



1100 13th Street NW, Third Floor
Washington, DC 20005

phone 202.955.3500
fax 202.955.3599
www.ncqa.org

January 31, 2018

**TO FIRMS INTERESTED IN BECOMING NCQA-CERTIFIED HEDIS^{®1} CAHPS^{®2} PCMH
SURVEY VENDORS**

Thank you for your interest in becoming a vendor for NCQA's HEDIS CAHPS PCMH.

The deadline to submit a proposal to become a 2018 NCQA-Certified HEDIS CAHPS PCMH Survey Vendor has passed.

The 2019 HEDIS CAHPS PCMH Request for Proposal (RFP) will be posted on NCQA's site in the January 2019. If you would like to receive the 2019 RFP via e-mail when it becomes available, please send your contact information to CAHPS-PCMH@ncqa.org.

The 2018 RFP is presented here solely to give interested firms general information about NCQA's Survey Vendor Certification Program. While the Survey Vendor Certification Program usually implements only minor changes from one year to the next, **there is no guarantee** that any of the information provided in the 2018 HEDIS CAHPS PCMH RFP will apply to NCQA's Survey Vendor Certification Program for HEDIS CAHPS PCMH in 2019.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

²CAHPS[®] is a registered trademark of the Agency for Health Care Research and Quality (AHRQ).

Contents

I.	PURPOSE	4
II.	BACKGROUND.....	4
III.	SURVEY ADMINISTRATION.....	5
A.	Overview of Survey Process	5
	Task 1—Survey Management System.....	5
	Task 2—Data Collection	5
	Task 3—Quality Control	5
	Task 4—Submission of Data Sets	6
B.	Sampling Requirements.....	6
	Sample Sizes.....	6
	Onsite Recruitment and Data Collection	7
	Incentives and Proxy Responses.....	7
	Data Collection Protocols	7
	Mail Methodology	8
	Telephone Methodology	8
	Mixed Methodology	8
	IVR Methodology.....	8
	Internet Methodology	9
IV.	SURVEY VENDOR TASKS.....	9
	CAHPS PCMH Survey Administration Timeline 2018	10
V.	OVERVIEW OF NCQA SURVEY VENDOR CERTIFICATION TERMS	11
VI.	TECHNICAL PROPOSAL EVALUATION CRITERIA (100 POINTS)	12
	1. Relevant Survey Experience (30 points).....	12
	2. Organizational Capacity and Resources (20 points).....	12
	3. Project Management and Quality Control (30 points)	12
	4. Personnel (20 points)	13
VII.	TECHNICAL PROPOSAL INSTRUCTIONS	13
	ATTACHMENT 1 - NCQA SURVEY VENDOR POLICIES AND PROCEDURES.....	15
A.	Monitoring Performance	15
B.	Permissible Subcontracting	15
C.	Survey Vendor Grievance Procedures.....	15
D.	Marketing/Advertising Guidelines	16

RFP: Implementation of the HEDIS CAHPS for PCMH Survey

E. Code of Professional Conduct for NCQA-Certified Organizations 16

F. Revisions to Policies and Procedures 17

ATTACHMENT 2 - MARKETING AND ADVERTISING GUIDELINES..... 18

ATTACHMENT 3 - HEDIS CAHPS PCMH SURVEY VENDOR CERTIFICATION 2018 PROGRAM
PRICING 22

I. PURPOSE

NCQA's Patient-Centered Medical Home (PCMH) Recognition program is an innovative program for improving primary care. More than 11,000 practices, representing more than 52,000 physicians, have achieved recognition by meeting NCQA standards. To consider patient experiences as part of PCMH evaluation, NCQA offers optional recognition, referred to as "Distinction," based on reporting results from a standardized patient experience survey, in conjunction with the NCQA PCMH Recognition program. This optional recognition requires practices to use the HEDIS® CAHPS® for PCMH survey, comprised of the CAHPS Clinician & Group Survey (CG CAHPS) 3.0, with or without six adult/10 child supplemental PCMH items. Practices can earn this additional recognition for collecting data using the survey and methods, and reporting the results to NCQA using an NCQA-Certified CAHPS for PCMH Survey Vendor approved to conduct the survey. Distinction for submitting standardized patient experience data is not required for practices to achieve PCMH recognition. Practices also collect survey data for internal quality improvement purposes.

