o español(a)?

M MISSING/DK

Q59a and Q59b – Original Version (Spanish):

Q59a. ¿Cuál de los siguientes grupos lo(a) describe mejor? Puede seleccionar una o más de las siguientes. ¿Diría usted que...

1. Indio(a) asiático(a),
2. Chino(a),
3. Filipino(a),
4. Japonés(a),
5. Coreano(a),
6. Vietnamita, o
7. De otro grupo asiático?
8. NONE OF THE ABOVE

M MISSING/DK

Q59b. ¿Cuál de los siguientes grupos lo(a) describe mejor? Puede seleccionar una o más de las siguientes. ¿Diría usted que...

1. Guameso(a) o Chamorro(a),
2. Nativo(a) de Hawái,
3. Samoano(a), o
4. De otra isla del Pacífico?
5. NONE OF THE ABOVE

M MISSING/DK

The Following question and follow-up questions capturing ethnicity data and subcategory race data have been removed from the revised script: Q58, Q58a, Q59a, and Q59b.

Survey Administration: The Revised ICH CAHPS Survey – New Combined Race/Ethnicity Question, Spanish Telephone Script (2 of 2)

Q59 – Original Version (Spanish):

Q59. ¿Cuál es su raza? Puede seleccionar una o más de las siguientes. ¿Diría usted que...

1. 1 Indígena de las Américas o nativa de Alaska,
 2. 2 Asiática,
 3. 3 Negra o afroamericana,
 4. 4 Nativa de Hawái o isla del Pacífico, o
 5. 5 Blanca?
 6. 6 NONE OF THE ABOVE
- M MISSING/DK

Q36 – Revised for 2026 Spring (Spanish):

Q36. Voy a leer una lista de categorías raciales o étnicas. Puede seleccionar una o más categorías. ¿Es usted...

IF THE PATIENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: “Le preguntamos sobre su raza o etnicidad solo con fines informativos.”

IF THE PATIENT SAYS THEY ALREADY TOLD YOU THEIR RACE, SAY: “Comprendo. Debo leer todas las categorías para que nuestros resultados sean precisos. Gracias por su paciencia.”

- 1 Indígena(a) americano(a) o nativo(a) de Alaska
- 2 Asiático(a)
- 3 Negro(a) o afroamericano(a)
- 4 Hispano(a) o latino(a)
- 5 De medio oriente o África del norte
- 6 Nativo(a) de Hawái o de otras islas del Pacífico
- 7 Blanco(a)?

M MISSING/DK

- Q36 (previously Q59) is now a revised single question to gather race **and** ethnicity information.
 - Ethnicity variable “Hispanic or Latino” (#4) was added.
 - Race variable “Middle Eastern or North African” (#5) was added.
 - Response option “NONE OF THE ABOVE” has been removed.
- Changes to translations of the following response options in revised survey:
 - #1: “American Indian or Alaska Native”
 - #6: “Native Hawaiian or Pacific Islander”
- Q36 includes onscreen telephone interviewer notes to be read 1) if a respondent asks the telephone interviewer why they are being asked to share their race/ethnicity, and/or 2) if the respondent says they already gave their race/ethnicity.

Survey Administration: Updates to OMB Disclosure Notice Text (1 of 2)

OMB Disclosure Notice Text (in all approved languages)

The OMB Disclosure Notice was revised to include additional information required by OMB.
(2025 Fall Revision)

The OMB Disclosure Notice was revised to reflect the average time to take the survey is now 12 minutes, instead of the previous 16 minutes.
(2026 Spring Revision)

Survey Administration: Updates to OMB Disclosure Notice Text (2 of 2)

Revised OMB Disclosure Notice Text (English)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0926. This information collection produces comparable data from dialysis facilities to help individuals choose a facility and improve care. The time required to complete this information collection is estimated to average less than 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory for qualifying dialysis facilities under 42 CFR §413.178(c)(iii) to meet program requirements and voluntary for survey respondents. Confidentiality is assured under 5 U.S.C. 552a (Privacy Act of 1974). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850. ******CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact ICHCAHPS@cms.hhs.gov.**

All translations of the ICH CAHPS OMB Disclosure Notice can be found on the [ICH CAHPS Survey and Protocols web page](#) .

Survey Administration: OMB Disclosure Notice Placement Protocol (1 of 2)

OMB Disclosure Notice Placement Requirements (in all approved languages) *(2025 Fall Revision)*

Starting with the 2025 Fall Survey, the OMB Disclosure Notice can be printed on **EITHER** the mail survey **OR** on the Cover Letters 1 *and* 2.

Vendors can make the determination to print the notice on:

Option 1.

Only the mail survey
(*Notice should be removed from personalized Cover Letters 1 **AND** 2*), **or**

Option 2.

Only the Cover Letters 1 *and* 2
(*Notice should be removed from mail surveys*), **or**

Option 3.

Both the mail survey **and** the Cover Letters 1 *and* 2.

