

ACO CAHPS

Frequently Asked Questions

Q: What is the purpose of the ACO CAHPS survey?

A: The ACO CAHPS survey is used for public ACOs (Pioneer, MSSP, and Next Generation). It is intended to measure the patient's experience with his/her primary physician within the ACO and asks questions related to the patient experience.

Q: How many questions are on the ACO CAHPS survey?

A: For the 2016 administration, ACOs will continue to have the option to choose between ACO-12 or ACO-9, as they did for the 2015 administration. CAHPS for ACOs Survey, ACO-12 has 80 questions and ACO-9 has 71 questions. Note: the ACO-9 version replaced the ACO-8 survey version from 2014 administration. More detail regarding domains covered on each survey can be found below. An ACO has to select one version, ACO-9 or ACO-12, for all 860 of their beneficiaries. There are no additional fees associated with the survey version selected. Press Ganey encourages our ACO clients to use ACO-12, because the additional measures are valuable to further evaluate the ACOs performance and the survey matches the CAHPS for PQRS survey.

Q: What is the difference between the two ACO CAHPS survey versions: ACO-9 and ACO-12?

A: The CAHPS for ACO-9 survey had a total of 9 domains. It included 71 questions and focused on the following:

1. Getting Timely Care, Appointments, & Information
2. How Well Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Health Status & Functional Status
8. Courteous & Helpful Office Staff (Not Scored)
9. Stewardship of Patient Resources

The CAHPS for ACO-12 survey had a total of 12 domains. It included 80 questions and focused on the same 9 areas as above and added:

1. Care Coordination (Not Scored)
2. Between Visit Communication (Not Scored)
3. Helping you Take Medications as Directed (Not Scored)

Q: How often will data collection occur for the official CMS ACO CAHPS Survey?

A: The official ACO CAHPS survey will be administered once per year over a three month period.

Q: When will the next data collection occur?

A: 2016 performance year data collection will take place November 2016 – February 2017 to patients who have been assigned to the ACO.

Q: When do ACOs need to select a vendor by for the next data collection?

A: For 2016 administration, participating ACOs will need to submit a vendor authorization form to authorize a vendor to administer the CAHPS for ACOs survey on their behalf by September 20, 2016. The form will be located at <http://acocahps.cms.gov> by July 25, 2016

Q: What is the look-back timeframe referenced in the survey?

A: The survey asks patients to recall their care experience from the past 6 months.

Q: What timeframe is used for selecting patients to survey?

A: The 2016 survey will be sent to patients assigned to the ACO between January 2016 - October 2016.

Q: What survey methodology and protocol will be used for the public ACO CAHPS survey?

A: The survey administration methodology will be similar to last administration in which patients received a pre-notification letter followed by two waves of mailed paper surveys. If the patient did not reply to the mailed surveys, up to six phone attempts were made to capture survey results by phone.

Q: How many ACO members will be surveyed?

A: CMS will randomly select up to 860 Medicare beneficiaries to sample for each ACO, and provide the sample directly to the survey vendor similar to last administration.

Q: What are the criteria for inclusion in the survey sample?

A: The criteria for inclusion will be similar to last administration. Last administration, the selected sample included Medicare fee-for-service beneficiaries who were assigned to the ACO based on where they incurred the most primary care claims. Selected beneficiaries were 18 years of age or older, lived outside of an institution and had at least two visits with a primary ACO provider in the previous year. One quarter of the selected sample represented beneficiaries with high utilization. To ensure survey results represented the ACO's general population, survey responses were weighted to account for this sampling.

Q: What restrictions exist related to survey questions or solicitation of responses?

A: ACOs and their survey vendors are prohibited from:

- Influencing or encouraging beneficiaries to answer survey questions in a particular way
- Offering incentives
- Asking the exact ACO CAHPS questions of beneficiaries 4 weeks before and during the survey administration period.
 - That is, the ACO cannot administer a survey with the same questions for that portion of the year. Press Ganey can work with you to develop an approach for continuous surveying using a visit-specific instrument that will not interfere with the once a year ACO survey.