This request for proposal (RFP) covers tasks necessary to produce survey results using the CAHPS PCMH child and adult surveys in accordance with HEDIS protocols. The protocols for administering CAHPS PCMH Surveys are described in the *HEDIS 2017 Specifications for the CAHPS for PCMH Survey* ("Specifications"). Note, the 2017 Specifications will be in effect for 2018.

This RFP contains information that survey vendors need to know to manage and conduct this work and to assess their capacity for performing the work. NCQA developed its Survey Vendor Certification program to promote standardization of data collected by multiple survey vendors and, thereby, comparability of results across practices. To become an NCQA-Certified CAHPS for PCMH Survey Vendor, an organization must demonstrate that it has the capabilities, experience and expert personnel to collect and report survey results accurately. Each year NCQA trains, certifies and publishes a list of certified survey vendors.

Note: The NCQA Survey Vendor Certification program discussed in this RFP is for conducting the HEDIS CAHPS for PCMH Survey only.

II. BACKGROUND

The CAHPS Consortium, sponsored by the federal Agency for Health Care Research and Quality (AHRQ), develops the CAHPS Clinician & Group Survey (CG CAHPS) that addresses patient experience related to specific processes of care. AHRQ incorporates optional supplemental items to address domains of care identified through multi-stakeholder input as important for evaluating functions of PCMH practices. There are six supplemental adult and 10 supplemental child items.

There are two versions of the CAHPS PCMH Survey:

1. CAHPS PCMH Adult Version (31 items).
2. CAHPS PCMH Child Version (39 items).

The survey asks about “this provider,” the person named in the first survey item (the provider name is entered in the first item by the survey vendor). The provider may be a doctor, a nurse practitioner (NP) or a physician assistant (PA). A parent or family member responds on behalf of the child in the Child Version of the survey. The survey can be administered in English or Spanish.

Survey questions were field-tested and chosen based on their ability to discriminate best among provider practices. They are worded to be understood by a broad range of consumers and are at seventh-grade reading level.

Five composite scores summarize responses in key areas.

1. Access
2. Communication
3. Care Coordination
4. Office Staff

One global rating question reflects overall satisfaction with the provider.

III. Survey Administration

A. Overview of Survey Process

Task 1—Survey Management System

Survey vendors use an automated survey management system to track mailings and returned, completed questionnaires; initial and/or follow-up telephone interviews; and data entry.

Task 2—Data Collection

NCQA-trained and certified survey vendors assume responsibility for data collection, processing and submission. Reliability, confidentiality and comparability of each practice’s data are the priority of the data collection protocols. Survey vendors protect the confidentiality of sampled patients when they handle and process patient information in each phase of survey administration.

Task 3—Quality Control

Survey vendors set up and document quality control procedures for survey implementation, including, but not limited to: training for staff and subcontractors involved in survey operations;

printing, mailing and recording receipt of mail surveys; telephone survey administration; interactive voice recognition

(IVR) survey administration; Internet survey administration; information and assistance calls handled by the customer support line; data processing, coding and editing; details of response rate calculation; and report preparation. Survey vendors are responsible for providing evidence of quality oversight of all work performed by subcontractors.

NCQA must review and approve all survey vendor-prepared survey materials (e.g., mail, telephone, Internet and/or IVR) prior to fielding. NCQA may review survey vendor Web sites for appropriate advertising; may request remote monitoring of survey telephone interviews; and may test customer support numbers.

Task 4—Submission of Data Sets

Survey vendors provide NCQA with patient-level and results data for each sample. Survey vendors report all data as specified by NCQA, including response rates. NCQA will provide an XML schema for survey vendors to follow. Survey vendors have two opportunities (April and September) to submit data to NCQA during the calendar year.

B. Sampling Requirements

CAHPS for PCMH Survey results are collected and reported at the practice level. Because results are collected and reported separately for adult and child populations, each practice is eligible to report results for either or both of the available survey versions depending on the types of clinicians in the PCMH. Exclusively pediatric practices should conduct the child survey. Family practices may choose to administer either the adult or the child survey or both.

CAHPS for PCMH utilizes a random sampling strategy. Sample sizes vary by number of clinicians in the practice. Practices may oversample in increments of 5 percent.

Sample Sizes

Number of Clinicians	Sample Size
1	128
2-3	171
4-9	343
10-13	429
14-19	500
20-28	643
29 or more	686

Eligible clinicians are physicians, NPs and PAs who practice internal medicine, family medicine or pediatrics and are considered primary clinicians for their patients (i.e., only clinicians selected by a patient/family as their personal clinician are eligible; specialists, NPs and PAs who do not have their own panel of patients or who do not practice primary care are not eligible). Clinicians must have an active, unrestricted license as a doctor of medicine, doctor of osteopathy, NP or

PA. All eligible clinicians practicing together at a practice site must be included in the survey. All payer types are eligible for the survey.