Survey Administration: OMB Disclosure Notice Placement Protocol (2 of 2)

If Printing the OMB Disclosure Notice on the **Mail Survey**

If Printing the OMB Disclosure Notice on **Cover Letters 1 and 2**

Notice must be printed on the survey cover (or first page if no cover) or last page of survey

Notice must be font size 9 point or larger

OMB Number must still appear separately from Notice (i.e., OMB Number may appear twice on survey cover)

Notice must be font size 9 point or larger

Due to increased length, Notice may be printed on the back of the letter (only if necessary), no ERF approval needed

Survey Administration: Updates to Survey Materials for 2026 Spring (1 of 4)

Mail Survey (in all approved languages)

Revised from 62 questions to 38 questions *(2026 Spring Revision)*

Includes a singular question to gather race and ethnicity information *(2026 Spring Revision)*

Revised OMB Disclosure Notice now references “12 Minutes” as average to complete survey *(2026 Spring Revision)*

New OMB Disclosure Notice Placement Protocol *(2025 Fall Revision)*

New OMB expiration date (must appear under the OMB number in the upper right-hand corner of the survey cover) *(2026 Spring Revision)*

508 version posted to website contains 2 instances of italicized word “*not*”. Vendor version to be administered to sample patients, contains 2 instances of underlined word “**not**” *(2026 Spring Revision)*

Survey Administration: Updates to Survey Materials for 2026 Spring (2 of 4)

Telephone Script (English and Spanish)

Revised from 59 questions to 36 questions *(2026 Spring Revision)*

Includes a singular question to gather race and ethnicity information *(2026 Spring Revision)*

INTRO2 now references the shorter survey, "The interview is now shorter than it was in the past." *(2026 Spring Revision)*

INTRO2 now indicates that the interview will take 12 minutes to complete *(2026 Spring Revision)*

Survey Administration: Updates to Survey Materials for 2026 Spring (3 of 4)

Prenotification Letters (in all approved languages)

Replaced Vanessa S. Duran's name and signature with the text "Center for Medicare" *(2025 Fall Revision)*

A new sentence was added to note that the survey is now shorter, **"Please note that we heard you – the survey is now shorter than before and takes less time to complete!"** *(2026 Spring Revision)*

Cover Letters 1 and 2 (in all approved languages)

Replaced Vanessa S. Duran's name and signature with the text "Center for Medicare" *(2025 Fall Revision)*

A new sentence was added to note that the survey is now shorter, **"Please note that we heard you – the survey is now shorter than before and takes less time to complete!"** *(2026 Spring Revision)*

New OMB Disclosure Notice Placement Protocol *(2025 Fall Revision)*

Revised OMB Disclosure Notice now references "12 Minutes" as average to complete survey *(2026 Spring Revision)*

Survey Administration: Updates to Survey Materials for 2026 Spring (4 of 4)

Waiting Room Frequently Asked Questions (FAQs) (in all languages) *(2026 Spring Revisions)*

Revised reference of number of minutes the revised survey will take to complete from "16" to "12"

Removed reference to the survey asking opinions about kidney doctors

Telephone Interviewer FAQs (English and Spanish) *(2026 Spring Revisions)*

Revised references of number of minutes the revised survey will take to complete from "16" to "12"

Removed references to the survey asking opinions about kidney doctors

Survey Composites Document *(2026 Spring Revision)*

Revised to show the survey items included in each of the ICH CAHPS Survey composite measures, based on the revised ICH CAHPS Survey

Survey Administration: New Survey Material for 2026 Spring – Survey Materials and Systems Update Checklist

NEW Survey Materials and Systems Update Checklist

In January 2026, the Coordination Team provided vendors with a Survey Materials and Systems Checklist to confirm they have updated all materials and systems that have been revised for the 2026 Spring Surveys.

This Checklist Included:

All materials that were revised for 2026 Spring

All systems that need to be revised for 2026 Spring

Details on the specific materials revisions made for 2026 Spring

Vendors were asked to complete and email the checklist back to the Coordination Team by the deadline.

Survey Administration: New Protocol for Handling Serious Patient Complaints

Handling Serious Patient Complaints

Current ICH CAHPS
Protocol:

Surveys must be visually reviewed prior to scanning for notes/comments.

New Additional Protocol:

If the note/comment appears to be a serious patient complaint, such as one that needs to be escalated to CMS, the vendor should alert the Coordination Team for guidance on next steps.

Examples of serious complaints are those reporting unsafe conditions, abuse, neglect, discrimination, and harassment.

Survey Administration: New Optional Protocol for Obtaining Telephone Contact Information – Mixed Mode Only

Obtaining Updated Telephone Numbers for **Mixed Mode Cases Only**

Current ICH CAHPS Protocol:

After the sample file is downloaded, survey vendors must verify each telephone number that is included in the sample file provided by the Coordination Team using a commercial address/telephone database service or directory assistance.

