

**ODM CAHPS Survey Administration and  
Data Submission Specifications**

**Provider Agreement Effective through Contract Period ending June 30, 2015**

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## **Introduction**

This document describes ODM's State Fiscal Year (SFY) 2015 requirements for the *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) survey administration and data submission.

The following key components are addressed:

### **1. CAHPS Survey Administration Requirements**

### **2. CAHPS Data Submission Requirements**

- ◆ The National Committee for Quality Assurance (NCQA)
- ◆ The Agency for Healthcare Research and Quality's (AHRQ's) CAHPS Database (the CAHPS Database)
- ◆ The Ohio Department of Medicaid (ODM)

### **3. CAHPS Data Collection and Submission Certification Requirements**

#### **Attachment A –**

*Letter of Certification for MCP CAHPS Survey Administration and Data Submission to NCQA*

#### **Attachment B –**

*Letter of Certification for MCP CAHPS Data Submission to ODM*

#### **Attachment C –**

*Letter of Certification for MCP CAHPS Data Submission to the CAHPS Database*

## 1. CAHPS Survey Administration Requirements

- ◆ Each MCP must contract with an NCQA-Certified HEDIS Survey Vendor to administer HEDIS CAHPS surveys to the MCP's Ohio Medicaid members. A listing of survey vendors can be found at <http://www.ncqa.org/tabid/170/Default.aspx>.
- ◆ The HEDIS CAHPS surveys must be administered in accordance with NCQA's *HEDIS 2015 Volume 3: Specifications for Survey Measures*.
- ◆ The HEDIS CAHPS surveys must be administered for both adult and child members using the NCQA HEDIS CAHPS 5.0H Adult Medicaid Health Plan Survey and the NCQA HEDIS CAHPS 5.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set), respectively.
- ◆ Each MCP must add the two supplemental items listed below to the NCQA HEDIS CAHPS 5.0H Adult Medicaid Health Plan Survey, after receiving any necessary NCQA approvals. The MCP's NCQA-Certified HEDIS Survey Vendor should secure any necessary approvals from NCQA prior to adding these items. The MCP must notify ODM if such approval is required and not received. The location and numbering of these items within the survey should adhere to NCQA policy on supplemental items. These items may be found in AHRQ's *CAHPS Supplemental Items – NCQA Approval Tracking Numbers* spreadsheet used for the CAHPS 5.0H Adult Health Plan Survey (the NCQA approval tracking number is referenced below). Please note that the response options for these questions differ from those found in the above referenced document.

### Quality Improvement - Access to Routine Care

**000076.** In the last 6 months, **not** counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a health provider?

- 0 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 60 days
- 61 to 90 days
- 91 days or longer
- Not applicable

**000077.** In the last 6 months, how often did you have to wait for an appointment because the health provider you wanted to see worked limited hours or had few available appointments?

- Never
- Sometimes
- Usually
- Always
- Not applicable

- ◆ Each MCP must add the two supplemental items listed below to the NCQA HEDIS CAHPS 5.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set), after receiving any necessary NCQA approvals. The MCP's NCQA-Certified HEDIS Survey Vendor should secure any necessary approvals from NCQA prior to adding these items. The MCP must notify ODM if such approval is required and not received. The location and numbering of these items within the survey should adhere to NCQA policy on supplemental items. These items may be found in AHRQ's *CAHPS Supplemental Items – NCQA Approval Tracking Numbers* spreadsheet used for the CAHPS 5.0H Child Health Plan Survey (the NCQA approval tracking number is referenced below). Please note that the response options for these questions differ from those found in the above referenced document.

### **Quality Improvement - Access to Routine Care**

**000167.** In the last 6 months, **not** counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

- 0 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 60 days
- 61 to 90 days
- 91 days or longer
- Not applicable

**000168.** In the last 6 months, how often did your child have to wait for an appointment because the health provider you wanted him or her to see worked limited hours or had few available appointments?

- Never
- Sometimes
- Usually
- Always
- Not applicable

- ◆ All HEDIS CAHPS survey materials sent to members (e.g., cover letters, questionnaires) must be submitted to ODM for prior review and approval.
- ◆ The HEDIS CAHPS surveys must be administered using a mixed mode of administration (i.e., mail and telephone modes).
- ◆ The data elements in the table below must be included at the end of the HEDIS CAHPS sample frame files in accordance with the length and valid values for each data element provided in the table.

