CENTERS FOR MEDICARE & MEDICAID SERVICES

MA & PDP CAHPS® Survey Vendor Training

October 2020

CENTERS FOR MEDICARE & MEDICAID SERVICES

Welcome and Training Logistics

Welcome!

In today's MA & PDP CAHPS Survey training, we will:

- Review Key Concepts and Protocols
- Review the 2021 Data Collection Schedule
- Administer the Post Training Quiz

Online Question Submission

To submit a question, please select the question mark icon.

Online Question Submission *(cont'd)*

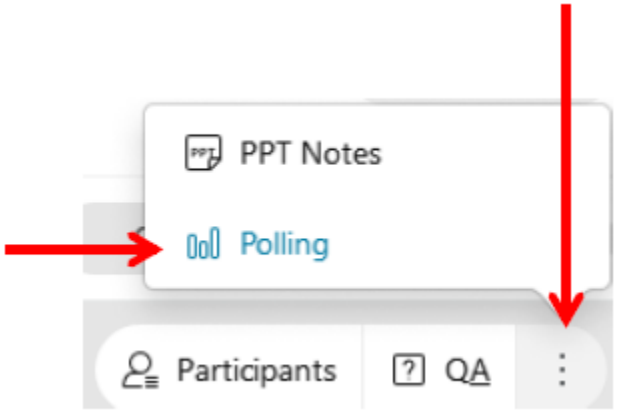
This opens the Q&A panel and allows you to type your question into the space provided. Please be sure to select "All Panelists" in the Ask menu.

Post Training Quiz

- Each survey vendor must complete and pass a Post Training Quiz in order to be approved to administer the 2021 MA & PDP CAHPS Survey
- Post Training Quiz must be completed immediately after training
- One Quiz Form per vendor organization
- We will notify survey vendors of their Post Training Quiz results by November 4, 2020

Post Training Quiz *(cont'd)*

A polling window with the quiz will appear. If it does not, scroll your mouse to the bottom of the screen and click on the three dots and then the polling icon as indicated below with the red arrows.



CMS
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Overview and Background

Objectives

- Introduction to the 2021 MA & PDP CAHPS Survey
- Primary Goals of the Survey
- About the Survey
  - MA-Only Q61, MA-PD Q66, and PDP Q24 have been revised for 2021
- Public Reporting and Use of the 2021 MA & PDP CAHPS Survey Data

Introduction to the 2021 MA & PDP CAHPS Survey

- CMS collects information about Medicare beneficiaries' experiences with, and ratings of, Medicare Advantage (MA-Only), Medicare Advantage Prescription Drug (MA-PD), and Prescription Drug Plans (PDP) via the Medicare CAHPS Survey
- Beneficiaries must be continuously enrolled in the contract for six months or more at the time of the sample draw

Primary Goals of the Survey

- Provide Medicare beneficiaries and the general public with information to help them make more informed choices
- Help MA-Only, MA-PD, and PDP contracts identify problems and improve the quality of care and services at the contract level
- Enhance CMS' ability to monitor the quality of care and performance of MA-Only, MA-PD, and PDP contracts
- Measure the quality of care from the beneficiary's perspective for use in MA Quality Bonus Payments

About the Survey

- Some questions are combined into publicly reported composite measures
  - Getting Needed Care
  - Getting Appointments and Care Quickly
  - Doctors Who Communicate Well (reported to contracts – not reported to consumers)
  - Customer Service
  - Getting Needed Prescription Drugs (MA-PD & PDP)
  - Care Coordination

About the Survey *(cont'd)*

- In addition to publicly reported composite measures, surveys include "member overall" ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest
  - Rating of Health Plan
  - Rating of Health Care Quality
  - Rating of Drug Plan (MA-PD and PDP)

About the Survey *(cont'd)*

- The MA CAHPS Survey also includes publicly reported single item measures
  - Annual Flu Vaccine
  - Pneumonia Vaccine (reported to contracts – not reported to consumers)

About the Survey *(cont'd)*

- Other measures reported to contracts:
  - Reminders to fill prescriptions
  - Reminders to take medications

NOTE: These items are not included in Appendix K, List of Reportable Measures, of the QAP&TS V11.0 as they are not part of the calculation of reportable measures used to calculate survey completeness

Updated Survey Question for 2021

- MA-Only Q61, MA-PD Q66, and PDP Q24 have been updated for 2021
  - "May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?"
- This survey question is intended to elicit permission for further contact should CMS have:
  - Questions or concerns about the beneficiary's reports and ratings of care
  - A need to identify a pool of beneficiaries willing to participate in future testing or focus groups
- Answering "no" to this survey question does not exclude a beneficiary from future CMS surveys

Public Reporting and Use of the 2021 MA & PDP CAHPS Survey Data

Survey results are publicly reported by CMS for each contract in:

- Medicare & You Handbook published each Fall
- Medicare Plan Finder website (www.medicare.gov)
- CAHPS data are included in the Star Ratings and used to calculate MA Quality Bonus Payments

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Program Requirements

Objectives

- Communicating About the MA & PDP CAHPS Survey
- Fielding Other Surveys
- Survey Vendor Approval
- Roles and Responsibilities
  - Survey Vendors
- DUA Guidance for New and Existing Vendors
- DUA Requirements

Communicating About the MA & PDP CAHPS Survey

- Communicating with beneficiaries about the MA & PDP CAHPS Survey
  - Contracts and survey vendors may:
    - Notify all beneficiaries they may be asked to participate in the 2021 MA & PDP CAHPS Survey
  - Contracts and survey vendors may NOT:
    - Attempt to influence or encourage beneficiaries to answer survey questions in a particular way
    - Imply that the contract, its personnel or agents will be rewarded or gain benefits for positive feedback
    - Offer incentives of any kind to prompt, influence, or increase participation
    - Show or provide survey materials to beneficiaries prior to survey administration period
    - Indicate the health plan's goal is to be rated a "10" or "Always"

Fielding Other Surveys

- CMS strongly discourages contracts and survey vendors from:
  - Fielding other surveys of beneficiaries four weeks prior to, during, and four weeks after the 2021 Medicare CAHPS Survey administration (approximately February to July 2021)
  - This guidance does not apply to other CMS surveys
- Additional information on response rates and the risks of off-cycle surveys may be found on the MA & PDP CAHPS website

Survey Vendor Approval

- Vendor approval term
  - Approval is for a fixed one-year term
  - In addition to the minimum business requirements, CMS will consider past performance as a survey vendor or subcontractor in support of CMS activity
  - Performance criteria include, but are not limited to:
    - Occurrence of similar substantive errors within or across projects
    - Significant deficiency or non-compliance with specifications, procedures, and timelines during survey administration
    - Receipt of a corrective action memo from CMS
    - Receipt of a request for a quality improvement plan from CMS
  - Approval as a survey vendor in prior years does not guarantee future approval

Survey Vendor Approval *(cont'd)*

- Vendor approval term *(cont'd)*
  - Vendors successfully completing this training will be approved for the 2021 survey cycle, which ends summer 2021
  - Approved vendors are expected to adhere to the schedule, specifications, and protocols detailed in the QAP&TS Version 11.0 and vendor training slides
    - Vendor performance during 2021 survey cycle may affect approval for future survey cycles

Roles and Responsibilities
Survey Vendors

- Survey vendors will:
  - Adhere to all program requirements contained in the *Quality Assurance Protocols & Technical Specifications V11.0*
  - Inform CMS of changes in key project staff, organizational structure, and ownership in a timely manner
  - Participate in MA & PDP CAHPS Survey vendor training and successfully complete the Post Training Quiz at the conclusion of training
    - CMS requires any subcontractors responsible for insertion or survey packet preparation, processing of returned mail surveys, or conducting telephone interviews (CATI administration) to attend training
  - Complete and submit the Vendor Access to MA & PDP CAHPS Data Warehouse Form
    - Due November 12, 2020
    - Data Administrator, Back-up Data Administrator, and Project Manager required
  - Receive and perform checks of each contract's beneficiary sample file to ensure completeness

Roles and Responsibilities Survey Vendors *(cont'd)*

- Survey vendors will:
  - Verify each contract's survey vendor authorization
  - Maintain confidential and secure data operations
  - Maintain the confidentiality of beneficiaries (either directly or indirectly)
    - HIPAA (PHI and PII)
  - Develop and update a Quality Assurance Plan (QAP)
  - Administer the survey(s) and oversee staff
    - Including subcontractor staff (if applicable)
  - Submit files to the secure Data Warehouse
    - All returned surveys received up to three days prior to the Interim Data File submission due date must be processed and included in the Interim Data File submission
    - Survey vendors must submit a signed Attestation Statement with both the interim and final data submission files affirming the accuracy and completeness of the data files
  - Review data submission reports
  - Participate in all oversight activities (includes subcontractors)

Roles and Responsibilities Survey Vendors *(cont'd)*

- Survey vendors will:
  - Obtain and maintain a CMS Data Use Agreement (DUA) with CMS by utilizing the electronic Enterprise Privacy Policy Engine (EPPE)
    - https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/Enterprise-Privacy-Policy-Engine.html
    - Existing vendors must maintain their MA & PDP CAHPS DUA with CMS, including ensuring all contact information is correct
- Your CMS DUA prohibits release of beneficiary level data to any entity other than the MA & PDP CAHPS Project Team
- CMS DUAs are specific to a project
- CMS will not approve the DUA if your organization has another DUA that has expired
- CMS DUA Resources:
  - go.cms.gov/privacy

DUA Guidance for New Vendors

- Newly participating vendors must execute a DUA through the EPPE system
  - Vendors must complete EPPE training before accessing the system to submit DUA actions
  - For information and training materials on how to establish a new DUA, visit: https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-Contractors
  - For assistance with EPPE, review the EPPE FAQs on the CMS website:

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

DUA Guidance for Existing Vendors

- Existing vendors must extend and update their current DUAs through the EPPE system and complete an addendum if applicable
  - Extend current DUA for another year to retain MA & PDP CAHPS sample and survey data well in advance of the DUA expiration date
  - Update current DUA to include 2021 MA & PDP CAHPS sample and survey data
  - Document a new subcontractor by submitting an addendum to the DUA
    - Complete form CMS-R-0235A
    - Any subcontractor with direct access to the PII and/or PHI provided by CMS must be included in your existing DUA
    - Upload the signed form in EPPE

DUA Guidance for Existing Vendors *(cont'd)*

- After your organization's DUA request has been submitted in EPPE, you will receive email notification of approval
- This process may take several weeks from start to finish
- Be sure to email a copy of your DUA to MA & PDP CAHPS Technical Assistance at MA-PDPCAHPS@hsag.com

DUA Requires Safeguarding of PII and PHI

- The MA & PDP CAHPS sample file delivered to each vendor contains PII and PHI
- As a CMS data user, you are required to keep PII and PHI secure
- When transmitting PII to service providers (e.g., for phone look-up), or PII and PHI to subcontractors for mail survey or telephone interviews, you must use secure methods
  - Secure file transfer protocol (SFTP) ensures an encrypted transmission connection
  - If email is used, files must be securely encrypted, and the password or key to decrypt the file must be communicated directly (not via email, or left on voicemail)
- The project team will provide vendors an informational flyer regarding DUA requirements
  - We encourage survey vendors to share this with service providers and subcontractors
  - Outlines CMS data user responsibilities
  - Includes guidance for protecting PII/PHI

DUA Restricts the Use of Sample and Survey Data

- No data may be appended without advance written permission from CMS
  - Survey vendors must submit all requests via email to MA-PDPCAHPS@hsag.com for review and approval
  - The request must include:
    - A list of the specific data items that are to be appended, including a clear description of the data items
    - The categories the data items would be classified into plus their associated counts
    - The source of the data items
    - A brief summary (approximately three to five sentences) that clearly explains the proposed analysis
  - Data append requests must be submitted using the Excel template format included in Appendix O
    - Include a new spreadsheet each time a request is submitted (i.e., do not add new identifiers to a previously submitted spreadsheet and resubmit)
  - Approvals to append data are for the 2021 calendar year only
  - Additional guidance on appending data can be found in Appendix O

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Sample Design and Beneficiary Selection

Objectives

- Administration of the MA & PDP CAHPS Survey
- Sample Selection and Eligibility Criteria
- Sample File Content and Layout
- Delivery of Sample File

Administration of the MA & PDP CAHPS Survey

- Contracts may provide their "Do Not Survey" list to supplement survey vendor's list
  - If a vendor uses a "Do Not Survey" list provided by a contract, the vendor must document the process used by the contract to place beneficiaries on the list
- If a beneficiary named in the survey vendor's or contract's "Do Not Survey" list appears in the sample drawn by CMS and data collection has <u>not</u> been initiated:
  - Remove the beneficiary from the sample and assign a Final Disposition Code of "40 – Excluded from survey." Minimum matching includes both name and address.
- If a beneficiary named in the survey vendor's or contract's "Do Not Survey" list appears in the sample drawn by CMS and data collection <u>has</u> been initiated:
  - Assign the beneficiary a Final Disposition Code of "32 – Refusal"
- Beneficiaries who refuse participation in future surveys should be added to the survey vendor's "Do Not Survey" list

