

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

Provider Agreement Effective through Contract Period ending June 30, 2018

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Introduction

This document describes ODM's State Fiscal Year (SFY) 2018 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 Health Plan Survey 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/hedis-quality-measurement/data-reporting-services>
- ◆ The HEDIS CAHPS surveys must be administered in accordance with NCQA's *HEDIS 2018 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 four supplemental items listed below to the NCQA HEDIS CAHPS 5.0H Adult Medicaid Health Plan Survey. NCQA has approved these items (both the question wording and response options) for use in the Ohio Medicaid MCPs' CAHPS surveys. The location and numbering of these items within the survey should adhere to NCQA policy on supplemental items. The NCQA approval tracking number is referenced below.

990099. In the last 6 months, who helped you coordinate your care?

- Someone from your health plan
- Someone from your personal doctor's office
- Someone from another organization
- A friend or family member
- You
- Not applicable

990100. How satisfied are you with the help you received to coordinate your care in the last 6 months?

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied
- Not applicable

990126. In the last 6 months, did someone from your personal doctor's office ask you if there are things that make it hard for you to take care of your health?

- Yes
- No
- Not applicable

990127. In the last 6 months, how often did your personal doctor give you all the information you wanted about your health?

- Never
- Sometimes
- Usually
- Always
- Not applicable

- ◆ Each MCP must add the four supplemental items listed below to the NCQA HEDIS CAHPS 5.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set). NCQA has approved these items (both the question wording and response options) for use in the Ohio Medicaid MCPs' CAHPS surveys. The location and numbering of these items within the survey should adhere to NCQA policy on supplemental items. The NCQA approval tracking number is referenced below.

990101. In the last 6 months, who helped to coordinate your child's care?

- Someone from your child's health plan
- Someone from your child's personal doctor's office
- Someone from another organization
- A friend or family member
- You
- Not applicable

990102. How satisfied are you with the help you received to coordinate your child's care in the last 6 months?

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied
- Not applicable

990128. In the last 6 months, did you and someone from your child’s personal doctor’s office talk about how your child’s body is growing?

- Yes
- No
- Not applicable

990129. In the last 6 months, how often did your child’s personal doctor give you all the information you wanted about your child’s health?

- 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
CFC, ABD, or Adult Extension member	1	1 = CFC Member 2 = ABD Member 3 = Adult Extension Member (adult sample only) 9 = Unknown/No data
Member county of residence	2	Two-digit county code (e.g., 12 indicates Clark county). Please refer to the appendix for a crosswalk of county codes.
Member year of birth	4	YYYY

- ◆ A 30 percent oversample must be performed on the adult population.
- ◆ Data must be cleaned according to NCQA’s *Quality Assurance Plan for HEDIS CAHPS 2018 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 30, 2018**, in accordance with NCQA's *HEDIS 2018 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 Health Plan Survey Database

- ◆ ODM is a CAHPS Health Plan Survey Database sponsor organization. As such, the MCP (or its designated survey vendor) is required to submit the MCP's 2018 CAHPS survey data to the CAHPS Health Plan Survey Database on behalf of ODM.
- ◆ The MCP (or its designated survey vendor) must register for an account with the CAHPS Health Plan Survey Database for the submission of the MCP's 2018 CAHPS survey data to the CAHPS Health Plan Survey Database.
- ◆ The MCP (or its designated survey vendor) must submit the MCP's 2018 CAHPS survey data to the CAHPS Health Plan Survey Database in accordance with AHRQ's 2018 CAHPS Health Plan Survey Database Data File Specifications and **by the due date set forth by AHRQ**. Information on submitting health plan survey data to the CAHPS Health Plan Survey 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 Health Plan Survey Database listserv in order to receive emails regarding the CAHPS Health Plan Survey data submission process and requirements. To join, go to <https://subscriptions.ahrq.gov/accounts/USAHRQ/subscriber/new> and enter an email address.
- ◆ The MCP (or its designated survey vendor) must participate in the 2018 CAHPS Health Plan Survey 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, 2018**, 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 ‘2018 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\2017-2018 Contract Year\2018 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

File Description	Sub. File Format	Naming Convention for Data File Submission
MCP’s Adult Medicaid NCQA HEDIS 2018 CAHPS Survey Results Report	PDF	DAM[MCP Sub ID]_sr.pdf
MCP’s Child Medicaid with CCC – CCC Population – NCQA HEDIS 2018 CAHPS Survey Results Report	PDF	DCC[MCP Sub ID]_ccc_sr.pdf
MCP’s Child Medicaid with CCC – General Population – NCQA HEDIS 2018 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 2018 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

File Description	Sub. File Format	Naming Convention for Data File Submission
MCP's Adult Medicaid NCQA HEDIS 2018 CAHPS member-level data file	CSV	DAM[MCP Sub ID].csv
MCP's Child Medicaid NCQA HEDIS 2018 CAHPS member-level data file	CSV	DCCM[MCP Sub ID].csv

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 2017.