The adult survey sample is drawn before the child survey sample, in order to de-duplicate the sample frame.

Onsite Recruitment and Data Collection. Patient recruitment or data collection at the practice site *is not allowed*. Research indicates that onsite data collection has the potential to introduce bias into responses.³ Although the traditional approach of a vendor-conducted survey is perceived as more costly, a recent study conducted by RAND indicated that, when all staffing costs are included, the cost of distributing surveys in the clinic and compiling the results is not less expensive than a survey vendor-conducted survey.⁴

Incentives and Proxy Responses. NCQA *does not allow* practices or survey vendors to use incentives of any kind. The intent for the adult survey is that sampled patients complete their own survey; proxy responses are discouraged. Either a parent or a caretaker who is familiar with the sampled child's health care may complete the child survey.

Data Collection Protocols

The practice and survey vendor select one of the following standard options for administering the survey.

1. The **mail methodology**, a two-wave, mail-only protocol with two questionnaire mailings.
2. The **telephone methodology**, a telephone-only protocol with five attempts.
3. The **mixed methodology**, a one-wave mail protocol (one questionnaire) with telephone follow-up of at least five attempts.
4. The **IVR methodology**, a telephone protocol with five attempts.
5. The **Internet methodology**, a two-wave protocol (using mail or e-mail contact attempts) encouraging patients to complete the questionnaire on a secure Internet site.

³ Anastario, M.P., H.P. Rodriguez, P.M. Gallagher, P.D. Cleary, D. Shaller, W.H. Rogers, K. Bogen, D.G. Safran. 2010. A Randomized Trial Comparing Mail versus In-Office Distribution of the CAHPS Clinician and Group Survey. *Health Services Research*.

⁴ Brown, J. 2011. Presentation. *Measuring the Patient Experience: Collecting Standardized Data*. RAND Survey Research Group.

The basic tasks and time frames for the standard protocol options are detailed in the following tables.

Mail Methodology

Task	Time Frame
Send first questionnaire and cover letter to the sampled patient	0 days
Send second questionnaire and second cover letter to nonrespondents	21 days after mailing the first questionnaire
Allow at least 21 days for the second questionnaire to be returned by the patient	42 days

Telephone Methodology

Task	Time Frame
Initiate systematic contact to the sampled patient so that at least 5 telephone calls are attempted at different times of day, on different days of the week and in different weeks	0–42 days
Complete telephone follow-up sequence (completed interviews obtained or maximum calls reached for all nonrespondents)	42 days after initiation

Mixed Methodology

Task	Time Frame
Send one questionnaire and cover letter to the sampled patient	0 days
Initiate systematic telephone contact for all nonrespondents approximately 21 days after the questionnaire mailing so that at least 5 telephone calls are attempted at different times of day, on different days of the week and in different weeks between the hours of 9 AM and 9 PM in the patient’s time zone	21–42 days
Complete telephone follow-up sequence (completed interviews obtained or maximum calls reached for all nonrespondents)	42 days after initiation

IVR Methodology

Task	Time Frame
Initiate systematic IVR contact to the sampled patient so that at least 5 telephone calls are attempted at different times of day, on different days of the week and in different weeks between the hours of 9 AM and 9 PM in the patient’s time zone	0–42 days
Complete telephone follow-up sequence (completed interviews obtained or maximum calls reached for all nonrespondents)	42 days after initiation

Internet Methodology

Task	Time Frame
Send first cover letter or e-mail with survey link to the sampled patient	0 days
Send second cover letter or e-mail with survey link to nonrespondents	21 days after first contact
Allow at least 21 days for survey to be completed by the patient	42 days

IV. Survey Vendor Tasks

Survey vendors furnish the necessary personnel, facilities, equipment, materials and supplies to perform the work set forth in the *Specifications*. Survey vendors provide substantial detail to NCQA concerning their ability to administer the survey.

Survey vendors must have the capacity to administer the survey in at least one of the five approved modes of survey administration. For mail survey administration, survey vendors should be able to administer large-scale questionnaire mailings; for telephone data collection, vendors must conduct telephone interviews using computer-assisted telephone interviewing (CATI) systems. IVR and Internet systems must be able to capture survey data electronically.