Eligibility Criteria

- The MA & PDP CAHPS Survey is conducted with a sample of Medicare beneficiaries who are:
  - At least 18 years of age
  - Enrolled in the MA or PDP contract continuously for six months or more at time of CMS sample draw in January 2021
    - Continuous enrollment determined using CMS monthly enrollment data
  - Living in the United States
  - Beneficiaries known to be institutionalized at the time of the sample draw are excluded
- CMS sample procedures prevent the selection of more than one enrollee per household
- CMS will draw the sample and provide approved survey vendors with sample files for each Medicare contract

Sample Selection for MA Contracts

- Samples for the 2021 MA & PDP CAHPS Survey will be selected for MA and PDP contracts' current enrollees, including 1876 cost contracts and Medicare-Medicaid Plans, in January
- Sample size varies by type of contract:
  - For MA contracts with 800 or more eligible enrollees, CMS will sample 800 cases
    - Contracts may request a larger sample
  - For MA contracts with between 600 and 799 eligible enrollees, CMS will sample all eligible cases
  - MA contracts with between 450 and 599 eligible enrollees have the option to participate in the survey, but participation is not required
    - Contracts that choose to participate will have their scores reported and used in Star Ratings
  - MA contracts with fewer than 450 eligible enrollees may not participate in the survey

Sample Selection for PDPs

- For PDP contracts with 1,500 or more eligible enrollees, CMS will sample 1,500 cases
  - Contracts may request a larger sample
- For PDP contracts with between 600 and 1,499 eligible enrollees, CMS will sample all eligible cases
- PDP contracts with between 450 and 599 eligible enrollees have the option to participate in the survey, but participation is not required
- PDP contracts with fewer than 450 eligible enrollees may not participate in the survey

Sample File Content

- CMS will provide the most complete and current contact information available for sampled beneficiaries
- Contracts may request oversample for 2021 survey administration by December 2, 2020
  - Oversample requests will be made via a web-based form
    - If insufficient eligible enrollees are available to completely fill an oversample request, CMS attempts to fill the request up to the number of eligible beneficiaries

Sample File Layout

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Numeric	Unique Respondent Finder Number Assigned by MA & PDP CAHPS Survey Data Coordination Team
FNAME	9	30	Text	CMS Beneficiary First Name
MNAME	39	15	Text	CMS Beneficiary Middle Name
LNAME	54	40	Text	CMS Beneficiary Last Name
DOB_C	94	8	yyyymmdd	Date of Birth
ZIP	102	9	Char	Mailing Address ZIP Code
ADDR1FINAL	111	50	Text	Mailing Address Line 1
ADDR2FINAL	161	50	Text	Mailing Address Line 2
CITY	211	40	Text	Mailing Address City Name
PR_CD	251	28	Text	Puerto Rican Urbanization Code
STATE	279	2	Char	Mailing Address USPS State Code
FIPS_STATE	281	2	Char	CMS State FIPS Code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS County FIPS code, 3 numbers with leading zeros

Sample File Layout *(cont'd)*

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female
CONTRACT	287	5	[H,R,E,S]nnnn	Five character contract number: Beginning with a letter, H, R, E or S, followed by 4 numbers
TYPE	292	1	1-3	Survey Type code: indicating which survey version to administer: 1 = MA-Only; 2 = MA-PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
TELEPHONE NUMBER	343	10	Char	Telephone Number
LAND/MOBILE PHONE	353	1	L/M/U	L = Land line; M = Mobile; U = Unknown
SPANISH PREFERENCE	354	1	Y/N	"Y" Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	355	1	Y/N/U	Low Income Subsidy Indicator Data values: Y = Yes, eligible; N = No, not eligible; U = Eligibility unknown
DUAL ELIGIBLE	356	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible; N = No, not eligible U = Eligibility unknown
MMP	357	1	Y/N	"Y" Indicates the contract is an MMP contract
SPANISH PREFERENCE PROBABILITY	358	8	Numeric	Spanish Preference Probability Estimates using MBISG 2.1. Valid values range from 0.000000 to 1.000000

Delivery of Sample File

- The MA & PDP CAHPS Survey Project Team will:
  - Create a separate file for each survey vendor
  - Distribute the sample file via the MA & PDP CAHPS Survey Data Warehouse
    - Survey vendor access is restricted to their own files
    - PGP required
    - Public Key encryption required
  - Authorize survey vendors to access the Survey Data Warehouse

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Data Collection Protocol

Objectives

- Overview
- 2021 Data Collection Schedule
- Inbound CATI Protocol
- Mail Protocol
- Telephone Protocol
- Supplemental Questions
- Administering the Survey in Other Languages
  - New for 2021: Tagalog

Overview

- Mixed-mode survey administration
- Proxy respondents are permitted
  - Sampled beneficiaries who are unable to directly respond
  - Permission must be received from the beneficiary to interview a proxy by telephone
- Approved survey translations
  - Spanish (required)
  - Chinese (optional)
  - Vietnamese (optional)
  - Korean (optional)
  - Tagalog (optional)

2021 Data Collection Schedule

Pre-Data Collection Tasks

Survey Vendor Task	Date	Time Frame in Survey Field Period
Survey vendors must complete and email a Vendor Access to MA & PDP CAHPS Data Warehouse Form to MA-PDPCAHPSTECHSUPPORT@rand.org	11/12/2020	-112 days
Survey vendors must submit English mail survey and English CATI script materials to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	11/24/2020	-100 days
Vendors provide toll-free customer support telephone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2021 customer support must be provided to MA-PDPCAHPS@hsag.com. CMS will generate customized pre-notification letter for each vendor at a later date that includes the telephone number provided.)	12/2/2020	-92 days
Health plan request for contract-level oversample (Authorized contract staff submit a web-based request in which they select the desired contract, enter the size of the requested oversample)	12/2/2020	-92 days

2021 Data Collection Schedule *(cont'd)*

Pre-Data Collection Tasks (cont'd)

Survey Vendor Task	Date	Time Frame in Survey Field Period
Health plan must complete the web-based survey vendor authorization process to authorize survey vendor to administer the 2021 MA & PDP CAHPS Survey	12/2/2020	-92 days
Survey vendors must submit any supplemental questions for approval	12/3/2020	-91 days
Survey vendors must submit Spanish (and Chinese, Vietnamese, Korean, and/or Tagalog if applicable) mail surveys to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	12/15/2020	-79 days
Survey vendors must complete a new DUA or update existing DUA and submit to CMS and provide a confirmation to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com). Subcontractors that see beneficiary-level data (e.g., name, address, telephone number) must also have a DUA Addendum in place with CMS.	1/5/2021	-58 days
Survey vendors must submit QAP to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	1/5/2021	-58 days

2021 Data Collection Schedule *(cont'd)*

Data Collection Tasks

Survey Vendor Task	Date	Time Frame in Survey Field Period
Vendors download 2021 sample file	2/11/2021	-21 days
Mail out a pre-notification letter to all sampled members one week before the first survey questionnaire mailing	3/4/2021	day 1
Customer Support Telephone Center opens (toll-free telephone number required)	3/5/2021	days 2-86
Mail-out of the first questionnaire with cover letter within one week of the pre-notification letter. Begin inbound CATI protocol.	3/10/2021 – 3/11/2021	days 7-8
Mail-out of the second questionnaire with cover letter to all non-respondents within <u>four</u> weeks after first mailing	3/31/2021 – 4/1/2021	days 28-29
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey (1st attempt must occur during this time)	4/21/2021 – 4/27/2021	days 49-55

2021 Data Collection Schedule *(cont'd)*

Data Collection Tasks (cont'd)

Survey Vendor Task	Date	Time Frame in Survey Field Period
Submit interim data files to CMS (RAND). Survey vendors may begin to submit data on 4/27/2021 but must have an interim data file submitted, and deemed to be fully correct and accepted, by 4/29/2021. No interim submission of MMP data is required.	4/27/2021 – 4/29/2021	days 55-57
Conduct additional telephone attempts by CATI according to the following specifications: • Call attempts must occur in three different calendar weeks • Call attempts must be scheduled at different times of the day and on different days of the week • The 5th call attempt must occur no sooner than 21 days after the 1st call attempt, if a 5th call attempt is necessary	4/28/2021 – 5/28/2021	days 56-86
Survey vendors must submit the Vendor Report of Outbound CATI to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	4/30/2021	day 58

2021 Data Collection Schedule *(cont'd)*

Data Collection Tasks (cont'd)

Survey Vendor Task	Date	Time Frame in Survey Field Period
Cutoff date for returned mail surveys	5/28/2021	day 86
Customer support toll-free line closes	5/28/2021	day 86
Outbound telephone interviewing ends	5/28/2021	day 86
Submit final MA & PDP CAHPS data files to CMS approximately two weeks after close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/15/2021, but vendors must have a final data file submitted, and deemed to be fully correct and accepted, by 6/17/2021.	6/15/2021 – 6/17/2021	days 104-106
Vendors serving MMP contracts submit the data from the fixed set of national MMP supplemental items approximately three weeks after the close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/22/2021 but vendors must have a final data file submitted, and deemed to be fully correct and accepted, by 6/24/2021.	6/22/2021 – 6/24/2021	days 111-113

Inbound CATI Protocol

- Survey vendors are required to provide inbound Computer Assisted Telephone Interviewing (CATI) interviews during the mail component of mixed mode data collection
  - After the first questionnaire mailing has occurred on March 11, 2021
  - Sampled member calls survey vendor customer support requesting to complete the survey by telephone
  - Requires CATI data collection to be operational for inbound requests at the start of the mail administration time period
  - Procedures must be in place to conduct regular monitoring of inbound telephone calls from the start of survey administration across all languages in which the survey is administered
  - The CATI script includes introductory text for inbound calls from beneficiaries requesting to complete the survey

Inbound CATI Protocol *(cont'd)*

- If an interviewer is not available at the time of the sampled member's inbound call, survey vendor is permitted to:
  - Schedule an appointment to call sampled member at the time requested by sampled member
    - If survey vendor calls at the scheduled time and receives no response, survey vendor must make at least one additional attempt (on the next day at the same time) to contact sampled member
- If an MA & PDP CAHPS Survey is not completed as a result of the inbound CATI protocol, then standard mail and telephone CATI protocols should be resumed and continued
  - Inbound CATI call attempts with an unsuccessful survey completion do not count toward the telephone protocol five call attempts

Mail Protocol

- Pre-notification Letter
  - CMS will provide two versions (one for MA-Only/MA-PD and one for PDP)
  - Full name and address on envelopes
  - Letter provided to survey vendors will be dated March 4, 2021
  - Contains a salutation personalized to include the beneficiary's name using the sample variables FNAME and LNAME
  - Include survey vendor's customer support telephone number
    - Provided to CMS in advance by the survey vendor
  - Envelope marked "Return Service Requested" or "Address Service Requested" or "Change Service Requested" or "Electronic Service Requested"
  - CMS logo must appear in the return address section of the letter and with the survey vendor's return address on the envelope
  - Font equal to or larger than
    - Times New Roman 12
    - Arial 12

Mail Protocol *(cont'd)*

- Pre-notification Letter *(cont'd)*
  - Pre-notification letter required to be printed with English on one side and Spanish on the other side; however, if a contract contains a substantial number of Chinese, Vietnamese, Korean, or Tagalog speakers, option of including an English-Chinese, or English-Vietnamese, or English-Korean or English-Tagalog letter is permitted
- No banners are permitted to be printed on any mailing envelopes (e.g., Important Information Enclosed)
- The pre-notification letter envelope must be white; colored envelopes are not permitted

Mail Protocol *(cont'd)*

- Survey Cover Letters
  - Printed on a separate sheet of paper not attached to questionnaire
  - Printed using the CMS logo and the return address of the survey vendor
    - Optional to include the MA or PDP logo (or the MA or PDP parent organization logo)
  - Cover letter for first questionnaire mailing dated March 11, 2021
  - Cover letter for second questionnaire mailing dated April 1, 2021
  - Salutation must be personalized with beneficiary name using the sample variables FNAME and LNAME
  - Signature of CMS official
  - Font size equal to or larger than
    - Times New Roman 12
    - Arial 12
  - Provide for a translated survey request, if applicable

Mail Protocol *(cont'd)*

- Questionnaire Formatting and Printing
  - Full questionnaire title with year <u>must</u> be placed at the top of page one
  - The beneficiary's name must <u>not</u> be printed on the questionnaire
  - First page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement and number, which may be printed in 10 point font
    - The OMB clearance statement and number may also appear on the cover letter
  - All survey instructions must be printed at the top of the first page of the questionnaire

Mail Protocol *(cont'd)*

- Questionnaire Formatting and Printing *(cont'd)*
  - Question and answer category wording must not be changed
    - All answer categories must be listed vertically except for multi-mark questions with a grid response format
  - No changes to the order of the Core MA & PDP CAHPS Survey questions
  - No changes permitted to the order of About You questions, whether placed before or after any supplemental questions
  - About You questions cannot be eliminated from the questionnaire
  - No changes permitted to the order of the answer categories for the Core and About You questions
  - Question and answer categories must remain together in the same column and on the same page

Mail Protocol *(cont'd)*

- Questionnaire Formatting and Printing *(cont'd)*
  - Presentation of questions and response options (vertical vs. horizontal presentation of response options, use of matrix or grid format) cannot deviate from the format presented in the survey templates provided by the MA & PDP CAHPS Survey Project Team
    - The only questions approved for presentation in a matrix or grid format are the required survey items in the questionnaires distributed by CMS (and matrix formatted supplemental questions approved by CMS)
  - The contract marketing name provided in the sample file must be printed on the last page of the survey
    - Additional names are permitted on the last page of the survey(s), preceded by the phrase: "You may also know your plan by one of the following:" The contract number is NOT to be included on the last page of the survey instrument(s).

