

Nationwide Adult Medicaid CAHPS Survey

Sampling Options and Specifications for the Nationwide CAHPS Survey of Adult Medicaid Enrollees

VERSION 2
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Introduction

The Centers for Medicare & Medicaid Services' (CMS) Nationwide Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey of Adult Medicaid Enrollees (Nationwide CAHPS Survey) is a first-of-its-kind survey intended to capture baseline national and state-level estimates of adult Medicaid enrollees' experiences with the program during the early stages of implementation of the Affordable Care Act.

CMS and its contractor, NORC at the University of Chicago (NORC), in collaboration with its partner Thoroughbred Research Group, will manage a process that seeks to select approximately 1.5 million Medicaid enrollees nationwide, with approximately 30,000 in each state, and administer a multi-mode (mail/telephone) CAHPS questionnaire. The survey will produce measures of timely access to care, barriers to care, satisfaction with providers, ratings of customer service, and health status among other important topics for Medicaid-enrolled adults across different financing and delivery models.

This project will provide CMS, states, and other stakeholders with uniform national and state-specific data on the health care experiences and related impressions of the adult Medicaid population. Results from this work will inform the development of strategy for improving the quality of care of the adult Medicaid population. A rigorous CAHPS survey design, data collection effort, analytic plan, and strategy for documentation and dissemination of findings are critical to facilitating quality improvement efforts for the adult Medicaid population.

In what follows, we describe the steps that should be taken to develop a sampling frame for this Nationwide CAHPS Survey, and the procedures for selecting the sample. These methods are designed to meet the stated goals of the project.

Sample Selection Options for States

CMS and NORC will work with each state to develop a method for obtaining a sample of adult Medicaid enrollees that meets the study goals. It is imperative that we set standards that will create consistent sample selection criteria across states to ensure high quality data for national estimates as well as comparable state-level estimates. We recognize that state information technology systems (e.g., Medicaid Management Information Systems - MMIS) are different, making it hard to have a one-size-fits-all approach. Therefore, we present three sample selection options below. Additional alternative approaches may be considered if judged to be feasible and consistent with project goals.

1. **NORC selects a sample from the Medicaid Statistical Information System (MSIS) records. The state provides CMS the contact information for sampling frame enrollees.**
 - a. This option is only available to states that have provided CMS with MSIS files that cover October – December 2013.
 - b. A list of unique enrollee identifiers (MSIS-IDs and Social Security Numbers) for sampling frame enrollees will be provided to the state, and the state will provide¹ the enrollee information needed to complete the sampling process and conduct the survey.
 - i. **Appendix A: Option 1 Specifications** provides steps that will be taken by NORC and the state to select the sample of adult Medicaid enrollees.
 - c. Based on a pilot study conducted in early 2014, CMS and NORC estimate that it will take 9 FTE hours, on average, for a state to complete this task.

¹ Transfer of PII will be conducted via a secure data transfer protocol hosted by CMS.

2. The state provides CMS with an MMIS (or other state Medicaid system) data extract from which NORC develops a sampling frame and selects a sample.

- a. **Appendix B: Option 2 Specifications** provides steps that will be taken by NORC and the state to select the sample of adult Medicaid enrollees.
- b. Based on a pilot study conducted in early 2014, CMS and NORC estimate that it will take 57 FTE hours, on average, for a state to complete this task.

3. Following CMS and NORC specifications, the state constructs the sampling frame and selects a sample of enrollees.

- a. **Appendix C: Option 3 Specifications** provides steps that will be taken by NORC and the state to select the sample of adult Medicaid enrollees.
- b. The state provides CMS a file with the contact information for each selected enrollee.
- c. For quality control checks and to develop sample weights, the state will supply summary information from the frame construction and sample selection process.
- d. Based on a pilot study conducted in early 2014, CMS and NORC estimate that it will take 66 FTE hours, on average, for a state to complete this task.