Components of the survey administration process as described in NCQA’s Survey Vendor Policies and Procedures (Attachment 1) may be subcontracted if vendors can document that there is oversight of the quality of services provided by subcontractors. Certain components of the survey administration process cannot be subcontracted, as indicated in NCQA’s Survey Vendor Policies and Procedures (Attachment 1). Survey vendors must protect the confidentiality of sampled individuals during each phase of the survey process. Vendors document their policies and procedures for protecting patient confidentiality. Vendors may only transmit or receive PHI via a secure file transfer protocol. Files containing PHI must be encrypted.

1. Survey vendors will establish methods to provide customer support to patients who have questions about the survey. NCQA recommends that vendors administering surveys by mail or by mixed methodology provide live telephone customer support during normal business hours, with a “return call” standard of 24 hours for caller questions that cannot be answered at the time of the initial call, and make an automated attendant or voice mailbox available after hours and on weekends.
2. Survey vendors will draw a specified simple random sample for each practice with which they contract, and draw an adult and/or child sample of all payer types based on the number of clinicians in the practice. Adult samples will be drawn first and households will be de-duplicated before the child sample is drawn, following methods outlined in the *Specifications*.
3. Survey vendors using the mail or mixed methodology will send a customized initial cover letter and first questionnaire to all sampled patients, with message content and format determined by NCQA. All mailings will be sent first class and have postal bar coding.

RFP: Implementation of the HEDIS CAHPS for PCMH Survey

4. Twenty-one days after the first survey is mailed, survey vendors using the mail methodology will print and send a second questionnaire to nonrespondents, with a customized cover letter. The cover letter sent with the second questionnaire will differ from the letter sent with the first mailing, with message content and format determined by NCQA.
5. Survey vendors using the mail or mixed methodology are responsible for all reproduction activities (of commercial quality, verified by NCQA), including first-class mail and business reply envelopes.
6. Survey vendors using the telephone, mixed or IVR will obtain telephone numbers from the practice and will update missing or incorrect telephone numbers.
7. Survey vendors using a mail or mixed methodology will scan or key-enter data providing 100% verification and assign a disposition codes as specified in *NCQA's Quality Assurance Plan for HEDIS CAHPS for PCMH Survey Measures*
8. Survey vendors using the telephone, mixed, or IVR methodology will make five attempts to reach non-respondents at different times of the day, on different days of the week and in different weeks.
9. Survey vendors using the telephone or mixed methodology will program electronic telephone interviewing systems in accordance with specifications provided by NCQA.
10. Survey vendors using an Internet methodology will obtain e-mail addresses from the practice.
11. Survey vendors using the Internet methodology will create a secure Internet survey tool using the questionnaire provided by NCQA.
12. Survey vendors will assign each patient in the sample a disposition code used to track and report whether the patient has completed the survey or needs follow-up contact, as described in the *Specifications*.
13. Survey vendors will calculate and report survey results as described in the *Specifications*, including item-specific rates, ratings and composite items.
14. Survey vendors will submit patient-level survey data and results files to NCQA in XML following NCQA's schema, and will continue to submit data until receiving a validated status from NCQA's secure online Recognition Portal.
15. Survey vendors will store printed or electronic copies of data. NCQA retains the right to access copies of the data for up to three years after data collection ends.

CAHPS PCMH Survey Administration Timeline 2018

Basic Survey Vendor Tasks	2018 Timeline
Attend WebEx survey vendor training	March 7, 2018
Contract with practices for surveys	January and forward

Basic Survey Vendor Tasks	2018 Timeline
Obtain eligible population file (i.e., sample frame) for surveys by following age and visit criteria (practice provides patient mail and e-mail addresses and telephone numbers)	
Draw sample	
Create mail only, telephone only, mixed mode, IVR and Internet surveys; add additional questions, if any, and send materials to NCQA for approval	
Update addresses and telephone numbers	
Submit XML patient-level and survey results files to NCQA	<p><u>Data Submission Period 1:</u> Monday, April 2–Friday, April 13</p> <p><u>Data Submission Period 2:</u> Tuesday, September 4–Friday, September 14</p>