New Protocol: For Mixed Mode cases **only**, vendors are **no longer required** to use a commercial telephone database service or directory assistance to verify **EVERY** telephone number included in the sample file provided by the Coordination Team.

The vendor **does not** have to send **all** cases for telephone verification prior to starting Wave 1 data collection efforts (mail survey mailouts).

Vendors may instead send **only** mail nonresponse cases for telephone verification, **prior** to the deadline to begin Wave 2 phone follow-up data collection efforts.

It is **still required** that vendors verify **all addresses** in their sample using a commercial address database service, prior to starting Wave 1 data collection efforts (mail survey mailouts).

Survey Administration: New Protocol for Handling Multiple Cases Where Patient and Facility Address Match

Multiple Patients Have Same Patient Address That **Also** Matches Facility Address

Current ICH CAHPS Protocol:

Survey vendors must send a survey package to every sampled case that has a complete address.

New Additional Protocol:

Survey vendors may notice that multiple sample patients in their sample file have the same address as the facility.

In these situations, the vendor must contact the Coordination Team for guidance on next steps, **prior to mailing the prenotification letter for these patients.**

The Coordination Team will help the vendor navigate this unique scenario and create an action plan for needed next steps.

Survey Administration: New Protocol for Sample Patients with Multiple Viable Phone Numbers

Sample Patient Has More Than One Viable Phone Number (from EQRS data, Third-Party Phone Search, and/or Data From Client Facilities)

Current ICH
CAHPS Protocol:

If the interviewer receives a new telephone number for the sample patient, the 10 attempts should start over with the new phone number. A total of 10 call attempts must be made on the updated telephone number, if there is enough time left in the data collection period after the new number is identified.

New Additional Protocol:


Vendor should try **all** numbers available in an effort to reduce the number of cases coded as 250 (No response after maximum attempts).

It is the discretion of the vendor to decide the hierarchy of the phone numbers available.


Vendors should still be mindful of following, to the best of their ability, the "10 attempts" rule.

Survey Administration: Clarified Protocol for Adding Facility-Specific Questions

Facility-Specific Questions Protocol Clarification:



It is recommended that vendors/facilities avoid adding sensitive facility-specific questions, such as those having to do with sexuality or gender, or lengthy additions.



The inclusion of such questions will likely reduce expected response rates.

Survey Administration: General Reminders and Notices

Additional Updates to the Version 14.0 ICH CAHPS Survey Administration and Specifications Manual

General Reminder: Changes are sometimes made to ICH CAHPS survey materials. Vendors should always confirm that they are using the most recent version as notified by the Coordination Team.

Starting in 2026, the *ICH CAHPS Survey Administration and Specifications Manual* will no longer include copies of survey materials that are also included on the ICH CAHPS website. Appendix A of the manual will now include website links to these various survey materials and tools.

Survey Administration: July 2026 CTAR Newsletter

July
2026

ICH CAHPS® Coordination Team Annual Review

- Starting in 2026, the ICH CAHPS newsletter is transitioning from semiannual to annual.
- The newsletter will now only be posted to the ICH CAHPS website in July of each year and will still be emailed to all approved vendors and registered facility users.
- Newsletters will provide ICH facilities and survey vendors with helpful ICH CAHPS information.
- We encourage vendors to share the newsletter with their ICH facility clients.
- Please let the Coordination Team know of any topics you would like included in future newsletters.

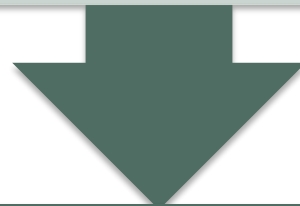
Survey Administration: Revised XML Data Layout File and Schema Validation Tool for Data Submission

The ICH CAHPS Survey XML data layout file (Version 11.0) has been revised to reflect all changes made to the 2026 Spring mail surveys and telephone scripts. These XML file edits include:

24 questions removed
from mail survey

23 questions removed
from the telephone script

Addition of new single
race/ethnicity question



By May 2026, the ICH CAHPS Survey data submission tools (Schema Validation Tool and Data Submission Tool) will be updated to reflect these changes. Announcements will be posted on the website when the revised tools are available.

Survey Administration: Change to Survey Vendor Authorization Report

Survey Vendor Authorization Report – Removed Non-Active Facility Participation Forms

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.

In rare occasions, a facility will submit a *Facility Non-Participation Form* for the Spring Survey and then authorize a survey vendor for the Fall Survey of that same calendar year.

To avoid confusion, this report will no longer retain a record that the *Facility Non-Participation Form* was submitted for the Spring Survey for these CCNs that request the Spring form be removed.

Vendor Oversight

Vendor Oversight: ICH CAHPS Site Visits (1 of 2)

Site visits may be conducted virtually, as an offsite site “visit”, or as a new lower-burden micro-review.

A total of 85 ICH CAHPS site visits have been conducted to date.