Required Data Element	Length	Value Labels
Member race	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Multiracial 9 = Unknown
Member ethnicity	1	1 = Hispanic or Latino 2 = Non-Hispanic or Latino 3 = Unknown
CFC, ABD, or Adult Extension member	1	1 = CFC Member 2 = ABD Member 3 = Adult Extension Member (adult sample only)

- ◆ A thirty percent oversample must be performed on the adult population.
- ◆ Inappropriately coded data must be cleaned using ‘Option 2: Clean inappropriately answered responses,’ as detailed in NCQA’s *Quality Assurance Plan for HEDIS CAHPS 2015 Survey Measures*.

## 2. CAHPS Data Submission Requirements

### A. National Committee for Quality Assurance (NCQA)

- ◆ The MCP's designated survey vendor must submit the MCP's member-level CAHPS data files to NCQA **by May 29, 2015**, in accordance with NCQA's *HEDIS 2015 Volume 3: Specifications for Survey Measures*.
- ◆ The MCP's designated survey vendor must indicate to NCQA that the MCP wants to publicly report its data.

### B. The CAHPS Database

- ◆ ODM is a CAHPS Database sponsor organization. As such, the MCP (or its designated survey vendor) is required to submit the MCP's 2015 CAHPS survey data to the CAHPS Database on behalf of ODM.
- ◆ The MCP (or its designated survey vendor) must register for an account with the CAHPS Database for the submission of the MCP's 2015 CAHPS survey data to the CAHPS Database.
- ◆ The MCP (or its designated survey vendor) must submit the MCP's 2015 CAHPS survey data to the CAHPS Database in accordance with AHRQ's 2015 CAHPS Database Data File Specifications and **by the due date set forth by AHRQ**. Information on submitting health plan survey data to the CAHPS Database may be found on AHRQ's CAHPS Database website: <https://cahps.ahrq.gov/cahps-database/index.html>
- ◆ The MCP (or its designated survey vendor) must join the CAHPS Database listserv in order to receive e-mails regarding the CAHPS Health Plan Survey data submission process and requirements. To join, go to <https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new> and select the "CAHPS Database - Health Plan Component."
- ◆ The MCP (or its designated survey vendor) must participate in the 2015 CAHPS Health Plan Database Submission Process web-based training. Information regarding this training is posted online and communicated via the above referenced listserv.

### C. Ohio Department of Medicaid (ODM)

- ◆ MCPs are required to submit the following items to ODM's designee (Health Services Advisory Group [HSAG]) **by June 15, 2015**, in accordance with the specifications outlined in 2.C.i. to 2.C.v. below.
  - NCQA Summary-Level Reports
  - CAHPS Survey Data Files:
    - NCQA Member-Level Data Files

- State-Specific Member-Level Data Files
  - MCP-Specific Survey Instruments
  - Survey Vendor Contact Information

MCPs should upload the required files to their MCP-specific folder on HSAG’s FTP site. HSAG will create a ‘2015 CAHPS’ folder within each MCP-specific folder specifically for these file submissions. The path to use for uploading the required files is as follows: HEALTH PLAN NAME\2014-2015 Contract Year\2015 CAHPS

**i. NCQA Summary-Level Reports**

*Description:* NCQA produces reports containing summary-level survey results for each organization that submits data to NCQA. Individual reports are provided for each data submission (e.g., child Medicaid data, adult Medicaid data). These reports contain information on survey attributes (e.g., sample size, response rate) in addition to summary-level results (e.g., three-point means, top box scores) for the global ratings and composite measures.

*Data Source:* These files are downloaded from NCQA’s Interactive Data Submission System (IDSS), following submission of the MCP’s CAHPS survey data to NCQA via the IDSS.

*Requirement:* The files listed in Table 1. below must be submitted to ODM’s designee (HSAG) in the prescribed formats and using the naming conventions specified in the table.