In order to provide consistent requirements and specifications, we use MSIS field names and definitions to describe data files and sample design specifications. Definitions of MSIS fields that are used in the specifications are provided in **Appendix D: MSIS Field Definitions**.

The transfer of all enrollee records will be conducted via a secure Enterprise File Transfer (EFT) protocol hosted by CMS. **Appendix E: Secure Data Transfer Step-by-Step Instructions** provides instruction for setting up the EFT process.

The following table is a summary of the steps that are needed and the expected average time for each of the sampling options.

Task	Option 1	Option 2	Option 3
Complete Secure Data Transfer Set-up Questionnaire	✓	✓	✓
Test Data File Transmission	✓	✓	✓
Extract Enrollee Contact Information	✓	✓	✓
Extract Eligible Enrollee Files		✓	✓
Extract Long Term Claims File		✓	✓
Create Sampling Frame			✓
Create Selected Sample File			✓
Create Summary Quality Control Tables			✓
Estimated Average Time Burden	9 hours	57 hours	66 hours

Appendix A: Option 1 Specifications

*In order to provide consistent requirements and specifications, MSIS field names and definitions are used to describe data files and sample design specifications. Definitions of MSIS fields that are used in the specifications are provided in **Appendix D: MSIS Field Definitions**. Even if a state has transitioned to T-MSIS, the MSIS definitions should be used to interpret the sampling specifications.*

Option 1

NORC develops a sampling frame from the Medicaid Statistical Information System (MSIS) records. The state provides CMS the contact information for sampling frame enrollees. NORC selects a sample from the sampling frame.

This option is only available to states that have provided CMS with MSIS/T-MSIS files that cover October – December 2013.

1. NORC will construct an enrollee sampling frame from MSIS records.
 - CMS will provide NORC with MSIS records submitted by the states for Federal Fiscal Year (FFY) 2014 Q1 (October – December 2013).
 - NORC will construct a sampling frame from the records.²
2. NORC will send the state, via a secure Enterprise File Transfer (EFT) hosted by CMS,³ a file with the following identifiers for each enrollee in the sampling frame.
 - MSIS_ID – the unique MSIS enrollee identifier
 - SSN – the enrollee’s Social Security Number
3. The state will use either the MSIS_ID or the SSN to extract enrollee records from the state’s Medicaid records system (MMIS or other state database), and construct a pipe-delimited (|) file of enrollee contact information using the layout provided in Table A1.
 - PRIOR_CAHPS_FLAG is an indicator field that denotes if an enrollee has participated in a prior CAHPS survey in calendar year 2014. To avoid overburdening enrollees that have previously been surveyed by on behalf of the state for a similar CAHPS survey, NORC will not select a flagged enrollee for the Nationwide CAHPS Survey.
 - ▶ If the state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of the enrollees, this field should be coded as 0 for each enrollee.
 - AUGUST2014_ELIGIBLE_FLAG is an indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014.
4. The state will send NORC the completed enrollee information file via the secure EFT hosted by CMS.
 - See **Appendix E: Secure Data Transfer Step-by-Step Instructions** for instruction on sending the file to NORC.

² The rules NORC will follow to create the sampling frame are the same as the specifications provided in **Appendix C: Option 3 Specifications, Section I. Construct the Sampling Frame** and **Section II. Stratify the Sampling Frame**.

³ Each state must set up an EFT protocol with CMS. Details for setting up the EFT process are described in **Appendix E: Secure Data Transfer Step-by-Step Instructions**.