The purpose of a site visit is to ensure that approved vendors are operating in compliance with ICH CAHPS Survey protocols.

The next site visits are scheduled to take place in May and June 2026.

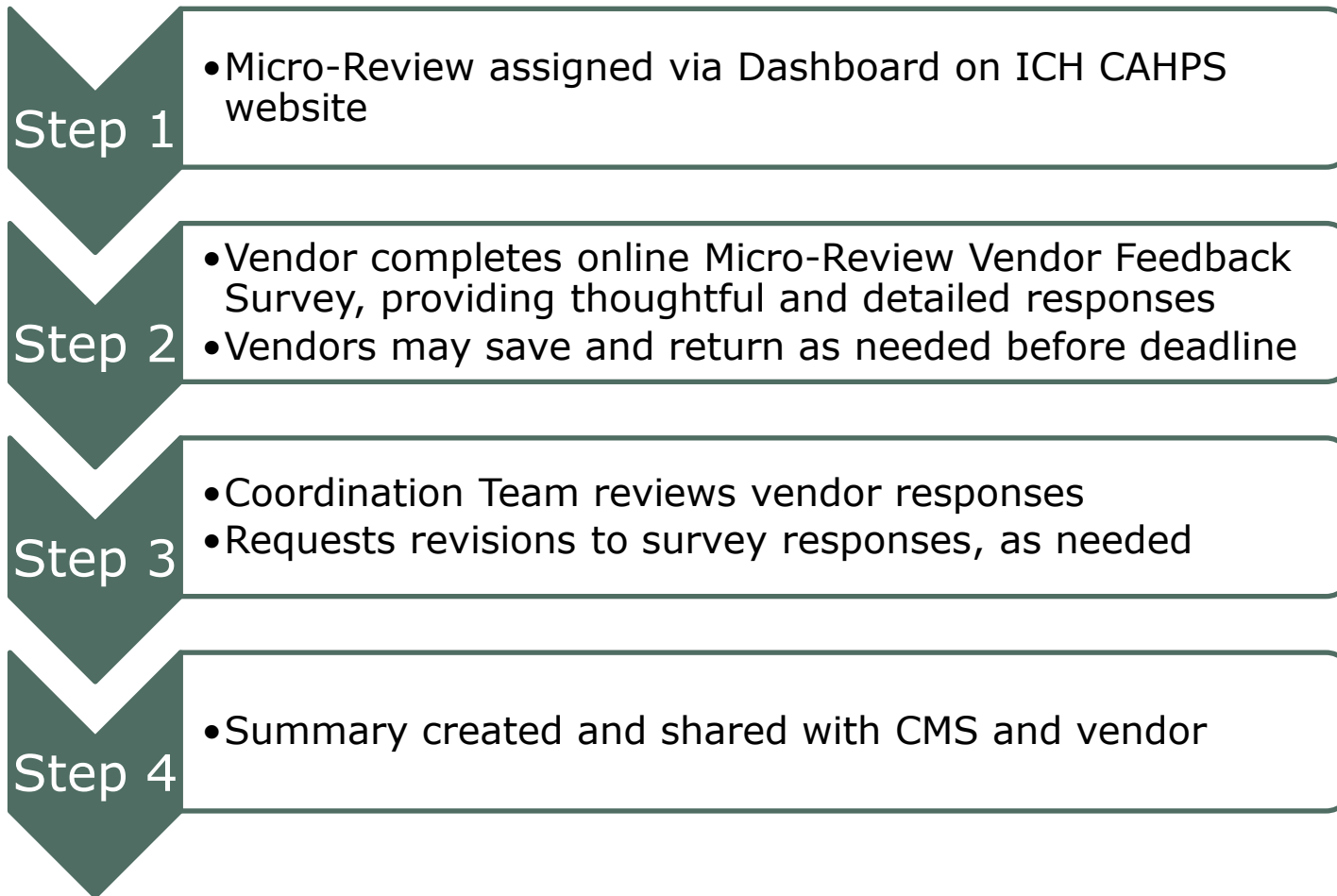
Site visits are coordinated across all CMS CAHPS Surveys.

Vendor Oversight: ICH CAHPS Site Visits (2 of 2)

2026 Virtual Site Visit Process

- Data Digging and Call History Review are conducted, and results are sent to vendors, prior to the virtual site visit.
- Goal is to allow time for vendors to conduct internal investigations, as needed, so that findings can be discussed during the actual site visit.

Vendor Oversight: New Micro-Review Process



Vendor Oversight: General Oversight Reminders Based on 2025 Site Visits

Reviewing notes/comments on mail survey prior to scanning

- Vendors should visually review submitted mail surveys prior to scanning for notes/comments. If the note/comment appears to be serious, alert the Coordination Team immediately.

