

The CAHPS for ACOs Survey is one of the quality measures Medicare Accountable Care Organizations are required to submit to CMS on an annual basis. The following are the 2016 CAHPS for ACOs Survey requirements. Please contact any member of your HealthStream team to learn more.

Who is Required to Participate ACOs in the Medicare Shared Savings Program, Pioneer ACOs, and Next Generation ACOs that were participating in those programs as of January 2016.

The Survey ACOs will have the option of fielding the shorter ACO-9 or longer ACO-12 version of the survey. ACO-9 includes the nine Summary Survey Measures that are part of the ACO quality standard. ACO-12 includes all of the items on the ACO-9 plus three additional measures that are not scored.

Data Collection Methodology CMS requires that the survey be administered using the mixed-mode data collection methodology, which include a pre-notification letter, followed by up to two waves of mail and up to six attempts by phone.

Generating the Patient Sample CMS will generate for the survey vendors.

Data Collection Frequency The CAHPS for ACOs survey is administered on an annual basis.

Patient Eligibility The survey will be conducted among a sample of Original Medicare beneficiaries who are at least 18 years of age and assigned to the ACO based on the plurality of primary care claims from the first half of the reporting period. CMS will attempt to exclude those who are deceased or who are known to be institutionalized. One quarter of the sample will represent beneficiaries with high utilization of services. CMS will provide a sample of up to 860 beneficiaries per ACO.

Key Milestones Sampled patients will be asked to report on their experiences with health care services within the last six months preceding the receipt of the survey. The following are the key milestones for this year's survey.

Task	Timeline
ACOs authorize survey vendor	9/20/16
Vendors mail pre-notification letters	11/9/16
Vendors mail first questionnaires	11/16/16
Vendors mail second questionnaires	12/12/16
Vendors initiative telephone follow-up	1/4/17
Vendors close data collection	2/1/17
Vendors submit final survey data to CMS	2/7/17

Public Reporting The following are the measures that are expected to be reported on the Physician Compare website.

1. Getting Timely Care, Appointments, and Information (5 questions)
2. How Well Your Providers Communicate (6 questions)
3. Patient's Rating of Provider (1 question)
4. Access to Specialists (2 questions)
5. Health Promotion and Education (6 questions)
6. Shared Decision Making (8 questions)
7. Stewardship of Patient Resources (1 question)

CMS Reporting CMS will provide each ACO a report focused on its performance on the survey, which will include an Excel worksheet of summary survey measure scores and comparisons to other ACOs in their geographic region. CMS uses the survey data with other data to determine whether the ACO has met the quality performance standards necessary to share in savings. CMS will apply weighting and patient mix adjustments to the data that vendors submit.

ACO Scoring The following table shows the scoring for the CAHPS for ACOs Survey. The CAHPS Survey represents 25% of an ACO's total quality score.

Summary Survey Measures	Points Earned
Getting Timely Care, Appointments, and Information	0-2 Points
How Well Your Providers Communicate	0-2 Points
Patient's Rating of Provider	0-2 Points
Access to Specialists	0-2 Points
Health Promotion and Education	0-2 Points
Shared Decision Making	0-2 Points
Health Status and Functional Status	2 Points
Stewardship of Patient Resources	2 Points
Courteous and Helpful Office Staff	Not Scored
Total Possible Score for Seven Summary Survey Measures	4-16 Possible Points

For an ACO's first performance year, CMS defines the quality performance standard at the level of complete and accurate reporting for all quality measures (i.e., pay-for-reporting). Following the first performance year, an ACO must continue to report on all measures; but its performance will be assessed relative to performance benchmarks (i.e., pay-for-performance). In this way, the ACO becomes increasingly responsible for quality performance over the course of its 3-year agreement period as performance benchmarks are phased-in.

Suspension of Other Data Collection Activities CMS encourages practices to not conduct other surveys of Original Medicare beneficiaries four weeks prior, during or four weeks after the CAHPS for ACO Survey administration period. Other CMS-sponsored surveys, such as HCAHPS, are exempt from this rule.

HealthStream Reporting & Support In addition to online access to survey results throughout data collection, HealthStream offers a comprehensive report with comparisons to national benchmarks, percentile ranks and identification of priorities for improvement. Practices have access to our complete library of Best Practices, and a detailed report review with a senior member of their dedicated project team.

We also help organizations to improve the patient experience and CAHPS survey results through online and on-site assessments, coaching and educational tools. We focus on strategies that have the greatest potential impact for rapid improvement. Learn about our CG Express and CG-CAHPS surveys at: [HealthStream's PX Solutions](#).

CMS Websites <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO>
<http://acocahps.cms.gov>