5. NORC will complete the frame construction and select an enrollee sample from the enrollee sampling frame.⁴

⁴ The rules NORC will follow to select the sample are the same as the specifications provided in **Appendix C: Option 3 Specifications, Section III. Sample Selection.**

Table A1: Pipe-Delimited File Layout for Enrollee Sampling Frame

Field Name	Description
MSIS_ID	MSIS identification number – provided in the sampled enrollee file NORC sends to the state
SSN	Social Security Number - provided in the sampled enrollee file NORC sends to the state
F_NAME	Enrollee’s first name
M_NAME	Enrollee’s middle name (if available; otherwise leave blank)
L_NAME	Enrollee’s last name
ADDR1	Street address or post office box
ADDR2	Mailing address 2nd line (if needed; otherwise leave blank)
CITY	City
STATE	2-character state abbreviation
ZIP	5-digit character
ZIP4	4-digit character (if available; otherwise leave blank)
PHONE1* PHONE2* ... PHONE5*	3-digit area code plus 7-digit phone number; no separators or delimiters PHONE2...PHONE5 are optional. If more than one phone number is available, please provide up to four additional numbers. Do not include fax numbers. If more than five numbers exist, provide the five deemed most reliable.
PRIOR_CAHPS_FLAG	Indicator field denoting if an enrollee has participated in a prior CAHPS survey in calendar year 2014. 1 if an enrollee is known to have participated in a prior CAHPS survey in calendar year 2014 0 Otherwise If your state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of respondent enrollees, all records should be coded as 0.
AUGUST2014_ELIGIBLE_FLAG	Indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014. 1 if an enrollee is Medicaid eligible as of August 31, 2014 0 Otherwise

Appendix B: Option 2 Specifications

*In order to provide consistent requirements and specifications, MSIS field names and definitions are used to describe data files and sample design specifications. Definitions of MSIS fields that are used in the specifications are provided in **Appendix D: MSIS Field Definitions**. Even if a state has transitioned to T-MSIS, the MSIS definitions should be used to interpret the sampling specifications.*

Option 2

The state provides CMS with an MMIS (or other state Medicaid data system) data extract from which NORC develops a sampling frame and selects a sample.

1. The state will prepare three files that will be sent to NORC via the secure Enterprise File Transfer (EFT) hosted by CMS.⁵
 - a. The state will construct a file of records for enrollees who were Medicaid eligible as of December 31, 2013. The layout of the pipe-delimited (i.e. "|") **Medicaid Eligible Enrollee Records** file is provided in Table B1.
 - PRIOR_CAHPS_FLAG is an indicator field that denotes if an enrollee has participated in a prior CAHPS survey in calendar year 2014. To avoid overburdening enrollees that have previously been surveyed by on behalf of the state for a similar CAHPS survey, NORC will not select a flagged enrollee for the Nationwide CAHPS Survey.
 - ▶ If the state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of the enrollees, this field should be coded as 0 for each enrollee.
 - AUGUST2014_ELIGIBLE_FLAG is an indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014.
 - b. The state will construct a file of monthly eligible records for each enrollee in the Eligible Enrollee Records file for the time period from October 1, 2013 through December 31, 2013. The layout of the pipe-delimited (i.e. "|") **Monthly Eligible Enrollee Records** file is provided in Table B2.
 - c. The state will construct a file of enrollee identifiers for those who have at least one long term claim—a claim that meets the inclusion requirements for the MSIS CLAIMLT file—during the time period from January 1, 2013 through December 31, 2013. These are claims that have been adjudicated.
 - i. This file only needs to contain a single unique identifier column that can be linked to the enrollee record file; either the MSIS_ID or the SSN.
2. The state will send NORC the files of enrollee records via the secure EFT hosted by CMS.
 - See **Appendix E: Secure Data Transfer Step-by-Step Instructions** for instruction on sending the file to NORC.
3. NORC will create a sampling frame from the enrollee records provided by the state, and subsequently select a sample of enrollees.⁶

⁵ Each state must set up an EFT protocol with CMS. Details for setting up the EFT process are described in **Appendix E: Secure Data Transfer Step-by-Step Instructions**.

⁶ The rules NORC will follow to create the sampling frame and select the sample are the same as the specifications provided in **Appendix C: Option 3 Specifications**.

