

**Medicare Advantage and  
Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

***Quality Assurance  
Protocols & Technical  
Specifications***

**Version 1.0**

November 2010



# Medicare Advantage and Prescription Drug Plan CAHPS<sup>®</sup> Survey

## *Quality Assurance Protocols & Technical Specifications V1.0*

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# MA & PDP CAHPS SURVEY

## QUALITY ASSURANCE PROTOCOLS & TECHNICAL SPECIFICATIONS V1.0

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# I. READER'S GUIDE

## **Purpose of the *Quality Assurance Protocols & Technical Specifications V1.0***

The *Quality Assurance Protocols & Technical Specifications V1.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey was developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the data collection process and to ensure that the survey data collected across survey vendors are comparable. This Reader's Guide provides survey vendors and Medicare Advantage (MA) and Prescription Drug Plans (PDPs) an overview of the content in this manual. Readers are directed to the various sections of the *Quality Assurance Protocols & Technical Specifications V1.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

## ***Quality Assurance Protocols & Technical Specification V1.0* Content**

The *Quality Assurance Protocols & Technical Specifications V1.0* is divided into the following sections:

### **Introduction and Overview**

This section includes information on the development of the MA & PDP CAHPS Survey and a description of the survey.

### **Program Requirements**

This section presents information regarding the requirements for the administration of the MA & PDP CAHPS Survey, including Communication with Beneficiaries and the Roles and Responsibilities for participating organizations.

### **Sampling**

This section provides an overview of the process CMS uses for selecting a random sample of plan members for the MA & PDP CAHPS Survey and information about the process survey vendors will use to retrieve the survey sample.

### **Communications and Technical Support**

This section includes information about communication and technical support available to survey vendors administering the MA & PDP CAHPS Survey, as well as other interested parties.

### **Data Collection Protocol**

This section provides information about the mixed mode (mail with telephone follow-up) data collection protocol required to administer the MA & PDP CAHPS Survey, including the data collection schedule, data receipt and retention, and quality control guidelines.

### **Data Coding and Data Preparation**

This section provides information about the process of preparing the data files for submission to the MA & PDP CAHPS Survey Data Warehouse.



**Data Submission**

This section provides information about the survey vendor authorization and registration process, the data submission process and schedule, the data audit and validation checks, and data submission reports.

**Data Analysis and Public Reporting**

This section describes the public reporting of the results of the MA & PDP CAHPS Survey by CMS.

**Oversight**

This section provides information on the oversight activities that the CMS-sponsored MA & PDP CAHPS Survey Project Team conducts to ensure compliance with protocols and procedures for the administration of the MA & PDP CAHPS Survey.

**Discrepancy Reports**

This section describes the process for notifying CMS of any discrepancies from the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

**Appendices**

This section includes the Minimum Business Requirements; Survey Vendor Authorization Form; Data Use Agreement Application Form; Survey Vendor Extranet User Agreement Form; Model Quality Assurance Plan; Interviewing Guidelines; Frequently Asked Questions for Customer Support; Accessing the MA & PDP CAHPS Survey Data Warehouse Instructions; Sample File Record Layout; Survey File Record Layout; Discrepancy Report Form; List of Survey Items Applicable to All Respondents; and List of Reportable Measures.

**For More Information**

For information about the MA & PDP CAHPS Survey program and to view important updates and announcements, visit the MA & PDP CAHPS Survey Web site: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).

**To Provide Comments or Ask Questions**

For information and technical assistance, contact the MA & PDP CAHPS Project Team via email at: [MA-PDPCAHPS@azqio.sdps.org](mailto:MA-PDPCAHPS@azqio.sdps.org) or by calling toll free at: 1-877-735-8882.

To communicate with the Data Coordination Team, please email:

[MA-PDPCAHPSSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSSTECHSUPPORT@rand.org).

To communicate with CMS staff, please email: [MP-CAHPS@cms.hhs.gov](mailto:MP-CAHPS@cms.hhs.gov)

## II. INTRODUCTION AND OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting information from the consumer's perspective for Medicare contracts. Consumer evaluations of healthcare measure important aspects of a beneficiary's experience that cannot be assessed by other means. CMS collects information about Medicare beneficiaries' experiences with, and ratings of, Medicare Advantage (MA), Medicare Advantage Prescription Drug (MA-PD), Medicare Advantage Preferred Provider Organization (MA PPO), and stand-alone Medicare Prescription Drug (PDP) plans via the Medicare CAHPS<sup>®</sup> Survey, a survey of beneficiaries who have been enrolled in their plans for six months or longer. Medicare CAHPS data collection and reporting takes place at the plan contract level. The Medicare CAHPS<sup>®</sup> Survey is part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) initiative, a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service. For more information about the CAHPS Project, please go to <https://www.cahps.ahrq.gov>.

A health plan version of the CAHPS survey has been conducted annually by CMS since 1998. A survey of beneficiaries enrolled in the Original Fee-for-Service (FFS) Medicare was added in 2000, and CMS began to collect information about Medicare beneficiaries' experiences in MA-PDs and PDPs in 2007. These surveys, and the Medicare FFS CAHPS survey (FFS CAHPS), will continue to be administered annually. CMS will continue to conduct the Medicare FFS CAHPS survey.

The primary goals of the MA, MA-PD, MA PPO, and PDP CAHPS survey are to:

- provide Medicare beneficiaries and the general public with information to help them make more informed choices among Medicare health and prescription drug plans
- help MA, MA-PD, MA PPO, and PDP plans identify problems and improve the quality of care and services by providing them with information about their performance at the plan contract level relative to that of other contracts in their state and region, as well as nationally
- enhance CMS' ability to monitor the quality of care and performance of MA, MA-PD, MA PPO, and PDP contracts
- measure the quality of care from the beneficiary's perspective for use in value based purchasing

### **About the 2011 Survey**

The 2011 Medicare CAHPS Survey [hereafter referred to as the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey] includes four questionnaires: MA, MA-PD, MA PPO, and PDP. While the MA, MA-PD and MA PPO questionnaires have a nearly identical set of applicable Core questions, each questionnaire also includes additional questions and response categories related to the beneficiaries' experiences in their own particular contract type. The PDP survey includes only questions about the drug plan. As noted earlier, the

Medicare FFS CAHPS survey will be fielded directly by CMS and collects data on the health care experiences of beneficiaries enrolled in the FFS Medicare plan.

The *MA questionnaire* includes the following domains: Your Health Plan, Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Medicare Rights, and About You.

The *MA-PD questionnaire* includes the following domains: Your Health Plan, Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Medicare Rights, Your Prescription Drug Plan, and About You.

The *MA PPO questionnaire* includes the domains identified in the MA-PD questionnaire plus four additional questions related specifically to the sampled member's experience with finding a provider within the MA network of providers.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the 2011 MA & PDP CAHPS Survey are preceded by screener questions. This allows only those beneficiaries for whom the item is relevant to answer the items following the screener questions.

For scoring and reporting purposes, some questions are combined into the following 6 composite measures:

- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Health Plan Customer Service
- Getting Needed Prescription Drugs (MA-PD, MA PPO and PDP)
- Getting Information From the Plan About Prescription Drug Coverage and Cost (MA-PD, MA PPO and PDP)

In addition to the composite measures, the survey questionnaires include several "member overall" ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:

- Overall Rating of Health Plan
- Overall Rating of Care Received
- Overall Rating of Personal Doctor
- Overall Rating of Specialist
- Overall Rating of Drug Plan (MA-PD, MA PPO and PDP)

Finally, the MA & PDP CAHPS Survey also includes the following single item measures:

- Willingness to Recommend Plan for Drug Coverage (MA-PD, MA PPO and PDP)
- Influenza Vaccination
- Pneumonia Vaccination
- Getting Medical Equipment

Please see Appendix M for the survey questions that comprise the measures described above.

## Administration of the 2011 MA & PDP CAHPS Survey

The MA & PDP CAHPS Survey is conducted with a sample of Medicare beneficiaries who are at least 18 years of age and currently enrolled in a MA contract or PDP for six months or longer, and who live in the United States, Puerto Rico or the U.S. Virgin Islands. Efforts are made by CMS to exclude beneficiaries who are known to be institutionalized at the time of the sample draw. The 2011 MA & PDP CAHPS Survey will be administered using only a mixed mode data collection protocol that includes a pre-notification letter, two survey mailings and telephone follow-up of non-respondents.

Traditionally, CMS has paid for all data collection activities and has contracted with a single survey vendor for data collection. Beginning in 2011, CMS will require all MA and PDP contracts with at least 600 enrollees as of July 2010, to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Collection of MA & PDP CAHPS Survey data will follow a specific data collection timeline and protocol established by CMS. The MA & PDP CAHPS Survey will be conducted at the contract level for MA, MA-PD, MA PPO, and PDP plans. CMS will select the sample and provide the approved survey vendors with separate sample files for each Medicare contract. The MA & PDP CAHPS Survey will be conducted on an annual basis.

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

The MA & PDP CAHPS Survey produces comparable data on the beneficiary's experience of care that allow objective and meaningful comparisons between MA and PDP contracts on domains that are important to consumers. The survey results are publicly reported by CMS for each contract in the Medicare & You Handbook and on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)). The survey results are used by beneficiaries to assist in their selection of a MA or PDP contract. The public and research community can use survey results to assess Medicare program performance. In addition, contracts can use survey results to identify areas for quality improvement. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement and monitor quality improvement efforts; and make policy decisions. CMS will continue to implement the Medicare CAHPS Survey for enrollees in FFS Medicare. The FFS Medicare plan CAHPS measures will also continue to be made available to the general public by CMS.



## III. PROGRAM REQUIREMENTS

### Overview

This section describes the Program Requirements for administering the MA & PDP CAHPS Survey, including the requirements regarding communicating with Medicare beneficiaries about the survey, roles and responsibilities for participating organizations, and Minimum Business Requirements to administer the survey (see Appendix A).

### Communication with Plan Members About the MA & PDP CAHPS Survey

Survey vendors and MA, MA-PD, MA PPO, and PDP plans are allowed to notify beneficiaries that they may be asked to participate in the 2011 MA & PDP CAHPS Survey. However, certain types of promotional communication (either oral, written or in the survey materials, e.g., cover letters and telephone scripts) are not permitted, since they may introduce bias in the survey results. Survey vendors, contracts or their agents are not allowed to:

- ask any MA & PDP CAHPS Survey questions of beneficiaries four weeks prior to and during the 2011 Medicare CAHPS survey administration (generally anytime from January 1 to July 1, 2011)
- attempt to influence or encourage beneficiaries to answer survey questions in a particular way
- imply that the plan, its personnel or agents will be rewarded or gain benefits for positive feedback from beneficiaries by asking beneficiaries to choose certain responses or indicate that the plan is hoping for a given response
- offer incentives of any kind for participation in the survey

### Roles and Responsibilities

The following content clarifies the roles and responsibilities of participating organizations.

#### CMS Roles and Responsibilities

CMS requires the standardization of the MA & PDP CAHPS survey administration and data collection methodology for measuring and publicly reporting Medicare beneficiaries' perspectives on care received from their MA and/or PDP plan. CMS will:

- provide MA & PDP CAHPS Survey vendors the survey administration protocol, timeline and description of the data submission tools through distribution of the *Quality Assurance Protocols & Technical Specifications V1.0* for the 2011 MA & PDP CAHPS Survey administration
- train survey vendors to administer the MA & PDP CAHPS Survey
- provide technical assistance to survey vendors and plans via a toll-free telephone number, email and the 2011 MA & PD CAHPS Survey Web site: [www.ma-pdcahps.org](http://www.ma-pdcahps.org)
- provide survey vendors with the tools, format, and procedures for submitting the collected data
- process, review and analyze data files submitted by survey vendors
- provide marketing guidelines to be used by MA and PDP plans

CMS also publicly reports measures from the MA & PDP CAHPS Survey as part of the plan ratings produced annually for the Medicare Plan Finder Web site. Specifically, CMS:

- calculates and adjusts MA & PDP CAHPS Survey data for case-mix effects prior to public reporting
- generates preview reports containing MA & PDP CAHPS Survey results for participating plans/contracts to review prior to public reporting
- reports MA & PDP CAHPS Survey results publicly in the Medicare & You Handbook and on the Medicare Plan Finder Web site at: [www.medicare.gov](http://www.medicare.gov)

### **MA and PDP Contract Roles and Responsibilities**

MA and PDP contracts that participate in the MA & PDP CAHPS Survey agree to:

- contract with a CMS approved MA & PDP CAHPS Survey vendor to administer the MA & PDP CAHPS Survey (contracts are not permitted to administer the survey themselves). The list of approved survey vendors can be found on the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org)
- authorize the survey vendor to submit MA & PDP CAHPS Survey data on their behalf by completing the Survey Vendor Authorization Form (see Appendix B)
- preview MA & PDP CAHPS Survey results prior to public reporting

### **Survey Vendor Roles and Responsibilities**

Survey vendors that participate in the 2011 MA & PDP CAHPS Survey agree to:

- participate via webinar in the Introduction to MA & PDP CAHPS Survey Vendor training and successfully complete the Post Training Certification Exercise that will be conducted immediately at the conclusion of the mandatory training
- adhere to the program requirements established by CMS to administer the MA & PDP CAHPS Survey, which are contained in the *Quality Assurance Protocols & Technical Specifications V1.0*
- execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA (see Appendix C)
- receive and perform checks of each contracted plan's beneficiary sample file to ensure that the sample file includes all required data elements
- administer the MA & PDP CAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols and procedures established by CMS and contained in the *Quality Assurance Protocols & Technical Specifications V1.0*
- verify that each contract has authorized the survey vendor to submit data on behalf of the contract
- submit data files to the MA & PDP CAHPS Survey Data Warehouse in accordance with the data file specifications in the *Quality Assurance Protocols & Technical Specifications V1.0* by the data submission deadline established by CMS
- review the MA & PDP CAHPS Survey data submission reports and ensure that survey data are submitted to CMS accurately and in a timely manner

*Note: If a survey vendor is non-compliant with program requirements for any of their contracted plans, the plan's MA & PDP CAHPS Survey results may not be included in the plan ratings produced annually for the Medicare Plan Finder tool. Starting in the calendar year 2012, the plan ratings will form the basis for the MA quality bonus payments.*

## Survey Vendor MA & PDP CAHPS Survey Training

Conditionally approved survey vendors that intend to administer the MA & PDP CAHPS Survey must participate, via webinar, in the Introduction to MA & PDP CAHPS Survey Training and any subsequent Training Update sessions sponsored by CMS. At a minimum, the survey vendor's Project Manager and Telephone Survey Supervisor are required to participate in the training programs in their entirety. In addition, the survey vendor must successfully complete the Post Training Certification Exercise administered immediately upon completion of the mandatory training. It is also recommended that the survey vendor's programmer, or the programmer's supervisor, attend the training, as well as any subcontractors, if applicable. MA and PDP plans/contracts do not need to attend training, but are welcome to do so.

## Review and Follow the *Quality Assurance Protocols & Technical Specifications V1.0* and All Policy Updates

The *Quality Assurance Protocols and Technical Specifications V1.0* has been developed to ensure the standardization of the survey data collection process and to ensure the comparability of data reported. MA contracts, PDP contracts and survey vendors must review and adhere to the protocols and procedures contained in this manual. In addition, MA contracts, PDP contracts and survey vendors must follow all policy updates posted on the project web site: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).

## Attest to the Accuracy of the Survey Vendor's Data Collection Process

Survey vendors must attest to the accuracy of their organization's data collection process and its conformance with the *Quality Assurance Protocols & Technical Specifications V1.0*. Survey vendors are prohibited from subcontracting the data submission task. Data collected in a non-approved manner may not be publicly reported by CMS.

## Develop Survey Vendor MA & PDP CAHPS Survey Quality Assurance Plan

Survey vendors must develop a Quality Assurance Plan (QAP) for survey administration in accordance with the *Quality Assurance Protocols & Technical Specifications V1.0*. The Model QAP document (see Appendix E) provides guidelines for developing the QAP. The QAP should be updated, as necessary, to reflect changes in key personnel, resources and processes. The QAP must include the following:

- Organizational background and structure for the project
- Work plan for survey administration
- Survey and data management system
- Quality controls
- Confidentiality, privacy and security procedures in accordance with the Health
- Insurance Portability and Accountability Act (HIPAA)
- Annual discussion of results from quality control activities
- Copies of the MA & PDP CAHPS Survey materials used to field the survey
- A copy of the signed Data Use Agreement with CMS

Each survey vendor will be required to submit a QAP and materials relevant to MA & PDP CAHPS survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and telephone scripts via email to [MA-PDPCAHPS@azqio.sdps.org](mailto:MA-PDPCAHPS@azqio.sdps.org) for review by the MA & PDP CAHPS Survey Project Team. Please monitor the *What's New* page on the project web site for the QAP submission date.



**Become a Registered User of the MA & PDP CAHPS Survey Data Warehouse**

Each approved survey vendor is required to designate a primary Data Administrator within their organization responsible for retrieving (downloading) the sample files of the contracts the survey vendor has contracted with, and for submitting survey data to the MA & PDP CAHPS Survey Data Warehouse on behalf of those contracts. In addition to the primary Data Administrator, each survey vendor must designate a second person within the organization as a Back-up Data Administrator who will also have access to the MA & PDP CAHPS Survey Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Survey Data Coordination Team and the survey vendor regarding issues related to downloading or uploading files from the MA & PDP CAHPS Data Warehouse. In addition, the Data Administrator will have primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in this manual. The MA & PDP CAHPS Survey Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator role. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Survey Data Warehouse account.

Each survey vendor's Data Administrator, as well as the Back-up Data Administrator and the Project Manager, will be required to register with the MA & PDP CAHPS Project Team by completing an Extranet User Agreement (found in Appendix D) and emailing it to the MA & PDP CAHPS Survey Data Coordination Team. Once the team has verified the information on the Extranet User Agreement and confirmed that the survey vendor has been authorized by one or more MA or PDP contracts to collect data on their behalf, the survey vendor will be assigned a unique ID and password by the MA & PDP CAHPS Survey Data Coordination Team in order to access the MA & PDP CAHPS Survey Data Warehouse. The MA & PDP CAHPS Data Coordination Team will contact each survey vendor by telephone to communicate the password by speaking directly to the designated Data Administrator for the survey vendor. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. The MA & PDP CAHPS Data Coordination Team will copy the Data Administrator, Back-up Data Administrator, and the Project Manager on all email communications related to the data warehouse and data submission.

Survey vendors will receive the sample files of the plans they have contracted with via the MA & PDP CAHPS Survey Data Warehouse. In addition, survey vendors must submit MA & PDP CAHPS Survey data to the MA & PDP CAHPS Survey Data Warehouse electronically using prescribed file specifications.

**Participate in Oversight Activities Conducted by the MA & PDP CAHPS Survey Project Team**

Survey vendors, including their subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as site visits and/or teleconference calls, as requested by the MA & PDP CAHPS Survey Project Team, to ensure that correct survey protocols are followed. All materials relevant to survey administration are subject to review.

**Review and Acknowledge Agreement with the Rules of Participation**

MA & PDP CAHPS survey vendors must review and agree to the Rules of Participation in order to administer the MA & PDP CAHPS Survey for their contracted plans and for survey results to be publicly reported by CMS.



## IV. SAMPLING

### Overview

This section describes the process that will be used by CMS for selecting the sample for the 2011 MA & PDP CAHPS Survey. A random sample of Medicare beneficiaries by MA, MA-PD, MA PPO, or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2011 by the CMS Office of Information Systems.

### Sample Selection and Eligibility Criteria

Samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts (each identified by its name and five-digit contract number, including leading “H,” “R” or “S” letters) in effect on or before January 1, 2010. The sample size for each contract will include a minimum of 600 cases. MA contracts, with or without a PDP component, will survey approximately 800 cases. MA contracts with between 600 and 800 eligible enrollees will survey all eligible cases. Stand-alone PDP contracts will survey approximately 1,500 cases. Stand-alone PDPs with between 600 and 1,500 eligible enrollees will survey all eligible cases.

To be included in the random sample for the survey, beneficiaries have to be 18 years of age or older at the time of the sample draw and have been continuously enrolled in the plan for at least six months. Institutionalized beneficiaries are not eligible for selection, and if identified during data collection, will be excluded from the survey. Efforts are made by CMS to exclude beneficiaries who are known to be institutionalized at the time of the sample draw. All sampled members who are determined to be under 18 years of age, deceased or identified as being in the sample for another MA & PDP CAHPS Survey contract will be excluded (that is, sampled members can only be in the survey for one type of contract).

In MA plans where some, but not all beneficiaries are enrolled in the prescription drug (PD) benefit, samples will be drawn from both PD enrolled and non-enrolled beneficiaries. Each group will be mailed the appropriate questionnaire. Data from both groups will be combined to obtain estimates for non-PD survey items.

### Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS Survey Data Coordination Team, who will conduct data checks for any anomalies in the sample file such as truncated name or address information. CMS will provide addresses of beneficiaries for whom addresses are available in the IDR as of January 2011. A complete list of the variables that will be provided by CMS in the sample file, as well as the file record layout for the sample file, can be found below and in Appendix I.