**Table 1. NCQA Summary Level Report Files**

<b>File Description</b>	<b>Sub. File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s Adult Medicaid NCQA HEDIS 2015 CAHPS Survey Results Report	PDF	DAM[MCP Sub ID]_sr.pdf
MCP’s Child Medicaid with CCC – CCC Population – NCQA HEDIS 2015 CAHPS Survey Results Report	PDF	DCC[MCP Sub ID]_ccc_sr.pdf
MCP’s Child Medicaid with CCC – General Population – NCQA HEDIS 2015 CAHPS Survey Results Report	PDF	DCC[MCP Sub ID]_gp_sr.pdf

## ii. NCQA Member-Level Data Files

*Description:* NCQA Member-Level Data Files are prepared by the MCP's designated survey vendor in accordance with the *HEDIS 2015 CAHPS Survey Validated Member-Level Data File Layouts*. Each NCQA member-level data file contains information about the health plan, the survey submission, the blinded sample, and the response data for each sampled member.

*Data Source:* These data files are downloaded from NCQA's IDSS, following submission of the MCP's CAHPS survey data to NCQA via the IDSS.

*Requirement:* The files listed in Table 2. below must be submitted to ODM's designee (HSAG) in the prescribed formats and using the naming conventions specified in the table.

**Table 2. NCQA Member-Level Data Files**

<b>File Description</b>	<b>Sub. File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP's Adult Medicaid NCQA HEDIS 2015 CAHPS member-level data file	TXT	DAM[MCP Sub ID].txt
MCP's Child Medicaid NCQA HEDIS 2015 CAHPS member-level data file	TXT	DCCM[MCP Sub ID].txt

## iii. State-Specific Member-Level Data Files

*Description:* State-specific member-level data files are prepared by the MCP's designated survey vendor in accordance with the requirements established below as well as a file layout document that will be provided to the MCPs by ODM in December 2014.

The state-specific member-level data files contain the same data as the NCQA member-level data files (see 2.C.ii. above) but also contain additional data not submitted to NCQA. The state-specific member-level data files contain member-level response data for any supplemental items added to the surveys by ODM per the Survey Administration Requirements in Section 1 of this document (note, the files do not contain data for any MCP-specific supplemental items). These files also contain member-level data for specific demographic variables that are requested by ODM, derived from administrative data, and included on the sample frame files (per the Survey Administration Requirements in Section 1 of this document).

*Data Source:* These data files are prepared by the MCP’s designated survey vendor using the MCP’s CAHPS survey data and sample frame file information.

*Requirement:* The files listed in Table 3. below must be submitted to ODM’s designee (HSAG) in the prescribed formats and using the naming conventions specified in the table.

**Table 3. State-Specific Member-Level Data Files**

<b>File Description</b>	<b>Sub. File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s Adult Medicaid 2015 CAHPS state-specific member-level data file	TXT	DAM[MCP Sub ID]_OH Specific.txt
MCP’s Child Medicaid 2015 CAHPS state-specific member-level data file	TXT	DCCM[MCP Sub ID]_OH Specific.txt

**iv. MCP-Specific Survey Instruments**

*Description:* The final, vendor formatted surveys approved by NCQA and used to administer the 2015 HEDIS CAHPS survey to the MCP’s Ohio Medicaid members.

*Requirement:* The files listed in Table 4. below must be submitted to ODM’s designee (HSAG) in the prescribed formats and using the naming conventions specified in the table.

**Table 4. MCP-Specific Survey Instrument Files**

<b>File Description</b>	<b>Sub. File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s 2015 CAHPS Adult Medicaid Health Plan Survey Instrument	PDF	Adult_CAHPS_Survey.2015.[MCP Sub ID].pdf
MCP’s 2015 CAHPS Child Medicaid Health Plan Survey Instrument (with the chronic conditions measurement set)	PDF	Child_CAHPS_Survey.2015.[MCP Sub ID].pdf

## **v. Survey Vendor Contact Information**

*Description:* This file contains the following information for the NCQA-Certified HEDIS Survey Vendor that administered the MCP's 2015 CAHPS survey: vendor name, vendor address, name of vendor contact (for technical questions regarding data submissions), telephone number for vendor contact, and email address for vendor contact.