Checking scanning parameters

QC'ing XML data

Retraining interviewers, as needed

Vendor Oversight: Quality Assurance Plans

Annual Quality Assurance Plan Update
Due Date: May 31, 2026

Survey vendors are required to include the following in their QAP Update (or as an attachment):

Copy of the mail survey (for mail and mixed mode surveys) for each language they are administering the survey;

Screenshots of the entire survey from their CATI interview (for telephone and mixed mode surveys) for English and Spanish, if applicable;

Prenotification letters, Cover letters 1 and 2 for each language they are administering the survey; and

Screenshot of their ICH CAHPS Survey package envelope template (used to send both prenotification letters and mail survey packages).

IMPORTANT REMINDER: Vendors must submit the correct (current) versions of *all required materials* for review

Data Processing and Coding

Data Processing and Coding: New Completeness Criteria for Revised Survey

Step 1

- Count # of core ICH CAHPS questions answered that apply to everyone (Qs 1–12, 14–25, 27–29)
- Do not include “Don’t Know” or “Refused” responses

Step 2

- Divide the number of questions answered by 27 (# of core ICH CAHPS questions)
- Multiply by 100 to determine completion percentage

Step 3

- $\geq 50\%$ = Completed Survey (code as 110 or 120)
- $< 50\%$ = 210 – Break-off

Data Submission

Data Submission: Revised XML and Schema Validation Tools for Revised Survey

XML File Layout

- Defines all required data elements
- Includes header record and patient response record details

XML Schema Validation Tool

- Defines validation rules applied at the time of submission

Both tools will be available on the ICH CAHPS website under Data Submission Resources no later than May 2026.

Vendors are expected to use the **most current** XML File Layout and Schema Validation Tool and to test, quality check, and validate XML files against the schema prior to submission.

Data Submission: QC Checks to Complete Prior to 2026 Data Submission Deadline

Required QC Checks

- Run the XML Schema Validation Tool on each XML file
- Confirm all sampled patients are included in the XML
- Verify SID matches and response data align to the correct patient
- Apply revised completeness criteria and assign correct final disposition codes
- Confirm response data are present for all applicable final codes
- Compare a sample of XML records to scanned mail surveys and/or raw CATI data

Recommended QC Checks

- Review response distributions and frequencies (halfway through data collection during 2026 Spring Survey period as well as after end of data collection)
- Check for anomalies, outliers, unusual missingness patterns
- Confirm correct use of "X – Not applicable" and "M – Missing"

Key Timing & Dates

May 2026: Data submission tools available for the revised survey*

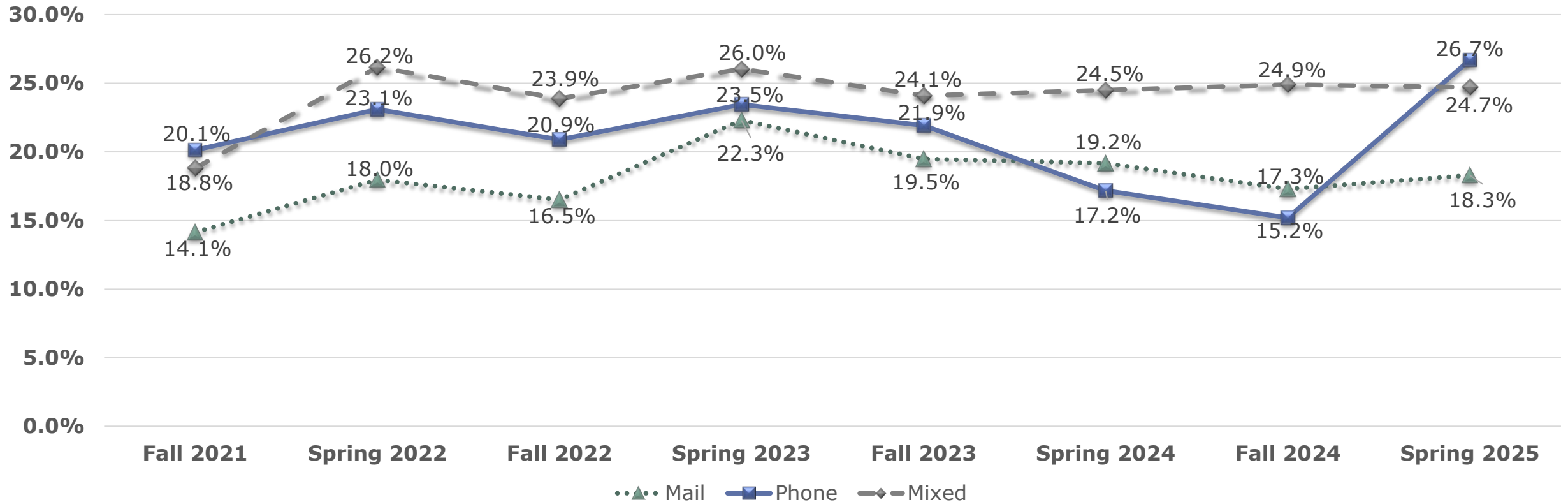
July 29, 2026: 2026 Spring Survey data submission deadline

*Announcements will be posted on the ICH CAHPS website when revised tools are available.