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
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
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female
CONTRACT	287	5	[H,R,S]nnnn	Five character contract number: Beginning with a letter, H, R or S, followed by 4 numbers
TYPE	292	1	1-4	1 = MA Only; 2 = MA-PD; 3 = MA PPO; 4 = PDP

## Retrieving the Sample File

Once the MA & PDP CAHPS Survey Data Coordination Team receives and prepares the 2011 sample, a sample file for each contract will be created and disaggregated by survey vendor (creating separate sample files for each survey vendor). The MA & PDP CAHPS Survey Data Coordination Team will then distribute these files to the appropriate survey vendors via the MA & PDP CAHPS Survey Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix H for detailed instructions for accessing the MA & PDP CAHPS Survey Data Warehouse and for downloading a file from this warehouse).

*Note: Survey Vendors must be authorized by their client contracts to obtain the 2011 sample files and to collect data on their behalf. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit an Extranet User Agreement before the survey vendor can obtain their sample files for the 2011 MA & PDP CAHPS Survey.*



## V. COMMUNICATIONS AND TECHNICAL SUPPORT

### Overview

Survey vendors have access to a number of sources of information regarding the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey. These sources are listed below.

### Information and Technical Assistance

For additional information and technical assistance, contact the *MA & PDP CAHPS Survey Project Team*:

- Email: [MA-PDPCAHPS@azqio.sdps.org](mailto:MA-PDPCAHPS@azqio.sdps.org)
- Toll free telephone: 1-877-735-8882

For additional information and technical assistance related to the use of the MA & PDP CAHPS Survey Data Warehouse or data submission issues, contact the *MA & PDP CAHPS Survey Data Coordination Team* via email only at:

- [MA-PDPCAHPSSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSSTECHSUPPORT@rand.org)

### General Information, Announcements and Updates

To learn more about the MA & PDP CAHPS Survey and to view important new updates and announcements, please see the MA & PDP CAHPS Survey Web site:

- [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org)





## VI. DATA COLLECTION PROTOCOL

### Overview

This section describes the data collection protocol and procedures for the MA & PDP CAHPS Survey. The data collection procedures outlined below allow for both the standardized administration of the survey instruments by different survey vendors, and the comparability of the resulting data.

To promote data validity and credibility, a standardized mixed mode data collection protocol will be used by all survey vendors. This protocol calls for collecting data using a self administered mail survey with telephone follow-up of non-respondents using computer-assisted telephone interviewing (CATI). The survey protocol is designed to achieve as high a response rate as possible and ensures that data collection is consistent across participating contracts. Survey vendors must make every reasonable effort to ensure optimal response rates, and are expected to pursue contacts with potential respondents until the full data collection protocol has been completed. The MA & PDP CAHPS Survey Project Team will provide detailed instructions and training on the data collection protocol and procedures as part of survey vendor training.

The 2011 MA & PDP CAHPS Survey consists of four different questionnaires: MA, MA-PD, MA PPO, and PDP. Although the MA questionnaires are very similar, each questionnaire includes items and response categories specific to the beneficiaries' experiences with the plan they are in. Some additional questions are included in the MA PPO questionnaire. These additional questions relate specifically to the experiences of enrollees with finding a provider within the MA network. The PDP questionnaire includes only questions about the prescription drug plan.

The standard protocol used in the administration of all four of the questionnaires for 2011 employs a mixed mode of data collection that includes two survey mailings and telephone follow-up of non-respondents. The protocol also includes mailing a pre-notification letter to all sampled members, alerting them of the first mailing of the questionnaire, and assuring the sampled members that the survey is sponsored by CMS. If sampled members fail to respond after two survey mailings, survey vendors will attempt five telephone follow-up calls. The sampled member may refuse to answer any or all of the survey questions, but the survey vendor must make the attempt to contact the sampled member to see whether he or she may be willing to respond to the survey or any missed questions. Survey responses may not be provided in any format other than the mail survey or the CATI interview. If a sampled member calls the toll-free telephone number during the telephone follow-up period of the survey, survey vendors can transfer the call to a CATI interviewer who will attempt to complete the survey by phone or schedule an appointment to conduct the interview at a time that is more convenient for the sampled member. CATI surveys must be available to the sampled members in English and in Spanish.

## 2011 Data Collection Schedule

The basic tasks and timing for conducting the 2011 MA & PDP CAHPS Survey are summarized below. Survey vendors are required to adhere to the data collection schedule as outlined and may not depart from or modify this schedule in any way.

Survey Vendor Task	Date	Time Frame
Mail out pre-notification letter to all sampled members (1 week before the first questionnaire mailing)	02/21/2011	day 1
Customer Support Telephone Center opens (Toll free telephone number required)	02/22/2011	days 2-96
Mail out first questionnaire with cover letter approximately one week after the pre-notification letter	02/28/2011-03/01/2011	days 8-9
Mail out second questionnaire with cover letter to all non-respondents approximately two weeks after first mailing	03/14/2011-03/15/2011	days 22-23
Initiate telephone follow up by CATI for all non-respondents to the mail survey (1 <sup>st</sup> attempt must be made during this time frame)	04/01/2011-04/08/2011	days 40-47
Conduct additional telephone attempts by CATI according to the following specifications: <ul style="list-style-type: none"> <li>➤ Call attempts must occur in three different calendar weeks</li> <li>➤ Call attempts must be scheduled at different times of the day and on different days of the week</li> <li>➤ The 5<sup>th</sup> call attempt must occur at least 21 days after the 1<sup>st</sup> call attempt, if a 5<sup>th</sup> call attempt is necessary</li> </ul>	04/09/2011-05/27/2011	days 48-96
Submit interim data files to CMS (RAND). Survey vendors may begin to submit data by 05/02/11 but <u>must</u> have all data submitted by 05/11/2011.	05/11/2011	day 80
Complete the telephone follow-up sequence	05/27/2011	day 96
Cut-off date for returned mail questionnaires	05/27/2011	day 96
Customer Support Telephone Center closes	05/27/2011	day 96
Outbound telephone interviewing ends	05/27/2011	day 96
Submit final data files to CMS approximately 2 weeks after close of data collection via the Data Submission Web site provided by the RAND Corporation. No files will be accepted after the submission deadline date.	06/15/2011	day 115

## Description of the Questionnaires

The 2011 MA & PDP CAHPS Survey includes four questionnaires: MA, MA-PD, MA PPO, and PDP. While the MA, MA-PD and MA PPO questionnaires have a nearly identical set of applicable Core questions, each questionnaire also includes additional questions and response categories related to the beneficiaries' experiences in their own particular contract type. The PDP survey includes only questions about the drug plan.

The Core questions for each questionnaire must be placed at the beginning of the survey. The About You questions and any plan specific, CMS-approved supplemental questions must follow the Core MA & PDP CAHPS Survey questions in all four questionnaires. However, the order of the About You questions must not be altered regardless of whether they are placed before or after any plan specific supplemental questions.

The Core and About You questions in each questionnaire are as follows:

<b>Questionnaire</b>	<b>Core Questions</b>	<b>About You Questions</b>
<i>MA</i>	1-43	44-66
<i>MA-PD</i>	1-61	62-82
<i>MA PPO</i>	1-65	66-86
<i>PDP</i>	1-20	21-41

The *MA questionnaire* includes the following domains: Your Health Plan, Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Medicare Rights, and About You.

The *MA-PD questionnaire* includes the following domains: Your Health Plan, Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Medicare Rights, Your Prescription Drug Plan, and About You.

The *MA PPO questionnaire* includes the domains identified in the MA-PD questionnaire plus four additional questions related specifically to the sampled member's experience with finding a provider within the MA network of providers.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the MA & PDP CAHPS Survey are preceded by screener questions. This allows only those beneficiaries for whom the item is relevant to answer the items following the screener questions.

To ensure comparability, neither a plan nor a survey vendor may change the wording of the survey questions, the response categories or the order of the questions. The survey vendor may make minor modification to the format and layout of the questionnaires, adhering to the formatting parameters specified later in this section.

## Mail Protocol

This section provides detailed information about the process for implementing the mail component of the mixed mode data collection approach that will be used for the 2011 MA & PDP CAHPS Survey administration.

Survey vendors must be prepared to conduct the mail component of the mixed mode of survey administration in English and Spanish (currently, the MA & PDP CAHPS Survey is available in only these two languages). Survey vendors will be provided with all four MA & PDP CAHPS Survey questionnaires in English and Spanish, as well as the pre-notification letter and survey cover letters. To ensure the comparability of survey results across modes of data collection (mail vs. telephone) and across survey vendors, a survey vendor cannot change the wording of survey questions, the response categories or the order of questions. In addition, survey vendors cannot modify the wording of the pre-notification letter or the survey cover letters. Finally, survey vendors are not permitted to create or use any other translations of the MA & PDP CAHPS Survey, pre-notification letter, cover letters, or any other survey materials, and may not modify the translation of the questionnaires or related materials. CMS will permit the addition of supplemental survey questions that have been submitted to CMS for approval. These supplemental questions may be placed on the survey questionnaires as described later in this section.

*Note: Each survey vendor must submit copies of their survey mailing materials (pre-notification letter, survey cover letters, and questionnaires) for review by the MA & PDP CAHPS Survey Project Team as part of their QAP. Please see the Oversight section of this manual for more information.*

## Mail Materials

The mail component of the mixed mode data collection protocol uses standardized questionnaires, a pre-notification letter, and cover letters provided by CMS. These materials are available on the MA & PDP CAHPS Survey Web site. The text of the letters and questionnaires was developed by CMS and may not be modified.

The survey vendor is responsible for reproducing a sufficient volume of English and Spanish survey materials including questionnaires, pre-notification letters, and survey cover letters required for the administration of the survey, including sampled members who request the survey in a language other than the one they received (i.e., English or Spanish).

## Pre-notification Letter and Survey Cover Letters

All correspondence sent to sampled beneficiaries must adhere to the guidelines described below:

- The pre-notification letter and the survey cover letters contain the salutation “Dear Medicare Beneficiary;” however, the survey vendor has the option of personalizing the salutation to include the beneficiary’s name
- Full name and address are used to address all envelopes to the sampled beneficiary
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled members that the packet is being sent to them by CMS
- The pre-notification letter must include the signature of the CMS Privacy Officer

- The cover letters for the first and second questionnaire mailings must be signed by a senior employee of the survey vendor
- The pre-notification letter is marked “Return Service Requested” or “Address Service Requested” in order to update records for beneficiaries who have moved
- All questionnaires must include a survey cover letter that must be printed on a separate sheet of paper, and includes all of the information required by CMS
- The survey cover letter shall be printed using the logos of both the survey vendor and MA or PDP plan; however, the return address must be that of the survey vendor ONLY
- The pre-notification letter and survey cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- The pre-notification letter is required to be printed with English on one side and Spanish on the other side
- The cover letter for the first questionnaire mailing must contain Spanish text inviting Spanish speaking beneficiaries to call the survey vendor’s toll free telephone number to request the Spanish translation of the questionnaire

### **Questionnaire Formatting and Printing Specifications**

Survey vendors must adhere to the following specifications in formatting and producing the mail MA & PD CAHPS Survey questionnaires:

- Full questionnaire titles including the year must be placed at the top of page one
- The plan name will be printed on the back page of the survey
- Question and answer category wording must not be changed
- No changes are permitted to the order of the Core MA & PD CAHPS Survey questions
- No changes are permitted to the order of the About You questions, whether they are placed before or after any supplemental questions
- The About You questions cannot be eliminated from the questionnaire
- No changes are 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
- The beneficiary’s name must not be printed on the questionnaire
- Response choices must be listed individually for each question, not presented in a matrix format. For example, when a series of questions is asked that have the same answer categories (e.g. Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, since it has been shown that this format tends to produce inaccurate and incomplete responses.
- The first page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement and number. (*Note: OMB clearance statement and number 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 written at the top of the first page of the questionnaire
- The survey vendor’s return address must be added to the questionnaire in order to ensure that the questionnaire is returned to the correct address in the event the enclosed return envelope is misplaced by the beneficiary

- All questionnaires will be printed as booklets in black and white (survey vendors may opt to print the surveys in black and white with a highlight color)
- Windowed envelopes may be used as a quality measure to ensure that each sampled member's survey package was mailed to the address of record for that beneficiary
- A pre-paid Business Reply Envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service must be included in each outgoing package
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on the back page of each survey
- All questionnaires must be printed using a minimum font size equal to or larger than Arial 11 point

### Optional Formatting Guidelines

Survey vendors have some flexibility in formatting the MA & PD CAHPS Survey questionnaires. The following recommendations should be considered when formatting the survey questionnaires in order to ensure that they are easy to read, thus increasing the likelihood of receiving a completed survey:

- Two-column format
- 12 point font size
- Readable font such as Arial
- Wide margins (at least  $\frac{3}{4}$  inches) so that the survey has sufficient white space to enhance readability
- Ovals instead of boxes may be used for response items

*Note: Survey vendors may use pre-codes placed to the left of the response options as superscript and should not be used on 0-10 responses.*

### Supplemental Questions

For the 2011 MA & PDP CAHPS Survey, CMS may approve supplemental questions by MA & PDP plans. Plans are permitted to add a reasonable number of supplemental questions to the 2011 MA & PDP CAHPS Survey provided they follow the procedures outlined below:

- Supplemental questions must follow the Core questions
- The About You section in its entirety must be placed anywhere after the Core questions
- Phrases must be added to indicate a transition to the plan-specific supplemental questions. An example of such phrasing is as follows:  
*“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.”*

The exact number of supplemental questions that a plan may add is left to the discretion of the plan or survey vendor. However, plans and survey vendors must avoid adding supplemental questions that:

- pose a burden to the beneficiary (e.g., in number, length and complexity of questions or response sets)
- 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 (e.g., items that ask for the beneficiary's social security number)
- ask respondent why he/she did not choose the most positive response to any of the CAHPS questions

*Note: All supplemental questions must be submitted electronically to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval no later than January 14, 2011.*

### **Confidential Tracking ID**

Survey vendors must label questionnaires with a confidential identification number (referred to as the Unique Respondent Finder Number in the sample file) that will be created by the MA & PDP CAHPS Survey Data Coordination Team, assigned to each beneficiary, and provided as part of the sample file to track the status of all beneficiaries in the sample file. This Unique Respondent Finder Number links each questionnaire to each beneficiary in the sample file, along with each beneficiary's identifying information (e.g., name and address). Survey vendors will use this information to generate all survey materials, such as cover letters and address labels, and to ensure that each beneficiary gets the appropriate Survey Administration follow-up and disposition code. Survey vendors must create a master file that links the Unique Respondent Finder Number with the beneficiary's contact information and update the master file throughout the data collection period in order to track the status of each beneficiary in the survey sample.

To maintain the confidentiality of beneficiaries, the master file must not contain the actual survey responses. Survey responses must reside in a separate and distinct data file developed by the survey vendor according to specifications provided by CMS (see the section on Data Coding and Data Preparation in this manual for more detailed information). The Survey Response Data File must be linked to the master file by the Unique Respondent Finder Number. ***Under no circumstances will the master file be released to the plans that contract with a survey vendor.***

### **Mailing of Survey Materials**

Survey vendors must follow the procedures outlined below in mailing out all survey materials:

- Make every reasonable attempt to contact each eligible sampled member, whether or not they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the MA & PDP CAHPS Survey Project Team.
- Enclose self-addressed, stamped business return envelope in the survey mail packet along with the cover letter and questionnaire. The questionnaire cannot be mailed without both a cover letter and a self-addressed, stamped, business return envelope.
- Mail materials must be addressed to the sampled member using the address provided in the sample file [unless the survey vendor receives an updated mailing address from the National Change of Address (NCOA) database or from the US Postal Service]
- In order to ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the questionnaires using first class postage or indicia



### **Address Standardization**

Survey vendors must employ address standardization techniques to ensure address information is current and formatted to enhance deliverability. Survey vendors must use commercial tools such as the NCOA database to update addresses provided by CMS for sampled members and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors must also use the NCOA database to obtain addresses for all mail materials returned as undeliverable.

Survey vendors must follow the data entry decision rules and the data storage requirements described below.

### **Data Receipt of Questionnaires Completed by Mail**

Survey vendors may use key-entry or scanning technology to capture survey data. Returned questionnaires must be tracked by date of receipt and must be processed and data entered or scanned in a timely manner. If a beneficiary completes and returns more than one survey, the survey vendor must use only the first survey received.

### **Data Entry/Data Processing Procedures**

Survey vendors must review each returned mail survey for legibility and completeness. For ambiguous responses, a coding specialist employs decision rules to code responses (see the Data Coding & Data Preparation section in this manual). In processing surveys returned by mail, survey vendors must incorporate the following features:

- Unique record verification system: The survey management system or scanning software employed by survey vendors must perform a check to identify duplicate surveys
- Valid range checks: The data entry system or scanning software employed by survey vendors must identify responses or entries that are invalid or out of range
- Validation: Survey vendors must have a process in place to validate data entered or scanned (regardless of the mode of data entry) in order to ensure that data entered accurately capture the responses on the original survey. For key-entered data, a different staff member should validate the data and reconcile any discrepancies found.

### **Data Storage**

Survey vendors must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years.

### **Quality Control Guidelines**

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractor(s), such as fulfillment houses, and should conduct on-site verification of printing and mailing processes, regardless of whether they are using organization staff or subcontractor(s) to perform this work.

To avoid survey administration errors and to ensure questionnaires are delivered as required, survey vendors must:

- perform interval checking of printed mailing pieces for:
  - fading, smearing, and misalignment of printed materials
  - appropriate survey content, accurate address information, and proper postage of the survey packet

- assurance that all printed materials in a mailing envelope have the same unique identifier
- initiate “seeded mailings” to designated project staff in order to check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing
- perform address validation in order to check for missing or incorrect information
- perform address updates using the NCOA or other Postal Service and commercial address databases when available

*Note: Survey vendors must describe their quality control processes in detail in their QAP, and must retain records of all quality control activities conducted.*

## Telephone Protocol

This section describes the protocol that survey vendors must follow for the telephone phase of the mixed mode survey administration of the 2011 administration of the MA & PDP CAHPS Survey. This phase requires the use of computer-assisted telephone interviewing (CATI).

Telephone interviews must not be completed manually using paper/pencil questionnaires and then key-entered after the interview.

### Telephone Interviewing Systems

The use of CATI has been shown to facilitate and reduce the time required for the collection and editing of data, reduce interviewer error, improve data quality by customizing the flow of the questionnaire based on the answers provided as well as information already known about the participant, and eliminate the need for data entry post data collection. CATI requires a telephone interviewer to follow a script programmed into a software application. When contact is made with a respondent, the interviewer reads the survey questions that appear on the computer screen and records the respondent’s answers directly into the computer.

Survey vendors may use the CATI system of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled member through the survey administration process. Survey vendors are responsible for programming the scripts and specifications for CATI application and for ensuring that there are adequate resources to complete the telephone phase within the data collection protocol timeline.

The CATI system must incorporate programming that appropriately follows each questionnaire’s skip pattern.

*Note: Predictive dialing may be used as long as there is a live interviewer to interact with the beneficiary, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations.*

### Timing of the Telephone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol for the 2011 administration of the MA & PDP CAHPS Survey, survey vendors will identify beneficiaries who are eligible for telephone follow-up. These include beneficiaries who did not respond to the mail survey and beneficiaries

who returned a blank or incomplete mail questionnaire (see definition of an incomplete survey in the Data Coding and Data Preparation section).

Specifically, if a beneficiary has not returned a completed survey by mail, survey vendors must follow-up by telephone in order to attempt to complete the survey over the telephone. Sampled members with an invalid or undeliverable mailing address for whom the vendor nevertheless has a valid telephone number should be assigned to telephone follow-up, after making every reasonable effort to obtain a valid address.

### **Obtaining Telephone Numbers**

Survey vendors are required to obtain telephone numbers for the subset of members in the sample that do not complete the survey by mail. Survey vendors shall use a secondary source such as telephone matching services or software, directory assistance and other telephone directory applications to try to obtain a current telephone number for a sampled member.

### **Telephone Attempts**

Survey vendors must attempt to reach each and every beneficiary in the sample. Repeated attempts must be made until the beneficiary is contacted, found ineligible, or five attempts have been made. After five attempts to contact the beneficiary by telephone have been made, no further attempts are to be made.

A telephone attempt is defined as an attempt to reach the respondent by telephone at different times of day, on different days of the week, and in different weeks over at least a 21-calendar day period. The 5<sup>th</sup> call attempt must occur at least 21 days after the first call attempt, if a 5<sup>th</sup> call attempt is necessary. In addition, a telephone attempt must meet the following criteria:

- The telephone must ring at least six times with no answer
- The interviewer reaches a household member and is told that the beneficiary is not available to come to the telephone. The interviewer will attempt to schedule a callback date/time.
- The interview reaches the beneficiary but is asked to call back at a more convenient time
- The interviewer gets a busy signal during each of three consecutive telephone attempts (if possible, the telephone attempts must be made approximately at 20 minute intervals)
- The interviewer obtains an answering machine. The interviewer should then hang up the phone without leaving a message.