      Example:
      Contract marketing name: XYZ Plan
      You may also know your plan by one of the following:
      ABC Plan
      CDD Plan
      EFG Plan

Mail Protocol *(cont'd)*

- Questionnaire Formatting and Printing *(cont'd)*
  - Form tracking ID linked to the Unique Respondent Finder Number must be printed on the last page of each survey
    - Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the last page of the survey and other materials is acceptable
  - An identifier to differentiate between the first and second mailing must be included on each survey
  - Survey vendor's return address for mail processing must appear on both the back cover of the questionnaire and on the bottom of the last page containing survey questions
  - No deviations from this guidance are permitted

Mail Protocol *(cont'd)*

- Questionnaire Formatting and Printing *(cont'd)*
  - All questionnaires must be printed using a font size of Times New Roman or Arial 12 or larger
  - All questionnaires must be printed with black text
  - Survey vendors may print questionnaires on white paper (with or without a highlight color) or on colored paper
    - Use of colored paper must be limited to pastel hues; colors that may reduce readability, such as neon or dark colors, are prohibited

Mail Protocol *(cont'd)*

- Recommended Questionnaire Formatting Guidelines
  - Two-column format
  - Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
  - Survey vendors may use ovals or circles instead of boxes for response items
  - Survey vendors may place a code on the mail survey in order to facilitate identifying the survey type when assisting beneficiaries
  - Survey vendors may use pre-codes placed to the left of the response options as superscript or subscript. Pre-codes should not be used on 0-10 responses.

Mail Protocol *(cont'd)*

- Recommended Questionnaire Formatting Guidelines *(cont'd)*
  - Place the survey instructions on a separate page, rather than at the top of the first page of substantive survey questions
  - Use of color as a visual cue to promote navigation between survey questions *(see examples below)*:

Your Health Care in the Last 6 Months

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

22. In the last 6 months, did you take any prescription medicine?

☐ Yes
☐ No → **If No, Go to Question 24**

23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Mail Protocol *(cont'd)*

- Mail Packet
  - Envelope must be printed with the CMS logo and survey vendor return address
  - Use of window envelopes as a quality measure is permissible to ensure that each sample member's survey package is mailed to the address of record for that beneficiary
    - No personal information, other than beneficiary name and address, should be visible through the window
  - Survey vendors have the option of placing the MA or PDP logo on survey mailing envelopes
  - No banners are permitted to be printed on any mailing envelopes (e.g., Important Information Enclosed)
  - A prepaid Business Reply Envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service must be included in each outgoing package

Mail Protocol *(cont'd)*

- Data Receipt and Processing
  - Track by date of receipt
  - Key-entry or scanning technology
  - Ambiguous responses decision rules
- Beneficiary Correspondence
  - Survey vendors must forward beneficiary correspondence (i.e., white mail) to the project team on a bi-weekly basis for CMS review
  - White mail includes:
    - Notes from members written on separate pieces of paper
    - Separately mailed letters
    - Cover letters, pre-notification letters, and envelopes with beneficiary comments
  - If vendors receive comments that indicate an individual's health or well-being is at risk, vendors should follow their own standard procedures for handling this type of information prior to forwarding the correspondence

Mail Protocol *(cont'd)*

- Quality control
  - Conduct interval checking of printed mail pieces
  - Include, track, and verify seeded mailings
    - Strongly encourage that recipients of the seeded mailings be vendor staff at an address other than the vendor's business address
    - The MA & PDP CAHPS Survey project team must receive a seeded mailing for each of the three survey types, MA-Only, MA-PD, and PDP (as applicable) for the first and second mailings
    - Documentation of seeded mailings should include date of receipt and any quality checks conducted on the seeded mail packets
  - Perform address validation and updates
  - Conduct timely data verification
  - Ensure scanning and key entry staff are trained on and understand decision rules
    - Survey vendors must conduct regular quality checks of scanned survey data to verify decision rules are correctly applied
- Data retention and storage
  - All data files, audio recordings, paper questionnaires, and/or scanned images must be stored:
    - In a secure and environmentally controlled location
    - For minimum of three years
  - The retention requirement also applies to sample information

Telephone Protocol

- CATI
  - Program with official telephone script
  - Program skip pattern questions appropriately
  - Link electronically to survey management system
  - Predictive or auto dialers are permitted as long as they are compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations as promulgated under the Telephone Consumer Protection Act (TCPA) and there is a live interviewer available to interact with the beneficiary
    - Survey vendors may identify cell phone numbers through an external database so that systems with auto dialers do not call cell phone numbers
    - Survey vendor must submit an Attestation form to document that it has met its compliance or legal department's TCPA requirements for dialing cell phones
  - Interviewer records respondent answers electronically
  - Caller ID may be programmed to display "on behalf of [Health or Drug Plan Name]" with the permission and compliance of the health or drug plan's HIPAA/Privacy Officer
    - Survey vendors must <u>not</u> program the caller ID to display only "[Health or Drug Plan name]"

Telephone Protocol *(cont'd)*

- Eligible Beneficiaries
  - Did not respond to mail surveys
  - Returned a blank or incomplete mail survey that does not fulfill the rules defining a completed or partially completed survey
  - No valid address available after reasonable attempts to obtain

Telephone Protocol *(cont'd)*

- All vendors must pursue telephone numbers for beneficiaries eligible for telephone follow-up from at least two sources from the list below
  - Sample file from CMS
  - Number look-up service for 100% of the sample file
  - Directly from contract
    - A list of numbers for all Medicare contract members
    - Sample must not be shared with contract
    - Share no information with contract that might identify a beneficiary
  - Directory websites or applications for 100% of the sample
  - Directory assistance
- Phone numbers that have been identified as bad or nonworking by a phone append vendor must be dialed at least one time to verify that the number is still bad or nonworking

Telephone Protocol *(cont'd)*

- Survey vendor must attempt to reach every beneficiary identified for telephone follow-up until the beneficiary is contacted, found ineligible, or the required call attempts have been made:
  - Different times of day, on different days of the week, and in different weeks
  - The 5th call attempt must occur no sooner than 21 days after the first call attempt, if a 5th call attempt is necessary

Telephone Protocol *(cont'd)*

- Vendors should use multiple numbers if available
  - The maximum number of attempts to a specific phone number is five; the maximum number of attempts for a beneficiary is five per each number dialed
  - After five attempts to contact the beneficiary at a specific number have been made, no further attempts are to be made to that number and a second number, if available, must be dialed
    - If a second or third phone number is dialed for the beneficiary, each of those numbers is eligible for five attempts
  - Survey vendors must describe the process for handling multiple telephone numbers for a single beneficiary during the telephone protocol of data collection in their QAP

Telephone Protocol *(cont'd)*

- An attempt is defined as:
  - Telephone rings six times with no answer
  - Beneficiary requests call back
  - Telephone answered by someone other than beneficiary who is unavailable
  - Busy signal for each of three consecutive attempts (made approximately at 20 minute intervals, if possible)
  - Answering machine or privacy manager reached
  - Disconnect/out of service
- Beneficiary cases finalized as maximum attempts must have had dialings over no fewer than 21 calendar days

Telephone Protocol *(cont'd)*

- Vendors must complete and submit an MA & PDP CAHPS Vendor Report of Outbound CATI
  - The Excel template for the report may be found in Appendix P of the QAP&TS V11.0
  - First report is due April 30, 2021
  - Vendors may be required to submit additional follow-up reports on a weekly basis during outbound CATI

Telephone Protocol *(cont'd)*

- Telephone Script
  - Standardized telephone script provided by CMS
  - Text must not be modified
  - Script must be read verbatim
  - If a survey vendor subcontracts with another firm to conduct telephone interviewing, the survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to ensure compliance with protocols, procedures, and guidelines

Telephone Protocol *(cont'd)*

- Telephone interviewer training
  - Telephone script and CATI programs
  - Survey introduction
  - Guidelines for reaching beneficiaries
  - Identifying possible ineligible beneficiaries
  - Definition of telephone attempts
  - Interviewing guidelines and conventions
    - System conventions, e.g., CATI screens, interim disposition codes
    - Avoiding refusals
    - Probing for complete answers
    - Use of neutral acknowledgment words (Thank you, I understand, I see, Yes Ma'am, Yes Sir, or Let me repeat the question/responses for you) is permitted
    - The occasional use of the beneficiary's name during the interview is permitted
  - If a beneficiary answers "No" to the health or drug plan of record question and does not know the name of their health or drug plan, the interviewer should continue the survey administration and not terminate the call. The interviewer should ask the beneficiary to answer the questions as best as they can thinking about the plan they were enrolled in during 2020.
- Customer support FAQs

Telephone Protocol *(cont'd)*

- Monitoring and oversight
  - Survey vendors and subcontractors, if applicable, must share in 10% of all interviews through silent monitoring
    - Attempts and completed interviews
    - All interviewers
    - All times of day
    - Different days of the week
    - All languages in which the survey is administered
  - Procedures must be in place to conduct regular monitoring of inbound CATI starting March 10, 2021
  - Procedures must be in place to conduct regular monitoring of outbound CATI starting April 21, 2021

Telephone Protocol *(cont'd)*

- Monitoring and oversight *(cont'd)*
  - Monitoring of recorded calls must be completed within three days of the recording
    - Any needed performance feedback must be delivered to interviewers no later than their next scheduled work shift after the review of the recording
  - Interviewers who consistently fail to follow the phone script verbatim, fail to employ proper probes, fail to remain neutral and courteous, are difficult to understand, or have difficulty using the computer, <u>must</u> be identified and retrained or replaced, if necessary

Supplemental Questions

- Maximum of 12 supplemental questions
  - Supplemental questions for proposed use in 2021 survey administration must be submitted to CMS for review and consideration of approval using the Excel template found in Appendix N of the QAP&TS V11.0
    - Questions submitted for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by contract)
    - Supplemental questions approved for use in 2020 survey administration are automatically approved and do not need to be resubmitted for 2021. Previously approved questions cannot be revised in any way.
    - Questions from the 2016 MA & PDP CAHPS Survey versions that were deleted from the 2017 surveys are approved as supplemental questions and do not need to be submitted for approval
    - Questions denied for 2020 survey administration must <u>not</u> be resubmitted unless revised to conform to the supplemental question guidelines
  - Supplemental questions that contain multiple part response items (e.g., questions a through e) will count as multiple questions toward the maximum cap of 12 supplemental questions
  - Suggestions for supplemental items can be found on AHRQ website

Supplemental Questions *(cont'd)*

- All supplemental questions must be submitted no later than December 3, 2020
- After submission of supplemental questions, if confirmation email is not received within two business days, survey vendor should resubmit or contact MA & PDP CAHPS Technical Assistance line to confirm receipt
- Additional guidance on supplemental questions can be found in Appendix N of the QAP&TS V11.0

Supplemental Questions *(cont'd)*

- Supplemental items required for MMPs
  - All MMPs participating in the 2021 MA & PDP CAHPS Survey are required to field a common set of supplemental items
  - Individual states may have additional requirements for MMPs
  - Guidance for MMP supplemental items will be distributed prior to the due date for submission of supplemental questions
  - The list of MMP contracts will be included with the guidance
    - An MMP flag will be included in the 2021 sample file

Supplemental Questions *(cont'd)*

- Supplemental questions must follow the Core questions
- Supplemental questions may be placed before the About You section or after the About You section
- Phrases must be added to indicate a transition to the contract-specific supplemental questions. An example of such phrasing is:

  Now we would like to ask you a few more questions on topics we have asked you about before. These questions provide additional information on these important topics.