ICH CAHPS Tidbits

ICH CAHPS Response Rates by Mode Over Time

Response Rates over Time (Fall 2021 - Spring 2025)



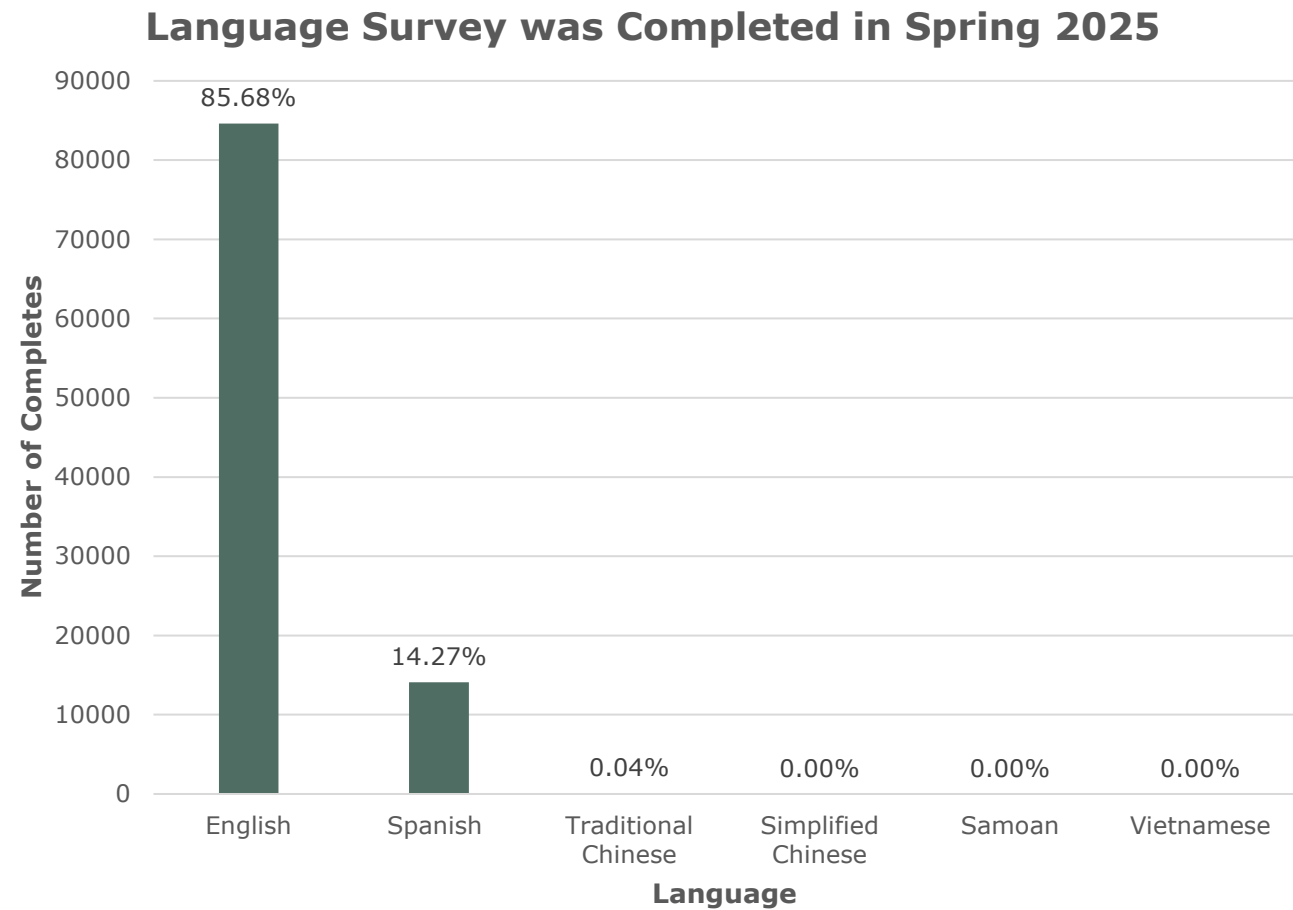
Tips for Improving ICH CAHPS Response Rates (1 of 2)

- Vendors should encourage facility clients to:
 - Use the ICH CAHPS flyer/poster and Waiting Room FAQs
 - Share with patients how they will be contacted (provide vendor name and phone number so they recognize the mail/call)
 - Provide patient contact information (for all patients served during the sampling window)
 - Provide vendor with the “Doing Business As” name for their facility as it often differs from the facility name provided in EQRS
 - Choose an appropriate mode of administration for their patient populations