Q: My group practice is part of an ACO and also registered for PQRS. Are we required to conduct both CAHPS for ACOs and CAHPS for PQRS Surveys?

A: If your group practice is part of a Shared Savings ACO, you are not eligible to conduct the CAHPS for PQRS survey. If you registered for PQRS via the Group Practice Reporting Option, using a TIN that is also included in an ACO, you should have received a message to indicate that you are not eligible to enroll. Group practices participating in an ACO are covered by the ACO's administration of CAHPS for ACOs and cannot enroll in PQRS.

If your group practice is part of a Pioneer Model ACO or a Next Generation Model ACO, you are covered by the ACOs administration of CAHPS for ACOs and do not need to enroll in PQRS. But if your group practice is not part of the Pioneer Model ACO or the Next Generation Model ACO but shares the same billing TIN, and you enrolled in CAHPS for PQRS via the Group Practice Reporting Option (GPRO), you are required to administer CAHPS for PQRS if your shared TIN has a total of 100 or more eligible providers. Groups with 2 through 99 eligible providers, have the option to elect to administer CAHPS during the registration process. If your group of 2-99 providers elected to administer CAHPS at registration, you will conduct the CAHPS for PQRS survey. Please note this is separate and distinct from CAHPS administration for providers within the Pioneer or Next Generation Models.

Q: How will ACO CAHPS be scored by CMS?

A: Medicare pay for performance is phased in over the first three years of your ACOs contract with CMS. Years below refer to years in the program as different ACO cohorts have different start dates.

Year 1: Pay for reporting applies to 8 patient experience measures:

1. Getting Timely Care
2. Provider Communication
3. Rating of Provider
4. Access to Specialists
5. Health Promotion & Education
6. Shared Decision-Making
7. Health Status/Functional Status
8. Stewardship of Patient Resources

Year 2 & 3: Pay for performance applies to 7 patient experience measures:

1. Getting Timely Care
2. Provider Communication
3. Rating of Provider
4. Access to Specialists
5. Health Promotion & Education
6. Shared Decision-Making
7. Stewardship of Patient Resources

Pay for reporting applies to Health Status/Functional Status

Q: What percentage of the shared-savings quality score is tied to MSSP ACO CAHPS?

A: 25% of the overall quality score for shared-savings payment will be impacted by ACO CAHPS. The other components of the quality score include: at-risk populations, preventative health and care coordination and patient safety.

Q: What does Press Ganey recommend for performance improvement?

A: In addition to submitting the small number of responses needed for the official CMS survey, Press Ganey recommends surveying continuously using our visit-specific survey to capture patient feedback by

individual physician. This continuous, visit-specific methodology allows you to pinpoint areas for improvement and identify best practices. We recommend using a multimode approach of mail combined with eSurvey to maximize the number of surveys that can be sent and correspondingly received, allowing for significant sample sizes and impactful results that will allow you to improve and score higher on the official ACO CAHPS survey.

Q: What type of reporting does Press Ganey offer for ACO CAHPS?

A: Press Ganey will offer our standard ACO CAHPS Summary Report. The report Press Ganey provides should be considered an unofficial report. CMS will provide an official ACO CAHPS Report.

Q: Can clients receive clinic level or provider level breakouts in the Press Ganey ACO CAHPS Summary Report?

A: ACO guidelines stipulate that survey vendors cannot provide ACOs with beneficiary-level datasets, as these data could be used to identify an individual. This would violate the guarantee of confidentiality that CMS provides all survey respondents, and as a result, we are not able to provide you with clinic or physician level data. Additionally, CMS has specified that survey vendors can only provide unofficial ACO CAHPS survey results if the n size is 11+.

Disclaimer: Information and timelines presented herein are based solely upon Press Ganey's experience with other CAHPS initiatives and our interpretation of CMS rulemaking and policy statements. The information presented herein does not reflect the views or policies of CMS or any other governmental agency. Official CMS policy is distributed as part of their normal rulemaking process. Information regarding the use of a visit-specific survey for targeted performance improvement is Press Ganey's recommendation based on our experience and expertise. The information herein does not represent the views or policies of CMS or any other governmental agency.