- Supplemental questions added to the mail questionnaire must also be added to the corresponding CATI version of the questionnaire

Supplemental Questions *(cont'd)*

- Contracts and survey vendors <u>must</u> <u>avoid</u> using supplemental questions that:
  - Pose a burden to the beneficiary by presenting a complex (multi-part) question or providing more than five response options
  - May affect responses to the MA & PDP CAHPS Survey
  - May cause a respondent to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
  - Could be used to identify a beneficiary either directly or indirectly or that jeopardize respondent confidentiality
  - Ask respondent why he/she chose a particular response to any of the questions
  - Ask respondent how to improve any score previously given
  - Use the phrase "In the last 12 months" (must only refer to a six month period)
  - Are deemed by CMS to be similar to any of the MA & PDP CAHPS Survey questions

Supplemental Questions *(cont'd)*

- Contracts and survey vendors must avoid using supplemental questions that *(cont'd)*:
  - Are similar or duplicative of the Medicare Health Outcomes Survey (HOS) (questions related to fall, exercise, urine leakage)
  - Ask about Star Ratings (in the question or response options)
  - Ask respondent about the need for contract staff or provider training to improve treatment or services
  - Ask any question that is not related to experience of health care (is not a report or rating of care or access to care) nor promotes quality improvement action with regard to a care
  - Address dollar amounts that beneficiaries pay
  - Ask respondent what their future enrollment intentions are
  - Ask respondent for their opinion of written materials
  - Ask respondent to identify the reason health care services may not have been received

Administering the Survey in Other Languages

- CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish, Chinese, Vietnamese, Korean, and Tagalog
- Spanish language questionnaires must be made available to all Spanish-speaking members (both in mail and telephone administration)
- The Chinese language survey is appropriate for members who speak Cantonese or Mandarin
  - Vendors must maintain an interviewer pool that meets the needs of their Chinese speaking beneficiaries (may require interviewers that speak both Cantonese and Mandarin)
- Use of the Chinese, Vietnamese, Korean, and Tagalog language questionnaires is optional, and shall be done at the request of the contract
  - When the optional language questionnaires are used, they must be available for both mail and telephone administration
  - Survey vendors will need to document and report the protocol used to administer Asian language surveys

Administering the Survey in Other Languages *(cont'd)*

- At the request of the contract, vendors may conduct any of the following for **non-Puerto Rico** members:
  1. Include insert with pre-notification and all survey mailings containing instructions to request Spanish, Chinese, Vietnamese, Korean, or Tagalog language survey
  2. Dual language survey mailings (double stuffing)
  3. Survey mailings in preferred language
     - Members identified using language preference data provided by contract or SPANISH PREFERENCE field in sample file

Administering the Survey in Other Languages *(cont'd)*

- Survey vendors must provide a table in their QAP which indicates how the Spanish, Chinese, Vietnamese, Korean, and/or Tagalog surveys are distributed for each contract
  - Survey vendors will be asked to provide updates to this table after the start of survey administration
  - The table will be used as the formal documentation of each vendor's use of and procedures for Spanish, Chinese, Vietnamese, Korean, and Tagalog survey translations

Administering the Survey in Other Languages *(cont'd)*

- Mailing the pre-notification letter to **non-Puerto Rico** members:
  - If contract is <u>not</u> using optional language surveys
    - Pre-notification letter is printed in English on one side and Spanish on reverse
    - Letter provides toll-free number to request a Spanish language survey
  - If contract is using optional language surveys
    - Pre-notification letter is printed in English on one side and in the optional language on reverse
    - Letter provides toll-free number to request Spanish language survey AND toll-free number to request the optional language survey

Administering the Survey in Other Languages *(cont'd)*

- Additional guidance:
  - If a contract provides a vendor with language preference data, the data must include all contract members for whom data is available or applicable
    - Vendors cannot provide any contract with names or other identifying information of sample members
    - Vendors should use name, address, city, and state to confirm a match with the contract's language preference data
    - Vendors should perform reviews of the language preference files received from contracts to ensure data quality, such as checking that the data in the language field is consistent with other fields provided by the contract
  - Vendors need to track if a beneficiary starts the telephone survey in one language and completes it in another language. The survey vendor will need to identify the point at which the interviewer switched languages.

Administering the Survey in Other Languages *(cont'd)*

- The survey must be administered in Spanish for members residing in Puerto Rico
- Options for members in Puerto Rico:
  - Include English instructions for requesting an English survey with the pre-notification letter and all survey mailings
  - Include an English language survey in all mailings of the Spanish language questionnaire (double stuff)
  - Send an English survey only in all survey mailings to members known to prefer English
    - Those members would be identified using language preference data received from the contract

Data Collection Protocol Summary

- Data collection procedures represent:
  - Standardized administration of the survey instruments to promote data validity
  - Survey protocols designed to achieve high response rates
  - Consistency of data collection across participating contracts

CENTERS FOR MEDICARE & MEDICAID SERVICES

Data Analysis and Reporting

Overview

- Public Reporting of Medicare CAHPS Data
- Additional Reporting of Medicare CAHPS Data to Contracts
- Measures That Will be Publicly Reported
- CMS Analysis of MA & PDP CAHPS Survey Data
- Survey Vendor Analysis of Data
- MA & PDP CAHPS Statistical Information on the Project Website

Public Reporting of 2021 MA & PDP CAHPS Survey Data

- CMS publicly reports 2021 Medicare CAHPS Survey data by contract (MA and PDP) and state (FFS)
  - Medicare & You Handbook (limited information)
  - Medicare Plan Finder (additional measures) www.medicare.gov
  - Part C and D Star Ratings page on http://go.cms.gov/partcanddstarratings
- Purpose of public reporting
  - Help beneficiaries choose coverage
  - Inform contracts' quality improvement efforts
  - Incentive for contracts to improve performance
  - Accountability and transparency
  - Inform CMS and policymakers

Additional Reporting of 2021 Medicare CAHPS Data to Contracts

- CMS provides preview reports to contracts before data are posted on www.medicare.gov
  - Official CAHPS preview reports emailed to Medicare Compliance Officers in late August
  - CMS provides additional data to assist health and drug plans in their review of CAHPS during the Star Ratings preview periods

Additional Reporting of 2021 Medicare CAHPS Data to Contracts *(cont'd)*

- CMS provides more detailed reports to MA and PDP contracts
  - Official CAHPS contract reports provided via email to Medicare Compliance Officers in late fall
- Reports summarize contracts' survey results and compare contract scores at state and national levels
  - Global ratings
  - Individual items
  - Composite measures
  - Other measures
  - Response rate

CMS Analysis of 2021 MA & PDP CAHPS Survey Data: Overview

- CMS employs linear mean scoring, not "top-box" scoring
- Use of composite measures
- Weighting
- Case-mix adjustment
- Significance testing, reliability, and star assignment
- Response rate calculation

Official MA & PDP CAHPS Scoring Is Linear Mean Scoring, Not Top-Box Scoring

- Top-box scoring, which is employed in some other surveys, only reports the proportion of responses in the most positive category
- In contrast, linear mean scoring, the official MA & PDP CAHPS scoring, reports an average based on all survey responses

Transformation to 0-100 Scale

- Linear mean scores for CAHPS measures are transformed to 0-100 scale for public reporting
  - Both single items and composites
- 0-100 transformation occurs after calculation of mean score
  - 0 represents lowest possible mean score
  - 100 represents highest possible mean score
- In contract reports, linear mean scores are also reported without transformation (calculated using the original response scale)

Use of Composite Measures

- Scores on questions about same topic are combined to form composite scores
- Items in a composite generally given equal weight
  - Exceptions: Getting Needed Prescription Drugs and Care Coordination

Formula for Transformation to 0-100 Scale

- Let X = the CAHPS score on its original scale, ranging from a minimum value of "*a*" to a maximum value of "*b*"
  - For item or composite using response options of *Always, Usually, Sometimes, Never,*
    - $a = 1$ (Never on all items), $b = 4$ (Always on all items)
  - For a 0-10 response scale,
    - $a = 0$, $b = 10$
- 0-100 score Y can be calculated as

$$Y = \frac{(X - a) * 100}{(b - a)}$$

- *Always*, *Usually*, *Sometimes*, *Never*, convert to 100, 66 2/3, 33 1/3, 0
- Ratings of *10, 4, 1*, convert to 100, 40, 10

Linear Mean Scoring (1-4): Getting Needed Care

	How often is it easy to get appointments with specialists?	How often is it easy to get needed care, tests, or treatment?
Person 1	Always (4)	Sometimes (2)
Person 2	X	Never (1)
Person 3	Usually (3)	X
Average Score	**3.5**	**1.5**

Composite score = (3.5+1.5)/2 = **2.5**

Conversion to 0-100 Scale: Getting Needed Care Example

- 0-100 score Y can be calculated as

$$Y = \frac{(X-a)*100}{(b-a)}$$

$$Y = \frac{(\mathbf{2.5}-1)*100}{(4-1)}$$

$$Y = \frac{(1.5)*100}{3}$$

$$Y = \mathbf{50}$$

Special Case: Getting Needed Prescription Drugs

- This composite covers two topics
  - *How often was it easy to use your plan to get the medicines your doctor prescribed*
  - Ease of filling prescriptions
- The first topic is assessed by one item. The second topic is assessed by combining two items:
  - *How often was it easy to use your plan to fill a prescription at your local pharmacy*
  - *How often was it easy to use your plan to fill a prescription by mail*

	… local pharmacy	… by mail	Combined item
Person 1	Sometimes (2)	(did not use)	2
Person 2	(did not use)	Always (4)	4
Person 3	Usually (3)	Always (4)	3.5

- The combined pharmacy/mail score is averaged with the first item's score to produce the composite score

Linear Mean Scoring (1-4): Getting Needed Prescription Drugs

	How often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?	Combined pharmacy/mail items
Person 1	Always (4)	2
Person 2	X	4
Person 3	Usually (3)	3.5
Average Score	**3.5**	**3.167**

Composite score = (3.5+3.167)/2 = **3.333**

Conversion to 0-100 Scale: Getting Needed Prescription Drugs Example

- 0-100 score Y can be calculated as

$$Y = \frac{(X-a)*100}{(b-a)}$$

$$Y = \frac{(\mathbf{3.333}-1)*100}{(4-1)}$$

$$Y = \frac{(2.333)*100}{3}$$

$$Y = \mathbf{77.77}$$

Further Examples of Transformation to 0-100

- Mean score on Getting Appointments and Care Quickly = 3.589
  - Transformed score = (3.589−1)/(4−1)*100 = 86.30

- Mean score on Rating of Health Plan = 8.859
  - Transformed score = (8.859−0)/(10−0)*100 = 88.59

Overview of Scoring of Care Coordination Composite

- 6-item composite
- Item 4 has different response scale than other items
- Item 6 can be recoded based on responses to item 5
- Details appear on the following slides

Initial Scoring of the Care Coordination Composite

	Response Options
Item 1: Personal MD had medical records or other info about care	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often talk about Rx medications	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: MD informed about care from specialists	Never (1) Sometimes (2) Usually (3) Always (4)
Item 4: Get needed help to manage care	No (2) Yes, somewhat (3) Yes, definitely (4)
Item 5: MD office follow up to give test results	Never (1) Sometimes (2) Usually (3) Always (4)
Item 6: Got test results as soon as needed	Never (1) Sometimes (2) Usually (3) Always (4)

Care Coordination Composite Example: Initial Responses

	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6
Person 1	Usually	Always	Always	No	Never	Sometimes
Person 2	Always	Sometimes	X	Yes, definitely	Always	Sometimes
Person 3	Sometimes	Usually	Never	X	Sometimes	Never

Further Scoring of the Care Coordination Composite

- Special case: scoring of items 5 and 6
  - Those answering item 5 as Never (1) are asked to skip item 6
  - If item 5 is Never (1), item 6 is recoded to Never (1) regardless of whether or how item 6 was answered
  - Items 5 and 6 are averaged to generate a single item score
- Composite score is the weighted average of five scores:
  - The scores for items 1-4
  - Average of items 5 and 6, after recoding 6 if needed

Care Coordination Composite Example: Initial Scoring, Including Recoding

	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Combined 5&6
Person 1	3	4	4	2	1	1*	1
Person 2	4	2	X	4	4	2	3
Person 3	2	3	1	X	2	1	1.5
Average Score	**3**	**3**	**2.5**	**3**			**1.833**

*This response was recoded to 1 (Never) because the response to item 5 was 1 (Never)

Care Coordination Composite Example: Creating a Weighted Linear Mean and Rescaling to 0-100

- Composite mean: (3+3+2.5+3+1.833)/5 = 2.667
- This is on a 1.2 to 4 scale, unlike other composites:

  lowest possible = (1+1+1+2+1)/5 = 1.2
- Conversion to 0-100 scale:

  Y = (2.667−1.2)/(4−1.2)*100 = 52.39

Weighting Part C Measures by Part D Status

- Respondent data for each contract are weighted by the ratio of survey-eligible enrollment in the contract to respondents.
- Some MA contracts include both one or more plan benefit packages with a Part D benefit and one or more MA-Only plan benefit packages
  - These two subgroups are therefore differentially weighted in scoring and case-mix calculations for Part C measures in such contracts.
  - Each such contract has one weight for Part D and one weight for non-Part D beneficiaries
  - These weights are the ratio of survey-eligible enrollment to respondents within Part D and non-Part D strata in the contract
  - These weights are necessary to reproduce official scores on Part C measures

Data Cleaning *(1 of 2)*

- Forward-cleaning is used to edit and clean survey data
- Responses to the “screener” (or gate) items control how subsequent items within the questionnaire are treated
- Embedded screener questions (a skip pattern within a skip pattern) are treated in the same way as a primary screener question
  - The embedded skip pattern is evaluated first, followed by the primary skip pattern