All sampled members must be called five times over at least a 21-calendar day period unless they are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a beneficiary is found to be ineligible for the survey, then the survey vendor must not continue to attempt to complete the survey by telephone. If a beneficiary is away for the duration of the data collection period or is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

## Telephone Survey Materials

The telephone component of the mixed mode data collection protocol uses standardized telephone scripts provided by CMS. These materials are available on the MA & PDP CAHPS Survey Web site. The text of the telephone scripts was developed by CMS and may not be modified.

## Telephone Scripts

Survey vendors are provided standardized telephone scripts in both English and Spanish for telephone administration. Survey vendors are not permitted to translate the telephone scripts into any other language and must use the language translations provided by CMS (English and Spanish).

*Note: Each survey vendor must submit copies of their CATI screen shots for review by the MA & PDP CAHPS Survey Project Team as part of their QAP. Please see the Oversight section of this manual for more information.*

## Supplemental Questions

Guidelines regarding the addition of supplemental questions are identical to the guidelines described in the mail protocol section.

## Retention and Storage of Data Collected Via CATI

MA & PDP CAHPS Survey data collected via CATI must be retained in a secure and environmentally controlled location for a minimum of three years.

## Quality Control Guidelines

Survey vendors must make every reasonable effort to ensure optimal telephone response rates on the telephone component of the survey administration and must ensure the quality of data collected via CATI.

## Interviewer Training

Interviewer training is essential to ensure that interviewers are following protocols and procedures and that survey data are collected accurately and efficiently. Properly trained interviewers are thoroughly familiar with the telephone survey protocol and procedures, skilled in general interviewing techniques including enlisting cooperation, refusal avoidance and conversion techniques. Interviewers must follow the telephone scripts verbatim, use nondirective probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. Telephone interviewers must record the outcome of all calls or attempts made to reach a sampled member, the current status of all members designated for telephone follow-up, and responses to all questions.

*Note: If the survey vendor subcontracts with another firm to conduct telephone interviewing, then the survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to ensure compliance with protocols, procedures and guidelines established for the telephone component of the MA & PDP CAHPS Survey.*

## Telephone Monitoring and Oversight

Telephone interviewers must be adequately supervised and monitored throughout the telephone data collection period in order to ensure that they are following established protocols and procedures. Each survey vendor must institute a telephone monitoring and evaluation program during the telephone component of the data collection protocol. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors must randomly monitor a minimum of 10 percent of all interviews through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers and times of the day.
- If a survey vendor utilizes a subcontractor for telephone interviewing, the subcontractor must silently monitor a minimum of 10 percent of all interviews
- Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor's telephone interviews, provide feedback to the subcontractor regarding interviewer performance, and ensure that the subcontractor's interviewers correct any areas that need improvement
- Interviewers who consistently fail to follow the telephone scripts verbatim, employ proper probes, remain objective and courteous, or who are difficult to understand, or have difficulty in using the computer must be identified and retrained or, if necessary, replaced

## Proxy Respondents

While beneficiaries are encouraged to respond directly to the mail or telephone questionnaires, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled members who are unable to respond to the telephone interview must grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

## Incentives

CMS does not allow MA and PDP plans or survey vendors to use incentives of any kind.

## Confidentiality

Sampling procedures are designed so that participating contracts cannot identify beneficiaries selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of beneficiaries and may not provide contracts/plans with the names of beneficiaries selected for the survey or any other beneficiary information that could be used to identify an individual sampled member (either directly or indirectly).

## Options for Spanish-speaking Sampled Members

Spanish language questionnaires must be made available to Spanish-speaking beneficiaries. Survey vendors shall mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states, the District of Columbia, or the U.S. Virgin Islands, that is printed in English on one side and in Spanish on the reverse side. The Spanish pre-notification letter will provide the survey vendor's toll-free telephone number for sampled members to call to request a Spanish language survey. All such requests must be mailed within two days of the telephone request.

All sampled members residing in Puerto Rico shall also receive the dual-language pre-notification letter, which will include the survey vendor's toll-free number they must call to obtain an English version of the MA & PDP CAHPS survey. Otherwise, all sampled members residing in Puerto Rico shall be mailed a Spanish-language version of the MA & PDP CAHPS survey on first mailing and subsequent mailings, if needed. Sampled members assigned to telephone follow-up who reside in Puerto Rico shall be called by a Spanish or bi-lingual (Spanish and English) interviewer and CATI programmed in Spanish shall be conducted with these sampled members.

In addition to the above regarding Spanish-language survey materials, all first questionnaire cover letters shall contain Spanish text inviting Spanish-speaking members to call the survey vendor to request a Spanish version of the 2011 MA & PDP CAHPS Survey. For each sampled member who contacts the survey vendor to request a Spanish questionnaire, the remainder of the mail portion of the protocol will be conducted in Spanish regardless of their residence. For example, if a member contacts the survey vendor to request a Spanish questionnaire and does not complete and return the survey that is mailed to him/her, the sampled member will be mailed a second questionnaire (if necessary) in Spanish, and telephone follow-up, if needed, will be conducted using Spanish language CATI.

### **Timing of Plans' Data Collection Efforts**

To avoid over-burdening beneficiaries, plans are not permitted to field other surveys of beneficiaries four weeks prior to or during the 2011 MA & PDP CAHPS Survey administration (anytime from January 1 to July 1, 2011), except for other CMS sponsored surveys (i.e., Medicare Health Outcomes Survey).



## VII. DATA CODING AND DATA PREPARATION

### Overview

The MA & PDP CAHPS Survey utilizes standardized protocols for file specifications, coding, and submission of data. Survey vendors will submit data files via the MA & PDP CAHPS Survey Data Warehouse. This section contains information about preparing the MA & PDP CAHPS Survey data files for submission, including information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys. Survey vendors will submit data files that contain the data for every plan that has contracted with that survey vendor. If assistance is needed in preparing data files for submission to the MA & PDP CAHPS Survey Data Warehouse, the MA & PDP CAHPS Survey Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

### File Encryption

Survey vendors are required to encrypt the survey data files prior to submitting the files to the MA & PDP CAHPS Survey Data Warehouse, using Pretty Good Privacy (PGP) ([www.pgp.com](http://www.pgp.com)) software. PGP is a widely used, commercially available data encryption computer program that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP license if they do not already use PGP. The Data Coordination Team will provide a secure password that survey vendors will use to encrypt data prior to submission. The Data Coordination Team will create these passwords and will contact the Data Administrator for each survey vendor by telephone to communicate the password. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. (Similarly, survey vendors will encrypt their survey file using a secure password of their own that will also be used by the Data Coordination Team to unencrypt their survey files once submitted). Data files submitted to the MA & PDP CAHPS Survey Data Warehouse that are not encrypted will be rejected and must be resubmitted.

### ASCII File Specifications

Survey vendors will use a flat ASCII file format to submit the survey data files. This format allows the survey vendor to submit each plan's 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 plan. No substitutions for valid data element values are acceptable.

*Note: For details on the ASCII file record layouts for each of the four MA & PDP CAHPS Survey questionnaires, see Appendix J.*

The survey data will contain one record for each sampled member and each record will consist of the:

- Survey Status Section
- Beneficiary Survey Data Section



The data record for each sampled member must have a Survey Status Section completed. If survey results are being submitted for the sampled member, there must also be a Beneficiary Survey Data Section. Information about each of these sections is described below.

### Survey Status Section

The Survey Status Section contains the Unique Respondent Finder Number for the sampled member, Survey Type Contract Number, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, and Survey Received/Completed date. 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 language for a blank mail survey). Survey Status information must be submitted for all beneficiaries selected for the survey sample, including beneficiaries found to be ineligible. A complete layout of the Survey Status Section can be found in Appendix J.

### Beneficiary Survey Data Section

The second part of the data file is the Beneficiary Survey Data Section, which contains responses to the MA & PDP CAHPS Survey from every beneficiary who completed or partially completed a survey. Note that survey vendors should submit **only** data corresponding to the MA & PDP CAHPS Survey questions. If a Beneficiary Survey Data Section is being submitted, all response fields must have a valid value. Valid values can include “Missing” or “8 – Not Applicable.”

It is possible to select more than one response category in questions that ask the respondent to “*Please choose one or more.*” For these questions, enter **all** of the categories that the Beneficiary has selected. For any categories not selected, enter “0.” If no categories are selected, enter “M – Missing/Don’t Know” for all categories.

The file record layout for the Beneficiary Survey Data Section will vary according to the questionnaire that was administered. Appendix J also includes a description of the file layout for the Beneficiary Survey Data Section, including the valid codes for each data element as well as a description of the codes.

*Note: All MA & PDP CAHPS Survey data files must contain a Survey Status Section for each beneficiary who was sampled from the plan. The Beneficiary Survey Data Section is not required for “Final Survey Disposition” of anything other than a “10 – Completed survey” or “31 – Partially completed survey.” However, if the Beneficiary Survey Data Section is included, then all fields must have a valid value.*

### Decision Rules and Coding Guidelines

The MA & PDP CAHPS Survey decision rules and coding guidelines have been developed to address situations in which survey responses are ambiguous, missing or incorrectly provided, and to capture appropriate information for data submission. Survey vendors must adhere to the following guidelines to ensure valid and consistent coding of these situations.

## Mail Surveys

Survey vendors must employ the following decision rules for resolving common ambiguous situations when scanning or key-entering mail surveys in order to ensure uniformity in data coding:

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value of the item as “M – Missing/Don’t Know”
- If a value is missing, code as “M – Missing/Don’t Know.” Survey vendors must not impute a response.
- When more than one response option is marked, code the value as “M – Missing/Don’t Know”
  - Exception: Several questions that have instructions to “mark one or more” (for example, questions on race and help received on the survey) may have multiple responses. For these questions, enter ALL responses that the respondent selected.

## CATI

There are several items in the MA & PDP CAHPS questionnaires that can and should be skipped by certain beneficiaries. These items form skip patterns. The following decision rules are provided to assist in the coding of beneficiary responses to skip pattern questions.

- Do not correct a screener question by imputing a response based on the beneficiary’s answers to the dependent questions. Enter the value provided by the beneficiary.
- If the screener question is left blank, code it as “M – Missing/Don’t Know.” Do not impute a response based on the beneficiary’s answers to the dependent questions.

Dependent questions that are appropriately skipped should be coded as “8 – Not Applicable.” In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response provided by the beneficiary. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary.

*Note: For telephone follow-up via CATI, skip patterns should be programmed into the electronic telephone interviewing system. Appropriately skipped dependent questions should be coded as “8 – Not Applicable.” Coding may be done automatically by the telephone interviewing system or later during data preparation.*

## Survey Completion Guidelines

A partially completed questionnaire includes response items answered for at least one reportable measure and *less than* 50 percent (<50%) of the applicable to all (ATA) items. A completed questionnaire includes response items answered for at least one reportable measure and *greater than or equal to* 50 percent (≥50%) of the ATA items. See Appendix M for a list of the reportable measures and Appendix L for ATA items in each questionnaire.

Receipt of a completed survey obviates the need for additional mailings or telephone calls. Receipt of a partial complete does not. Mailings and calls after the receipt of a partial complete are “from scratch,” that is, the survey vendor will send another blank survey to the beneficiary or

will attempt to complete the survey by telephone from the beginning rather than attempting to fill in just the missing items from a previous partially completed survey.

If more than one completed survey is received, the *first* received completed survey is submitted. If exactly one completed survey is received, the completed survey is submitted. If more than one partially completed survey is received but no completed survey is received, the *first* received partially completed survey is submitted. If exactly one partially completed survey is received but no completed survey is received, the partially completed survey is submitted.

### Survey Disposition Codes

Maintaining up-to-date survey disposition codes is a required part of the MA & PDP CAHPS Survey administration process. Using the Unique Respondent Finder Number assigned to each beneficiary by the MA & PDP CAHPS Data Coordination Team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a questionnaire or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection, that is – “Final Disposition Code”).

Interim disposition codes are to be used by survey vendors only for internal tracking purposes and should not be reported to CMS. However, interim disposition codes with a crosswalk to final disposition codes must be included in the survey vendor’s QAP. After data collection is completed, the survey vendor must assign each sampled beneficiary a final survey disposition code.

- If a beneficiary is found to be ineligible or excluded after the sample is drawn, the beneficiary should be assigned a “Final Survey Disposition” code of “40 – Ineligible – was excluded from the survey process”
- Surveys that receive a “Final Survey Disposition” code of “10 – Completed survey” or “31 – Partially completed survey” must contain the date the completed survey was received and
- Surveys that received a “Final Survey Disposition” code of 11, 20, 22, 24, 32, 33, 34, 35, 40 (that is, any “Final Survey Disposition” code OTHER THAN 10 or 31) need not contain the date the completed survey was received

The following table provides details on the assignment of the “Final Survey Disposition” field.

## Final Survey Disposition Codes

Final Disposition	Code	Description	Criteria
Completed survey	10	A complete includes response items answered for at least one reportable measure and $\geq 50\%$ of the ATA items	A complete includes response items answered for at least one reportable measure and <i>greater than or equal to</i> 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 <i>less than</i> 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 or Spanish	Unable to complete the survey in either English or Spanish
Mentally or physically unable to respond	24	Mentally or physically unable to respond to either mail or phone portion of the survey	Mentally or physically unable to respond to either mail or phone portion of the survey
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
Blank returned	34	Responded by mail, answered no questions	Responded by mail, answered no questions
Bad address/ Bad telephone number	35	Unable to obtain a viable address or telephone number for the beneficiary	Unable to obtain a viable address or telephone number for the beneficiary
Excluded from survey	40	Was excluded from the survey process	Beneficiary is ineligible when there is evidence that the beneficiary does not meet one or more of the eligibility criteria (see Sampling section in this manual)

### Assigning Bad Address/Bad Telephone Number Disposition Codes

The “Final Survey Disposition” “35 – Bad address/ Bad telephone number” is assigned when the survey vendor has exhausted attempts to obtain a valid address and/or a valid telephone number. Survey vendors must track attempts to obtain a correct mailing address and telephone number for each beneficiary during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, the survey vendor must continue attempting to contact the beneficiary until the required number of attempts has been exhausted.

*Note: If the survey vendor is unsuccessful in obtaining a viable mailing address and/or telephone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.*

For the *mail component* of survey administration, sufficient evidence that a beneficiary’s address is not viable includes:

- CMS provides an incomplete address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the beneficiary
- Mail is returned marked “Address Unknown”
- Mail is returned marked “Moved – No Forwarding Address”

For the *mail component* of survey administration, insufficient evidence that a beneficiary’s address is not viable includes:

- Address validation search does not result in an exact “match.” If the search does not result in an exact “match,” the survey vendor must attempt to mail using the address that is available.

For the *telephone component* of survey administration, sufficient evidence that a beneficiary’s telephone number is not viable includes:

- The survey vendor is unable to obtain a telephone number for the beneficiary
- The telephone interviewer dials the beneficiary’s telephone number and receives a message that the telephone number is non-working, or out of order, and no updated number is available
- The telephone interviewer dials the beneficiary’s telephone number, speaks to a person, and is informed that he/she has the wrong telephone number

For the *telephone component* of survey administration, insufficient evidence that a beneficiary’s telephone number is not viable includes:

- The survey vendor obtains a busy signal every time a telephone attempt is made

## VIII. DATA SUBMISSION

### Overview

This section contains information about preparing and submitting survey data files to the MA & PDP CAHPS Survey Data Warehouse, including the survey vendor authorization process, the survey vendor data submission registration process, and the data submission process itself. The MA & PDP CAHPS Survey will use a standardized protocol for the preparation and submission of all data. If any problems occur when submitting data to the MA & PDP CAHPS Survey Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

### Data Submission Process

The MA & PDP CAHPS Survey Data Coordination Team has developed a secure data warehouse hosted by the RAND Corporation. This data warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2011 MA & PDP CAHPS Survey and to submit survey data to CMS. Use of the MA & PDP CAHPS Survey Data Warehouse for data submission does not require installation of special software or a licensing fee on the part of survey vendors, except for the purchase of PGP for file encryption. The interface for the data warehouse is user friendly and will require minimal training.

### Data File Submission Dates

As previously specified in this manual, survey vendors are required to submit an interim data file by 11:59 PM Eastern Time on May 11, 2011 and the final survey data file by 11:59 PM Eastern Time on June 15, 2011. Submitting an interim data file will provide survey vendors an opportunity to test the data submission process before they have to submit the final data file and correct any data file errors/problems.

*Note: Survey vendors may begin to submit interim data on May 2, 2011, however the final interim data file must be submitted by May 11, 2011.*

### Survey Vendor Authorization Process

MA and PDP contracts must submit documentation to the MA & PDP CAHPS Survey Data Coordination Team authorizing survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Upon receipt of the Survey Vendor Authorization Form (see Appendix B), the MA & PDP CAHPS Survey Data Coordination Team will confirm the authenticity of the authorizing entity verifying contact information at both the health provider and survey vendor level. Only then will the survey vendor be contacted and provided an account for the MA & PDP CAHPS Survey Data Warehouse.

### Preparing for Data Submission

As mentioned earlier in this manual, each survey vendor participating in the MA & PDP CAHPS Survey is required to designate a primary Data Administrator within their organization responsible for retrieving (downloading) the sample file for the contracts the survey vendor has contracted with and for submitting survey data to the MA & PDP CAHPS Survey Data

Warehouse on behalf of contracts. In addition to the primary Data Administrator, each survey vendor must designate a second person within the organization to act as the Back-up Data Administrator who will also have access to the MA & PDP CAHPS Survey Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Survey Data Coordination Team and the survey vendor regarding issues related to downloading or uploading files from the MA & PDP CAHPS Survey Data Warehouse. In addition, the Data Administrator will have primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in this manual. The MA & PDP CAHPS Survey Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator role. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Survey Data Warehouse account.

Each survey vendor's Data Administrator, as well as the Back-up Administrator and the Project Manager, will be required to register with the MA & PDP CAHPS Survey Data Coordination Team by completing an Extranet User Agreement (see Appendix D) and emailing it to the MA & PDP CAHPS Survey Data Coordination Team. Once the MA & PDP CAHPS Survey Data Coordination Team has verified the information on the Extranet User Agreement and confirmed that a survey vendor has been authorized by one or more MA or PDP contracts to submit data on their behalf, the survey vendor will be assigned a unique ID and password for the data submission application (created by the MA & PDP CAHPS Data Coordination Team). The MA & PDP CAHPS Survey Data Coordination Team will contact each survey vendor by telephone to communicate the password by speaking directly to the designated Data Administrator for the survey vendor. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. The MA & PDP CAHPS Data Coordination Team will copy the Data Administrator, Back-up Data Administrator and the Project Manager on all email communications related to the data warehouse on data submission.

### **Password Authentication**

Upon successful authentication of the survey vendor's username and password, survey vendors will have access to their organization's designated folder in the MA & PDP CAHPS Survey Data Warehouse. Survey vendors will be required to re-authenticate their password every 180 days (passwords will have to be re-authenticated before survey vendors can submit the interim survey data file by May 11, 2011). Survey vendors will be provided instructions for re-authenticating their password including the requirements and recommended guidelines for creating a password (passwords must be at least 7 characters and at least one character from 3 of the 5 classes of characters: uppercase letters, lowercase letters, digits, punctuation or symbols).

### **Organization of the MA & PDP CAHPS Survey Data Warehouse**

Sample files and uploaded data files are stored in a secure data warehouse at the RAND Corporation. Each survey vendor will have its own folder in the MA & PDP CAHPS Survey Data Warehouse and will not be able to see, locate, or access another survey vendor's folder. From the survey vendor's view, the site will have an "Inbox" for uploading documents and an "Outbox" for downloading sample files and any other documents RAND may need to push out to the survey vendors. All upload and download activities will be logged for reporting to the MA & PDP CAHPS Survey Data Coordination Team and CMS.

## File Encryption

All survey vendors will be required to adhere to file format specifications and to encrypt survey data files using PGP software ([www.pgp.com](http://www.pgp.com)) prior to submitting files to the MA & PDP CAHPS Survey Data Warehouse. The MA & PDP CAHPS Survey Data Coordination Team will provide the survey vendors with a password to encrypt data files prior to submission. The Data Coordination Team will create these passwords and will contact the Data Administrator for each survey vendor by telephone to communicate the password. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. (Similarly, survey vendors will encrypt their survey file using a secure password of their own that will also be used by the Data Coordination Team to unencrypt their survey file once submitted).

The survey vendor-specific folder in the MA & PDP CAHPS Survey Data Warehouse will also have a “Quarantine” document library that is visible only to the MA & PDP CAHPS Survey Data Coordination Team. Any file uploaded to the survey vendor’s Inbox that does not have the “.pgp” extension, indicating the prescribed PGP encryption will be automatically deleted. An automated email will be sent to the survey vendor’s Data Administrator, Back-up Data Administrator and Project Manager, informing them that they have uploaded a file that does not comply with the established naming standards. Therefore, the file will not be processed and will need to be resubmitted correctly. The MA & PDP CAHPS Survey Data Coordination Team will also be notified by automated email that the event occurred. The file encryption is required as a redundant security precaution.