V. Overview of NCQA Survey Vendor Certification Terms

1. If an offeror’s proposal is accepted, at a minimum, the survey vendor project director and project manager must attend survey vendor training. Subcontractors may attend training. Survey vendors pay NCQA a nonrefundable training fee (Attachment 3).
2. Upon successful completion of training, survey vendors sign an Agreement for Survey Vendor Certification with NCQA and pay NCQA a nonrefundable survey vendor certification fee. Certified survey vendors must carry at least \$2 million in liability insurance. The term for HEDIS CAHPS for PCMH survey vendor certification is one year.
3. Certified survey vendors follow the survey methodology detailed in the *Specifications*.
4. Certified survey vendors follow NCQA’s grievance procedures (Attachment 1).
5. Certified survey vendors follow the NCQA *Guidelines for Marketing and Advertising HEDIS CAHPS for PCMH Survey Vendor Certification* (Attachment 2).
6. After conducting surveys using established protocols, certified survey vendors pay NCQA a per-sample fee under the terms specified by NCQA (Attachment 3).
7. Certified survey vendors follow the survey process specified and comply with all quality oversight requirements described in the *NCQA Quality Assurance Plan for HEDIS for CAHPS PCMH Survey Measures*.
8. NCQA reserves the right to remove certification from a vendor at any time for cause (e.g., concerns about the quality of data collection and delivery or of safeguarding of patient confidentiality).
9. Survey vendors bear all training and certification costs.

10. Survey vendors assume primary responsibility for all survey tasks conducted by a subcontractor and shall be responsible for performing and providing evidence of quality oversight of any subcontractor's work as specified by NCQA.

VI. TECHNICAL PROPOSAL Evaluation Criteria (100 Points)

Proposals submitted in response to this RFP are reviewed and evaluated for technical merit by a committee assembled by NCQA, using the rating categories and relative weights specified below. The NCQA Survey Vendor Certification program is for conducting the HEDIS CAHPS for PCMH Surveys only.

The following criteria and weights are used in the technical evaluation of proposals, which comply with the minimum requirements.

1. Relevant Survey Experience (30 points)

NCQA reviews offerors' technical competence in running large-scale survey research operations. Attention will be paid to the offeror's experience in conducting large-scale health care services patient-experience surveys. Offerors must demonstrate that they have conducted similar scale efforts within the most recent three-year period. Specific attentions will be paid to offeror's experience submitting patient experience survey data to an external third-party organization; employing a statistical sampling process in the conduct of previously or currently conducted surveys and the offeror's experience with primary client management.

2. Organizational Capacity and Resources (20 points)

NCQA reviews offerors' capacity to execute this project effectively, including access to requisite resources and staff. Depending on the number of health plans that contract with a survey vendor, the potential mail processing volume and number of telephone interviews conducted could be significant. NCQA strongly considers an offeror's capacity to handle a large volume of mail questionnaires and conduct highly-standardized CATI interviewing in a short time frame. Proposals will include a description of their secure physical facilities available for conducting this project and protecting individual health plan member information, including IT infrastructure, mailing and telephone survey capacity, CATI software with the capacity for remote monitoring and creation of toll-free customer support lines. NCQA does not accept a home-based business as a NCQA-Certified HEDIS CAHPS PCMH Survey Vendor. The use of home-based telephone CATI interviewers will not be considered as qualifying toward meeting criteria.

3. Project Management and Quality Control (30 points)

NCQA reviews proposals for a thorough approach to project management and quality assurance processes for ensuring high quality data through each stage of the data collection process. Offerors must demonstrate the ability to implement an intensive work plan for data collection and describe how their organization performs quality checks on their own and all subcontractor work. Offerors must describe their process for conducting quality checks of the

sample frame files received from their physician practice clients to verify accuracy and completeness of sample frame information. Offerors must state how electronic data and returned mail paper questionnaires will be protected and stored to ensure patient confidentiality. Offerors should describe their physical and electronic data security protocols for receiving, processing and storing printed and electronic versions of questionnaires and sample files that protect the confidentiality of patient response data and personal identifying information. These security protocols include, but are not limited to, an offeror's established electronic security procedures related to access levels, passwords and firewalls and an offeror's process for identifying and reporting breaches of confidential data. Previous experience with data submission in XML is required.

4. Personnel (20 points)

NCQA reviews proposals for relevant background and experience of key staff, including project directors and staff members who will directly supervise this work. Proposals will describe staff available to conduct the chosen survey protocol. Offerors must directly employ key staff, including the project director and project manager, who must have strong backgrounds in survey research and methodology and previous experience using specified modes of administration. The offeror's designated project manager, who oversees all survey operations, must have at least two years of experience in overseeing all functional aspects of survey operations (e.g., mail, telephone, data file preparation and data security). The offeror's designated sampling manager must have sample selection experience. Information systems staff responsible for data submission (e.g., programmers) must be directly employed by the survey vendor and must have previous experience preparing and submitting data files to an external third-party organization within the past two years. Offerors will indicate whether temporary staff needs to be hired to meet project goals as well as how temporary staff will be recruited and trained (if applicable). Offerors must indicate how the obligations of this project will be met, with consideration of its time frame and of competing obligations. Offerors must have appropriate organizational back-up staff for coverage of key staff.