Data Cleaning *(2 of 2)*

- Screener items that are not answered are not updated or back-filled based on responses to subsequent items
- If a screener question has a valid response, but the respondent violates the skip instruction by answering dependent questions that should have been skipped:
  - The response to the screener question is retained
  - The responses for the dependent questions are set to “M-Missing” (with one exception for Care Coordination composite, items 5-6)
- If a screener question is not answered, but there are data in the dependent questions:
  - Screener is recorded as “M-Missing”
  - The response for the dependent question is retained and used in analysis

Overview of Case-Mix Adjustment

- Certain respondent characteristics affect responses but fall outside a contract's control
- CMS adjusts for such respondent characteristics when comparing contracts in preview reports and public reporting
- Case-mix adjustment done via linear regression modeling
- Applied to individual items within composites
  - Not to the composite overall
- Not applied to HEDIS items (immunization)

Case-Mix Adjustors

- Case-mix adjustors include
  - Education level
  - Self-reported general health status
  - Self-reported mental health status
  - Proxy assistance or completion of the survey form
  - Dual eligibility*
  - Low income subsidy*
  - Age (calculated as the difference between survey finalization and date of birth)*
  - Asian (Chinese, Vietnamese, Korean, or Tagalog) language survey completion

**CMS administrative data*

3 Components Needed for Contract Case-Mix Adjustment

1. Weighted **contract means** for each case-mix variable
2. Weighted **national means** for each case-mix variable
3. Individual-level model **coefficients** for each case-mix variable

- Vendors have data to calculate the first component
- CMS supplies the second and third components annually on the project website:
  https://www.MA-PDPCAHPS.org/en/scoring-and-star-ratings/

Note: Each of these components is based only on respondents who answered the corresponding CAHPS items

Formula for Case-Mix Adjusted (CMA) Score

- Adjusted Score = Raw Score – Net Adjustment
- Net Adjustment is the sum of a series of products
- Each product is, for a single CMA variable:

  (National Mean – Contract Mean) * Model Coefficient

Reporting of Case-Mix Adjustment

- CMS contractors perform case-mix adjustment
- Case-mix model coefficients are re-estimated each year based on data CMS receives
- Case-mix model coefficients appear each year:
  - In contract reports
  - In Part C and D Star Ratings Technical Notes
  - On the MA & PDP CAHPS project website: https://www.MA-PDPCAHPS.org/en/scoring-and-star-ratings/

Case-Mix Variable Example: Age Range

- Age ranges for Contract A
  - Create five indicator (0 or 1) age variables for each of the six age range groups (age 70-74 is the reference category):

Survey ID	Actual age at time of finalizing survey	Age 64 and under	Age 65-69	Age 75-79	Age 80-84	Age 85 and older
1	65	0	1	0	0	0
2	57	1	0	0	0	0
3	82	0	0	0	1	0
4	71	0	0	0	0	0
5	88	0	0	0	0	1
6	36	1	0	0	0	0
7	66	0	1	0	0	0

Calculating the Contract Mean of Age Range

For Contract A, calculate mean of each of the five age range variables

$\mathbf{H_{\leq 64}}$ = (0+1+0+0+0+1+0) / 7 = 2/7 = **0.29**

$\mathbf{H_{65\text{-}69}}$ = (1+0+0+0+0+0+1) / 7 = 2/7 = **0.29**

$\mathbf{H_{75\text{-}79}}$ = (0+0+0+0+0+0+0) / 7 = 0/7 = **0.00**

$\mathbf{H_{80\text{-}84}}$ = (0+0+1+0+0+0+0) / 7 = 1/7 = **0.14**

$\mathbf{H_{85+}}$ = (0+0+0+0+1+0+0) / 7 = 1/7 = **0.14**

Significance Testing, Reliability, and Star Assignment

- Significance testing is used to compare a contract's mean scores with national mean scores
  - Differences from national mean at the $p<0.05$ level are identified with up or down arrows in contract reports
  - Scores are not reported if an item or composite has fewer than 11 observations in contract reports
  - Significance testing and reliability may affect star assignments
  - Significance test: 5%-level two-sided z-test of equality of contract mean to national mean
- For publicly reported measures, CMS converts mean scores into 0-100 scale and assigns Star Ratings

Calculation of Interunit Reliability

- Interunit reliability (related to Spearman-Brown reliability) is calculated for each contract's score for each measure
  - This 0-1 measure indicates how well the score for a single contract is measured and how well it distinguishes its performance from that of other contracts
  - $R = 1 - V/(V+t^2)$
    - V is the variance of the estimate of the measure for that contract
    - t^2 is the between-contract variance of the means (estimated from a linear random-effects model)

Note: Hereafter "reliability" refers to interunit or contract reliability, not other forms of reliability

Factors Affecting Reliability

- Reliability of the estimates is affected by a number of factors, including:
  - The number of a contract's respondents who answer an item
  - The variability of responses within the contract
  - The amount by which contracts differ from each other nationally on that measure
- Larger sample sizes are likely to increase reliability but may not increase Star Ratings
  - Larger sample sizes may result in CAHPS scores that are higher or lower
  - Higher reliability may or may not change star assignments

Item-Level Reliability Differs From Composite-Level Reliability

- The reliabilities of individual items within composites are reported to contracts for quality improvement purposes
  - Low reliability items may not provide as much information
- The reliability of a composite measure cannot be obtained by averaging the reliability of its constituent items
  - Measurement error decreases with multiple measurements (here multiple items from the same beneficiary in each composite), so that the measurement error for a composite averaging multiple items tends to be less than the average measurement error for individual items
  - The total number of respondents providing information toward the composite might be greater than the number responding to any one item
  - Consequently, a composite often has higher reliability than most or sometimes any of the items that comprise it

Non-reportable, Very-low Reliability Scores and Low Reliability Scores

- Non-reportable scores
  - Based on fewer than 11 respondents
  - Not reported to contracts
  - Do not affect Star Ratings
- Very-low reliability scores
  - Scores with reliability <0.60
  - Do not affect Star Ratings
- Low reliability scores
  - At least 11 respondents
  - Scores with reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability
  - Publicly reported and may affect Star Ratings

When scores have either fewer than 11 respondents or very-low reliability, the label "very-low reliability" is used in contract reports

CAHPS Star Assignment Rules

	Criteria for Assigning Star Ratings
1	A contract is assigned one star if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is lower than the 15th percentile; AND (b) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) below the 15th percentile.
2	A contract is assigned two stars if it does not meet the one-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is lower than the 30th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is lower than the 15th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score and below the 60th percentile.
3	A contract is assigned three stars if it meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 30th percentile and lower than the 60th percentile, AND it is not statistically significantly different from the national average CAHPS measure score; OR (b) its average CAHPS measure score is at or above the 15th percentile and lower than the 30th percentile, AND the reliability is low, AND the score is not statistically significantly lower than the national average CAHPS measure score; OR (c) its average CAHPS measure score is at or above the 60th percentile and lower than the 80th percentile, AND the reliability is low, AND the score is not statistically significantly higher than the national average CAHPS measure score.
4	A contract is assigned four stars if it does not meet the five-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 60th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is at or above the 80th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score and above the 30th percentile.
5	A contract is assigned five stars if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is at or above the 80th percentile; AND (b) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) above the 80th percentile.

CAHPS Star Assignment Rules: Illustration*

Mean Score	Base Group	Signif. below avg., low reliability	Signif. below avg., not low reliability	Not signif. diff. from avg., low reliability	Not signif. diff. from avg., not low reliability	Signif. above avg., low reliability	Signif. above avg., not low reliability
< 15th percentile by > 1 SE	1	1	1	2	2	2	2
< 15th percentile by ≤ 1 SE		2	1	2	2	2	2
≥ 15th to < 30th percentile	2	2	2	3	2	3	2
≥ 30th to < 60th percentile	3	2	2	3	3	4	4
≥ 60th to < 80th percentile	4	3	4	3	4	4	4
≥ 80th percentile by ≤ 1 SE	5	4	4	4	4	4	5
≥ 80th percentile by > 1 SE		4	4	4	4	5	5

*If reliability is very low (<0.60), the contract does not receive a Star Rating. Low reliability scores are defined as those with at least 11 respondents and reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability. The SE is considered when the measure score is below the 15th percentile (in base group 1), significantly below average, and has low reliability: in this case, 1 star is assigned if and only if the measure score is at least 1 SE below the unrounded base group 1/2 cut point. Similarly, the SE is considered when the measure score is at or above the 80th percentile (in base group 5), significantly above average, and has low reliability: in this case, 5 stars are assigned if and only if the measure score is at least 1 SE above the unrounded base group 4/5 cut point.

Percentile Cut Points for Base Groups

- Defined by current-year (here 2021) distribution of contract means
- Percentile cut points are rounded to nearest integer on the 0-100 reporting scale
- Each base group includes those contracts whose mean score is <u>at or above</u> the lower limit and <u>below</u> the upper limit

Response Rate

- The reports provided to contracts include a response rate for the contract, and the average response rate for contracts in the state (MA or PDP)
- CMS recommends the following calculation to best approximate the response rate included in reports:

$$\frac{\textbf{Completed (code 10) + Partially Completed Surveys (code 31)}}{\textbf{Total Sample Size – All Ineligible Beneficiaries}}$$

- Response rate reported to contracts include all surveys used in analysis divided by the total eligible sample
- Current and historic response rate information is available on the MA & PDP CAHPS website: https://www.MA-PDPCAHPS.org/en/comparative-data/

Ineligible Beneficiaries

- Ineligible beneficiaries are all those with any of the four following codes:
  - Institutionalized (code 11)
  - Deceased (code 20)
  - Mentally/physically unable (code 24)
  - Excluded from survey (code 40)
- Ineligible beneficiaries do <u>not</u> include those with Incomplete or blank survey returned status (code 34)

Overview of Survey Vendor Analysis of MA & PDP CAHPS Survey Data

- CMS-calculated results
- Survey vendor analysis of survey items
- Small-cell data restrictions
- Other issues related to DUAs

CMS-Calculated Results

- CMS-calculated results are official results
  - To prevent discrepancies, vendors should be certain to verify their:
    - Correct application of forward cleaning rules
    - Correct determination of eligible surveys
    - Correct application of case-mix adjustment
  - All reports provided to contracts must include a statement on each page that vendor results are unofficial and for internal/QI purposes
    - The statement must be printed in a minimum 14 point font size
    - Vendors should communicate that top-box scoring will not match official linear-mean scoring
- CMS will continue to provide reports to MA and PDP contracts
- CMS-calculated results include data from completed and partially completed surveys

Survey Vendor Analysis of Survey Items

- Survey vendors may conduct their own analyses of items for quality improvement purposes
  - Cell sizes must not be less than 11
  - Intervention or follow-up with low-scoring individuals is not permitted
- Survey vendors must not provide individual-level data to contracts or any data that permit the identification of individual respondents, for example:
  - May not provide contracts with names of beneficiaries selected for the survey
  - May not provide contracts their full beneficiary file with names of sampled beneficiaries removed

Small-Cell Data Restrictions

- No data involving cells, including cross-tabulated cells, with sample sizes less than 11 may be shared with contracts under any circumstances
- **This requirement is detailed in the CMS DUA your organization executed with CMS**
- Failure to adhere to the CMS DUA violates requirements of the Privacy Act, the Privacy Rule, and CMS data release policies, and may be considered a breach or violation of data safeguarding (visit cms.gov/privacy to learn more about CMS privacy policies and data safeguarding)
- Instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10

Other Issues Related to DUAs

- The DUA signed by each survey vendor restricts the use of CMS data and any additional data items that a survey vendor may append to the sample file or beneficiary survey data
- Any and all data appended to the sample files or beneficiary survey data must be approved in advance
- No data may be appended without advance written permission of CMS
  - See Appendix O of the QAP&TS V11.0 for guidance on appending data
- Survey vendors are responsible for keeping their DUAs up to date

Resources in Support of Data Analysis and Scoring

- The MA & PDP CAHPS website contains multiple resources in support of data analysis and scoring
  - Detailed instructions for adjusting for case-mix, including a list of case-mix variables, case-mix coefficients, and means of case-mix variables
  - Between-contract variances, a component of reliability measurement (added 2019)
  - Information on scoring of composite measures
  - Information on weighting of measures
  - CAHPS scores by state

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Questions?

- To submit a question, please select the question mark icon.
- This opens the Q&A panel and allows you to type your question into the space provided.
- Please be sure to select “All Panelists” in the Ask menu.