## Survey Vendor Instructions for Accessing the MA & PDP CAHPS Survey Data Warehouse

The data submission process that survey vendors will use to submit MA & PDP CAHPS Survey data includes the following steps:

1. The survey vendor’s Data Administrator will use their Internet browser to request access to the MA & PDP CAHPS Survey Data Warehouse.
2. The survey vendor’s Data Administrator will be prompted for his/her user ID and a password.
3. The survey vendor’s Data Administrator will be presented with a page that has two links:
  - a. One link is a utility that will allow them to change their password.
  - b. The second link accesses the survey vendor’s MA & PDP CAHPS Survey folder in the Data Warehouse.
4. The survey vendor’s folder on the MA & PDP CAHPS Survey Data Warehouse will have the survey vendor’s name at the top.
5. There will be an Inbox and an Outbox.
6. The Inbox will have a link labeled “Add new document” for adding survey data.
7. The Outbox will allow the survey vendor to click on any file there and then save the file to their local computer.

*Note: A copy of the Survey Vendor Instructions for Accessing the Data Warehouse can be found in Appendix H.*



## Data Auditing and Validation Checks

The MA & PDP CAHPS Survey Data Coordination Team will audit the data files as they are submitted by survey vendors for compliance with the file specifications outlined in the section on Data Coding and Data Preparation in this manual.

The data audit process conducted by the MA & PDP CAHPS Survey Data Coordination Team involves conducting various data checks of the survey data submitted by survey vendors. The first check will be integrated into the MA & PDP CAHPS Survey Data Warehouse and involves testing for the appropriate file extension .pgp to indicate that a survey file has been encrypted. As described above, any file uploaded to the MA & PDP CAHPS Survey Data Warehouse that does not have the “.pgp” extension will be automatically deleted. In such instances, an automated email will be sent to survey vendor’s Data Administrator, Back-up Data Administrator and Project Manager, informing them that they have uploaded a file that does not comply with the established naming standards, and that the file will not be processed and therefore needs to be resubmitted correctly. Additional edit checks on submitted data files will include:

- Morphological tests (logical record lengths, appropriate character set, naming conventions, etc.)
- Checks for the presence of required data fields
- Range checks

Survey vendors (Data Administrator, Back-up Data Administrator and Project Manager) will receive a second email that contains the full detail of the edit check report by the close of business (5:00 PM Pacific Time) on the next business day after submission. If the submitted data file fails the edit checks described above, the email notification to survey vendors will indicate that they are required to resubmit a corrected survey data file. Survey vendors are responsible for submitting a corrected file by the deadline for submission. If the data file they submitted passes the edit checks, the email notification will indicate that no additional action is required. Data files not received and accepted prior to 11:59 PM Eastern Time on the deadline date will not be included in the results that are publicly reported. Therefore, it is essential that data files submitted by survey vendors are accepted before the data submission deadline.

## IX. DATA ANALYSIS AND PUBLIC REPORTING

### Overview

This section describes the public reporting of the survey results in the Medicare & You Handbook and in the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)), the reports prepared for plans, and the data analysis of the MA & PDP CAHPS Survey conducted by CMS. It also provides a discussion of data analyses that survey vendors may conduct for plans. Survey results for the 2011 MA & PDP CAHPS Survey will be available in the Fall of 2011.

### Reporting

#### Public Reporting of MA & PDP CAHPS Survey Data

MA & PDP CAHPS Survey data are publicly reported by contract (MA and PDP) and state (FFS). Limited information from the MA & PDP CAHPS Survey is published in the Medicare & You Handbook and additional measures are included on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)) each fall. Public reporting of the survey results is designed to create incentives for contracts to improve their quality of care and also serves to enhance public accountability in health care by increasing the transparency of the quality of care provided by Medicare contracts. The measures derived from the surveys are used by beneficiaries to help choose an MA or PDP plan. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions.

#### Additional Reporting of Medicare CAHPS Data to Plans

CMS provides each MA and PDP contract that participates in the MA & PDP CAHPS Survey a more detailed report that summarizes that contract's survey results and compares contract scores at the state and national levels. Each plan report also compares the contract's CAHPS scores to FFS beneficiaries, as well as to other MA or PDP contracts within the contract's market area.

The manner in which CAHPS data are organized and displayed varies somewhat across reports as a function of their different purposes and intended audiences. For example, on [www.medicare.gov](http://www.medicare.gov), contract performance on CAHPS and other measures is summarized on a scale of one to five stars, based on case-mix adjusted mean scores, in combination with additional non-CAHPS measures.

#### Measures That Will be Reported to Plans

The reports to plans include those measures that are reported to consumers, plus additional measures. MA & PDP CAHPS Survey results are reported to plans for six composites, five global ratings, and five individual items:

Composite measures:

- Getting Needed Care
- Getting Care Quickly
- Doctors Who Communicate Well
- Health Plan Customer Service
- Getting Needed Prescription Drugs (MA-PD, MA PPO and PDP)
- Getting Information From the Plan About Prescription Drug Coverage and Cost (MA-PD, MA PPO and PDP)

## Global ratings:

- Overall Rating of Health Plan
- Overall Rating of Care Received
- Overall Rating of Personal Doctor
- Overall Rating of Specialist
- Overall Rating of Drug Plan (MA-PD, MA PPO and PDP)

## Individual Items:

- Willingness to Recommend Plan for Drug Coverage (MA-PD, MA PPO and PDP)
- Influenza Vaccination
- Pneumonia Vaccination
- Getting Medical Equipment

## CMS Analysis of MA & PDP CAHPS Survey Data

### Use of Composite Measures

When a survey covers many topics, a report that simply lists the answers to every question can be overwhelming to readers. To keep survey reports shorter and more comprehensible, without sacrificing important information, answers to questions about the same topic are combined to form composites. The items in a composite are given equal weight in calculating the composite score with one exception: for the composite regarding the ease of filling prescriptions by mail and phone, mail and phone are weighted within each contract proportionately to the number of beneficiaries who report attempting to fill prescriptions by mail or phone in that contract.

### Case-Mix Adjustment and Weighting

Certain respondent characteristics, such as age and education, are not under the control of the health plan but are related to the sampled member's survey responses. To ensure that comparisons between contracts reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing contracts.

In general, for example, individuals who are older, those with less education, and those in better overall and mental health provide more positive ratings and reports of care. The case-mix model used for analyzing MA & PDP CAHPS Survey data includes these four self-reported characteristics, together with indicators of Medicaid dual eligibility/eligibility for low-income subsidy status and information indicating whether another person helped the respondent complete the questionnaire. Although proxy reporting has contributed very weakly to differences in contract means, it has been retained as an adjustor to allay concerns that are occasionally voiced about the effects of proxy responses on scores.

Case-mix adjustment is implemented via linear regression models predicting CAHPS measures from case-mix adjustors and contract indicators. In these models, missing case-mix adjustors are imputed as the contract mean. Adjusted means represent the mean that would be obtained for a given contract if the average of the case-mix variables for that contract was equal to the national average across all contracts.<sup>1</sup>

Data from MA contracts are weighted to represent each contract's proportion of PD enrollees.

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<sup>1</sup> Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

## Significance Testing, Reliability, and Star Assignment

Two-tailed tests are used to compare the case-mix adjusted mean for each contract to the overall mean for all contracts in the nation. In the plan reports (but not consumer reports), contract scores that are significantly different from the national mean at the  $p < 0.05$  level are marked with an up or down arrow. The absence of an arrow means that the contract's score was not significantly different from the national average. In accordance with confidentiality requirements, "N/A" is reported for any item or composite with fewer than 10 observations. When 10 or more observations are present but a measure's reliability is less than 75%, the mean score is italicized.<sup>2</sup>

For consumer reporting via the Medicare & You Handbook and in the Medicare Plan Finder Web site, CMS uses a star rating system, assigning between one to five stars to a contract for a given measure as a way of summarizing the contract's performance. CMS does this by converting a contract's score on a given measure into a certain number of stars based on the percentile rank of each contract's case-mix adjusted score and the difference between that rank and the national (overall) mean score. This difference (including whether the difference is statistically significant), the direction of the difference, and the statistical reliability of the estimate (based on the number of respondents) determines the number of stars assigned. Starting in Fall 2010, CMS set four star thresholds for all measures with a data history that are included in the plan ratings on [www.medicare.gov](http://www.medicare.gov). For CAHPS, a contract is assigned at least 4 stars if the contract's average case-mix adjusted CAHPS measure score exceeds a cutoff defined by the 60<sup>th</sup> percentile of the plan means in 2009 for the same measure.

## Defining Market Areas

Each contract's "market area" is determined by comparing its county-level survey samples with those of every other MA or PDP contract. The other contract is included in the report contract's market area for comparison if there is an overlap of at least 5 percent of the report contract's enrollment and vice-versa (the other contract must also have at least 5 percent of its enrollment in the report contract's county). Private Fee-for-Service (PFFS) MA contracts, which typically have multi-state if not national enrollment, are not included in the market area definition. However, enrollees in PFFS MA contracts are included in the national and state benchmarks.

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

CMS-calculated results for the MA & PDP CAHPS Survey are the official survey results. CMS will continue to provide MA & PDP plans with reports that contain information that can be used for quality improvement purposes (including information related to market and service area as described above). However, a survey vendor may analyze the survey data in order to provide plans with additional information that plans can use for quality improvement purposes as long as cell sizes are not too small (less than 10). Plans and survey vendors need to recognize that the data they utilize are not case-mix adjusted and should **only** be used for quality improvement purposes.

In addition, survey vendors will not be able to provide member-level data sets to their plans, as these data could be used to identify an individual, which would violate the guarantee of

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<sup>2</sup> For measures for which more than 12% of all contracts with sample size of 10 or more had low reliability, only the 12% of contracts with lowest reliability are italicized.

confidentiality that CMS provides all survey respondents. CMS is considering ways to provide de-identified individual level data to plans and will continue to provide data that plans can use for quality improvement purposes.

### **Analysis of Survey Data from Supplemental Items**

As described in the Data Collection Protocol section of this manual, CMS will allow contracts and survey vendors to add a small number of questions to the survey, subject to approval from CMS. All supplemental questions must be placed after all of the Core items in the questionnaires. The supplemental questions can be placed before the About You section. Data for these additional survey items will not be included in the data file submitted to CMS by survey vendors. CMS will not analyze data for any supplemental questions added at the request of a plan. Analysis of supplemental questions is the responsibility of the survey vendors. Survey vendors may provide the survey results and data from supplemental items to plans, provided that the data are completely de-identified and the results do not include any other information that could be used to identify a beneficiary.

## X. OVERSIGHT

### Overview

In order to ensure compliance with Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey protocols, the CMS sponsored MA & PDP CAHPS Survey Project Team conducts oversight of participating survey vendors. This section describes the oversight activities for the MA & PDP CAHPS Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the MA & PDP CAHPS Survey Participation Form signifies agreement with all of the Rules of Participation, including all MA & PDP CAHPS Survey oversight activities.**

### Oversight Activities

All survey vendors that participate in the MA & PDP CAHPS Survey are required to take part in all oversight activities, which include but are not limited to the following:

- MA & PDP CAHPS Survey Quality Assurance Plan (QAP)  
The MA & PDP CAHPS Survey QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors in order to document their current administration of the survey and compliance with the MA & PDP CAHPS Survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The MA & PDP CAHPS Survey Project Team will review each QAP to ensure that the survey vendor's stated processes are compliant with MA & PDP CAHPS Survey protocols. In addition, materials relevant to the MA & PDP CAHPS Survey administration, including mailing materials (e.g., pre-notification letters, cover letters and questionnaires), telephone scripts, tracking of key events, and documentation that quality control procedures are conducted, are required to be submitted. CMS may also request additional survey-related materials for review as needed.
- Analysis of Submitted Data  
All survey data submitted to the MA & PDP CAHPS Survey Data Warehouse by survey vendors will be reviewed by the MA & PDP CAHPS Survey Data Coordination Team. This review will include, but is not limited to, statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If data anomalies are found, the MA & PDP CAHPS Survey Project Team will follow-up with the survey vendor.
- Site Visits/Conference Calls  
All survey vendors (and their subcontractors, as applicable) are required to participate in site visits and conference calls conducted by the MA & PDP CAHPS Survey Project Team. The site visits allow the MA & PDP CAHPS Survey Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the MA & PDP CAHPS Survey. The conference calls allow the MA & PDP CAHPS Survey Project Team to discuss issues with the survey vendor related to administration of the MA & PDP CAHPS Survey.

*Note: If the site visit, conference call, or any other oversight activity conducted by the MA & PDP CAHPS Survey Project Team suggests that actual survey processes differ from MA & PDP CAHPS Survey protocols, immediate corrective actions may be required and sanctions may be applied.*

➤ Additional Activities

Additional activities as specified by CMS may be conducted in addition to the above.

### **MA & PDP CAHPS Survey Quality Assurance Plan (QAP)**

Survey vendors approved to administer the MA & PDP CAHPS Survey are required to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the MA & PDP CAHPS Survey protocols. The main purposes of the QAP are as follows:

- Provide documentation of survey vendors' understanding, application and compliance with the *Quality Assurance Protocols & Technical Specifications V1.0*. The following components must be addressed:
  - Organizational background and structure for project
  - Work plan for survey administration
  - Survey and data management system and quality controls
  - Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  - Description of quality control activities
  - MA & PDP CAHPS Survey materials
- Serve as the organization-specific guide for administering the MA & PDP CAHPS Survey, training project staff to conduct the survey, and conducting quality control and oversight activities. **The QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations.**
- Ensure high quality data collection and continuity in survey processes

The first submission of the QAP will be due by the date announced during the Introduction to MA & PDP CAHPS Survey training sessions and will be posted on the MA & PDP CAHPS Survey Web site subsequent to training. A Model QAP can be found in Appendix E. It is expected that survey vendors will use the Model QAP as a template for developing and updating their own QAP. The Model QAP can be downloaded from the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).

Along with the QAP, survey vendors, when requested by CMS, may be required to submit other materials relevant to the MA & PDP CAHPS Survey administration. The MA & PDP CAHPS Survey Project Team's acceptance of a QAP submission does not constitute or imply approval or endorsement of the survey vendor's MA & PDP CAHPS Survey processes. The site visit and other oversight activities are used to examine, verify and accept the actual processes by which the MA & PDP CAHPS Survey is administered.

### **Analysis of Submitted Data**

The MA & PDP CAHPS Survey Data Coordination Team will review and analyze all survey data submitted in order to ensure the integrity of the data. If significant issues are identified, the survey vendor may be contacted. Survey vendors must adhere to all submission requirements as specified in the *Quality Assurance Protocols & Technical Specifications V1.0*, and those

periodically posted on the MA & PDP CAHPS Survey Web site, as well as the deadline dates as posted on the MA & PDP CAHPS Survey Web site. Please monitor the MA & PDP CAHPS Survey Web site on a regular basis for additional data submission information and updates.

### **Site Visits/Conference Calls**

The MA & PDP CAHPS Survey Project Team will conduct site visits and conference calls with survey vendors to ensure compliance with the MA & PDP CAHPS Survey requirements. The size and composition of the review team may vary. Site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

The MA & PDP CAHPS Survey Project Team will conduct its site reviews in the presence of the survey vendor's staff, and a confidentiality agreement will be signed by all parties at the start of the site visit. The MA & PDP CAHPS Survey Project Team will coordinate with survey vendor staff to cover agenda items presented in advance to the survey vendor. The MA & PDP CAHPS Survey Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. ***Survey vendors must make their subcontractors available to participate in the site visits and conference calls as needed.***

In addition to other activities, the MA & PDP CAHPS Survey Project Team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The MA & PDP CAHPS Survey Project Team will review specific data records and trace the documentation of activities from the receipt of the sample through the uploading of the data. The site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the site visit review will remain confidential, as per CMS guidelines.

During the site visit and/or conference call, the MA & PDP CAHPS Survey Project Team will review the survey vendor's survey systems and will assess protocols based upon the *Quality Assurance Protocols & Technical Specifications V1.0*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to:

- Survey management
- Data systems
- Printed materials
- Printing, mailing and other related facilities
- Telephone materials, interview areas and other related facilities
- Data receipt and entry
- Data storage facilities
- Written documentation of survey processes
- Specific and/or randomly selected records

After the site visit, the MA & PDP CAHPS Survey Project Team will provide the survey vendor with a summary of findings from the site review, and may pose follow-up questions and/or request additional information as needed.



After the site visit or conference call, organizations will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Survey vendors will be subject to follow-up site visits and conference calls, as needed.

### **Non-compliance and Sanctions**

Non-compliance with MA & PDP CAHPS Survey protocols including program requirements, successful completion of all required training activities, annual timely submission of the QAP, and participation and cooperation in oversight activities, may result in sanctions being applied to a survey vendor including:

- loss of approved status to administer the MA & PDP CAHPS Survey
- increased oversight activities
- adjustment to publicly reported scores, as needed
- other sanctions as deemed appropriate by CMS

## XI. DISCREPANCY REPORTS

### Overview

This section describes the process of notifying the MA & PDP CAHPS Survey Project Team of discrepancies which have occurred during survey data collection or submission.

The discrepancy process and the Discrepancy Report Form have been established for use by survey vendors to notify the MA & PDP CAHPS Survey Project Team of any discrepancies in following standard MA & PDP CAHPS Survey protocols. Survey vendors are required to notify the MA & PDP CAHPS Survey Project Team of any discrepancies or variations that have occurred during survey administration. Survey vendors **must** notify the MA & PDP CAHPS Survey Project Team as soon as the discrepancy is identified.

### Discrepancy Report Process

On occasion, a survey vendor may identify discrepancies from MA & PDP CAHPS Survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with MA & PDP CAHPS Survey protocols. Survey vendors are required to notify CMS of these discrepancies. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify discrepancies that require correction.

Survey vendors are required to complete and submit a Discrepancy Report to formally notify CMS as soon as possible after the discrepancy has been discovered. The Discrepancy Report Form (see Appendix K) must be submitted online via the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). This report notifies the MA & PDP CAHPS Survey Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy. The plan's CMS contract number (Hxxxx, Rxxxx or Sxxxx) **must be included on the form.**

### Discrepancy Report Review Process

The Discrepancy Report will be reviewed by CMS and the MA & PDP CAHPS Survey Project Team, and a determination of the actual or potential impact of the discrepancy on publicly reported results will be assessed. Depending on the nature and extent of the discrepancy, a formal review of the survey vendor's procedures and/or an on-site visit or conference call may be undertaken. The project team will notify the survey vendor whether additional information is required to document and correct the issue. The survey vendor will be notified once the outcome of the review has been determined.



## Appendix A

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Minimum Business Requirements

A survey vendor must meet all of the Survey Vendor Minimum Business Requirements listed below in order to apply to administer the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey.

### 1. Relevant Survey Experience

Demonstrated recent experience in fielding Mixed Mode surveys.