*Requirement:* The survey vendor contact information described above must be submitted to ODM's designee (HSAG) in PDF format using the following naming convention: Survey\_Vendor\_Contact\_Info.2015.[MCP Sub ID].pdf

## **3. CAHPS Data Collection and Submission Certification Requirements**

Per appendix L of the ODM Provider Agreement, each MCP is required to annually submit the following CAHPS data certification letters to ODM:

- ◆ One signed CAHPS data certification letter that attests to the MCP's adherence to ODM's requirements, as outlined above, for the CAHPS survey administration and data submission to NCQA.
- ◆ One signed CAHPS data certification letter that attests to the MCP's adherence to ODM's requirements, as outlined above, for the CAHPS data submission to ODM.
- ◆ One signed CAHPS data certification letter that attests to the MCP's adherence to ODM's requirements, as outlined above, for the CAHPS data submission to the CAHPS Database.

The MCP must use the CAHPS data certification letter templates provided by ODM (see Attachments A, B, and C) to submit this information. Please note that Attachment B requires the MCP to enter the file name for each data file submitted to ODM's designee (HSAG).

MCPs should upload their completed CAHPS data certification letters in PDF format to their MCP-specific folder on HSAG's FTP site. HSAG will create a '2015 CAHPS' folder within each MCP-specific folder specifically for the submission of CAHPS files, including these documents. The path to use for uploading these documents is as follows: HEALTH PLAN NAME\2014-2015 Contract Year\2015 CAHPS

**Each data certification letter is due to ODM on the same day the respective data are submitted.**

## Attachment A

### Letter of Certification for MCP CAHPS Survey Administration and Data Submission to NCQA

I, the undersigned, do hereby attest, based on my best knowledge, information, and belief, to the following with regard to [insert MCP name] \_\_\_\_\_'s (hereinafter referred to as 'the MCP') 2015 *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) Survey administration and data:

The MCP administered HEDIS CAHPS surveys to the MCP's Ohio Medicaid members and submitted final, member-level, adult and child CAHPS Survey data files to the National Committee for Quality Assurance (NCQA) on or before May 29, 2015 in accordance with NCQA's *HEDIS 2015 Volume 3: Specifications for Survey Measures* and the requirements set forth in the SFY 2015 *ODM CAHPS Survey Administration and Data Submission Specifications*.

Signature of CEO, CFO, or delegated authority	Print Name
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Date:
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Name of MCP Submitted for:
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Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) (     )
City and State	Zip Code

## **Attachment B**

### **Letter of Certification for MCP CAHPS Data Submission to ODM**

I, the undersigned, do hereby attest, based on my best knowledge, information, and belief, to the following with regard to [insert MCP name] \_\_\_\_\_'s (hereinafter referred to as 'the MCP') 2015 *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) Survey data:

The MCP submitted NCQA Summary-Level Report files, NCQA Member-Level data files, State-Specific Member-Level data files, MCP-specific adult and child survey instruments, and survey vendor contact information to ODM's designee (HSAG) on or before June 15, 2015, and in accordance with the data submission requirements outlined in the SFY 2015 *ODM CAHPS Survey Administration and Data Submission Specifications* document and the associated file layouts document provided by ODM. The data contained in these files and documents are accurate, truthful, and complete.

**Listed below are the names of the files submitted to ODM's designee (HSAG):**

Signature of CEO, CFO, or delegated authority	Print Name
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Date:
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Name of MCP Submitted for:
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Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) (     )
City and State	Zip Code

## Attachment C

### Letter of Certification for MCP CAHPS Data Submission to the CAHPS Database

I, the undersigned, do hereby attest, based on my best knowledge, information, and belief, that [insert MCP name] \_\_\_\_\_ (hereinafter referred to as ‘the MCP’) submitted the MCP’s 2015 *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) survey data to The CAHPS Database on or before the due date established by the Agency for Healthcare Research and Quality (AHRQ), and in accordance with the data file specifications issued by AHRQ for the submission of 2015 CAHPS health plan survey data to the CAHPS Database and the data submission requirements outlined in the SFY 2015 *ODM CAHPS Survey Administration and Data Submission Specifications*.

Signature of CEO, CFO, or delegated authority	Print Name
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Date:
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Name of MCP Submitted for:
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Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) (     )
City and State	Zip Code