Table B1: Pipe-Delimited File Layout for Medicaid Eligible Enrollee Records as of December 31, 2013

Field Name	Description
MSIS_ID	MSIS identification number – <u>if available</u> , the unique enrollee identifier the state provides CMS in its quarter MSIS submissions
SSN	Social Security Number
GENDER	The gender (sex) of the enrollee
DOB	Date of birth (CCYYMMDD)
DOD	Date of death (CCYYMMDD); not deceased, set field = 88888888; deceased and a complete, valid date is not available, set field = 99999999
F_NAME	Enrollee’s first name
M_NAME	Enrollee’s middle name (if available; otherwise leave blank)
L_NAME	Enrollee’s last name
ADDR1	Street address or post office box
ADDR2	Mailing address 2nd line (if needed; otherwise leave blank)
CITY	City
STATE	2-character state abbreviation
ZIP	5-digit character
ZIP4	4-digit character (if available; otherwise leave blank)
PHONE1 PHONE2 ... PHONE5	3-digit area code plus 7-digit phone number; no separators or delimiters PHONE2...PHONE5 are optional. If more than one phone number is available, please provide up to four additional numbers. Do not include fax numbers. If more than five numbers exist, provide the five deemed most reliable.
PRIOR_CAHPS_FLAG	Indicator field denoting if an enrollee has participated in a prior CAHPS survey in calendar year 2014. 1 if a enrollee is known to have participated in a prior CAHPS survey in calendar year 2014 0 Otherwise If your state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of respondent enrollees, all records should be coded as 0.
AUGUST2014_ELIGIBLE_FLAG	Indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014. 1 if an enrollee is Medicaid eligible as of August 31, 2014 0 Otherwise

Table B2: Pipe-Delimited File Layout for Monthly Eligible Enrollee Records
October 1, 2013 through December 31, 2013

Field Name	Description
MONTH	CCYYMM; 201310, 201311, or 201312
MSIS_ID	MSIS identification number – if available, for each eligible in the Eligible Enrollee Records File
SSN	Social Security Number – for each eligible in the Eligible Enrollee Records File
BASIS-OF-ELIGIBILITY	Code indicating the individual's Basis of Eligibility as of the last day of the month
DAYS-OF-ELIGIBILITY	The number of days an individual was eligible for Medicaid or CHIP during the month
DUAL-ELIGIBLE-CODE	Indicates coverage for individuals entitled to Medicare and eligible for some category of Medicaid for the month
MAINTENANCE-ASSISTANCE-STATUS	A code indicating an eligible's maintenance assistance status for the month
PLAN-TYPE-1	MSIS codes for specifying up to four managed care plan types under which the eligible individual is covered during the month
PLAN-TYPE-2	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-TYPE-3	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-TYPE-4	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-ID-1	Managed care plan identification numbers under which the eligible individual is covered during the month; corresponds to PLAN-TYPE-1; if individual is not enrolled in any managed care plan during the month, 8-fill the field
PLAN-ID-2	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-2; 8-fill the field if not enrolled in any managed care plan during the month
PLAN-ID-3	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-3; 8-fill the field if not enrolled in any managed care plan during the month
PLAN-ID-4	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-4; 8-fill the field if not enrolled in any managed care plan during the month
WAIVER-TYPE-1	Code for specifying a waiver type under which the eligible individual is covered during the month
WAIVER-TYPE-2	Same as WAIVER-TYPE-1; use if the individual has more than one waiver type
WAIVER-TYPE-3	Same as WAIVER-TYPE-1; use if the individual has more than one waiver type

Appendix C: Option 3 Specification

*In order to provide consistent requirements and specifications, MSIS field names and definitions are used to describe data file fields and sample design specifications. Definitions of MSIS fields that are used in the specifications are provided in **Appendix D: MSIS Field Definitions**. Even if a state has transitioned to T-MSIS, the MSIS definitions should be used to interpret the sampling specifications.*

Option 3

Following CMS and NORC specifications, the state constructs the sampling frame and selects a sample of enrollees.