NCQA may request supporting documentation from applicants. Proposals that do not comply with the minimum requirements outlined in this RFP will not be considered.

VII. TECHNICAL PROPOSAL INSTRUCTIONS

All proposals are confidential. Proposal specifications are as follows:

- A maximum of 40 pages of text
- 12 point Times New Roman or 11 point Arial font, double spaced
- Page margins .75" all around

Extensive appendices are discouraged. Review of supporting materials other than CVs is at NCQA's discretion. *Proposals that merely restate the RFP will be considered nonresponses.* To facilitate proposal review and evaluation, proposals will be in the following format:

- Name and Contact Information of Primary Contact

RFP: Implementation of the HEDIS CAHPS for PCMH Survey

- Executive Summary
- Corporate Background

- I. Relevant Survey Experience/Technical Competence
- II. Organizational Capacity and Resources
- III. Project Management and Quality Control
- IV. Personnel (CVs are acceptable as appendices, over and above page limitations.)

Two NCQA staff members will review each proposal. There will be a third, independent review in cases where the scores of the primary reviewers diverge significantly.

NCQA may:

- Approve the proposal
- Ask for revisions to the proposal
- Request a more extensive proposal
- Decline the proposal. *Declined proposals will not be reviewed.*

Attachment 1 - NCQA Survey Vendor Policies and Procedures

A. Monitoring Performance

NCQA may periodically conduct onsite reviews of survey vendors to assess the systems in place for data collection and quality oversight.

B. Permissible Subcontracting

The following activities are eligible for subcontracting by certified survey vendors:

- Printing of survey materials including envelopes, questionnaires, and cover letters
- Outgoing mailing of survey packets
- Incoming receipt and data entry/scanning of returned mail surveys
- Telephone interviewing

Survey vendors must provide evidence of their oversight process for each subcontracted activity through written documentation, including, but not limited to, a description of the internal processes and procedures implemented to check the accuracy and compliance with established protocols of all subcontracted activities, internal reports providing evidence that oversight procedures of subcontractors were implemented, and any corrective actions required to remediate subcontractor errors.

The following activities may not be subcontracted:

- Receipt of sample frame from client
- Generation of sample file
- Preparation of final data file
- Submission of data file to NCQA

Subcontracting the development of the sample file and/or the preparation of the final data file is permissible if the delegation of this function is to an NCQA-certified HEDIS survey vendor. Survey vendors remain responsible to provide evidence of their oversight process if activities are subcontracted to an NCQA-certified HEDIS survey vendor.

C. Survey Vendor Grievance Procedures

Survey vendors are responsible for the conduct of employees with whom they contract or employ. Survey vendors have a formal grievance procedure in place, which is communicated to practices. Complaints against an employee's actions or conduct with respect to the survey process will be handled through the grievance process. If a practice is not satisfied with the outcome of a complaint, the survey vendor's procedure for the specific complaint and the complaint outcome will be forwarded to NCQA for review and investigation. A valid, substantiated complaint that is not resolved satisfactorily by the survey vendor may result in cancellation of the Certification Agreement. Survey vendors must inform NCQA of all unresolved grievances.

D. Marketing/Advertising Guidelines

Refer to *Attachment 2: Guidelines for Marketing and Advertising NCQA Survey Vendor Certification*.

E. Code of Professional Conduct for NCQA-Certified Organizations

Each survey vendor applying for NCQA Certification must agree to the Code of Professional Conduct for NCQA-Certified Organizations.

In promoting high standards of ethical conduct, employees and subcontractors of the certified survey vendor will:

1. Avoid conflicts of interest and the appearance of conflicts of interest by:
 - Upholding the principle that a vendor may not produce survey results for a client or employer for which an employee or subcontractor of the vendor acts as a member of the audit team for the survey results.
 - Not servicing any private or special interest in fulfillment of the duties of vendor, thereby excluding, by definition, producing survey results for a client or employer that controls, is controlled by, or is under common control with the vendor.
 - Not accepting any inducement, commission, gift or any other benefit from clients or employers, their employees, or any interested party, or knowingly allowing employees and subcontractors to do so, other than payment of fees for performance of the HEDIS surveys.
 - Disclosing to any client or employer any relationships that influence, or give the appearance of influencing, survey results.
2. Conduct themselves professionally, with truth, accuracy, fairness and responsibility to clients.
3. Act as faithful agent for each employer and client.
4. Strive to enhance the prestige and competence of NCQA-Certified vendors.
5. Help employees develop survey skills.
6. Ensure that employees are credited for their work.
7. Not misrepresent any survey team member's qualifications, competence or experience, nor undertake survey work beyond their qualifications.
8. Maintain confidentiality of all information pertaining to the survey and not discuss or disclose any information unless authorized in writing by the practice and NCQA.
9. Not accept retainers, commissions or valuable consideration from any interested party in exchange for offering confidential information or disclosures related in any way to NCQA, clients, NCQA-Certified vendors or practices.

10. Not intentionally communicate false or misleading information that may compromise the integrity of any survey or any NCQA program.
11. Preface any public statements related to survey results that clearly indicate on whose behalf they are made.
12. Not accept compensation from more than one party for the same service, without the consent of all parties.
13. Not act in any way that would prejudice the reputation of NCQA and the survey results, and fully cooperate with an inquiry in the event of an alleged breach of this code.
14. Abide by the Code of Professional Ethics and Practices of the American Association for Public Opinion Research (AAPOR) and the Code of Standards and Ethics for Survey Research of the Council of American Survey Research Organizations (CASRO).

F. Revisions to Policies and Procedures

At its sole discretion, NCQA may amend its Policies and Procedures, Grievance and Appeal Procedures or any other Survey Vendor Certification program policy.

Attachment 2 - Marketing and Advertising Guidelines

NCQA encourages survey vendors to publicize their achievement, and has developed these Marketing and Advertising Guidelines toward that end. These guidelines explain how to market certification status and include appropriate language for incorporation into marketing and advertising materials, and ideas for marketing.

Guidelines are designed to help create advertising and marketing materials that reference NCQA status clearly, factually and accurately; to protect the integrity of NCQA's programs; and to allow all participants to benefit from their achievement in a fair and accurate manner.

Marketing and Advertising Materials

References to the terms "advertising," "advertising materials" or "advertising and marketing materials" in this document encompass all external and internal communications, including, but not limited to:

- All printed materials.
- TV advertising.
- Radio advertising.
- Posters.
- Annual reports.
- Billboards.
- Press releases.
- Newsletters.
- Responses to RFPs.
- Responses to RFIs.
- HEDIS report cards.
- Durable products (e.g., mugs, t-shirts).
- Letters to employers.
- Letters to clinicians.
- Letters to plans.
- Letters to consumers.
- Letters to insurance brokers.
- Marketing and sales brochures.
- Web sites or other electronic materials.
- Any other promotional materials.

Use of NCQA Logo

The use and reproduction of NCQA's logo is strictly prohibited. Certified survey vendors are prohibited from using the NCQA logo in any marketing and advertising materials, including Web sites, e-mails and other Web-based applications. Vendors that want to provide a link to NCQA's Web site should use www.ncqa.org.

Use of Survey Vendor Certification Seals

- NCQA issues one certification seal to Certified Survey Vendors.
- Seals are provided in EPS and JPG formats.
- Seals may not be modified.
- Certification statuses can change, which may affect durable goods (e.g., a billboard that is no longer accurate must be corrected). Vendors must maintain and update marketing and promotional materials, **must** cease distribution of all materials with incorrect status information. Updating of Web sites and other distributed materials should take place within 30 days of certification status change.

How to Advertise NCQA Certification Status

- Survey vendors may not say they are the “exclusive” or “preferred” survey vendor for NCQA surveys.
- Survey vendors may not quote NCQA staff in their advertising materials.
- Survey vendors may not release NCQA communications in their advertising or marketing materials.
- Survey vendors may not engage in competitive advertising with other survey vendors.
- Survey vendors should clearly state that they have earned NCQA Certification (e.g., *Survey vendor X is NCQA Certified to conduct...*).

Recommended Language

NCQA-Certified Survey Vendors may use the following statements, alone or in combination with other language, to identify or describe NCQA.

Descriptions of NCQA

- NCQA is an independent, not-for-profit organization dedicated to improving health care quality.
- NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of health plans, managed behavioral healthcare organizations, preferred provider organizations, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

- NCQA is committed to providing information on the quality of health plans. Consumers can access information on NCQA or on health care quality on NCQA's Web site at www.ncqa.org, or by calling NCQA Customer Support at 888-275-7585.
- NCQA is governed by a board of directors that includes employers, consumer and labor representatives, health plans, quality experts, regulators and representatives from organized medicine.
- NCQA's mission is to improve the quality of health care.

