The information provided in this document is based on our understanding of the information that is currently available from the Centers for Medicare & Medicaid Services (CMS). This information continues to evolve and will be updated periodically as new information becomes available.

Q: What is the CG-CAHPS survey?
A: The Clinician & Group CAHPS survey, or CG-CAHPS, is part of a family of standardized Consumer Assessment of Healthcare Providers and Systems surveys that assess patients’ experience with healthcare. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). AHRQ funds the development and testing of CAHPS surveys.

There are a few versions of the CG-CAHPS survey available, including the 12 month retrospective version, visit version and Patient-Centered Medical Home (PCMH) version. DSS is focused on offering the 12 month retrospective and PCMH versions. All versions share some “core” survey questions focused on topics related to Getting Timely Care, Appointments and Information, How Well Providers Communicate, Courtesy and Helpfulness of Office Staff and Test Results Follow Up.

Other CG-CAHPS versions being field tested as part of recent/future CMS initiatives like the Medicare Shared Savings Program (MSSP) and Physician Quality Reporting System (PQRS) include additional supplemental items about Access to Specialists, Health Promotion and Education and Shared Decision Making.

Q: What programs is CMS developing that will involve information from CAHPS surveys?
A: CMS is launching or planning to launch several programs involving information collected as part of a CG-CAHPS survey process.

- **Medicare Shared Savings Program (MSSP):** This program involves a new version of the CG-CAHPS survey intended for use by Accountable Care Organizations (ACOs).
- **Physician Quality Reporting System (PQRS):** This program is expected to use a version of the CG-CAHPS survey that is very similar to the version used by ACOs as part of the MSSP program above. This program will include practices with 100+ eligible providers under the same Tax Identification Number (TIN) who use the PQRS web interface Group Practice Reporting Option (GPRO).
- **PhysicianCompare.gov:** This program will involve public reporting of patient experience of care survey results. We expect that the survey version adopted as part of the PQRS program above will be used to collect and publish this data.

More detailed information on each of these initiatives is included later in this FAQ document.

Q: What are the expected survey guidelines for Accountable Care Organizations (ACOs) as part of the Medicare Shared Savings Program (MSSP)?

The goals of this initiative are to improve the quality of care and reduce the cost of care for Medicare beneficiaries. CMS is currently administering the survey on behalf of ACOs. However, we expect that for CY2014 and beyond (outreach occurring in early 2015),
ACOs participating in the MSSP will be required to contract with a CMS-certified survey vendor to administer the survey on their behalf.

Our current understanding of survey requirements for the MSSP program is as follows:

- **Eligible patients**: Only Medicare patients will be included in the survey.
- **Survey instrument**: ACOs will field a six-month retrospective survey that includes core CG-CAHPS items plus additional supplemental items around Access to Specialists, Health Promotion and Education, Shared Decision Making and Health Status/Functional Status. The survey asks questions about experience of care with a “focal provider” who delivered the most primary care services to the beneficiary based on number of visits. The “focal provider” can be a primary care provider or a specialist.
- **Reporting of results**: Results will be available at the level of the ACO.
- **Sample size**: CMS will require at least 300 surveys for each ACO.
- **Modes of data collection**: TBD. Once CMS completes administration of the initial wave(s) of surveying, we expect additional information about approved survey modes. DSS administers surveys by phone, mail, online and Mixed modes.

Q: What are the expected guidelines for the Physician Quality Reporting System (PQRS) program?
A: The PQRS program gives eligible providers a financial incentive to report data for a wide range of quality measures, one of which will involve reporting on group-level patient experience measures. CMS will administer the survey for Group Practice Reporting Option (GPRO) participants in first quarter 2014 (about 2013 patient visits) and first quarter 2015 (about 2014 patient visits). After that time, it is expected that groups will need to contract with a CMS-certified survey vendor to administer the survey on their behalf.

Our current understanding of survey requirements for the PQRS program is as follows:

- **Eligible patients**: Only Medicare patients will be included in the survey.
- **Survey instrument**: Groups will field a retrospective survey that is very similar to the version used by ACOs as part of the MSSP program. The survey asks questions about experience of care with a “focal provider” who delivered the most primary care services to the beneficiary based on number of visits. The “focal provider” can be a primary care provider or a specialist. Some specialties may be excluded.
- **Reporting of results**: Results will be available at the group level. In future years, provider-level results may be required. However, CMS has no definite timeline regarding provider-level reporting at this time.
- **Sample size**: CMS is expected to require at least 300 surveys for each group.
- **Modes of data collection**: TBD. Once CMS completes administration of the initial wave(s) of surveying, we expect additional information about approved survey modes. DSS administers surveys by phone, mail, online and Mixed modes.
Q: Will CG-CAHPS results be made publically available on Physician Compare?
A: Yes, CMS plans to make results publically available to healthcare consumers through Physician Compare (PhysicianCompare.gov). Reporting survey data from the PQRS program and some ACO-level data from the MSSP program will likely begin in 2014 or 2015.

In future years, provider-level results may also be made available on the site, although there is no ETA available at this time.

Q: Why should my organization start conducting a CG-CAHPS survey to measure patient experience?
A: Given the impending CMS requirements, we recommend that healthcare organizations start collecting survey data as soon as possible to be well positioned when the requirements take effect.

Although the CMS required surveys are expected to involve one time data collection each year, DSS offers options that involve semi-annual, quarterly and monthly data collection to provide a more current and ongoing picture of performance and allow more timely improvement efforts.

We also recommend that our clients collect data at the provider level to give more meaningful individualized feedback.

Regardless of CMS requirements, administering a CG-CAHPS survey provides valuable patient experience data that can benefit your organization. Good patient experience has been shown to have a positive relationship to:

- Patient loyalty, engagement and compliance with medication and other care regimens
- Better health outcomes from clinical processes for disease management and prevention
- Stronger financial performance
- Lower malpractice risk
- Improved employee satisfaction

Q: Will DSS Research be a CMS-certified vendor for patient experience of care surveying programs?
A: We fully expect to become a CMS-certified vendor for the CG-CAHPS survey. Sometime this year, we expect CMS to develop a process to certify independent survey vendors that will be able to administer the survey in accordance with standardized procedures. CMS will publish the list of certified vendors once available.

DSS Research is already certified by NCQA to administer the Patient-Centered Medical Home (PCMH) survey. We have also been certified by CMS to conduct Home Health CAHPS and Medicare CAHPS surveys. We will continue to monitor any developments as updated information from CMS becomes available.