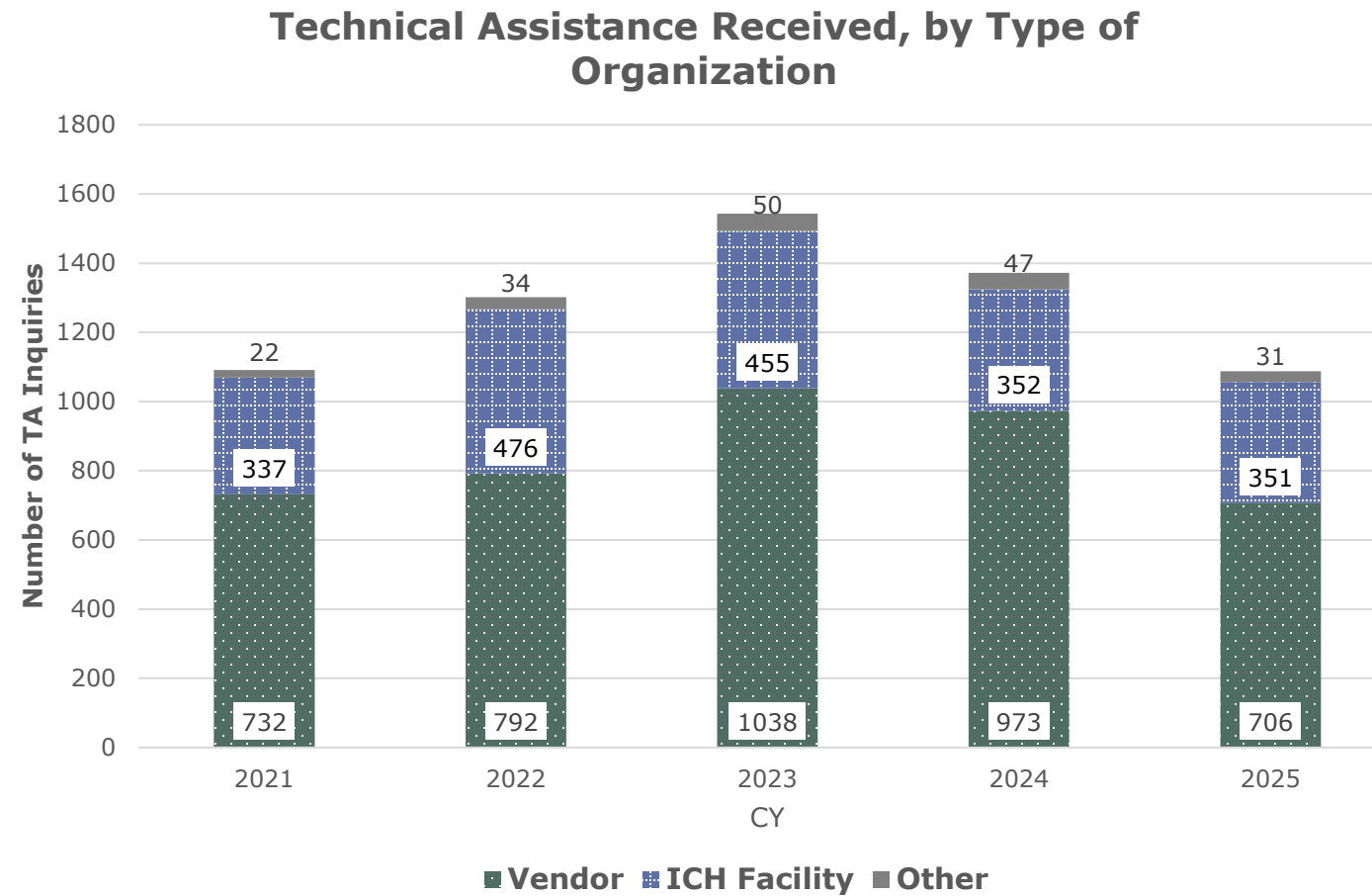
Tips for Improving ICH CAHPS Response Rates (2 of 2)

- Vendors should also consider:
 - Implementing a phone caller ID tag, such as “Dialysis Survey”, so patients know who is calling
 - Using a local number when interviewers call to lend legitimacy of the call
 - Share response rate information with facility clients and ask if they have any ideas that may help with their specific patient populations
 - Monitor response rates for facility clients that you know use the flyer/poster and/or Waiting Room FAQs...if we have evidence that they work, it may convince others to use these tools!
 - Encourage your clients to share with their patients that CMS heard their feedback and as a result, the survey is now shorter!