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Break

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Data Coding and Data Preparation

Objectives

- File Encryption
- File Specifications
- Decision Rules and Coding Guidelines
- Interim Data File Submission
- Survey Disposition Codes
- Survey Completion Guidelines

File Encryption

- Data files must be encrypted prior to data submission
- Survey vendors are required to use PGP Public Key Encryption
  - Data Coordination Team provides survey vendors with a PGP Public Key to encrypt survey data files prior to submission by placing a copy of the Public Key in each vendor's folder
  - Survey vendors must create a Public Key to receive sample files and place a copy of the Public Key in their folder
  - Data Coordination Team encrypts each survey vendor's sample file using the PGP Public Key provided by the vendor
  - Data files submitted by survey vendors that are not encrypted will be rejected and must be resubmitted

File Specifications

- Survey vendors must use flat ASCII file format to submit survey data files
- Survey vendors will submit all contracts' sampled member records in one file
- Survey vendors are required to submit a record for all sampled members included in the original sample file received by the survey vendor for a contract
- No substitutions for valid data element values are acceptable

File Specifications *(cont'd)*

- Survey data will contain one record for each sample member
- Each record will consist of two parts:
  - Survey Status Section (Tracking) – Must be submitted for all beneficiaries selected, including beneficiaries found to be ineligible
  - Beneficiary Survey Data Section

File Specifications *(cont'd)*

- Survey Status Section (Tracking) contains:
  - Unique Respondent Finder Number for each sampled member
  - Survey Type
  - Contract Number
  - Final Disposition Code
  - Survey Completion Mode (mail or CATI)
  - Survey Language
  - Survey Mailing field
    - See Appendix H of the QAP&TS V11.0 for <u>all</u> the fields contained in the Survey Status Section
- Each field of the Survey Status Section requires an entry for a valid data submission. Use code "8 – Not Applicable" if appropriate (e.g., survey mode for a mail survey that was not returned AND no telephone number was obtained).

File Specifications *(cont'd)*

- Beneficiary Survey Data Section
  - Contains survey responses from every respondent who returns a survey or initiates a CATI session
  - All response fields must have a valid value
  - Valid values can include "M – Missing" or "88 – Not Applicable"
  - Include only survey data where the Final Survey Disposition code is "10 – Completed survey," "31 – Partially completed survey," or "34 – Incomplete or blank survey returned"
    - Leave blank for all others
    - If a beneficiary returns two mail surveys with responses, and both surveys meet the criteria for a complete (code 10) or both meet the criteria for a partial complete (code 31), submit the survey with the greatest number of completed questions
  - Survey vendors should submit only data from MA & PDP CAHPS Survey questions (data from supplemental items should not be submitted)
  - Format of the records in this section of the file will vary depending on the type of questionnaire administered
    - Survey results with fewer data fields should be left blank beyond the last valid response

File Specifications *(cont'd)*

- Beneficiary Survey Data Section: Coding multi-mark questions (e.g., race) "Please choose one or more"
  - For the mail survey, enter all response categories selected
    - When one or more categories are marked and some categories are left blank, code the categories left blank as "2" for "No"
    - If no categories are selected, enter "M – Missing" for all categories
  - For CATI administration, when the respondent answers "Yes" to one category, e.g., white, and refuses to answer the remaining response options, code this question 1, 99, 99, 99, 99
  - For CATI administration, when the respondent answers "Yes" to one category, e.g., white, and answers "No" to all remaining response options, code this question 1, 2, 2, 2, 2

Decision Rules and Coding Guidelines

Decision rules for mail survey data capture

- If a mark falls between two response options but is obviously closer to one than the other, select the response option to which the mark is closest
- In this example the response should be coded as “2 – Sometimes”

Example 1 (Mail)

☐ **Never**

x
☐ **Sometimes**

☐ **Usually**

☐ **Always**

Code as:
“2 - Sometimes”

Decision Rules and Coding Guidelines *(cont'd)*

Decision rules for mail survey data capture (cont'd)

- If a mark falls equidistant between two response options, code the value of the item as "M – Missing"
  - Do not impute

Example 2 (Mail)

☐ **Never**

x

☐ **Sometimes**

☐ **Usually**

☐ **Always**

Code as:
"M - Missing"

Decision Rules and Coding Guidelines *(cont'd)*

Decision rules for mail survey data capture (cont'd)

- If a value is missing, code it as "M – Missing"
  - Do not impute

Note: dependent questions appropriately skipped should be coded as "88 – Not Applicable"

Example 3 (Mail)

☐ **Never**

☐ **Sometimes**

☐ **Usually**

☐ **Always**

Code as: "M - Missing"

Decision Rules and Coding Guidelines *(cont'd)*

Decision rules for mail survey data capture (cont'd)

- When more than one response option is marked, code the value as "M – Missing"
  - Do not impute
- **Exception:** Questions, such as race, that have instructions to "mark one or more" may have multiple responses

Example 4 (Mail)

☒ **Never**

☒ **Sometimes**

☐ **Usually**

☐ **Always**

Code as:
"M - Missing"

Decision Rules and Coding Guidelines *(cont'd)*

Decision rules for mail survey data capture (cont'd)

- When more than one response option is marked and the beneficiary's intent is obvious, select the obvious response option
- In this example the response should be coded as "1 – Never"

Example 5 (Mail)

☒ **Never**

☒ **Sometimes**

☐ **Usually**

☐ **Always**

Code as:
"1 - Never"

Decision Rules and Coding Guidelines *(cont'd)*

Decision rules for mail survey data capture (cont'd)

- When more than one response option is marked and the beneficiary's intent is obvious, select the obvious response option
- In this example the response should be coded as "1 – Never"

Example 6 (Mail)

☒ **Never**

☐ **Sometimes**

~~☒ **Usually**~~

☐ **Always**

Code as:
"1 - Never"

Decision Rules and Coding Guidelines *(cont'd)*

- For mail questionnaire skip patterns
  - If the screener is blank, code as "M – Missing" and code any unanswered dependent questions as "M – Missing"
  - Survey vendors must not "clean" or correct skip pattern errors if the beneficiary made an error in the skip pattern, but dependent questions are coded with the response provided by the beneficiary in the data submission files
  - Dependent questions appropriately skipped are coded "88 – Not Applicable"

Decision Rules and Coding Guidelines *(cont'd)*

- For CATI questionnaire skip patterns
  - If the beneficiary answers "I don't know" or refuses to answer the screener question, code response options of "98 – Don't Know" or "99 – Refused" respectively
  - When answer options of "98 – Don't Know" or "99 – Refused" are used for coding screener questions, the skip pattern should be programmed into the CATI system. The resulting dependent questions are coded as "88 – Not Applicable."
  - Appropriately skipped dependent questions are coded "88 – Not Applicable"
  - When a respondent breaks off the interview and subsequent questions are not asked, then "M – Missing" would be used to code all unanswered questions

Interim Data File Submission

- For beneficiary records where no mail survey was returned and no telephone number was obtained, MODE for data submission is coded as "8 – Not Applicable"
- When the survey vendor has completed a survey or exhausted all attempts to do so, use one of the Final Survey Disposition codes in the file that is submitted
- When submitting the interim data submission file, if any attempt to contact a beneficiary is planned (i.e., the survey vendor has not completed work on the beneficiary case), use code "33 – No Response Collected"
- When all attempts to contact the beneficiary have been exhausted and the result is a non-deliverable mail piece for which a valid telephone number was not obtained, use code "35 – Unable to obtain a viable address and telephone number for the beneficiary"

Survey Disposition Codes

- Survey disposition codes are used to track and report whether a beneficiary has completed a questionnaire or requires further follow-up
  - Interim codes indicate the status during the data collection period
  - Final codes indicate the final outcome at the end of data collection
- Survey vendors are required to assign and maintain up-to-date survey disposition codes for each beneficiary in the sample
- Interim disposition codes with a crosswalk to final disposition codes must be included in the survey vendor's Quality Assurance Plan (QAP)
- After data collection is completed, assign each sampled beneficiary a final survey disposition code

Survey Disposition Codes *(cont'd)*

- Interim Disposition Codes are for internal purposes only and should not be reported
- Only Final Survey Disposition Codes are provided to CMS
- Data files submitted to CMS must contain a Final Survey Disposition Code for each beneficiary in the file
- In cases when two final disposition codes may be equally applicable, use the disposition code with the lowest number
  - Example 1: Blank survey returned (code 34) and beneficiary subsequently identified as institutionalized (code 11): final reported disposition should be 11
  - Example 2: Partial complete survey (code 31) returned after record went to CATI, and CATI attempt resulted in language barrier (code 22): final reported disposition should be 22

Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Completed survey	10	A complete includes response items answered for at least one reportable measure and ≥50% of the ATA items	A complete includes response items answered for at least one reportable measure and greater than or equal to 50% of the ATA items. Appropriately skipped questions do not count against the required 50 percent. There must be no evidence that the beneficiary is ineligible.
Partially completed survey	31	A partial complete includes response items answered for at least one reportable measure and <50% of the ATA items	A partial complete includes response items answered for at least one reportable measure and less than 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Institutionalized	11	Institutionalized	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.)
Deceased	20	Deceased	Deceased at the time of survey administration
Language barrier	22	Unable to complete the survey in English, Spanish, Chinese, Vietnamese, Korean, or Tagalog	Unable to complete the survey in English, Spanish, Chinese, Vietnamese, Korean, or Tagalog
Mentally or physically unable to respond	24	Mentally or physically unable to respond to either mail or telephone portion of the survey	Mentally or physically unable to respond to either mail or telephone portion of the survey

Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Refusal	32	Refused to complete the survey	Refused to complete the survey
Non-response	33	No response collected	No response collected either by mail or by telephone when there is no indication of bad address and telephone number
Incomplete or blank survey returned	34	Responded by mail or CATI interview initiated, no reportable items answered	Responded by mail or CATI initiated, with no reportable items answered. There must be no evidence that the beneficiary is ineligible.
Bad address and Bad telephone number	35	Unable to obtain a viable address and telephone number for the beneficiary	Unable to obtain a viable address and telephone number
Excluded from survey	40	Was excluded from the survey process or beneficiary appears on either the vendor's or contract's "Do Not Survey" list and data collection has not been initiated	Beneficiary is ineligible (see Sampling Section in this manual) or beneficiary appears on either the vendor's or contract's "Do Not Survey" list and data collection has not been initiated

Survey Completion Guidelines

- A completed questionnaire includes response items answered for at least one reportable measure and *greater than or equal to 50 percent* (≥50%) of the applicable to all (ATA) items
- A partially completed questionnaire includes response items answered for at least one reportable measure and *less than 50 percent* (<50%) of the ATA items
- An incomplete questionnaire includes no responses for any reportable measure
  - Follow-up telephone attempts unsuccessful, code as "34 – Incomplete or blank survey returned"

Survey Completion Guidelines *(cont'd)*

- Calculating percent complete
  - Each multi-answer question contributes only one item to the total number of questions for ATA items
    - When calculating percent complete, multi-answer race question counts as a single question no matter how many responses are chosen
    - Multi-answer "Dr. said you had" question counts as a single question no matter how many responses are chosen
- When counting reportable measures, responses to dependent questions that should have been skipped are not counted toward the count of reportable items or ATA
  - When a question response option is coded "98 – Don't Know" or "99 – Refused," the response is treated as though it is a missing answer and not counted toward the "Reportable Measure" or "Survey Item Applicable to All Respondents"
  - A screener question left blank does not trigger a skip so subsequent responses to dependent questions should be included in count of reportable items

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Data Submission

Objectives

- Data Submission Process
- Data File Submission Dates
- Survey Vendor Authorization Process
- Preparation for Data Submission
- File Encryption
- Overview of the MA & PDP CAHPS Survey Data Warehouse
- Guide to Data Submission Process
- Data Auditing and Validation Checks
- Importance of Interim Data Submission
- Data Submission Notification
- Technical Support

Data Submission Process

- MA & PDP CAHPS Data Coordination Team developed a secure Data Warehouse hosted by the RAND Corporation
- Data Warehouse will operate as a secure file transfer system that survey vendors will use to both retrieve sample files and submit survey data files to CMS
- Use of the Data Warehouse does not require installation of special software or a licensing fee for survey vendors
- Encrypting files for submission to the Data Warehouse <u>does</u> require the purchase of PGP

Data File Submission Dates

- Fully corrected interim survey data file must be submitted by survey vendors by 9:59 PM Eastern Time on April 29, 2021
  - Survey vendors are encouraged to submit files early (begin April 27) to allow enough time to resubmit if necessary to correct any data file errors/problems and still meet the deadline
  - If survey vendors submit more than once, files must include all records in the re-submission
- Final survey data file must be submitted by survey vendors by 9:59 PM Eastern Time on June 17, 2021
- It is the responsibility of the survey vendor to ensure that data are submitted on time and fully corrected

Survey Vendor Authorization Process

- MA & PDP contracts must complete the survey vendor authorization process to authorize survey vendors to collect and submit data on their behalf by December 2, 2020
- MA & PDP Data Coordination Team will confirm authenticity of the contract entity verifying contact information at both the health provider and survey vendor level
- Survey vendor will be contacted by the MA & PDP Data Coordination Team and provided an account for the MA & PDP CAHPS Survey Data Warehouse
- After completion of the survey vendor authorization process, no further action is required by the contract to notify CMS of their survey vendor selection
- RAND Corporation communicates to CMS which contracts have authorized a survey vendor to administer the MA & PDP CAHPS Survey on their behalf

Preparation for Data Submission

- Survey vendors must:
  - Designate a Primary Data Administrator, Back-up Data Administrator, and Project Manager
  - Submit a Vendor Access to MA & PDP CAHPS Data Warehouse Form with the MA & PDP CAHPS Data Coordination Team for Primary Data Administrator, Back-up Data Administrator, and Project Manager
  - Notify MA & PDP CAHPS Data Coordination Team of any personnel changes to the survey vendor's Primary or Back-up Data Administrator or Project Manager role