There are four broad steps for the state to follow to complete the Option 3 process:

- I. Construct the sampling frame.
- II. Stratify the sampling frame.
- III. Select a sample of enrollees within each stratum.
- IV. Post Sample Transmissions: Send NORC the file of sampled enrollee records, along with an Option 3 process summary report and related files, via the secure Enterprise File Transfer (EFT) hosted by CMS.

The details of each step are provided below.

I. Construct the Sampling Frame

Sampling frame construction begins with identifying enrollees who were eligible during the October – December 2013 time period. The data files described in **Appendix B: Option 2 Specifications** provide such a set of records.

- Construct the three data files described in **Appendix B: Option 2 Specifications**.
 - ▶ **Medicaid Eligible Enrollees File:** Table C1 (which is the same as Table B1 in **Appendix B**) provides the fields that are needed for frame construction. Definitions for all but the following fields are found in **Appendix D**.
 - PRIOR_CAHPS_FLAG is an indicator field that denotes if an enrollee has participated in a prior CAHPS survey in calendar year 2014. To avoid overburdening an enrollee that has previously been surveyed by on behalf of the state for a similar CAHPS survey, a flagged enrollee will not be selected for the Nationwide CAHPS Survey. Substitution rules are provided in **Section III. Sample Selection** (step 5).
 - Code as 1 if an enrollee has participated in a prior CAHPS survey in calendar year 2014; 0 otherwise.
 - If the state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of the enrollees, all records should be coded as 0.
 - AUGUST2014_ELIGIBLE_FLAG is an indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014.
 - Code as 1 if an enrollee is Medicaid eligible as of August 31, 2014; 0 otherwise.
 - ▶ **Monthly Eligibility Records File:** Table C2 (which is the same as Table B2 in **Appendix B**) provides the monthly fields that are needed for frame construction. Definitions are found in **Appendix D**.
 - ▶ **Enrollees with Long Term Claims File.** A list of enrollee identifiers for those who have at least one long term claim—an adjudicated claim that meets the inclusion requirements for the MSIS CLAIMLT file—during the time period from January 1, 2013 through December 31, 2013.
 - ▶ A state may construct the relevant information using alternative table structures if it is more efficient to do so within the state’s database management system. This should first be discussed with CMS and NORC to ensure the overall sampling frame requirements are met.

The **Medicaid Eligible Enrollees File** (Table C1) is the starting point for sampling frame construction. In the Option 3 process summary report, the state will provide the total number of unique enrollees in the frame at the starting point, i.e. the number of rows in Table C1. The state will also provide the number of records removed from the **Medicaid Eligible Enrollees File** after each stage in the sampling frame construction process as described in the following steps.

1. Remove all **Medicaid Eligible Enrollees File** records for any enrollee that does not have a record for each month from October – December 2013 in **Monthly Eligibility Records File**.
 - a. The state will provide the total number of enrollee records removed from the **Medicaid Eligible Enrollees File** due to missing **Monthly Eligibility Records File** monthly records in the Option 3 process summary report.
2. Remove all deceased enrollees, i.e. Date of Death (DOD) ≠ 888888888.
 - a. The state will provide the total number of enrollees removed (the number of known deceased enrollees) in the Option 3 process summary report.
3. Remove any enrollees whose December 2013 MSIS BASIS-OF-ELIGIBILITY = 0.
 - a. The state will provide the total number of enrollees removed because the December 2013 MSIS BASIS-OF-ELIGIBILITY = 0 in the Option 3 process summary report.

