**Questions and Answers from the**

**Introduction to 2017 ICH CAHPS Survey and Vendor Update Webinar Training Sessions**

The following is a list of questions and answers from the Introduction to the ICH CAHPS Survey Training Session that was held on February 15, 2017 and the Vendor Update Training Session that was held on February 16, 2017.

**Sample Selection and Sample File Distribution**

1. Do facilities have to participate in both the Fall and Spring Surveys, or can they participate in only one survey period? ­

**A:** *Facilities that served 30 or more survey-eligible patients in calendar year 2016 must administer both the 2017 Spring and Fall Surveys to comply with CMS’ quality reporting requirements for the 2019 payment year.*

**Data Processing and Coding**

1. Is there a way to mark the patient as permanently ineligible if they have a language barrier? We have patients that speak Russian, get the survey every year, and never participate.

**A:** *Because a sample patient’s language skills can change, or a sample patient might ask an English-speaking family member or friend to translate the survey questions for him or her, a sample patient will not be considered as “permanently” ineligible for the survey. The Coordination Team encourages vendors and facilities to suggest additional languages for the ICH CAHPS Survey if the facility has patients that speak languages that are not one of the approved languages. CMS will consider translating the survey materials into other languages as needed.*

**Data File Preparation and Submission**

1. What are recommended tools for running frequencies on the XML files immediately prior to data submission? Is there an additional quality control check that survey vendors can perform?

**A:** *Vendors should always use the XML Schema Validation tool to conduct initial quality control on XML files. Additional quality control checks include:*

* *Ensuring there is information in the Patient Administrative Section for every sample patient included in the sample;*
* *Ensuring that the SID numbers included on the sample file match the SID numbers on the XML file and that survey response data are matched to the correct sample patient/SID;*
* *Confirming a final disposition code has been assigned to each sampled case and the disposition code assigned accurately reflects the final outcome of work on the case;*
* *Running completeness criteria on all completed cases to ensure they meet the ICH CAHPS completeness criteria;*
* *Running frequencies or survey distributions on patient response data to look for outliers or anomalies or unusual data patterns;*
* *Comparing survey response data on the XML file for a sample of cases to the actual survey responses on the hardcopy questionnaires and/or raw CATI data for those cases; and*
* *Reviewing survey responses on the XML file to ensure that the use of M and X is applied correctly.*

*In addition, the Coordination Team has found that one of the most common errors encountered during data submission is "Unauthorized to submit for this CCN". This occurs because software programs like Excel tend to drop the leading zero off the 6-digit CCN, which gets flagged as an error because the 6-digit CCN is reduced to a 5-digit CCN. The Coordination Team recommend that survey vendors run a program to identify 5-digit CCNs on the XML file before the XML file is submitted. If any 5-digit CCNs are identified by that program, the vendor should add the leading zero to the Excel file.*

The following questions and answers are from the ICH CAHPS Vendor Update Training Session that was held on February 16, 2017.

**Survey Participation Requirements and Survey Schedule**

1. If an ICH facility submits the 2017 Facility Non-Participation Form, which means the facility is choosing not to administer the survey at all in 2017, is the facility still able to use the ICH CAHPS Survey questionnaire to collect data on its own?­

**A:** *Because the ICH CAHPS Survey is in the public domain, any facility may administer the survey to its patients, even if the facility is not officially participating in ICH CAHPS (i.e., the facility has not authorized a survey vendor and will not be submitting ICH CAHPS Survey data to the ICH CAHPS Data Center).*

1. ­What are the ramifications if a non-participating ICH CAHPS facility does not submit the Facility Non-Participation Form on the ICH CAHPS website?

**A:** *The Centers for Medicare & Medicaid Services (CMS) ESRD Quality Incentive Program (QIP) makes all decisions related to compliance with ICH CAHPS Survey participation requirements.  Therefore, the ICH CAHPS Survey Coordination Team cannot address issues related to compliance or penalties for noncompliance.*

*If an ICH facility has authorized a survey vendor on the ICH CAHPS website, CMS will provide a sample file to the facility’s authorized survey vendor in each survey period. If a facility that has already authorized a vendor chooses not to administer the survey for a specific survey period and does not submit the Non-Participation Form, CMS and the Coordination Team will select a sample and provide a sample file to the authorized survey vendor for that facility unnecessarily. CMS and the Coordination Team want to avoid selecting and providing a sample for a facility that will not be administering the survey; therefore we urge survey vendors encourage their facility clients to submit the Non-Participation Form if they will not be administering the survey.*

1. We have a question regarding the data collection dates for the Spring 2017 survey cycle. During the update training that we went through recently, on slide 51, the schedule noted the End Data Collection date of July 14, 2017. However, in the most recent Survey Administration Manual, dated February 2017, page 28 reports the data collection period as April 21, 2017 to July 8, 2017. We were looking for clarification as to the correct End of Data Collection Date.

**A:** *The data collection period for the ICH CAHPS 2017 Spring Survey is from April 21, 2017 to July 14, 2017.*

**Sample Selection and Distribution**

1. Are vendors required to submit an XML if a facility has no (zero) sampled patients?

**A:** *If no (zero) patients are sampled for an ICH facility (CCN), the vendor does not need to submit an XML file for that CCN. The ICH CAHPS data submission tool will not be expecting an XML file for every CCN that authorized a survey vendor; however, the system is expecting a file for every CCN for which there was one or more patients sampled.*

**Public Reporting**

1. I represent an integrated healthcare delivery system, and searched for our ICH CAHPS results on Dialysis Facility Compare. Our Peritoneal Dialysis Units were given of a footnote code of “Survey Data Not Available for this Reporting Period.” This is misleading to the general public. There should be a footnote indicating that the facility is a Peritoneal only.
2. *ICH facilities that have questions about the survey results that are published on Dialysis Facility Compare should contact CMS’s Quality Incentive Program.*
3. ­We are looking for calculations for DFC Quality Measures, especially the star rating thresholds­.
4. *The ICH CAHPS Coordination Team can address questions related to how ICH CAHPS composites and global ratings scores are calculated. However, questions about the calculation of other measures that are publicly reported, including clinical measures and star ratings, should be submitted to CMS’s Quality Incentive Program.*