Language in Which the Survey Was Completed

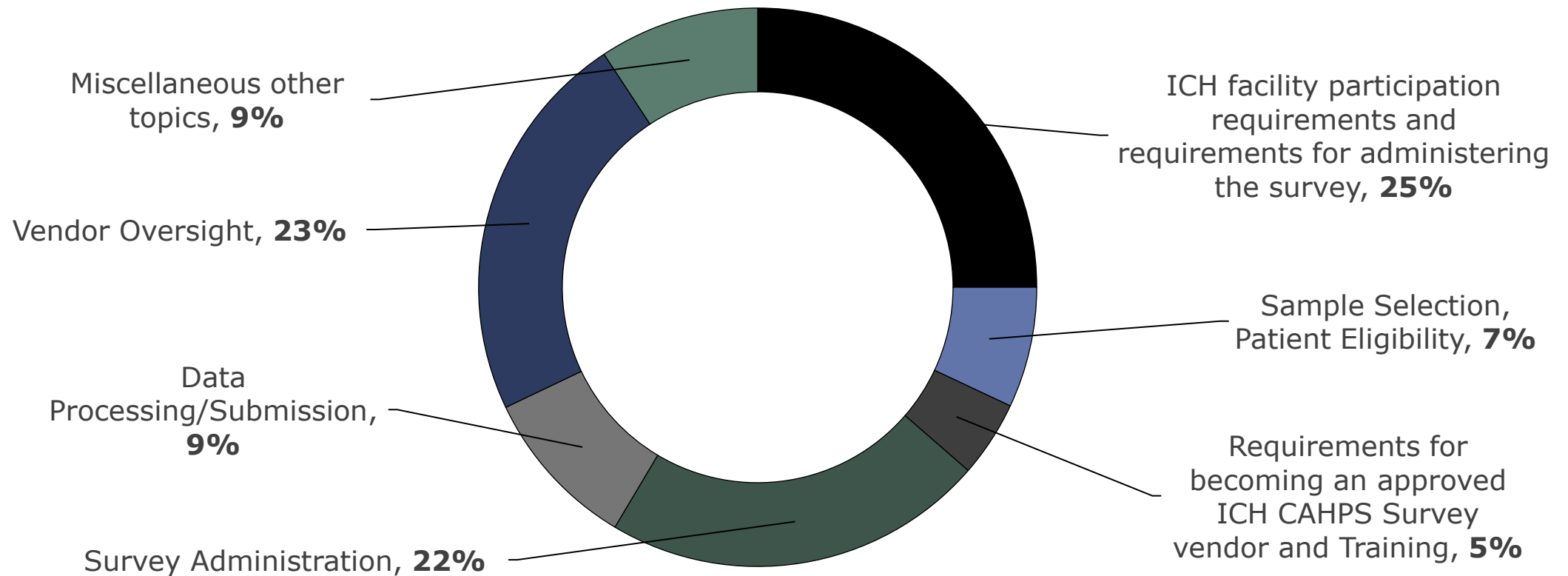


Technical Assistance Inquiries Over Time



Technical Assistance Topics

ICH CAHPS TA Inquiries (Calendar Year 2025)



More Potential Future Changes to the ICH CAHPS Survey

Potential Combined Survey for ICH and Home Dialysis Patients (1 of 3)

- Home dialysis stakeholders have expressed the need for home dialysis patients to have a CAHPS survey to share their perspectives about their home dialysis experiences.
- Finding the number of patients in EQRS receiving home dialysis is small, CMS determined that developing a separate CAHPS survey for this population is not feasible at this time.
- CMS tasked RTI with determining whether the revised survey could be adapted to include both ICH and home dialysis patients.

Potential Combined Survey for ICH and Home Dialysis Patients (2 of 3)

CMS and RTI conducted a number of activities:

- Met with stakeholders and talked through possible options for having a home dialysis survey.
- Drafted a combined ICH/home dialysis survey for testing based on several home dialysis resources and experts.
- Conducted several qualitative research activities, such as focus groups and cognitive interviews.
- Held a Technical Expert Panel to discuss the results of these activities with home dialysis patients and key stakeholders.

Potential Combined Survey for ICH and Home Dialysis Patients (3 of 3)

What's Next?

Discussing the feasibility of field testing a combined ICH/home dialysis survey.

The earliest this would be tested, if feasible, is 2027 Spring.

If tested during a field test, we would also conduct a mode experiment to test a web mode.

Potential Web Mode for the ICH CAHPS Survey (1 of 2)

- If a field test/mode experiment is funded to test the combined ICH/Home dialysis survey, we would also re-test a web mode.
- During the 2022 mode experiment, the web with mail follow-up mode had the lowest response rate, with only 3% of the overall response rate in that mode responding by web.
- We know that a big impact on this was the lack of email addresses in the EQRS data used for sampling.
 - Upon recent review, out of the 928,000 patients in EQRS, only about 86,000 (9%) have email addresses included.

Potential Web Mode for the ICH CAHPS Survey (2 of 2)

- Email addresses are critical for a web survey to succeed!
- We have been working with our Large Dialysis Organizations (LDOs) to better understand the feasibility of obtaining patient email addresses prior to another mode experiment/field test.
 - This is an ongoing effort, with a goal to increase the number of email addresses in EQRS for sampling months of October, November, and December of 2026, in anticipation of a mode experiment concurrent with the 2027 Spring Survey.
 - However, obtaining email addresses is proving to be a difficult obstacle to overcome.
- Vendors are encouraged to encourage their clients to collect/enter email addresses!

Questions?

Thank You!

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