



# **ODM Medicaid Managed Care Population CAHPS Survey Administration and Data Submission Specifications**

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[medicaid.ohio.gov](https://www.medicaid.ohio.gov)

## **Introduction**

This document describes ODM's State Fiscal Year (SFY) 2020 requirements for the *Consumer Assessment of Healthcare Providers and Systems*<sup>®</sup> (CAHPS) survey administration and data submission.<sup>1</sup>

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*

#### **Appendix – County Crosswalk**

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# 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: <https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/cahps-5-0h-survey-certification/vendor-directory/>
- The HEDIS CAHPS surveys must be administered in accordance with NCQA’s *HEDIS 2020 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 2020 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, 2020**, in accordance with NCQA's HEDIS 2020 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 2020 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 2020 CAHPS survey data to the CAHPS Health Plan Survey Database.
- The MCP (or its designated survey vendor) must submit the MCP's 2020 CAHPS survey data to the CAHPS Health Plan Survey Database in accordance with AHRQ's 2020 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 2020 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 (Island Peer Review Organization (IPRO) **by June 15, 2020**, 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 IPRO’s FTP site. IPRO will create a ‘2020’ 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\CAHPS\2020

**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 (IPRO) in the prescribed formats and using the naming conventions specified in the table.

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

File Description	File Format	Naming Convention for Data File Submission
MCP’s Adult Medicaid NCQA HEDIS 2020 CAHPS Survey Results Report	PDF	DAM[MCP Sub ID]_sr.pdf
MCP’s Child Medicaid with CCC – CCC Population – NCQA HEDIS 2020 CAHPS Survey Results Report	PDF	DCC[MCP Sub ID]_ccc_sr.pdf
MCP’s Child Medicaid with CCC – General Population – NCQA HEDIS 2020 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 2020 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 (IPRO) 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>File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s Adult Medicaid NCQA HEDIS 2020 CAHPS member-level data file	CSV	DAM[MCP Sub ID].csv
MCP’s Child Medicaid NCQA HEDIS 2020 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 2019.

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 must be submitted to ODM’s designee (IPRO) 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>File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s Adult Medicaid 2020 CAHPS state-specific member-level data file	CSV	DAM[MCP Sub ID]_OH Specific.csv
MCP’s Child Medicaid 2020 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 2020 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 (IPRO) 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>File Format</b>	<b>Naming Convention for Data File Submission</b>
MCP’s 2020 CAHPS Adult Medicaid Health Plan Survey Instrument	PDF	Adult_CAHPS_Survey.2020.[MCP Sub ID].pdf
MCP’s 2020 CAHPS Child Medicaid Health Plan Survey Instrument (with the chronic conditions measurement set)	PDF	Child_CAHPS_Survey.2020.[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 2020 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 (IPRO) in PDF format using the following naming convention:  
Survey\_Vendor\_Contact\_Info.2020.[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 (IPRO).

MCPs should upload their completed CAHPS data certification letters in PDF format to their MCP-specific folder on IPRO's FTP site. IPRO will create a '2020' 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\CAHPS\2020

**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’) 2020 *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, 2020, in accordance with NCQA’s *HEDIS 2020 Volume 3: Specifications for Survey Measures* and the requirements set forth in the SFY 2020 *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’) 2020 *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 (IPRO) on or before June 15, 2020, and in accordance with the data submission requirements outlined in the SFY 2020 *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 (IPRO):**

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 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 2020 *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 2020 CAHPS health plan survey data to the CAHPS Health Plan Survey Database and the data submission requirements outlined in the SFY 2020 *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	County Code	Description
01	Adams	46	Logan
02	Allen	47	Lorain
03	Ashland	48	Lucas
04	Ashtabula	49	Madison
05	Athens	50	Mahoning
06	Auglaize	51	Marion
07	Belmont	52	Medina
08	Brown	53	Meigs
09	Butler	54	Mercer
10	Carroll	55	Miami
11	Champaign	56	Monroe
12	Clark	57	Montgomery
13	Clermont	58	Morgan
14	Clinton	59	Morrow
15	Columbiana	60	Muskingum
16	Coshocton	61	Noble
17	Crawford	62	Ottawa
18	Cuyahoga	63	Paulding
19	Darke	64	Perry
20	Defiance	65	Pickaway
21	Delaware	66	Pike
22	Erie	67	Portage
23	Fairfield	68	Preble
24	Fayette	69	Putnam
25	Franklin	70	Richland



<b>County Code</b>	<b>Description</b>	<b>County Code</b>	<b>Description</b>
26	Fulton	71	Ross
27	Gallia	72	Sandusky
28	Geauga	73	Scioto
29	Greene	74	Seneca
30	Guernsey	75	Shelby
31	Hamilton	76	Stark
32	Hancock	77	Summit
33	Hardin	78	Trumbull
34	Harrison	79	Tuscarawas
35	Henry	80	Union
36	Highland	81	VanWert
37	Hocking	82	Vinton
38	Holmes	83	Warren
39	Huron	84	Washington
40	Jackson	85	Wayne
41	Jefferson	86	Williams
42	Knox	87	Wood
43	Lake	88	Wyandot
44	Lawrence	99	OTHER
45	Licking		