Criteria	Survey Vendor
Survey Experience	<ul style="list-style-type: none"><li>• Prior experience conducting surveys with the Medicare population</li><li>• Prior experience administering CAHPS surveys</li><li>• Prior experience conducting Mixed Mode (mail with telephone follow-up) within the most recent 2 year time period</li><li>• Past performance</li></ul>
Number of Years in Business	<ul style="list-style-type: none"><li>• Minimum of 3 years</li></ul>
Number of Years Conducting Surveys	<ul style="list-style-type: none"><li>• Minimum of 2 years conducting large-scale Mixed Mode surveys (large scale mail surveys and capability to perform CATI system telephone interviews)</li></ul>
Experience with Multiple Survey Languages	<ul style="list-style-type: none"><li>• Prior experience required in conducting survey administration in both English and Spanish</li></ul>

## 2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor
Personnel	<ul style="list-style-type: none"> <li>• Designated Project Manager with previous Mixed Mode survey experience</li> <li>• Designated Telephone Survey Supervisor with previous survey call center experience</li> <li>• Programmer capable of processing data and preparing data files for electronic submission</li> </ul>
System Resources	<ul style="list-style-type: none"> <li>• System resources must meet CMS specifications and at a minimum include the following:               <ul style="list-style-type: none"> <li>○ Reproduction and mailing of the questionnaire</li> <li>○ Capacity for conducting telephone interviews using a computer-assisted telephone interview (CATI) system</li> <li>○ Data collection processing</li> <li>○ Production of computer files</li> <li>○ Anticipate and plan for on-site visits</li> <li>○ Electronic survey management system to track fielded surveys through the entire protocol</li> <li>○ A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files that protects the confidentiality of patient response data and personal identifying information</li> </ul> </li> </ul>
Approved Use of Subcontractors	<ul style="list-style-type: none"> <li>• CMS must approve subcontractors at the time of application (Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing)</li> </ul>
Mixed Mode Administration	<ul style="list-style-type: none"> <li>• Will be provided with the mail and telephone versions of the MA &amp; PDP CAHPS survey in electronic form, text for pre-notification and cover letters</li> <li>• Responsible for printing and reproduction of survey materials in accordance with specifications provided</li> <li>• Follow MA &amp; PDP CAHPS timeline</li> <li>• Use commercial software/resources to ensure that addresses and telephone numbers are accurate and correct for all the sample members</li> <li>• Health plans are not to know the names of the enrollees participating in the survey</li> </ul>

Data Submission	<ul style="list-style-type: none"> <li>• Register with the RAND Corporation and follow data specifications and procedures in order to submit and receive encrypted data via the Internet.</li> <li>• Data files must be encrypted for transmission in accordance with required specifications</li> <li>• Must be authorized by health plan prior to submission of data</li> <li>• Execute business associate agreement with health plans and receive annual authorization from health plans to collect data on their behalf and submit to CMS</li> </ul>
Data Security	<ul style="list-style-type: none"> <li>• Returned paper questionnaires must be stored in a secure and environmentally safe location</li> <li>• Firewalls and/or other mechanisms must be utilized to protect electronic files</li> <li>• Electronic security via implementation of access levels and passwords must be instituted</li> <li>• Daily data back-up procedures that adequately safeguard system data must be implemented</li> <li>• Required encryption protocols must be utilized for transmitting data files</li> <li>• Develop procedures for identifying and handling breaches of confidential data</li> <li>• Data custodian will be responsible for all data security for data collection as specified in the Data Use Agreement with CMS</li> </ul>
Data Retention	<ul style="list-style-type: none"> <li>• Retain all data files for a minimum of 3 years</li> </ul>
Confidentiality	<ul style="list-style-type: none"> <li>• QAP is required to contain content regarding confidentiality and disclosure that is HIPAA compliant</li> <li>• MA &amp; PDP CAHPS data files (paper or electronic) must be stored securely and confidentially in accordance with specified requirements</li> </ul>
Technical Assistance/Customer Support	<ul style="list-style-type: none"> <li>• Establish toll-free customer support telephone lines with live operator during regular business hours (to be established from the time of the pre-notification letter through the end of data collection)</li> <li>• Accommodate both Spanish and English inquiries</li> </ul>

### 3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> <li>• Set-up and document quality control procedures for all phases of survey implementation:               <ul style="list-style-type: none"> <li>○ Training</li> <li>○ Printing, mailing and recording receipt of surveys</li> <li>○ Telephone administration of survey (electronic telephone interviewing system)</li> <li>○ Coding, editing, or keying in survey data</li> <li>○ Preparing final person-level data files for submission</li> <li>○ All other functions and processes that affect the administration of the MA &amp; PDP CAHPS survey</li> </ul> </li> <li>• Develop and submit annual QAP by specified due date</li> </ul>
Training Requirements	<ul style="list-style-type: none"> <li>• Participate in and successfully complete Introduction Training via Webinar after confirmation of approved status</li> <li>• Participate in and successfully complete Update Training via Webinar as scheduled</li> <li>• Complete a training evaluation to assess survey vendor comprehension of MA &amp; PDP CAHPS protocols</li> </ul>
Training Participants	<ul style="list-style-type: none"> <li>• Project Manager and Telephone Survey Supervisor at a minimum</li> <li>• Strongly recommend that the programmer and/or their supervisor also attend training</li> </ul>

### 4. Approval Term

An approved survey vendor may administer the MA & PDP CAHPS Survey for the specified amount of time.

Criteria	Survey Vendor
Approval Term	<ul style="list-style-type: none"> <li>• 1 year subject to annual re-approval</li> </ul>

## Appendix B

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Survey Vendor Authorization Form**

MA and PDP contracts must authorize an approved MA & PDP CAHPS Survey vendor to submit data on their behalf for the 2011 administration of the MA & PDP CAHPS Survey.

In order to authorize a survey vendor, a contract representative must complete the MA & PDP CAHPS Survey Vendor Authorization Form and submit it to the RAND Corporation by January 6, 2011. The individual who completes this form for the MA or PDP contract will be considered the MA & PDP CAHPS Survey Administrator for that Agency. This form must be signed and dated in the presence of a notary public, notarized, and sent via U.S. mail to:

ATTN: Beverly Weidmer  
MA & PDP CAHPS Survey  
RAND Corporation  
1776 Main St.  
Santa Monica, CA 90401



**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey  
Survey Vendor Authorization Form**

I, \_\_\_\_\_ (Print Administrator name), acknowledge and accept the role and all of the responsibilities of the MA & PDP CAHPS Survey Administrator for \_\_\_\_\_ (Print Name of Contract). In this role I will be responsible for:

- 1) Designating another individual within the organization as the Back-up Administrator.
- 2) Authorizing a survey vendor to collect data for \_\_\_\_\_ (Print Name of Contract) as part of the 2011 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the contract.
- 3) Notifying CMS and RAND immediately if the contract de-authorizes a survey vendor.
- 4) Serving as the main point of contact with the MA & PDP CAHPS Project Team.
- 5) Notifying the MA & PDP CAHPS Project Team if my role as the MA & PDP CAHPS Survey Administrator will no longer be valid and identifying my successor.

By signing this form, I authorize \_\_\_\_\_ (Print Survey Vendor Name) to collect data for the contract I represent as part of the 2011 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the Contract.

Administrator First and Last Name: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Survey Vendor Name/Address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Taxpayer ID Number: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Notary Public Date: \_\_\_\_\_

## **Appendix C**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Data Use Agreement (DUA) Application Form**

Guidelines for completing and submitting this DUA will be forthcoming after training.

## INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235

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### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

**Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.**

- First paragraph, enter the Requestor's Organization Name.
- Section #1, enter the Requestor's Organization Name.
- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.
- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names. The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.
- Section #6, complete by entering the Study/Project's anticipated date of completion.
- Section #12 will be completed by the User.
- Section #16 is to be completed by Requestor.
- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.
- Section #18 will be completed by a CMS representative.
- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.
- Sections #20a AND 20b will be completed by a CMS representative.
- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

## DATA USE AGREEMENT

DUA #

### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and \_\_\_\_\_ enter into this agreement to comply with the following specific paragraphs. *(Requestor)*

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and \_\_\_\_\_, hereinafter termed "User." *(Requestor)*
2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.
3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

Name of Study/Project

CMS Contract No. *(if applicable)*

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).

5. The following CMS data file(s) is/are covered under this Agreement.

File	Years(s)	System of Record

6. The parties mutually agree that the aforesaid files(s) (and/or any derivative file(s)), including those files that directly identify individuals or that directly identify bidding firms and/or such firms’ proprietary, confidential or specific bidding information, and those files that can be used in concert with other information to identify individuals, may be retained by the User until \_\_\_\_\_, hereinafter known as the “Retention Date.” The User agrees to notify CMS within 30 days of the completion of the purpose specified in section 4 if the purpose is completed before the aforementioned retention date. Upon such notice or retention date, whichever occurs sooner, the User agrees to destroy such data. The User agrees to destroy and send written certification of the destruction of the files to CMS within 30 days. The User agrees not to retain CMS files or any parts thereof, after the aforementioned file(s) are destroyed unless the appropriate Systems Manager or the person designated in section 20 of this Agreement grants written authorization. The User acknowledges that the date is not contingent upon action by CMS.

The Agreement may be terminated by either party at any time for any reason upon 30 days written notice. Upon notice of termination by User, CMS will cease releasing data from the file(s) to the User under this Agreement and will notify the User to destroy such data file(s). Sections 3, 4, 6, 8, 9, 10, 11, 13, 14 and 15 shall survive termination of this Agreement.

7. The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security requirements established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems (<http://www.whitehouse.gov/omb/circulars/a130/a130.html>) as well as Federal Information Processing Standard 200 entitled “Minimum Security Requirements for Federal Information and Information Systems” (<http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>); and, Special Publication 800-53 “Recommended Security Controls for Federal Information Systems” (<http://csrc.nist.gov/publications/nistpubs/800-53-Rev2/sp800-53-rev2-final.pdf>). The User acknowledges that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable, bidder identifiable or deducible information derived from the file(s) specified in section 5 is prohibited. Further, the User agrees that the data must not be physically moved, transmitted or disclosed in any way from or by the site indicated in section 17 without written approval from CMS unless such movement, transmission or disclosure is required by a law.

8. The User agrees to grant access to the data to the authorized representatives of CMS or DHHS Office of the Inspector General at the site indicated in section 17 for the purpose of inspecting to confirm compliance with the terms of this agreement.

9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. **This policy stipulates that no cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed.** Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries.

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.
11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.
12. The parties mutually agree that the following specified Attachments are part of this Agreement:

- 
13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by e-mail notification at [cms\\_it\\_service\\_desk@cms.hhs.gov](mailto:cms_it_service_desk@cms.hhs.gov) within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.
16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

---

Name and Title of User *(typed or printed)*

---

Company/Organization

---

Street Address

City	State	ZIP Code
------	-------	----------

Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---	---------------------------------------

Signature	Date
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17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

---

Name of Custodian *(typed or printed)*

---

Company/Organization

---

Street Address

City	State	ZIP Code
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Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---	---------------------------------------

Signature	Date
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18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) \_\_\_\_\_

19. On behalf of \_\_\_\_\_ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name		Title of Federal Representative	
Signature			Date
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative (typed or printed)			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.





## Appendix D

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Survey Vendor Extranet User Agreement Form

Submit the completed Extranet User Agreement Form to the Data Coordination Team via email at [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org) or Fax at (310) 451-6921.

In order to access the RAND Extranet, you must agree to the terms of its use. Please read the following agreement and sign and date it in the space provided. Also, select or write an identifying question and answer. Return the signed agreement to your RAND project coordinator (or whoever manages the extranet site you are wanting to access). **This is an electronic form enabled with a digital signature field, eliminating the need for printing or faxing the form.**

## **Extranet Usage Agreement**

The RAND Corporation established an Extranet to facilitate collaboration with vendors, researchers from other organizations, and clients. By using this site, you agree to abide by the terms and conditions below.

### **Use of Materials**

RAND respects the intellectual property of others, and we ask that our visitors and clients do the same. You may post material on the RAND Extranet only if you own or control the rights thereto or have received all necessary consents. You may copy, reproduce, and distribute material from the RAND Extranet only if you observe all restrictions connected to such material and keep intact all copyright and other proprietary notices on the material. Questions about usage should be directed to [helpdesk@rand.org](mailto:helpdesk@rand.org).

### **Security**

You must observe all security features on the RAND Extranet and may not disable or bypass any security devices. You must hold your passwords in confidence and not permit anyone to use your RAND Extranet account without our prior written authorization. You may not use the RAND Extranet to gain unauthorized access to computers or other computer networks for malicious or destructive purposes (such as the development or transmission of computer viruses). You are responsible for all usage or activity on your RAND Extranet account, whether or not authorized by you. If you suspect that your password is being used by others, report it to [helpdesk@rand.org](mailto:helpdesk@rand.org).

### **Links to Third-Party Sites**

RAND's Extranet may contain links to other Web sites. RAND has no control over those other sites and is not responsible for their content, security, or ability to protect personal information. Links to other sites are provided only for convenience to users and do not constitute an endorsement by RAND.

### **Use of Communication Services**

RAND's Extranet may contain bulletin boards, forums, communities, calendars, and other message or communication services. You may use these services only to post, send, and receive messages and material that are related to your work with RAND. You may not disclose or make public any materials or comments posted therein. You may not publish, post, upload, distribute, or disseminate any inappropriate, profane, defamatory, infringing, obscene, indecent, or unlawful topic, name, material, or information.

### **Privacy Statement**

RAND's Extranet follows the same privacy policy as RAND's external Web site, posted at:

[http://www.rand.org/site\\_info/privacy.html](http://www.rand.org/site_info/privacy.html)

### **Modification of These Terms of Use**

RAND reserves the right to change the terms and conditions under which the RAND Extranet is offered without prior notice.

# Extranet Account Application Form

**RAND Faculty Sponsor:** \_\_\_\_\_  
(Required)

**Project Name:** \_\_\_\_\_  
(Required)

Please fill out the following fields to request an account:

**Full Name:** \_\_\_\_\_  
(First Middle Last)

**Street Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(if not U.S.)

**Email:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
(if applicable)

Identifying question and answer: (Please answer at least one of the following):

In what city were you born? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What was the name of your Elementary School? \_\_\_\_\_

Create your own identifying question - \_\_\_\_\_

Answer to your question: \_\_\_\_\_

## I have read the RAND Extranet Usage Agreement and agree to its terms.

Option A: Please **Create a Digital Signature ID** & digitally sign the document using **Adobe Reader**. (See following pages)

Option B: Otherwise, please **print and sign** this document then **scan or fax** the completed form to your RAND sponsor.

**Signature:** \_\_\_\_\_

Option A (cont.): Please **Save** the form and **Rename** the PDF with the format:

**FirstName LastName.pdf**

And **email** the completed form back to your **RAND sponsor**

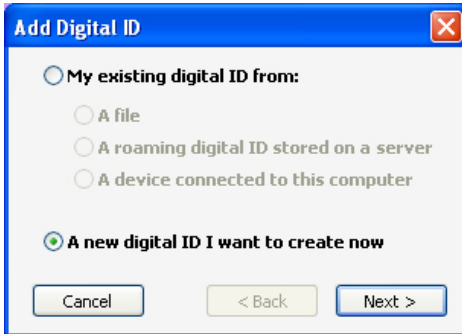
# Create a Digital Signature in Adobe Reader 9 (Windows)

Please check with your company's IT department before installing any software. RAND is not responsible for any errors that Adobe Reader may cause to your computer or network. You can download the latest version of Adobe Reader at their website: <http://get.adobe.com/reader>

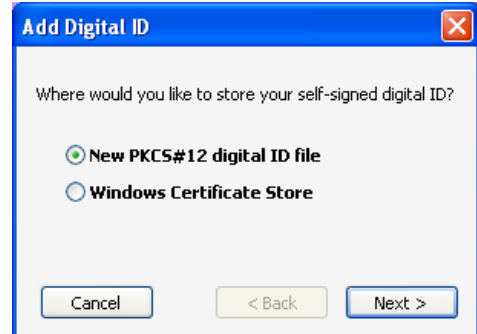
Click on the Signature field to be signed to start the process

## 1. Select, "A new digital ID I want to create now"

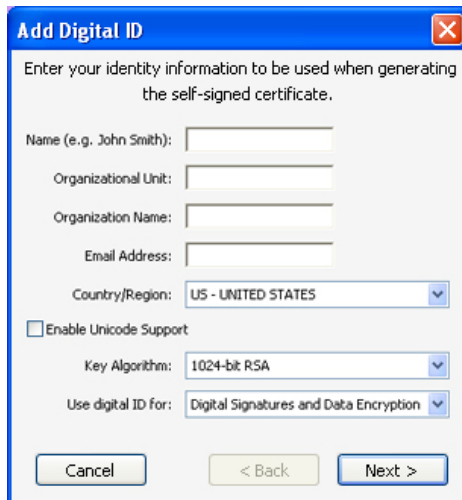
Adobe Reader 8 users select, "Create a self-signed digital ID for use with Acrobat"



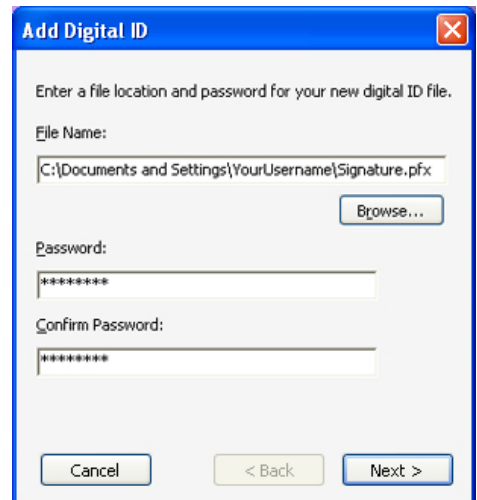
## 2. Select, "New PKCS#12 digital ID file"



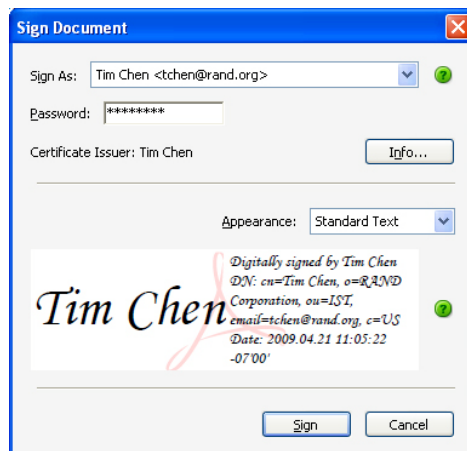
## 3. Fill in your information and leave the following settings



## 4. Browse for the location to save the digital ID file Enter a password to encrypt the file




## 5. Type in your Password for the appropriate signature file and Sign the document



# Create a Digital Signature in Adobe Reader 9 (Mac)



Please check with your company's IT department before installing any software. RAND is not responsible for any errors that Adobe Reader may cause to your computer or network. You can download the latest version of Adobe Reader at their website: <http://get.adobe.com/reader>

Start Adobe Reader in the Finder  or:

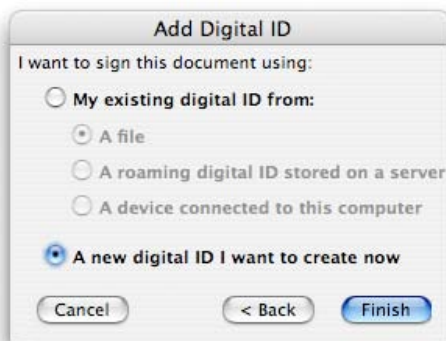


Hold the **ctrl** key and **click** on the file, then select **Open with => Adobe Reader**

**Click** on the Signature field to be signed to start the process

## 2. Select, "A new digital ID I want to create now"

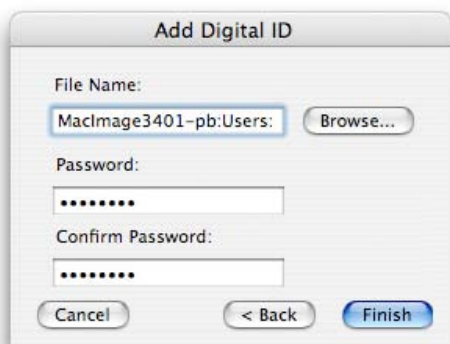
Adobe Reader 8 users select, "Create a self-signed digital ID for use with Acrobat"



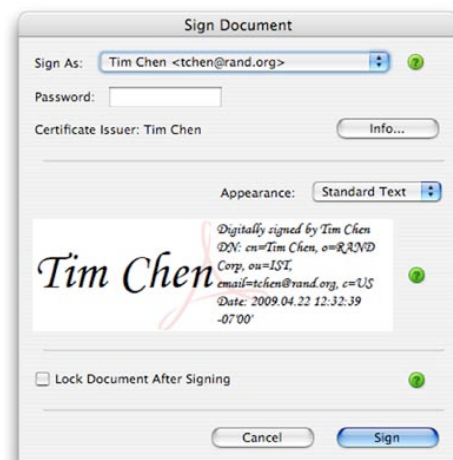
## 2. Fill in your information and leave the following settings



## 3. Browse for the location to save the digital ID file and Enter a password to encrypt the file



## 4. Type in your Password for your signature and Sign the document





## Appendix E

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Model Quality Assurance Plan

## Overview and Background

Survey vendors who are approved to administer the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey are required to submit an annual Quality Assurance Plan (QAP). The QAP must describe the survey vendor's implementation of and compliance with all required protocols to administer the MA & PDP CAHPS Survey.

The purpose of this document is to serve as a model or guide in the preparation of the survey vendor's QAP in order to ensure that all required items are addressed in sufficient detail for review by the MA & PDP CAHPS Survey Project Team. Following review by the project team, the survey vendor will be provided with feedback that indicates whether the QAP has been accepted, conditionally accepted (pending completion of follow-up of required items – usually minor) or requires revision (major changes needed in order for the QAP to be considered complete).

It is important that sufficient detail is provided in the QAP so that the project team can determine the survey vendor's adherence to survey administration guidelines and that rigorous quality checks or controls have been put in place. All survey materials (mail materials and screen shots of the telephone script in English and Spanish) must be submitted for review. In addition, examples of templates, logs, tracking tools or other relevant documentation should be included as appendices to the QAP.

The following sections below outline the required content to be addressed and the specified sequence that must be followed in the survey vendor's QAP.

### I. Organizational Background and Structure

- A. Provide survey vendor contact information on the first page of the QAP. Please include:
  1. Survey vendor name
  2. Mailing address
  3. Physical address, if mailing address is different
  4. Web site address
  5. Name of contact person, direct telephone number and email address
  6. Total number of contracted Medicare Advantage (MA) Plans, Medicare Advantage and Prescription Drug (MA-PD) Plans, Medicare Advantage Preferred Provider Organization (MA PPO) Plans and Prescription Drug Plans (PDP)
  7. Date of the QAP



- B. Provide a table of organization that identifies all staff by name and title (including any subcontractors if applicable) who are responsible for the following key tasks in the administration of the MA & PDP CAHPS Survey. The organizational chart must include the reporting relationships for all MA & PDP CAHPS Survey project staff.
1. Overall project management
  2. Mail survey administration
  3. Telephone survey administration
  4. Data receipt and entry
  5. Tracking of key survey events
  6. Survey administration process quality checks
  7. Preparation and submission of encrypted data
  8. Data security
  9. Staff training
- C. Describe the internal training of personnel involved in MA & PDP CAHPS Survey administration, including subcontractor(s), if applicable.