File Encryption

- Sample files for survey vendors will be encrypted using PGP software (www.broadcom.com/products/cyber-security/information-protection/encryption) prior to submitting files to the MA & PDP CAHPS Survey Data Warehouse
- Survey vendor's Data Administrator must create a Public Key that the MA & PDP CAHPS Data Coordination Team will use to encrypt vendor sample files
  - All vendors must communicate the Public Key by placing a copy of the Public Key in their folder
- MA & PDP CAHPS Data Coordination Team will provide the survey vendors with a Public Key to encrypt the data files submitted to the Data Warehouse and the Data Warehouse to receive survey data files
  - The Public Key will be communicated to all survey vendors by placing a copy of the Public Key in their folder

Overview of the MA & PDP CAHPS Survey Data Warehouse

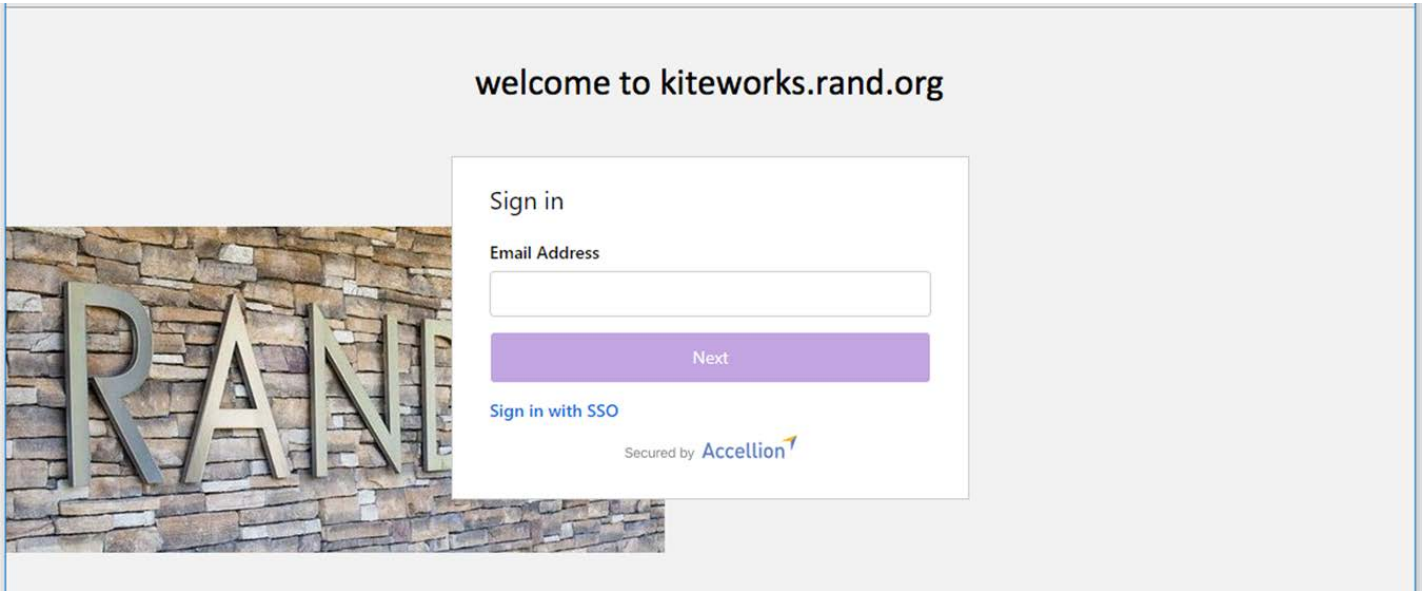
- Available via an Internet browser
- Hosted on RAND Corporation's website
- Survey vendor's folder will contain controls for submitting survey data files and for downloading sample file and/or other project documentation

Overview of the MA & PDP CAHPS Survey Data Warehouse *(cont'd)*

- All submitted data files that are not encrypted (do not have .pgp extension) or do not otherwise comply with the established naming standards are deleted without further processing
  - This applies to files that do not follow naming conventions as well as those that are not encrypted
- After each data submission, survey vendor receives email letting them know that the file was/was not successfully submitted
  - If file is not successfully submitted, it will not be processed and will need to be resubmitted correctly

Guide to Data Submission Process

- Location for MA & PDP CAHPS Data Warehouse
  - The MA & PDP CAHPS Data Warehouse URL: https://kiteworks.rand.org
- Accessing the Data Warehouse
  - Enter or click on the URL above and you will be directed to the login page:



- Appearance may differ depending on the browser

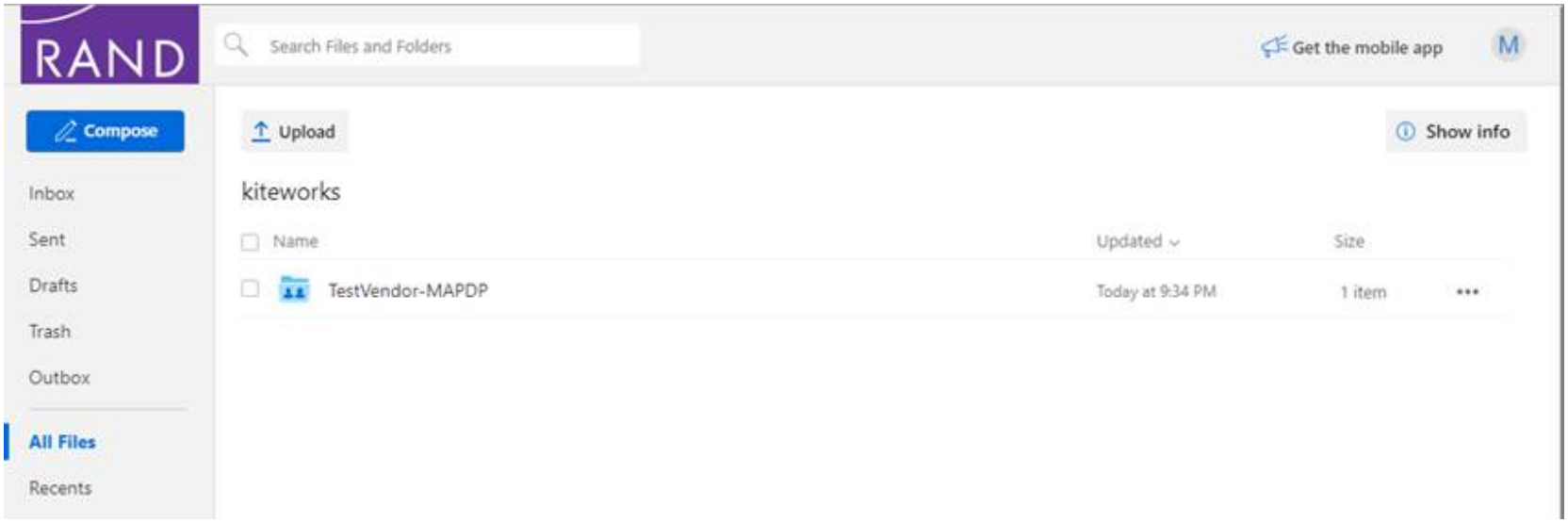
Guide to Data Submission Process *(cont'd)*

- Enter your email address, click the Next button, then enter your password
  - If you are using the MA & PDP CAHPS Data Warehouse for the first time, you will be prompted to create a password
  - If you have logged into the warehouse previously, use your existing password. Security policy required periodic password resets. You may be prompted to reset your password.

  Note: If you've forgotten your password, click on "Forgot password?" to generate an email containing a link to reset your password
- If you need to create or reset your password, it must contain:
  - At least 8 character(s)
  - At least 1 number(s)
  - At least 1 lower-case letter(s)
  - At least 1 upper-case letter(s)
  - At least 1 special character(s)
- Logins and passwords are person-specific. You may not share your login and password with others within your organization and you should not access the MA & PDP CAHPS Data Warehouse using someone else's login and password.

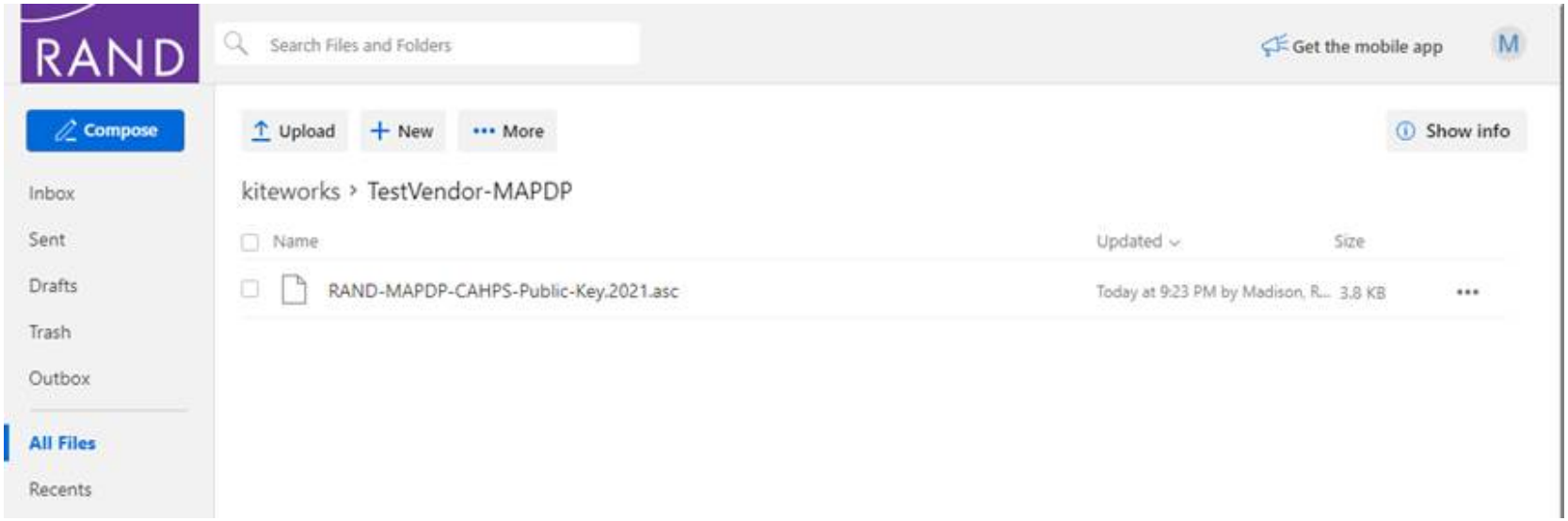
Guide to Data Submission Process *(cont'd)*

- Using the Site
  - Once you log in, you will be transferred to the kiteworks Files page. From kiteworks Files, you can access your secure folder within the MA & PDP CAHPS Data Warehouse.



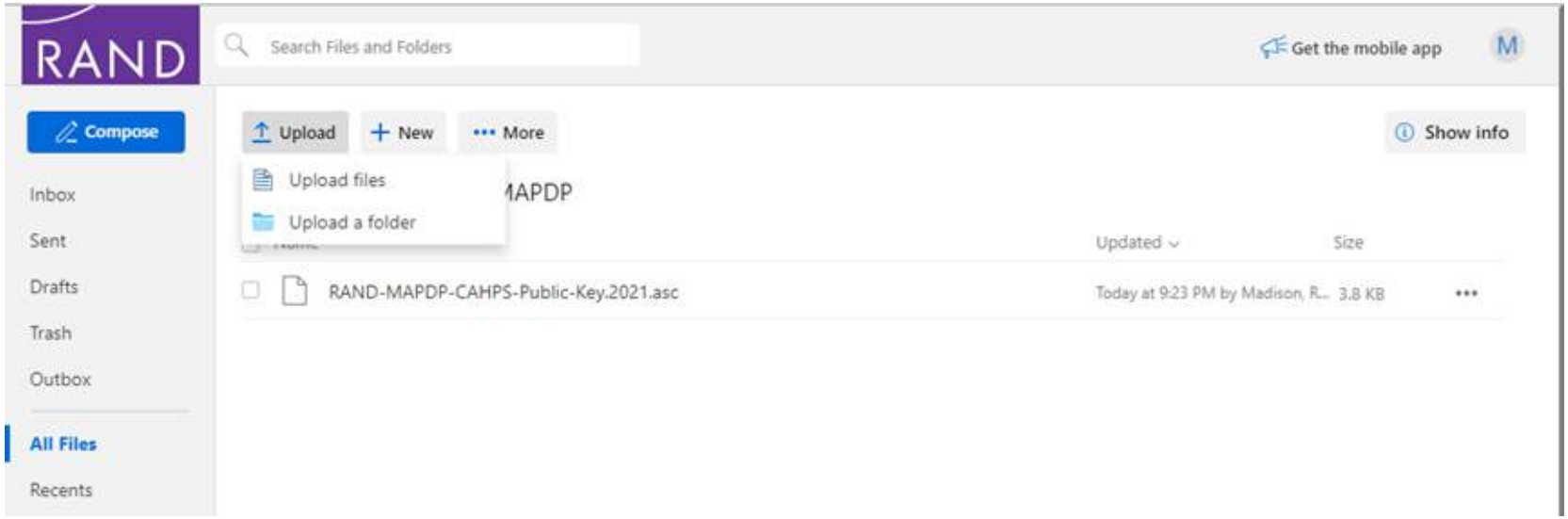
Guide to Data Submission Process *(cont'd)*

- Click on the MAPDP folder to open the warehouse and enable the Actions button in the top right hand corner. Note that the MAPDP folder will contain RAND's public encryption key.