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 the 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

File Description	Sub. File Format	Naming Convention for Data File Submission
MCP’s Adult Medicaid 2018 CAHPS state-specific member-level data file	CSV	DAM[MCP Sub ID]_OH Specific.csv
MCP’s Child Medicaid 2018 CAHPS state-specific member-level data file	CSV	DCCM[MCP Sub ID]_OH Specific.csv

iv. MCP-Specific Survey Instruments

Description: The final, vendor formatted surveys approved by NCQA and used to administer the 2018 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

File Description	Sub. File Format	Naming Convention for Data File Submission
MCP’s 2018 CAHPS Adult Medicaid Health Plan Survey Instrument	PDF	Adult_CAHPS_Survey.2018.[MCP Sub ID].pdf
MCP’s 2018 CAHPS Child Medicaid Health Plan Survey Instrument (with the chronic conditions measurement set)	PDF	Child_CAHPS_Survey.2018.[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 2018 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.2018.[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 Health Plan Survey 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 '2018 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\2017-2018 Contract Year\2018 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’) 2018 *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 30, 2018 in accordance with NCQA’s *HEDIS 2018 Volume 3: Specifications for Survey Measures* and the requirements set forth in the SFY 2018 *ODM CAHPS Survey Administration and Data Submission Specifications*.

Signature of CEO, CFO, or delegated authority	Print Name
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Date:

Name of MCP Submitted for:

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’) 2018 *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, 2018, and in accordance with the data submission requirements outlined in the SFY 2018 *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:

Name of MCP Submitted for:

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 Health Plan Survey 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 2018 *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) survey data to The CAHPS Health Plan Survey 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 2018 CAHPS health plan survey data to the CAHPS Health Plan Survey Database and the data submission requirements outlined in the SFY 2018 *ODM CAHPS Survey Administration and Data Submission Specifications*.

Signature of CEO, CFO, or delegated authority	Print Name
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Date:

Name of MCP Submitted for:

Submitter Name	MCP Org and Sub ID
Street Address	Telephone Number (include area code) ()
City and State	Zip Code

Appendix: County Crosswalk

County Code	Description
01	Adams
02	Allen
03	Ashland
04	Ashtabula
05	Athens
06	Auglaize
07	Belmont
08	Brown
09	Butler
10	Carroll
11	Champaign
12	Clark
13	Clermont
14	Clinton
15	Columbiana
16	Coshocton
17	Crawford
18	Cuyahoga
19	Darke
20	Defiance
21	Delaware
22	Erie
23	Fairfield
24	Fayette
25	Franklin
26	Fulton
27	Gallia
28	Geauga
29	Greene
30	Guernsey
31	Hamilton
32	Hancock
33	Hardin
34	Harrison
35	Henry
36	Highland
37	Hocking
38	Holmes
39	Huron
40	Jackson

County Code	Description
41	Jefferson
42	Knox
43	Lake
44	Lawrence
45	Licking
46	Logan
47	Lorain
48	Lucas
49	Madison
50	Mahoning
51	Marion
52	Medina
53	Meigs
54	Mercer
55	Miami
56	Monroe
57	Montgomery
58	Morgan
59	Morrow
60	Muskingum
61	Noble
62	Ottawa
63	Paulding
64	Perry
65	Pickaway
66	Pike
67	Portage
68	Preble
69	Putnam
70	Richland
71	Ross
72	Sandusky
73	Scioto
74	Seneca
75	Shelby
76	Stark
77	Summit
78	Trumbull
79	Tuscarawas
80	Union
81	VanWert
82	Vinton

County Code	Description
83	Warren
84	Washington
85	Wayne
86	Williams
87	Wood
88	Wyandot
99	OTHER