## II. Work Plan for Survey Administration

- A. For the following MA & PDP CAHPS Survey administration tasks, identify the staff responsible for each task; the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality checks performed, including the documentation maintained as evidence that the quality checks were conducted.
1. Describe the process used to download the sample from the MA & PDP CAHPS Survey Data Warehouse
  2. Describe how the sampled beneficiaries are tracked throughout the data collection schedule provided in the *Quality Assurance Protocols & Technical Specifications V1.0* manual. (Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.)
  3. Describe the processes for updating addresses, producing mailing materials and mailing out the surveys
  4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings)
  5. Describe the processes for obtaining and updating telephone numbers, programming the CATI system and software used
    - a) Describe the quality control checks of CATI procedures to confirm that programming is accurate and in accordance with MA & PDP CAHPS Survey protocols, and that data integrity is maintained
  6. Describe the process for conducting telephone interviews
  7. Describe the process for ensuring that telephone interviewers are following MA & PDP CAHPS Survey data collection protocols and procedures during the telephone survey administration phase

8. Describe data receipt activities
    - a) Describe the processing of logging and processing surveys when they are returned by mail
    - b) Describe the process for capturing beneficiary survey responses obtained during telephone interviewing
  9. Describe data entry procedures
    - a) Describe use of the decision rules and quality control processes to verify the accuracy of decision rule application (mail surveys)
    - b) Describe key entry or scanning procedures and equipment used
    - c) Describe the quality control processes to validate the accuracy of key entry and/or electronic scanning procedures
  10. Describe the data preparation and submission procedures
    - a) Describe the processes for preparing encrypted data files
    - b) Describe the processes for uploading data files
    - c) Describe the quality control processes to validate the accuracy of data file preparation and submission
  11. Describe your organization's data storage and retention policies
    - a) Describe the back-up process for survey administration activities related to electronic data or files, including the quality control checks that are in place to ensure the back-up files are retrievable
- B. Describe the customer support telephone line and how it will be operated
1. Identify who is responsible for responding to questions regarding the MA & PDP CAHPS Survey
  2. Provide the customer support telephone number
  3. Include a written transcript of the customer support telephone line voice mail message
  4. Include the hours of live and voice mail operations for the customer support line and timeframe for returning calls
- C. In the appendices to the QAP, include all forms used in MA & PDP CAHPS Survey administration that may assist the MA & PDP CAHPS Survey Project Team to review the survey vendor's processes (e.g. tracking logs, quality assurance checklists, survey status and/or productivity reports, etc.) NOTE: These items should be templates only and must not contain any Protected Health Information (PHI).

### **III. Confidentiality, Privacy and Data Security Procedures**

- A. Describe the physical and electronic security and storage procedures to protect patient identified files and survey data in hard copy and electronic form. Include the length of time that these materials will be retained.
- B. Include a copy of the confidentiality agreement template that is signed by staff and subcontractor(s), if applicable, who are involved in any aspect of MA & PDP CAHPS survey administration

#### **IV. Required Submission of MA & PDP CAHPS Survey Materials**

- A. Provide examples of the following items utilized in the administration of the MA & PDP CAHPS survey:
1. Copies of all survey materials including pre-notification letter, cover letters, and questionnaires in both English and Spanish
  2. Copies of telephone scripts (screenshots) in both English and Spanish

## Appendix F

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey General Interviewing Guidelines for Conducting Telephone Surveys

### Overview

These guidelines are provided to assist telephone interviewers who are conducting the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey in collecting the highest quality data possible.

As an interviewer, your role in the success of this survey is important. You will interact with many respondents and you are the person who assures the respondents that their participation is important.

### General Interviewing Techniques

To collect the highest quality data, telephone interviewers must follow the MA & PDP CAHPS Survey protocols, apply appropriate techniques for probing, and ensure that the response choices to the survey questions are recorded accurately. Telephone interviewers should speak in an upbeat and courteous tone and maintain a professional and neutral relationship with the respondent at all times. The telephone interviewer must not provide personal information or offer opinions about the survey. It is critical that the telephone interviewer not introduce bias into the interview.

### Administering Survey Questions

- Study and thoroughly familiarize yourself with the Frequently Asked Questions list before you begin conducting telephone interviews so that you are knowledgeable about the MA & PDP CAHPS Survey.
- Emphasize all words or phrases that are underlined, **bolded**, **highlighted**, or *italicized*.
- Words that appear in ALL CAPITAL LETTERS indicate instructions to the telephone interviewer and are not to be read to the respondent.
- Read all questions and response choices in the indicated order and exactly as they are worded.
- Read all transitional statements as they are worded and do not create your own transition statements.
- Ask every question specified. Never skip a question because you think the respondent has answered the question already, even when a respondent has seemingly provided the answer as part of the response to a preceding question.
- When reading the survey questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving.

- Listen carefully to any questions the respondent might have and provide concise answers which may be found in the Frequently Asked Questions reference document. Do not provide extra information or long explanations.
- Never suggest answers to the respondent. Read the questions and answers exactly as they are worded and repeat the question and/or response categories again if necessary.

## **Telephone Survey Interview Introduction and Refusal Avoidance**

The introduction to the telephone interview is critical for obtaining cooperation from the respondent to participate in the survey. Respondents may be reluctant to participate as indicated by their lack of returning the initial mail survey. It is important that the telephone interviewer quickly establish rapport with the respondent in an attempt to avoid refusal of participation.

- Read the telephone survey introduction verbatim and in a confident manner.
- Be prepared to respond to questions from the respondent or the respondent's concern about participation in the survey.
- Be prepared to address reasons the respondent may give for their reluctance to participate in the survey.
- Pronounce words clearly and do not rush through the introduction.
- Avoid pausing too long while reading the introduction and between transitioning from the introduction to the survey questions.
- Listen to the respondent and do not assume you know what the respondent will say.
- Give consideration to the population being interviewed. Many of the respondents are elderly, some may be hard of hearing, leery of being taken advantage of by scams, or simply afraid to provide personal information. Avoid coding a question too quickly as "Missing/Don't Know" as they simply may not have heard the question.

## **Answering Questions and Probing**

Telephone interviewers may find it necessary to probe to obtain a more complete or adequate answer from a respondent. It is important that the interviewer remain neutral when probing to obtain a response to the survey questions. The telephone interviewer should not interpret any answer provided by the respondent. Probes should stimulate the respondent to provide a response without increasing the likelihood of one answer over another.

- Pay attention to the respondent and what they might say during the interview.
- Repeat the question. After hearing the question the second time, the respondent may understand the question and the response categories more clearly.
- Probe for a response by using a silent approach. Pause briefly to allow the respondent time to consider the questions and response choices.
- Consider using one of the following probes: "Take a minute to think about it (AND REPEAT THE QUESTION, IF APPROPRIATE)," "So, would you say that it is...(AND REPEAT THE RESPONSE CATEGORIES)," "Which would be closer? (REPEAT THE RESPONSE CATEGORIES)."
- Use one of the following probes to encourage a respondent to elaborate on an inadequate response: "What do you mean?" "How do you mean?"
- Encourage the respondent to give his or her best guess if a respondent gives a "don't know" response.

## **Do Not Introduce Bias**

- Do not attempt to interpret a question for the respondent. Repeat the question and response choices as necessary.
- Do not paraphrase or change any questions.
- Never provide your personal opinion.
- Be aware of body language that can be heard while on the telephone and could influence a response. Examples include yawning, coughing, and sighing.
- Never argue, antagonize or take a respondent's answers personally. Your reaction could trigger a response that may affect the survey results. Remain neutral.



## Appendix G

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Frequently Asked Questions for Customer Support

## Overview

The questions and responses in this document have been compiled to assist survey vendor staff in responding to frequently asked questions (FAQs) related to the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey. Answers have been provided to general questions about the survey, concerns about participating in the survey and questions about completing the survey.

*Note: Survey vendors conducting the MA & PDP CAHPS Survey and plans participating in the survey initiative must NOT attempt to influence or encourage beneficiaries to answer survey questions in a particular way. Please refer to the “Program Requirements” section of the Quality Assurance Protocols & Technical Specifications V1.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.*

### I. General Questions About the Survey

- **Who is conducting this survey?**

I am an interviewer from [SURVEY VENDOR NAME]. [HEALTH PLAN] has asked our organization to help conduct this survey which is designed to obtain feedback from their beneficiaries.

- **Who is sponsoring this survey?**

The survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). This federal agency is part of the Department of Health and Human Services.

- **Who is CMS?**

CMS stands for the Centers for Medicare & Medicaid Services. It is a federal agency that oversees Medicare and Medicaid. This federal agency is part of the Department of Health and Human Services.

- **What is the purpose of the survey?**

The purpose of this survey is to learn more from a beneficiary’s perspective about the care they have received and use this data to provide information about the quality of healthcare services to Medicare beneficiaries. Important aspects of your experience with healthcare and prescription drug plan services are collected through this survey.



- **How will the data be used?**

The data from the survey compares consumer evaluations of health care and prescription drug plan services. The survey data is published in the Medicare & You handbook as well as on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)). By participating in this survey, you will help Medicare to improve its health care services.

- **How can I verify this is a legitimate survey?**

To verify the legitimacy of this survey you can call Medicare at 1-800-MEDICARE.

- **Is there is government agency that I can contact to find out more about this survey?**

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services through the MA & PDP CAHPS Survey Technical Assistance telephone number at 1-877-735-8882 or by email at [ma-pdpcahps@azqio.sdps.org](mailto:ma-pdpcahps@azqio.sdps.org).

- **How long will this take?**

The survey takes about 20 minutes to complete. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH PLAN-SPECIFIC QUESTIONS.*

- **What questions will be asked?**

The survey questions are about your experiences receiving services from the health plan.

## **II. Concerns About Participating in the Survey**

- **Why are you calling me? I don't have Medicare. I am a member of [HEALTH PLAN].**

Your health plan has a contract with Medicare to provide services. The answers you provide will help the Centers for Medicare & Medicaid Services improve the quality of care provided by health care plans. Your participation is very important.

- **I have Medicare and I am not enrolled in [HEALTH PLAN]. I don't think I should be answering these questions.**

If the beneficiary states they have Medicare then ask them to complete the questions based on their enrollment in Medicare.

- **Who will see my answers?**

Your answers will be kept confidential and will be seen by authorized persons at the Centers for Medicare & Medicaid Services and [SURVEY VENDOR].

- **I thought privacy laws protected my confidentiality. How did you get my contact and medical information?**

The survey that we are conducting is in full compliance with the privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We've been authorized by Centers of Medicare & Medicaid Services to conduct this survey and will maintain complete confidentiality of all information.

- **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all Medicare beneficiaries within your plan.

- **How did you get my phone number?**

Medicare provides the contact information for all randomly selected beneficiaries.

- **I do not participate in surveys.**

I understand. However, I hope you will consider participating. This is a very important study for [HEALTH PLAN]. The results of the survey will help Medicare understand the quality of healthcare services you are receiving.

- **I'm not interested.**

[HEALTH PLAN] could really use your help. Your participation will assist in the improvement of healthcare services for other beneficiaries.

- **I'm extremely busy. I don't really have the time.**

Your time is valuable. It is a very important survey, and I would really appreciate your help today. The interview will take about 20 minutes. I can schedule the survey interview at another time that is more convenient for you.

- **You called my cell phone. Can you call back after [BENEFICIARY SPECIFY] so that the call does not use any of my cell phone minutes?**

Yes, we can call you back at [BENEFICIARY SPECIFY].

*[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME "NO":]* Set a future date and time for the telephone interview.

- **I don't want to answer a lot of personal questions.**

Your concern is understandable. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with [HEALTH PLAN] and I don't see why I should help them with this survey.**

I'm sorry to hear that you are unhappy. Your participation in this survey will help the health plan understand what improvements are needed.

- **Do I have to complete the survey?**

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey and your answers will help us to improve the quality of services [HEALTH PLAN] provides and will also help other consumers make informed decisions when they choose a health plan.

- **Will I get junk mail if I answer this survey?**

No, you will not get any junk mail as a result of participating in this survey. Names, phone numbers and addresses are kept strictly confidential and used solely for the purpose of this survey.

- **I don't want anyone to come to my house.**

No one will come to your home. The survey gathers information through mailings or telephone interviews.

- **I am on the *Do Not Call List*. You should not be calling me.**

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We are a survey research firm. The Centers for Medicare and Medicaid Services (CMS) has asked us to help conduct this survey.

- **I don't want to buy anything.**

We are not selling anything. We want to ask you some questions about the care and services provided by [HEALTH PLAN].

- **I am hardly ever sick. I don't think you want to speak with me.**

Everyone selected for this survey provides very important information that will assist in improving healthcare.

- **Will my responses affect my doctor?**

Your doctor will not see your survey responses.

- **I have not used [HEALTH PLAN] yet. Should I still answer the questions?**

Yes, even if you have not used any health services from your plan, any information you are able to provide will be helpful.

### III. Questions About Completing the Survey

- **Where do I put my name and address on the questionnaire?**

Please do not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which beneficiaries have returned a completed questionnaire.

- **I am not able to complete this by myself. Can I have my \_\_\_\_\_ help me?**

If you feel you are unable to complete the survey yourself, a “proxy” may complete the survey for you. A “proxy” is generally a family member or relative but it could also be a caregiver or a close friend. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf, if the beneficiary grants permission.

#### **CONDUCTING A PROXY INTERVIEW**

While beneficiaries are encouraged to respond directly to the survey, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. A family member or other proxy may complete the survey for the beneficiary.



## Appendix H

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Instructions for Survey Vendors on Accessing the Data Warehouse

### Instructions for Vendors-

**Step-1** Login to RAND's Extranet <http://extranet.rand.org/collaboration>.



#### Welcome to the RAND Extranet

Username

Please sign in to begin your secure session.

Password

*Note: If this is your first time logging in your will see the following (see below). Enter your username and password. Click the checkbox "remember password."*



EXTRANET

#### Authentication Required

The **web page** you are trying to access requires additional authentication.

Please enter your username and password for this web page.

Site:

Username:

Password:

Domain:

Remember password

**Step-2** Click on the MA & PDP CAHPS Survey Data Warehouse Tool link.



Welcome to the RAND Extranet, extspdavid.

**Outage Notification:** - No scheduled outages -  
**For assistance** Please contact 310-393-0411 X6000  
**RAND Use Policy**

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having all activities monitored and recorded by RAND personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, RAND may provide the evidence of such monitoring to law enforcement officials.

**Web Bookmarks**

- [Password Change](#)  
Change your password
- [MA & PDP CAHPS Survey Data Warehouse Tool](#)

**Step-3** Under Inbox click “Add new document” to upload a file.

CMS > MA & PDP CAHPS Survey Data Warehouse Tool Welcome David

**MA & PDP CAHPS Survey Data Warehouse Tool**

### Home

**Important:** Files uploaded using this tool **must** be encrypted with PGP **and** have a file extension of **“.pgp”**  
 Files that do not meet this criteria will be deleted automatically and will not be processed.

**Inbox**

Type	Name	PGP File Check	Created	Created By
There are no items to show in this view of the "Inbox" document library. To create a new item, click "New" or "Upload" above.				
<a href="#">Add new document</a>				

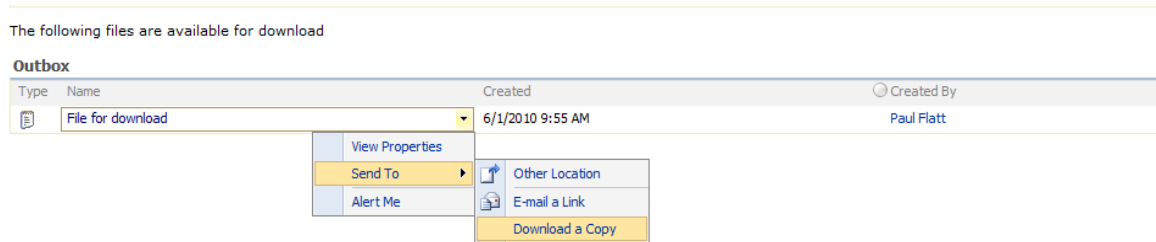
The following files are available for download

**Outbox**

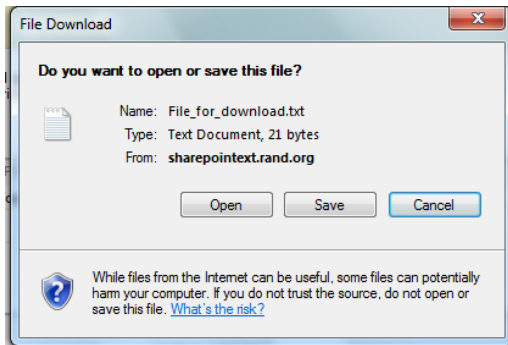
Type	Name	Created	Created By
	File for download	6/1/2010 9:55 AM	Paul Flatt

## How to download a file

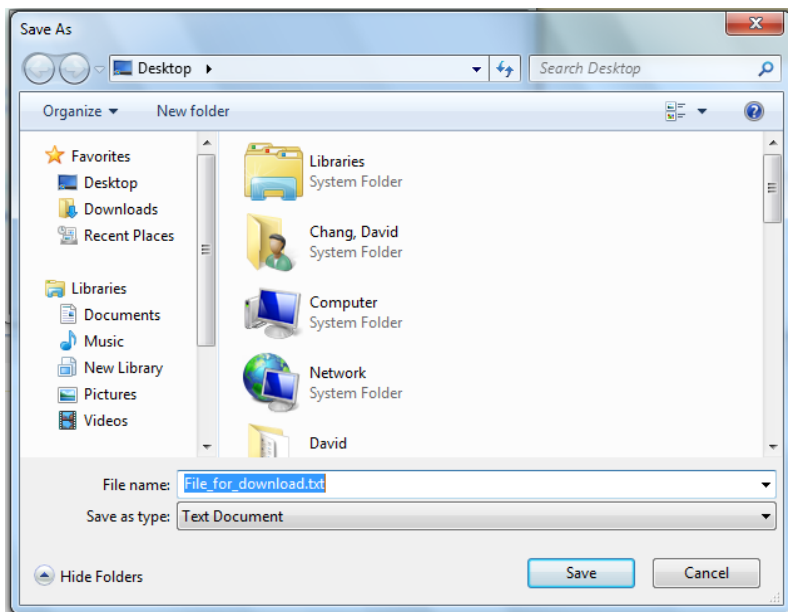
**Step-1** Navigate to the file drop down menu, send to and click “Download a Copy.”



**Step-2** Depending on your browser security settings you may see the following: Click “save” to continue.



**Step-3** Navigate to your destination and click “save” to save.



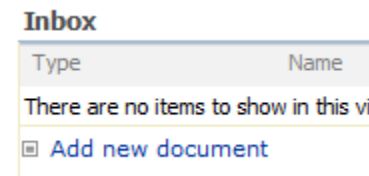


## How to upload a data file

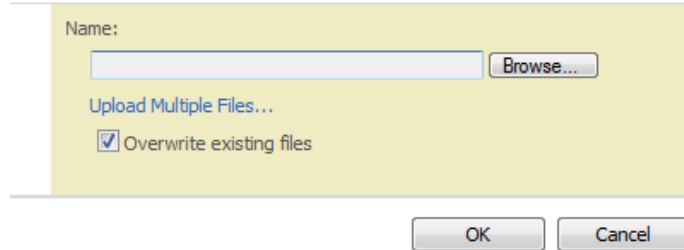
**Note:** Files uploaded using this data warehouse tool **must** be encrypted with PGP **and** have a file extension of ".pgp."

*Note: Files uploaded using this data submission tool must be encrypted with PGP and a have a file extension of ".pgp." Files that do not meet these criteria will be quarantined and then deleted automatically. Unencrypted files will not be processed. Survey vendors will receive an email notifying them that their data submission was NOT successful and that they must re-submit their data file.*

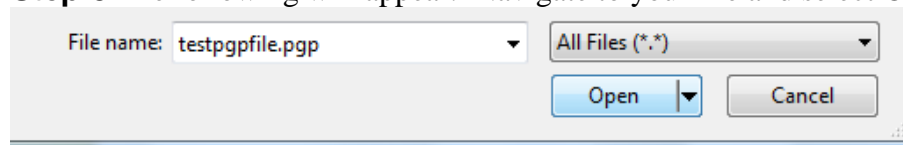
**Step-1** Click Add new document.



**Step-2** The following will appear. Click on Browse.



**Step-3** The following will appear. Navigate to your file and select Open.



**Step-4** If you have selected a file you will see the path of the file. Click “OK” to complete.

*Note: If you have selected a file with invalid characters you will see the image below. Please rename your file and remove the invalid characters.*

**Step-5** If you have successfully uploaded your file you will see your file appear under Inbox. PGP file check column may display “In Progress.” Refresh your page and if the file has the correct extension PGP file Check column will display “Completed.”

**Inbox**

Type	Name	PGP File Check	Created	Created By
	testpgpfile !NEW	In Progress	10/6/2010 1:23 PM	David Chang
<a href="#">Add new document</a>				

**Inbox**

Type	Name	PGP File Check	Created	Created By
	testpgpfile !NEW	Completed	10/6/2010 1:23 PM	David Chang
<a href="#">Add new document</a>				



## Appendix I

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Sample File Record 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
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female
CONTRACT	287	5	[H,R,S]nnnn	Five character contract number: Beginning with a letter, H, R or S, followed by 4 numbers
TYPE	292	1	1-4	1 = MA Only; 2 = MA PD; 3 = MA PPO; 4 = PDP



**Appendix J**  
**Medicare Advantage and Prescription Drug Plan**  
**(MA & PDP) CAHPS<sup>®</sup> Survey**  
**Vendor Survey File Record Layout**  
**2011 Survey Status Section**

Data values must be right justified within each field.