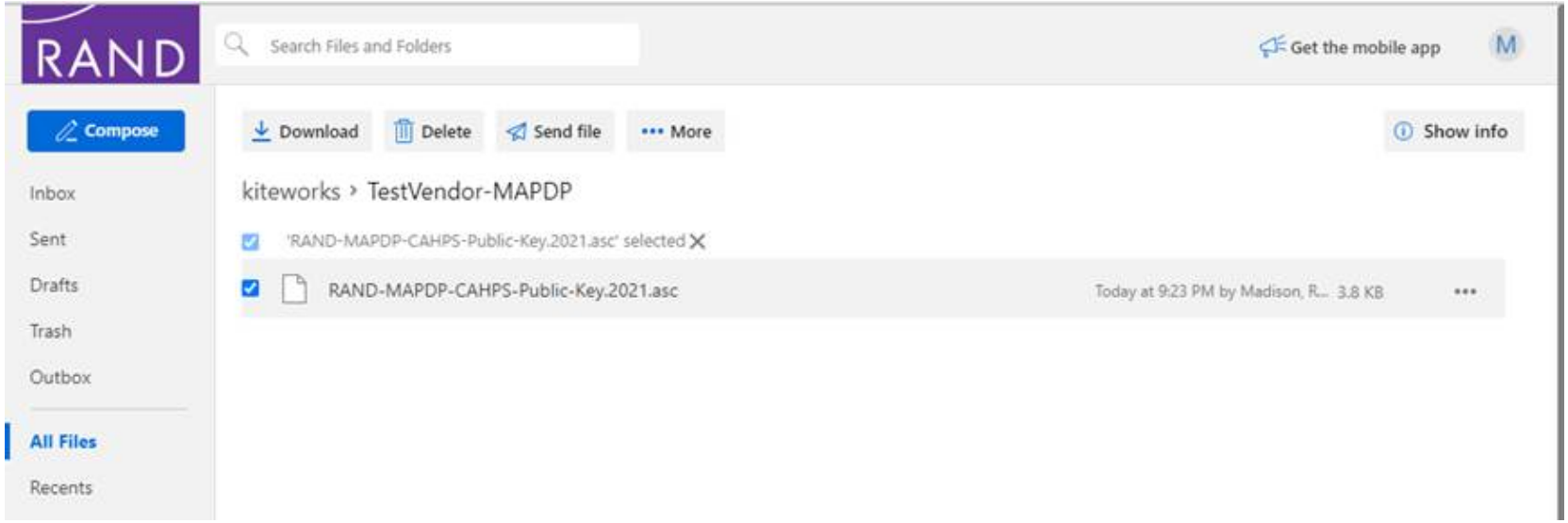
Guide to Data Submission Process *(cont'd)*

- Uploading Files
  - Click on the Actions button to bring up the Actions menu and select "Upload" to submit your 2021 public key to the data warehouse
  - Use the Choose files button to start the file submission process



Guide to Data Submission Process *(cont'd)*

- Downloading Files
  - Select on the file you want to retrieve from the data warehouse (in this example, RAND's public key), and select "Download" from the Actions menu



Data Auditing and Validation Checks

- MA & PDP CAHPS Data Coordination Team will audit interim and final data files as they are submitted for compliance with file layout specifications
- Data audit includes:
  - Checking for .pgp file extension
  - Logical record lengths, appropriate character set, naming conventions
  - Presence of required data fields
  - Range checks
  - Verification of coding of Survey Disposition Code

Importance of Interim Data Submission

- Survey vendors are expected to submit a corrected copy of both the interim and final data files
  - CMS analysis begins with the interim data submission
  - All returned surveys received up to three days prior to the Interim Data File submission due date must be processed and included in the Interim Data File submission
  - Interim data is carefully analyzed by CMS to ensure data quality and to allow early identification of issues that may affect contract star ratings

Data Submission Notification

- Survey vendor (Data Administrator, Back-up Data Administrator, and Project Manager) will receive two email notifications for each data submission
- First (automated) email contains notification that file was received
- Second email is sent after audit checks
  - Indicates if file successfully passed checks
  - Will go out no later than 8:00 PM Eastern Time on the next business day after submission

Data Submission Notification *(cont'd)*

- If file fails any audit checks, email will:
  - Instruct survey vendors that they must submit data files again
  - Contain full detail of the audit check report including a list of involved records
- If file passes checks, email will:
  - Say that no further action is necessary
  - Provide a summary of file contents for verification by the vendor

Data Submission Notification *(cont'd)*

- Survey vendors are responsible for submitting corrected data file by deadline for submission
  - Interim due date: 9:59 PM Eastern Time on April 29, 2021
  - Final due date: 9:59 PM Eastern Time on June 17, 2021
- Final data files not received and accepted prior to 9:59 PM Eastern Time on the deadline date will result in the contract receiving one star for each of the CAHPS measures used in Star Ratings and for Quality Bonus Payments

Technical Support

- Contact the MA & PDP CAHPS Data Coordination Team for technical support and/or assistance related to data submission at: MA-PDPCAHPSTECHSUPPORT@rand.org

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Vendor Oversight

Objectives

- Oversight Activities
- Event Reports
- Corrective Actions
- Exception Requests for 2021

Purpose of Oversight Activities

- Ensure
  - Compliance with MA & PDP CAHPS Survey protocols
  - Survey data collected and submitted are complete, valid and timely
  - Standardization and transparency of publicly reported MA & PDP CAHPS Survey results
  - Data security

Oversight Activities

- Oversight activities include
  - Review of survey materials
  - Review of MA & PDP CAHPS Survey Quality Assurance Plan (QAP)
  - Conduct site visits and conference calls
  - Analysis of submitted data

Survey Materials Review

- Determine compliance with MA & PDP CAHPS Survey protocols and guidelines
- Submit each year of survey administration
  - Submit via the MA & PDP CAHPS Survey Technical Assistance email: MA-PDPCAHPS@hsag.com
- English mail survey materials and CATI screenshots due: November 24, 2020
- Spanish, Chinese, Vietnamese, Korean, and Tagalog mail survey materials due: December 15, 2020

QAP Review

- Documents understanding, application, and compliance with survey protocols
- Used as a training tool for project staff and subcontractors
- Follows the Model QAP specifications
- Provides a guide for the site visit
- Submitted each year of survey administration
- Submit via the MA & PDP CAHPS Survey Technical Assistance email: MA-PDPCAHPS@hsag.com
- Due date of January 5, 2021

Vendor Site Visits and Conference Calls

- Review and observe systems, procedures, facilities, and resources
- Discussions with project staff
  - Including subcontractors, if applicable
- All materials related to survey administration are subject to review
- Feedback report includes action items for follow-up
- Failure to accommodate the project team to evaluate MA & PDP CAHPS activities may lead to loss of approved vendor status

Data Submission Review

- Analysis of submitted data
  - Intended to detect errors in data submission
  - Includes review of outliers, anomalies, unusual patterns, response rates, etc.
  - Follow-up as appropriate

Event Reports

- Report any variation(s) from MA & PDP CAHPS Survey protocols during survey administration. Examples of events include, but are not limited to:
  - Survey vendor misses any of the required dates as outlined in the Data Collection Schedule
  - Survey vendor experiences any problems with printing surveys with correct contract names, missing survey questions, wrong contract type, etc.
  - Survey vendor experiences any problems with correct coding of the MA & PDP CAHPS script and/or skip pattern programming logic

Submission of Event Reports

- Complete and submit preliminary web-based report within one business day after discovery of issue
  - Vendors must not wait until the event has been resolved to submit an initial Event Report
  - A second updated report may be submitted once root cause, scope of issue and/or corrective action has been identified
- Timely submission of an initial Event Report is critical, as CMS may need to adjust survey protocols to correct for an error or event
- Submit the web-based Event Report Form via the MA & PDP CAHPS Survey website at: www.MA-PDPCAHPS.org

Information to Include in Event Reports

- Required Event Report detail includes
  - Description of event, how and when it was discovered
  - All affected contract names and numbers (Hxxxx, Rxxxx, Sxxxx) impacted by the event
  - For each contract listed:
    - Affected timeframe
    - Count of sample members affected by the event
  - Description of corrective action to be taken along with proposed timeline
- Provide as much information as possible in initial report
- File updated Event Report with any additional information
- If unsure Event Report is warranted, immediately send an email describing the occurrence to MA-PDPCAHPS@hsag.com for a determination

Review of Event Reports

- CMS review process
  - Acknowledgment of receipt
  - Assessment of actual or potential impact on publicly reported results
  - Additional information may be requested
  - Survey vendor notification of review outcome
- Depending on the nature and extent of the event, CMS may require the vendor to take an immediate and specific action such as:
  - Remailing survey materials
  - Adjusting the survey administration timeline
  - Participating in an on-site visit and/or conference call

Corrective Actions

- If survey vendors fail to adhere to the MA & PDP CAHPS Survey protocols, they will be required to develop and implement corrective actions
- If survey vendors do not fix persistent problems, they may lose “approved” status for conducting the MA & PDP CAHPS Survey
- Other sanctions may also be applied

Exception Requests for 2021

- The 2021 Minimum Business Requirements for the MA & PDP CAHPS Survey posted on www.ma-pdpcahps.org detail CMS' on-site operating requirements for survey vendors approved to conduct the survey
- CMS has created an exception request process to provide survey vendors with increased flexibility to conduct business operations in a manner that might vary from on-site requirements during the COVID-19 public health emergency, while still maintaining data integrity for standardized public reporting
- CMS may grant survey vendors temporary exceptions to MA & PDP CAHPS Survey on-site operating requirements during 2021 survey administration on a case-by-case basis in response to the COVID-19 public health emergency

Exception Request Forms

- To request an exception, survey vendors must submit an online Exception Request Form via the MA & PDP CAHPS Survey website at: www.MA-PDPCAHPS.org
  - Submissions must include:
    - Key personnel, system resources, remote access procedures, data transmittal procedures, measures to ensure security, and confidentiality of data
    - Quality control measures
    - Processes for staff training, oversight and risk mitigation
- Vendors are encouraged to submit a comprehensive Exception Request Form detailing multiple survey administration operations
  - If needed, vendors may submit additional Exception Request Forms for survey administration operations not included in the original request

Exception Request Review Process

- Exception Requests will be reviewed by the MA & PDP CAHPS Project Team
- An assessment of the proposed alternative(s) and potential for introducing bias or violating beneficiary confidentiality will be performed
- Additional information or a conference call may be required
- Vendors will be notified whether their exception has been approved
- Vendors may implement updated processes only upon approval by the project team

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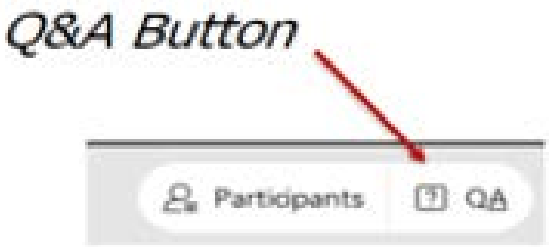
Questions?

- To submit a question, please select the question mark icon.
- This opens the Q&A panel and allows you to type your question into the space provided.
- Please be sure to select “All Panelists” in the Ask menu.



Wrap Up and Next Steps

- Important Dates
  - **November 24, 2020:** English survey mail and CATI materials due to MA & PDP CAHPS Survey Project Team via Technical Assistance MA-PDPCAHPS@hsag.com
  - **December 2, 2020:** Complete web-based Survey Vendor Authorization process
  - **December 15, 2020:** Spanish, Chinese, Vietnamese, Korean, and Tagalog survey mail materials due to MA & PDP CAHPS Survey Project Team
  - **January 5, 2021:** QAPs due to MA & PDP CAHPS Survey Project Team
  - See 2021 Data Collection Schedule for key survey administration dates

Wrap Up and Next Steps *(cont'd)*

- Post Training Survey Vendor Quiz
  - Immediately upon conclusion of training
  - Accessible via webinar for 20 minutes
- Feedback on Training
  - Follows Post Training Quiz
  - Accessible via webinar for 15 minutes
- Vendor Notification
  - CMS follow-up regarding Survey Vendor Quiz by **November 4, 2020**

Contact Us

MA & PDP CAHPS Survey Information and Technical Assistance

- Website: www.MA-PDPCAHPS.org
- Email: MA-PDPCAHPS@hsag.com
- Telephone: 1-877-735-8882

CMS Staff Contact Information

- Email: MP-CAHPS@cms.hhs.gov

CMS
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Post Training Activities

Post Training Quiz –
20 minutes

Training Feedback –
15 minutes