CAHPS 5.0H Health Plan Surveys

- Developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and NCQA, the Consumer Assessment of Health Care Providers and Systems (CAHPS) is the most comprehensive tool available for assessing consumers' experiences with their health plans.
- CAHPS provides consumers, purchasers and health plans with information about a broad range of key consumer issues such as overall satisfaction, average wait times, physician availability, obstacles to receiving care and parents' impressions of their children's care.

®CAHPS is a registered trademark of the Agency for Health Care Research and Quality

- NCQA's HEDIS Survey Vendor program was developed by NCQA to promote standardization of data collection; thus, results from consumer experiences are comparable across health plans. To become an NCQA-Certified HEDIS Survey Vendor, an organization must demonstrate that it has the capability, experience and expert personnel to accurately administer the survey.
- The HEDIS survey provides a survey instrument that can be used by a broad variety of health systems to capture experiences from health care consumers.

NCQA Trademarks

HEDIS®

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. The registered trademark symbol should be applied directly after the word "HEDIS." The organization need only apply the trademark to the first reference of the term "HEDIS" within the written material.

A footnote stating, "HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)," should be placed at the bottom of the page where the registered trademark first appears.

Quality Compass[®]

Quality Compass is a registered trademark of NCQA. The registered trademark symbol should be applied directly after the word “Compass.” The organization need only apply the trademark to the first reference of the term “Quality Compass” within the written material.

A footnote stating, “Quality Compass[®] is a registered trademark of the National Committee for Quality Assurance (NCQA),” should be placed at the bottom of the page where the registered trademark first appears.

NCQA HEDIS Compliance Audit[™]

NCQA HEDIS Compliance Audit[™] is a trademark of NCQA. The trademark symbol should be applied directly after the word “Audit.” The organization need only apply the trademark to the first reference of the term “NCQA HEDIS Compliance Audit” within the written material.

A footnote stating, “NCQA HEDIS[®] Compliance Audit[™] is a trademark of the National Committee for Quality Assurance (NCQA),” should be placed at the bottom of the page where the trademark first appears.

CAHPS[®]

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). The registered trademark symbol should be applied directly after the word “CAHPS[®].” The organization need only apply the trademark to the first reference of the term “CAHPS” within the written material.

A footnote stating, “CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ),” should be placed at the bottom of the page where the trademark first appears.

Describing NCQA Data in a Press Release

All of the preceding rules apply to press releases. Organizations may create press releases announcing their NCQA Certification status. Press releases should include a description of the survey from the language above and NCQA boilerplate language:

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers and researchers.

Contact communications@ncqa.org if you have questions about press releases.

Attachment 3 - HEDIS CAHPS PCMH Survey Vendor Certification 2018 Program Pricing

	2018 Pricing	Due
Application Fee	\$500	Friday, January 26, 2018 (with response to RFP)
Training Fee	\$3,000	Friday, February 23, 2018
Certification Fee and Agreement	\$4,000	Friday, March 30, 2018
CAHPS PCMH per Sample Fee	\$265	<u>Data Submission Period 1</u> (April 2018) Friday, May 18, 2018 <u>Data Submission Period 2</u> (September 2018) Friday, October 19, 2018
Late Reporting/ Payment Fee	18% of outstanding balance annually (or 1.5% monthly)	
Resubmission Fee	Additional fees may be incurred if resubmission due to survey vendor error is required after the data submission deadline has passed	

Fees

- *Application*: \$500 per each new application. Nonrefundable. Covers costs of reviewing and scoring the application (does not include training and certification fees). **Waived for NCQA-Certified HEDIS CAHPS Survey Vendor applicants.**
- *Training*: \$3,000. Nonrefundable. Covers costs of training preparation and delivery.
- *Certification*: \$4,000. Nonrefundable. Paid after training; accompanies the signed survey vendor Certification Agreement. **Waived for NCQA-Certified HEDIS CAHPS Survey Vendors.**
- *Per Sample*: \$265 for every adult or child survey submission. Fees cover quality assurance, the data submission process and the technical oversight that NCQA provides.
- *Late Reporting*: 18% of the outstanding balance (or 1.5% monthly). Assessed if per sample fees are not paid on time or within one month after a survey is complete.
- *Resubmission*: Additional fees may be incurred if resubmission of data is required after the submission deadline.