<b>RAND Field Name</b>	<b>Field Contents</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Coding notes</b>
FINDER	Unique Respondent Finder Number Assigned by MA & PDP CAHPS Data Coordination Team	1	8	numeric	From sample file
TYPE	Survey Type, from the sample file	9	1	1-4	1 = MA Only; 2 = MA PD; 3 = MA PPO; 4 = PDP
CONTRACT	Contract number that was basis for inclusion in survey, from the sample file	10	5	[H,R,S]nnnn	Five character contract number: Beginning with a letter, H, R or S, followed by 4 numbers
DISPOSITN	Final Disposition Code	15	2	10, 31, 11, 20, 22, 24, 32, 33, 34, 35, 40,	10, Completed survey 31, Partially completed surve 11, Institutionalized 20, Deceased 22, Language barrier 24, Mentally or physically unable to respond 32, Refusal 33, Non-response 34, Blank returned 35, Bad Address/Bad Telephone Number 40, Excluded from survey
MODE	Survey Completion Mode	17	1	1-3	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 8 = Not applicable
DISPO_LANG	Survey Language	18	1	1-2	Language survey was completed in: 1 = English; 2 = Spanish; 8 = Not applicable
RECEIVED	Date survey was received or completed: YYYYMMDD	19	8	yyyymmdd	Date survey was received: YYYYMMDD, 88888888 = Not applicable



**Appendix J**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey  
Vendor Survey File Record Layout  
2011 MA Survey Beneficiary Response Section**

Data values must be right justified within each field.

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q01	Covered by named Medicare health plan	27	2	1-2, 8, M
Q02	Name of Medicare health plan	29	50	text
Q03	Need care for illness/injury right away	79	2	1-2, 8, M
Q04	Get care for illness as soon as wanted	81	2	1-4, 8, M
Q05	Make appointment for routine care	83	2	1-2, 8, M
Q06	Get appt for routine care as soon as wanted	85	2	1-4, 8, M
Q07	Number of visits for routine care	87	2	0-6, 8, M
Q08	See person came to see within 15 mins of appt time	89	2	1-4, 8, M
Q09	Phone Dr's office with medical question after regular office hrs	91	2	1-2, 8, M
Q10	Get an answer to medical question after regular office hrs	93	2	1-4, 8, M
Q11	How long for someone to call back w/answer to med question	95	2	1-7, 8, M
Q12	Rate Health Care	97	2	0-10, 8, M
Q13	Health problem for which needed special equipment	99	2	1-2, 8, M
Q14	Easy to get special equipment needed	101	2	1-4, 8, M
Q15	Have a personal MD	103	2	1-2, 8, M
Q16	Number of visits to personal MD	105	2	0-6, 8, M
Q17	MD Explain things	107	2	1-4, 8, M
Q18	MD Listen carefully	109	2	1-4, 8, M
Q19	MD Show respect	111	2	1-4, 8, M
Q20	MD Spend enough time	113	2	1-4, 8, M
Q21	Rate Personal MD	115	2	0-10, 8, M
Q22	MD order blood test, x-ray or other test	117	2	1-2, 8, M
Q23	MD office follow up to give test results	119	2	1-4, 8, M
Q24	How satisfied with help to coordinate care, last 6 months *	121	2	1-5, 8, M



Survey Question Number	Short Question Text	Starting Position	Field Length	Valid Codes
Q25	Try to make appts to see specialist	123	2	1-2, 8, M
Q26	Easy to get appts w/specialists	125	2	1-4, 8, M
Q27	Number of specialists seen	127	2	0-5, 8, M
Q28	Rate Specialist	129	2	0-10, 8, M
Q29	MD informed about care from specialists	131	2	1-6, 8, M
Q30	Need care/test/treatment through plan	133	2	1-2, 8, M
Q31	Get needed care through health plan	135	2	1-4, 8, M
Q32	Try to get help from plan customer service, last 6 months *	137	2	1-2, 8, M
Q33	How often plan customer service give information *	139	2	1-4, 8, M
Q34	How often plan customer service treat with respect *	141	2	1-4, 8, M
Q35	Health plan give forms to fill out	143	2	1-2, 8, M
Q36	Health plan forms easy to fill out	145	2	1-4, 8, M
Q37	Rate Health Plan	147	2	0-10, 8, M
Q38	Needed care health plan decided not to give	149	2	1-2, 8, M
Q39	Ask health plan for reconsideration	151	2	1-3, 8, M
Q40A	Plan said file appeal	153	2	0-1, 8, M
Q40B	Plan offered forms to file appeal	155	2	0-1, 8, M
Q40C	Plan suggested how to resolve complaint	157	2	0-1, 8, M
Q40D	Plan listened but did not resolve complaint	159	2	0-1, 8, M
Q40E	Plan discouraged you taking action	161	2	0-1, 8, M
Q40F	Plan did none of above things	163	2	0-1, 8, M
Q41	Called or written with a complaint or problem	165	2	1-2, 8, M
Q42	How long to resolve complaint	167	2	1-6, 8, M
Q43	Complaint or problem settled to your satisfaction	169	2	1-3, 8, M
Q44	Rate General Health	171	2	1-5, 8, M
Q45	Rate Mental Health	173	2	1-5, 8, M
Q46	Seen MD > 2 times for same condition	175	2	1-2, 8, M
Q47	Same condition lasted at least 3 mos	177	2	1-2, 8, M
Q48	Take RX meds for condition	179	2	1-2, 8, M
Q49	RX meds for condition lasting at least 3 mos	181	2	1-2, 8, M
Q50	Easy to get medicines doctor prescribed	183	2	1-5, 8, M
Q51	Insurance that pays part or all cost of RX medicines	185	2	1-3, 8, M
Q52	Delayed filling RX meds b/c of cost	187	2	1-3, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q53A	Dr said you had: Heart attack	189	2	1-2, 8, M
Q53B	Dr said you had: Angina or coronary heart disease	191	2	1-2, 8, M
Q53C	Dr said you had: Stroke	193	2	1-2, 8, M
Q53D	Dr said you had: Cancer other than skin cancer	195	2	1-2, 8, M
Q53E	Dr said you had: Emphysema, asthma or COPD	197	2	1-2, 8, M
Q53F	Dr said you had: Diabetes or high blood sugar	199	2	1-2, 8, M
Q54	Flu Shot last year	201	2	1-3, 8, M
Q55	Ever had Pneumonia shot	203	2	1-3, 8, M
Q56	How much smoke now	205	2	1-4, 8, M
Q57	How often advised to quit smoking by MD	207	2	1-5, 8, M
Q58	Age category	209	2	1-10, 8, M
Q59	Gender	211	2	1-2, 8, M
Q60	Highest education level completed	213	2	1-6, 8, M
Q61	Hispanic or Latino origin/descent	215	2	1-2, 8, M
Q62A	Race White	217	2	0-1, 8, M
Q62B	Race Black	219	2	0-1, 8, M
Q62C	Race Asian	221	2	0-1, 8, M
Q62D	Race Native HI/Other Pac Isle	223	2	0-1, 8, M
Q62E	Race Native Amer/AK Native	225	2	0-1, 8, M
Q63	Someone help complete survey	227	2	1-2, 8, M
Q64A	Proxy read questions	229	2	0-1, 8, M
Q64B	Proxy wrote answers	231	2	0-1, 8, M
Q64C	Proxy answered questions	233	2	0-1, 8, M
Q64D	Proxy translated questions	235	2	0-1, 8, M
Q64E	Proxy helped other way	237	2	0-1, 8, M
Q65	Live alone	239	2	1-2, 8, M
Q66	Recontact about health care services received	241	2	1-2, 8, M
	<FILLER>	243	52	blanks



**Appendix J**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS® Survey  
Vendor Survey File Record Layout  
2011 MA-PD Survey Beneficiary Response Section**

Data values must be right justified within each field.

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q01	Covered by named Medicare health plan	27	2	1-2, 8, M
Q02	Name of Medicare health plan	29	50	text
Q03	Need care for illness/injury right away	79	2	1-2, 8, M
Q04	Get care for illness as soon as wanted	81	2	1-4, 8, M
Q05	Make appointment for routine care	83	2	1-2, 8, M
Q06	Get appt for routine care as soon as wanted	85	2	1-4, 8, M
Q07	Number of visits for routine care	87	2	0-6, 8, M
Q08	See person came to see within 15 mins of appt time	89	2	1-4, 8, M
Q09	Phone Dr's office with medical question after regular office hrs	91	2	1-2, 8, M
Q10	Get an answer to medical question after regular office hrs	93	2	1-4, 8, M
Q11	How long for someone to call back w/answer to med question	95	2	1-7, 8, M
Q12	Rate Health Care	97	2	0-10, 8, M
Q13	Health problem for which needed special equipment	99	2	1-2, 8, M
Q14	Easy to get special equipment needed	101	2	1-4, 8, M
Q15	Have a personal MD	103	2	1-2, 8, M
Q16	Number of visits to personal MD	105	2	0-6, 8, M
Q17	MD Explain things	107	2	1-4, 8, M
Q18	MD Listen carefully	109	2	1-4, 8, M
Q19	MD Show respect	111	2	1-4, 8, M
Q20	MD Spend enough time	113	2	1-4, 8, M
Q21	Rate Personal MD	115	2	0-10, 8, M
Q22	MD order blood test, x-ray or other test	117	2	1-2, 8, M
Q23	MD office follow up to give test results	119	2	1-4, 8, M
Q24	How satisfied with help to coordinate care, last 6 months *	121	2	1-5, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q25	Try to make appts to see specialist	123	2	1-2, 8, M
Q26	Easy to get appts w/specialists	125	2	1-4, 8, M
Q27	Number of specialists seen	127	2	0-5, 8, M
Q28	Rate Specialist	129	2	0-10, 8, M
Q29	MD informed about care from specialists	131	2	1-6, 8, M
Q30	Need care/test/treatment through plan	133	2	1-2, 8, M
Q31	Get needed care through health plan	135	2	1-4, 8, M
Q32	Try to get help from plan customer service, last 6 months *	137	2	1-2, 8, M
Q33	How often plan customer service give information *	139	2	1-4, 8, M
Q34	How often plan customer service treat with respect *	141	2	1-4, 8, M
Q35	Health plan give forms to fill out	143	2	1-2, 8, M
Q36	Health plan forms easy to fill out	145	2	1-4, 8, M
Q37	Rate Health Plan	147	2	0-10, 8, M
Q38	Needed care health plan decided not to give	149	2	1-2, 8, M
Q39	Ask health plan for reconsideration	151	2	1-3, 8, M
Q40A	Plan said file appeal	153	2	0-1, 8, M
Q40B	Plan offered forms to file appeal	155	2	0-1, 8, M
Q40C	Plan suggested how to resolve complaint	157	2	0-1, 8, M
Q40D	Plan listened but did not resolve complaint	159	2	0-1, 8, M
Q40E	Plan discouraged you taking action	161	2	0-1, 8, M
Q40F	Plan did none of above things	163	2	0-1, 8, M
Q41	Called or written with a complaint or problem	165	2	1-2, 8, M
Q42	How long to resolve complaint	167	2	1-6, 8, M
Q43	Complaint or problem settled to your satisfaction	169	2	1-3, 8, M
Q44	Try to get info from PDP Customer Service	171	2	1-2, 8, M
Q45	Get info needed from PDP Customer Service	173	2	1-5, 8, M
Q46	PDP Customer Service courteous/respectful	175	2	1-5, 8, M
Q47	Try to get info about which meds covered	177	2	1-2, 8, M
Q48	Get info needed about which meds covered	179	2	1-5, 8, M
Q49	Try to get info about cost of meds	181	2	1-2, 8, M
Q50	Get info needed about cost of meds	183	2	1-5, 8, M
Q51	Number of different prescription meds filled	185	2	1-4, 8, M
Q52	Dr prescribe med that PDP did not cover	187	2	1-2, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q53	Contact PDP to ask med be covered	189	2	1-3, 8, M
Q54A	Plan said file appeal	191	2	0-1, 8, M
Q54B	Plan offered forms to file appeal	193	2	0-1, 8, M
Q54C	Plan suggested how to resolve complaint	195	2	0-1, 8, M
Q54D	Plan listened but did not resolve complaint	197	2	0-1, 8, M
Q54E	Plan discouraged you taking action	199	2	0-1, 8, M
Q54F	Plan did none of above things	201	2	0-1, 8, M
Q54G	All prescription drugs were covered	203	2	0-1, 8, M
Q55	Easy to use PDP to get RX meds	205	2	1-5, 8, M
Q56	Use PDP to fill RX at pharmacy	207	2	1-2, 8, M
Q57	Easy to use PDP to fill RX at pharmacy	209	2	1-5, 8, M
Q58	Use PDP to fill RX by mail	211	2	1-3, 8, M
Q59	Easy to use PDP to fill RX by mail	213	2	1-6, 8, M
Q60	Rate PDP	215	2	0-10, 8, M
Q61	Recommend PDP coverage	217	2	1-4, 8, M
Q62	Rate General Health	219	2	1-5, 8, M
Q63	Rate Mental Health	221	2	1-5, 8, M
Q64	Seen MD > 2 times for same condition	223	2	1-2, 8, M
Q65	Same condition lasted at least 3 mos	225	2	1-2, 8, M
Q66	Take RX meds for condition	227	2	1-2, 8, M
Q67	RX meds for condition lasting at least 3 mos	229	2	1-2, 8, M
Q68	Delayed filling RX meds b/c of cost	231	2	1-3, 8, M
Q69A	Dr said you had: Heart attack	233	2	1-2, 8, M
Q69B	Dr said you had: Angina or coronary heart disease	235	2	1-2, 8, M
Q69C	Dr said you had: Stroke	237	2	1-2, 8, M
Q69D	Dr said you had: Cancer other than skin cancer	239	2	1-2, 8, M
Q69E	Dr said you had: Emphysema, asthma or COPD	241	2	1-2, 8, M
Q69F	Dr said you had: Diabetes or high blood sugar	243	2	1-2, 8, M
Q70	Flu Shot last year	245	2	1-3, 8, M
Q71	Ever had Pneumonia shot	247	2	1-3, 8, M
Q72	How much smoke now	249	2	1-4, 8, M
Q73	How often advised to quit smoking by MD	251	2	1-5, 8, M
Q74	Age category	253	2	1-10, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q75	Gender	255	2	1-2, 8, M
Q76	Highest education level completed	257	2	1-6, 8, M
Q77	Hispanic or Latino origin/descent	259	2	1-2, 8, M
Q78A	Race White	261	2	0-1, 8, M
Q78B	Race Black	263	2	0-1, 8, M
Q78C	Race Asian	265	2	0-1, 8, M
Q78D	Race Native HI/Other Pac Isle	267	2	0-1, 8, M
Q78E	Race Native Amer/AK Native	269	2	0-1, 8, M
Q79	Someone help complete survey	271	2	1-2, 8, M
Q80A	Proxy read questions	273	2	0-1, 8, M
Q80B	Proxy wrote answers	275	2	0-1, 8, M
Q80C	Proxy answered questions	277	2	0-1, 8, M
Q80D	Proxy translated questions	279	2	0-1, 8, M
Q80E	Proxy helped other way	281	2	0-1, 8, M
Q81	Live alone	283	2	1-2, 8, M
Q82	Recontact about health care services received	285	2	1-2, 8, M
	<FILLER>	287	8	blanks

**Appendix J**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey  
Vendor Survey File Record Layout  
2011 MA PPO Survey Beneficiary Response Section**

Data values must be right justified within each field.

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q01	Covered by named Medicare health plan	27	2	1-2, 8, M
Q02	Name of Medicare health plan	29	50	text
Q03	Need care for illness/injury right away	79	2	1-2, 8, M
Q04	Get care for illness as soon as wanted	81	2	1-4, 8, M
Q05	Make appointment for routine care	83	2	1-2, 8, M
Q06	Get appt for routine care as soon as wanted	85	2	1-4, 8, M
Q07	Number of visits for routine care	87	2	0-6, 8, M
Q08	See person came to see within 15 mins of appt time	89	2	1-4, 8, M
Q09	Phone Dr's office with medical question after regular office hrs	91	2	1-2, 8, M
Q10	Get an answer to medical question after regular office hrs	93	2	1-4, 8, M
Q11	How long for someone to call back w/answer to med question	95	2	1-7, 8, M
Q12	Rate Health Care	97	2	0-10, 8, M
Q13	Health problem for which needed special equipment	99	2	1-2, 8, M
Q14	Easy to get special equipment needed	101	2	1-4, 8, M
Q15	Have a personal MD	103	2	1-2, 8, M
Q16	Number of visits to personal MD	105	2	0-6, 8, M
Q17	MD Explain things	107	2	1-4, 8, M
Q18	MD Listen carefully	109	2	1-4, 8, M
Q19	MD Show respect	111	2	1-4, 8, M
Q20	MD Spend enough time	113	2	1-4, 8, M
Q21	Rate Personal MD	115	2	0-10, 8, M
Q22	MD order blood test, x-ray or other test	117	2	1-2, 8, M
Q23	MD office follow up to give test results	119	2	1-4, 8, M
Q24	Plan has enough doctors *	121	2	1-2, 8, M



<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q25	Try to find if MD in plan network, last 6 months *	123	2	1-2, 8, M
Q26	Information on MD part of network accurate *	125	2	1-3, 8, M
Q27	How satisfied with help to coordinate care, last 6 months *	127	2	1-5, 8, M
Q28	Try to make appts to see specialist	129	2	1-2, 8, M
Q29	Easy to get appts w/specialists	131	2	1-4, 8, M
Q30	Number of specialists seen	133	2	0-5, 8, M
Q31	Rate Specialist	135	2	0-10, 8, M
Q32	MD informed about care from specialists	137	2	1-6, 8, M
Q33	Visit specialist not part of plan network *	139	2	1-3, 8, M
Q34	Need care/test/treatment through plan	141	2	1-2, 8, M
Q35	Get needed care through health plan	143	2	1-4, 8, M
Q36	Try to get help from plan customer service, last 6 months *	145	2	1-2, 8, M
Q37	How often plan customer service give information *	147	2	1-4, 8, M
Q38	How often plan customer service treat with respect *	149	2	1-4, 8, M
Q39	Health plan give forms to fill out	151	2	1-2, 8, M
Q40	Health plan forms easy to fill out	153	2	1-4, 8, M
Q41	Rate Health Plan	155	2	0-10, 8, M
Q42	Needed care health plan decided not to give	157	2	1-2, 8, M
Q43	Ask health plan for reconsideration	159	2	1-3, 8, M
Q44A	Plan said file appeal	161	2	0-1, 8, M
Q44B	Plan offered forms to file appeal	163	2	0-1, 8, M
Q44C	Plan suggested how to resolve complaint	165	2	0-1, 8, M
Q44D	Plan listened but did not resolve complaint	167	2	0-1, 8, M
Q44E	Plan discouraged you taking action	169	2	0-1, 8, M
Q44F	Plan did none of above things	171	2	0-1, 8, M
Q45	Called or written with a complaint or problem	173	2	1-2, 8, M
Q46	How long to resolve complaint	175	2	1-6, 8, M
Q47	Complaint or problem settled to your satisfaction	177	2	1-3, 8, M
Q48	Try to get info from PDP Customer Service	179	2	1-2, 8, M
Q49	Get info needed from PDP Customer Service	181	2	1-5, 8, M
Q50	PDP Customer Service courteous/respectful	183	2	1-5, 8, M
Q51	Try to get info about which meds covered	185	2	1-2, 8, M
Q52	Get info needed about which meds covered	187	2	1-5, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q53	Try to get info about cost of meds	189	2	1-2, 8, M
Q54	Get info needed about cost of meds	191	2	1-5, 8, M
Q55	Number of different prescription meds filled	193	2	1-4, 8, M
Q56	Dr prescribe med that PDP did not cover	195	2	1-2, 8, M
Q57	Contact PDP to ask med be covered	197	2	1-3, 8, M
Q58A	Plan said file appeal	199	2	0-1, 8, M
Q58B	Plan offered forms to file appeal	201	2	0-1, 8, M
Q58C	Plan suggested how to resolve complaint	203	2	0-1, 8, M
Q58D	Plan listened but did not resolve complaint	205	2	0-1, 8, M
Q58E	Plan discouraged you taking action	207	2	0-1, 8, M
Q58F	Plan did none of above things	209	2	0-1, 8, M
Q58G	All prescription drugs were covered	211	2	0-1, 8, M
Q59	Easy to use PDP to get RX meds	213	2	1-5, 8, M
Q60	Use PDP to fill RX at pharmacy	215	2	1-2, 8, M
Q61	Easy to use PDP to fill RX at pharmacy	217	2	1-5, 8, M
Q62	Use PDP to fill RX by mail	219	2	1-3, 8, M
Q63	Easy to use PDP to fill RX by mail	221	2	1-6, 8, M
Q64	Rate PDP	223	2	0-10, 8, M
Q65	Recommend PDP coverage	225	2	1-4, 8, M
Q66	Rate General Health	227	2	1-5, 8, M
Q67	Rate Mental Health	229	2	1-5, 8, M
Q68	Seen MD > 2 times for same condition	231	2	1-2, 8, M
Q69	Same condition lasted at least 3 mos	233	2	1-2, 8, M
Q70	Take RX meds for condition	235	2	1-2, 8, M
Q71	RX meds for condition lasting at least 3 mos	237	2	1-2, 8, M
Q72	Delayed filling RX meds b/c of cost	239	2	1-3, 8, M
Q73A	Dr said you had: Heart attack	241	2	1-2, 8, M
Q73B	Dr said you had: Angina or coronary heart disease	243	2	1-2, 8, M
Q73C	Dr said you had: Stroke	245	2	1-2, 8, M
Q73D	Dr said you had: Cancer other than skin cancer	247	2	1-2, 8, M
Q73E	Dr said you had: Emphysema, asthma or COPD	249	2	1-2, 8, M
Q73F	Dr said you had: Diabetes or high blood sugar	251	2	1-2, 8, M
Q74	Flu Shot last year	253	2	1-3, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q75	Ever had Pneumonia shot	255	2	1-3, 8, M
Q76	How much smoke now	257	2	1-4, 8, M
Q77	How often advised to quit smoking by MD	259	2	1-5, 8, M
Q78	Age category	261	2	1-10, 8, M
Q79	Gender	263	2	1-2, 8, M
Q80	Highest education level completed	265	2	1-6, 8, M
Q81	Hispanic or Latino origin/descent	267	2	1-2, 8, M
Q82A	Race White	269	2	0-1, 8, M
Q82B	Race Black	271	2	0-1, 8, M
Q82C	Race Asian	273	2	0-1, 8, M
Q82D	Race Native HI/Other Pac Isle	275	2	0-1, 8, M
Q82E	Race Native Amer/AK Native	277	2	0-1, 8, M
Q83	Someone help complete survey	279	2	1-2, 8, M
Q84A	Proxy read questions	281	2	0-1, 8, M
Q84B	Proxy wrote answers	283	2	0-1, 8, M
Q84C	Proxy answered questions	285	2	0-1, 8, M
Q84D	Proxy translated questions	287	2	0-1, 8, M
Q84E	Proxy helped other way	289	2	0-1, 8, M
Q85	Live alone	291	2	1-2, 8, M
Q86	Recontact about health care services received	293	2	1-2, 8, M

**Appendix J**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS® Survey  
Vendor Survey File Record Layout  
2011 PDP Survey Beneficiary Response Section**

Data values must be right justified within each field.

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q01	Covered by named Medicare health plan	27	2	1-2, 8, M
Q02	Name of Medicare health plan	29	50	text
Q03	Try to get information from PDP Customer Service	79	2	1-2, 8, M
Q04	Get info needed from PDP Customer Service	81	2	1-5, 8, M
Q05	PDP Customer Service courteous/respectful	83	2	1-5, 8, M
Q06	Try to get info about which meds covered	85	2	1-2, 8, M
Q07	Get info needed about which meds covered	87	2	1-5, 8, M
Q08	Info about meds	89	2	1-2, 8, M
Q09	Get info needed about cost of meds	91	2	1-5, 8, M
Q10	Number of different prescription meds filled	93	2	1-4, 8, M
Q11	Dr prescribe med that PDP did not cover	95	2	1-2, 8, M
Q12	Contact PDP to ask med be covered	97	2	1-3, 8, M
Q13	Plan said file appeal	99	2	0-1, 8, M
Q13A	Plan offered forms to file appeal	101	2	0-1, 8, M
Q13B	Plan suggested how to resolve complaint	103	2	0-1, 8, M
Q13C	Plan listened but did not resolve complaint	105	2	0-1, 8, M
Q13D	Plan discouraged you taking action	107	2	0-1, 8, M
Q13E	Plan did none of above things	109	2	0-1, 8, M
Q13F	All prescription drugs were covered	111	2	0-1, 8, M
Q14	Easy to use PDP to get RX meds	113	2	1-5, 8, M
Q15	Use PDP to fill RX at pharmacy	115	2	1-2, 8, M
Q16	Easy to use PDP to fill RX at pharmacy	117	2	1-5, 8, M
Q17	Use PDP to fill RX by mail	119	2	1-3, 8, M
Q18	Easy to use PDP to fill RX by mail	121	2	1-6, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q19	Rate PDP	123	2	0-10, 8, M
Q20	Recommend PDP coverage	125	2	1-4, 8, M
Q21	Rate General Health	127	2	1-5, 8, M
Q22	Rate Mental Health	129	2	1-5, 8, M
Q23	Seen MD > 2 times for same condition	131	2	1-2, 8, M
Q24	Same condition lasted at least 3 mos	133	2	1-2, 8, M
Q25	Take RX meds for condition	135	2	1-2, 8, M
Q26	RX meds for condition lasting at least 3 mos	137	2	1-2, 8, M
Q27	Delayed filling RX meds b/c of cost	139	2	1-3, 8, M
Q28	Dr said you had: Heart attack	141	2	0-1, 8, M
Q28A	Dr said you had: Angina or coronary heart disease	143	2	0-1, 8, M
Q28B	Dr said you had: Stroke	145	2	0-1, 8, M
Q28C	Dr said you had: Cancer other than skin cancer	147	2	0-1, 8, M
Q28D	Dr said you had: Emphysema, asthma or COPD	149	2	0-1, 8, M
Q28E	Dr said you had: Diabetes or high blood sugar	151	2	0-1, 8, M
Q29	Flu Shot last year	153	2	1-3, 8, M
Q30	Ever had Pneumonia shot	155	2	1-3, 8, M
Q31	How much smoke now	157	2	1-4, 8, M
Q32	How often advised to quit smoking by MD	159	2	1-5, 8, M
Q33	Age category	161	2	1-10, 8, M
Q34	Gender	163	2	1-2, 8, M
Q35	Highest education level completed	165	2	1-6, 8, M
Q36	Hispanic or Latino origin/descent	167	2	1-2, 8, M
Q37	Race White	169	2	0-1, 8, M
Q37A	Race Black	171	2	0-1, 8, M
Q37B	Race Asian	173	2	0-1, 8, M
Q37C	Race Native HI/Other Pac Isle	175	2	0-1, 8, M
Q37D	Race Native Amer/AK Native	177	2	0-1, 8, M
Q38	Someone help complete survey	179	2	1-2, 8, M
Q39	Proxy read questions	181	2	0-1, 8, M
Q39A	Proxy wrote answers	183	2	0-1, 8, M
Q39B	Proxy answered questions	185	2	0-1, 8, M
Q39C	Proxy translated questions	187	2	0-1, 8, M

<b>Survey Question Number</b>	<b>Short Question Text</b>	<b>Starting Position</b>	<b>Field Length</b>	<b>Valid Codes</b>
Q39D	Proxy helped other way	189	2	0-1, 8, M
Q40	Live alone	191	2	1-2, 8, M
Q41	Recontact about health care services received	193	2	1-2, 8, M
	<FILLER>	195	100	blanks



## Appendix K

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey Discrepancy Report

This form must be submitted online at [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). *All required sections are indicated with an asterisk (\*). The required information regarding the affected plans must be provided in Section II in order to submit the MA & PDP CAHPS Survey Discrepancy Report.*

Date Submitted: (Autopopulate)    Form ID: (Autopopulate)

### I. GENERAL INFORMATION

#### 1. Survey Vendor Organization Information

* Organization Name: <input type="text"/>		
* Mailing Address 1: <input type="text"/>		
* Mailing Address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP Code: <input type="text"/>


#### 2. Survey Vendor Contact Person

* First Name, Last Name: <input type="text"/>	
Title: <input type="text"/>	
* (Area Code) Telephone Number: <input type="text"/>	(Area Code) Fax Number: <input type="text"/>
* Email Address: <input type="text"/>	

### II. LIST ALL PLAN NAMES AND CONTRACT NUMBERS IMPACTED BY THIS DISCREPANCY REPORT

\* Plan Name:     \* CMS Contract Number:

Add Plan and CMS Contract Number

Plan Name	CMS Contract Number
No data to display	
	



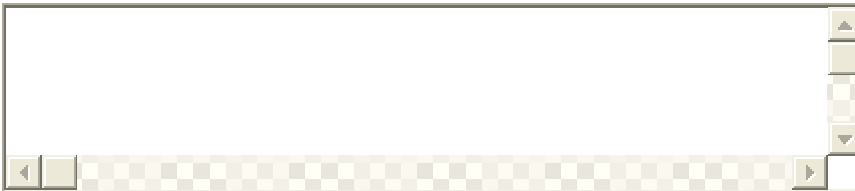
### III. DISCREPANCY INFORMATION

Please complete items 1 through 4 below in detail

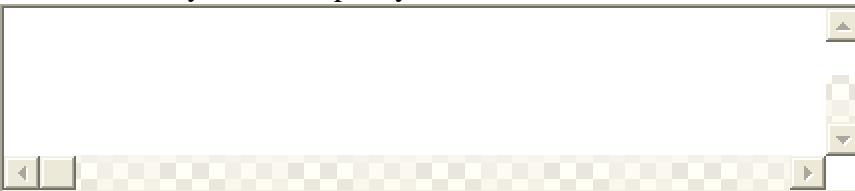
1. \* Description of discrepancy and how it was identified

A large rectangular text area with a light gray border. The bottom edge features a horizontal scrollbar with a checkered pattern. On the right side, there are three small square buttons: a top arrow, a middle square, and a bottom arrow.

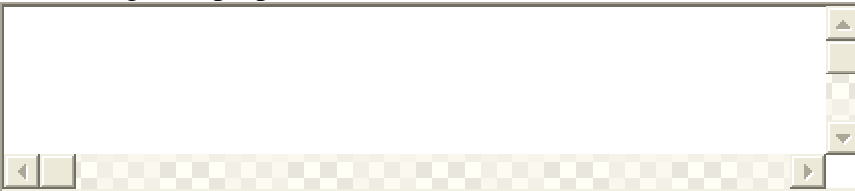
2. \* Affected timeframe

A large rectangular text area with a light gray border. The bottom edge features a horizontal scrollbar with a checkered pattern. On the right side, there are three small square buttons: a top arrow, a middle square, and a bottom arrow.

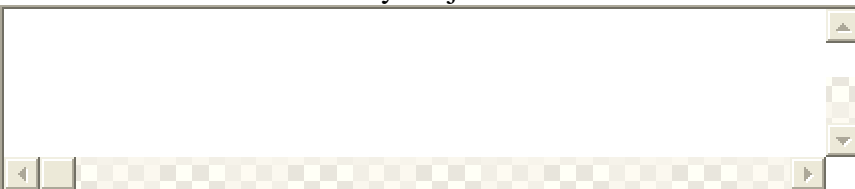
3. \* Number of sampled members per plan (list by contract number) affected by the discrepancy

A large rectangular text area with a light gray border. The bottom edge features a horizontal scrollbar with a checkered pattern. On the right side, there are three small square buttons: a top arrow, a middle square, and a bottom arrow.

4. \* Description of the corrective action to be taken to address discrepancy along with proposed timeline

A large rectangular text area with a light gray border. The bottom edge features a horizontal scrollbar with a checkered pattern. On the right side, there are three small square buttons: a top arrow, a middle square, and a bottom arrow.

5. Additional information not provided above which will help the MA & PDP CAHPS Survey Project Team understand the discrepancy

A large rectangular text area with a light gray border. The bottom edge features a horizontal scrollbar with a checkered pattern. On the right side, there are three small square buttons: a top arrow, a middle square, and a bottom arrow.

Print Discrepancy Report

Submit Form

## Appendix L

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey 2011 MA Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at doctor's office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr's office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Satisfied w/help received to coordinate care	Q24
Try to make appts to see specialist	Q25
Try to get care/test/treatment through plan	Q30
Try to get information/help through plan	Q32
Plan give forms to fill out	Q35
Rate Health Plan	Q37
Needed care or services that plan decided not to provide	Q38
Called or written with a complaint or problem	Q41
Rate General Health	Q44
Rate Mental Health	Q45
Seen MD >3 times for same condition	Q46
Take meds prescribed by doctor	Q48
Easy to get medicines doctor prescribed	Q50
Insurance that pays part or all cost of RX medicines	Q51
Delayed filling RX meds b/c could not afford it	Q52
Dr said you had: Heart attack	Q53A
Dr said you had: Angina or coronary heart disease	Q53B
Dr said you had: Stroke	Q53C

Dr said you had: Cancer other than skin cancer	Q53D
Dr said you had: Emphysema, asthma or COPD	Q53E
Dr said you had: Diabetes or high blood sugar	Q53F
Flu Shot last year	Q54
Ever had Pneumonia shot	Q55
How much smoke now	Q56
Age category	Q58
Gender	Q59
Highest education level completed	Q60
Hispanic or Latino origin/descent	Q61
Race White	Q62A
Race Black	Q62B
Race Asian	Q62C
Race Native HI/Other Pac Isle	Q62D
Race Native Amer/AK Native	Q62E
Someone help complete survey	Q63
Live Alone	Q65
Contact again?	Q66

## Appendix L

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey 2011 MA-PD Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at doctor's office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr's office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Satisfied w/help received to coordinate care	Q24
Try to make appts to see specialist	Q25
Try to get care/test/treatment through plan	Q30
Try to get information/help through plan's customer service	Q32
Plan give forms to fill out	Q35
Rate Health Plan	Q37
Needed care or services that plan decided not to provide	Q38
Called or written with a complaint or problem	Q41
Try to get information/help through prescription drug plan's (PDP) customer service	Q44
Try to get information from PDP about which prescription meds covered	Q47
Try to get information from prescription drug plan about how much would have to pay for prescription meds	Q49
How many different prescription meds fill/refill	Q51
Doctor prescribe a medicine that PDP did not cover	Q52
Easy to use PDP to get meds prescribed by doctor	Q55

Use PDP to fill a prescription at local pharmacy	Q56
Ever use PDP to fill prescription by mail	Q58
Rate Prescription Drug Plan	Q60
Recommend PDP to others	Q61
Rate General Health	Q62
Rate Mental Health	Q63
Seen MD > 3 times for same condition	Q64
Take meds prescribed by doctor	Q66
Delayed filling RX meds b/c could not afford it	Q68
Dr said you had: Heart attack	Q69A
Dr said you had: Angina or coronary heart disease	Q69B
Dr said you had: Stroke	Q69C
Dr said you had: Cancer other than skin cancer	Q69D
Dr said you had: Emphysema, asthma or COPD	Q69E
Dr said you had: Diabetes or high blood sugar	Q69F
Flu Shot last year	Q70
Ever had Pneumonia shot	Q71
How much smoke now	Q72
Age category	Q74
Gender	Q75
Highest education level completed	Q76
Hispanic or Latino origin/descent	Q77
Race White	Q78A
Race Black	Q78B
Race Asian	Q78C
Race Native HI/Other Pac Isle	Q78D
Race Native Amer/AK Native	Q78E
Someone help complete survey	Q79
Live Alone	Q81
Contact again?	Q82

## Appendix L

### Medicare Advantage and Prescription Drug (MA & PDP) CAHPS<sup>®</sup> Survey 2011 MA PPO Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at doctor's office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr's office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Health plan network have enough doctors	Q24
Try to find out if doctor part of health plan network	Q25
Satisfied w/help received to coordinate care	Q27
Try to make appts to see specialist	Q28
Try to get care/test/treatment through plan	Q34
Try to get information/help through plan's customer service	Q36
Plan give forms to fill out	Q39
Rate Health Plan	Q41
Needed care or services that plan decided not to provide	Q42
Called or written with a complaint or problem	Q45
Try to get information/help through prescription drug plan's (PDP) customer service	Q48
Try to get information from PDP about which prescription meds covered	Q51
Try to get information from prescription drug plan about how much would have to pay for prescription meds	Q53
How many different prescription meds fill/refill	Q55
Doctor prescribe a medicine that PDP did not cover	Q56

Easy to use PDP to get meds prescribed by doctor	Q59
Use PDP to fill a prescription at local pharmacy	Q60
Ever use PDP to fill prescription by mail	Q62
Rate Prescription Drug Plan	Q64
Recommend PDP to others	Q65
Rate General Health	Q66
Rate Mental Health	Q67
Seen MD > 3 times for same condition	Q68
Take meds prescribed by doctor	Q70
Delayed filling RX meds b/c could not afford it	Q72
Dr said you had: Heart attack	Q73A
Dr said you had: Angina or coronary heart disease	Q73B
Dr said you had: Stroke	Q73C
Dr said you had: Cancer other than skin cancer	Q73D
Dr said you had: Emphysema, asthma or COPD	Q73E
Dr said you had: Diabetes or high blood sugar	Q73F
Flu Shot last year	Q74
Ever had Pneumonia shot	Q75
How much smoke now	Q76
Age category	Q78
Gender	Q79
Highest education level completed	Q80
Hispanic or Latino origin/descent	Q81
Race White	Q82A
Race Black	Q82B
Race Asian	Q82C
Race Native HI/Other Pac Isle	Q82D
Race Native Amer/AK Native	Q82E
Someone help complete survey	Q83
Live Alone	Q85
Contact again?	Q86

## Appendix L

### Medicare Advantage and Prescription Drug (MA & PDP) CAHPS<sup>®</sup> Survey 2011 PDP Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Try to get information/help through prescription drug plan's (PDP) customer service	Q3
Try to get information from PDP about which prescription meds covered	Q6
Try to get information from prescription drug plan about how much would have to pay for prescription meds	Q8
How many different prescription meds fill/refill	Q10
Doctor prescribe a medicine that PDP did not cover	Q11
Easy to use PDP to get meds prescribed by doctor	Q14
Use PDP to fill a prescription at local pharmacy	Q15
Ever use PDP to fill prescription by mail	Q17
Rate Prescription Drug Plan	Q19
Recommend PDP to others	Q20
Rate General Health	Q21
Rate Mental Health	Q22
Seen MD > 3 times for same condition	Q23
Take meds prescribed by doctor	Q25
Delayed filling RX meds b/c could not afford it	Q27
Dr said you had: Heart attack	Q28A
Dr said you had: Angina or coronary heart disease	Q28B
Dr said you had: Stroke	Q28C
Dr said you had: Cancer other than skin cancer	Q28D
Dr said you had: Emphysema, asthma or COPD	Q28E
Dr said you had: Diabetes or high blood sugar	Q28F



Flu Shot last year	Q29
Ever had Pneumonia shot	Q30
How much smoke now	Q31
Age category	Q33
Gender	Q34
Highest education level completed	Q35
Hispanic or Latino origin/descent	Q36
Race White	Q37A
Race Black	Q37B
Race Asian	Q37C
Race Native HI/Other Pac Isle	Q37D
Race Native Amer/AK Native	Q37E
Someone help complete survey	Q38
Live Alone	Q40
Contact again?	Q41

## Appendix M

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey List of Reportable Measures

Composite Measures	Survey Items Included in the Composite
<b>Getting Needed Care</b>	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>In the last 6 months, how often was it easy to get the care, tests, or treatment you needed through your health plan?</p>
<b>Getting Care Quickly</b>	<p>In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?</p> <p>In the last 6 months, not counting the times when you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?</p> <p>Wait time includes time spent in the waiting room and exam room. In the past 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?</p>
<b>Doctors Who Communicate Well</b>	<p>In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>In the last 6 months, how often did your personal doctor spend enough time with you?</p>
<b>Health Plan Customer Service</b>	<p>In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect?</p> <p>In the last 6 months, how often were the forms for your health plan easy to fill out?</p>
<b>Getting Needed Prescription Drugs</b>	<p>In the last 6 months, how often was it easy to use your health plan to get the medicines your doctor prescribed?</p> <p>In the last 6 months, how often was it easy to use your health plan to fill a prescription at a local pharmacy?</p> <p>In the last 6 months, how often was it easy to use your health plan to fill prescriptions by mail?</p>

Composite Measures	Survey Items Included in the Composite
<b>Getting Information From the Plan About Prescription Drug Coverage and Cost</b>	<p>In the last 6 months, how often did your health plan's customer service give you the information or help you needed about prescription drugs?</p> <p>In the last 6 months, how often did your plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?</p> <p>In the last 6 months, how often did your health plan give you all the information you needed about which prescription medicines were covered?</p> <p>In the last 6 months, how often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicine?</p>

Overall Ratings	Survey Item
<b>Overall Rating of Health Plan</b>	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
<b>Overall Rating of Care Received</b>	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
<b>Overall Rating of Personal Doctor</b>	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
<b>Overall Rating of Specialist</b>	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
<b>Overall Rating of Drug Coverage</b>	Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your health plan for coverage of prescription drugs?

Other Single Item Measures	Survey Item
<b>Willingness to Recommend Plan for Drug Coverage</b>	Would you recommend your health plan for coverage of prescription drugs to other people like yourself?
<b>Influenza Vaccination</b>	Have you had a flu shot since September 2008?
<b>Pneumonia Shot</b>	Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
<b>Getting Medical Equipment</b>	In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?