4. Remove all enrollees under the age of 18 as of December 31, 2013 or with an insufficiently complete DATE-OF-BIRTH.
 - a. For records with completely missing DATE-OF-BIRTH, remove the enrollee record.
 - b. For records with partial DATE-OF-BIRTH that do not include the birth year, remove the enrollee record.
 - c. For records with complete or partial DATE-OF-BIRTH, so that the birth year is known, remove the record if the enrollee's birth year is after 1995 (enrollee is born in 1996 or later)⁷
 - d. The state will provide the total number of enrollees removed at this point in the process due to age under 18 or incomplete DATE-OF-BIRTH in the Option 3 process summary report.
5. Remove all enrollees who were not continuously enrolled from October - December 2013 based on the following rules:
 - a. For October, remove all enrollees whose MSIS DAYS-OF-ELIGIBILITY = 0.
 - b. For November and December,
 - i. If a month's MSIS MAINTENANCE-ASSISTANCE-STATUS = 2 (signifying medically needy), remove the enrollee from the sampling frame if DAYS-OF-ELIGIBILITY for the same month is 0;
 - ii. Otherwise MAINTENANCE-ASSISTANCE-STATUS ≠ 2, remove the enrollee from the sampling frame if DAYS-OF-ELIGIBILITY for the same month is not equal to the number of days in the month.
 - c. The state will provide the total number of enrollees removed at this point in the process due to non-continuous enrollment in the Option 3 process summary report.
6. Remove any enrollee associated with at least one long-term care claim filed during the January 1, 2013 through December 31, 2013 time period.
 - a. A long-term care claim is an adjudicated claim that meets the criteria for inclusion in the MSIS CLAIMLT file.
 - b. The state will provide the total number of enrollees removed at this point in the process due to at least one long-term care claim for the time period of interest in the Option 3 process summary report.
7. Remove any enrollee for which the December 2013 PLAN-TYPE1, PLAN-TYPE2, PLAN-TYPE3, and PLAN-TYPE4 fields are all coded as 99 (i.e., managed care plan status is unknown).
 - a. The state will provide the total number of enrollees removed at this point in the process due to unknown managed care plan status in the Option 3 process summary report.
8. Remove any enrollee for which the December 2013 MSIS DUAL-ELIGIBLE-CODE = 01, 03, 05, or 06. These are Medicare enrollees with partial Medicaid benefits, i.e. "Partial Duals."
 - a. The state will provide the total number of enrollees removed at this point in the process due to Partial Dual status in the Option 3 process summary report.
9. For states with Family Planning Waivers: Remove any enrollee for which WAIVER-TYPE-1, WAIVER-TYPE-2, or WAIVER-TYPE-3 is coded as "F" (family planning waiver) for any of the months October, November, or December.
 - a. The state will provide the total number of enrollees removed at this point in the process due to a family planning waiver in the Option 3 process summary report.
 - i. A state that does not provide family planning waivers will report 0 records removed for this step.
10. Remove any enrollee with an out-of-state ZIP code, i.e. an enrollee with an out-of-state address.
 - a. The state will provide the total number of enrollees removed at this point in the process because of an out-of-state ZIP code.

⁷ Treating the MSIS DATE-OF-BIRTH, formatted as YYYYMMDD, as a number, records with DATE-OF-BIRTH > 19951231 are removed.

11. Remove any enrollee who was not Medicaid eligible as of August 31, 2014, i.e. AUGUST2014_ELIGIBLE_FLAG = 0.
 - a. The state will provide the total number of enrollees removed at this point in the process because an enrollee was not Medicaid eligible as of August 31, 2014.

The sampling frame consists of all enrollees remaining after removing out-of-scope records. The state will provide a summary report of the frame construction as described in section **IV. Post Sample Transmissions**.

II. Stratify the Sampling Frame

The main strata for the survey are constructed according to the following four enrollee groups:

1. **FULL-DUALS** – adults who are dually eligible for Medicaid and Medicare.
2. **DISABLED** – adults (non-duals) who are disabled based on Federal program eligibility criteria.
3. **MC** (Managed Care) – adults (non-duals, non-disabled) enrolled in a comprehensive managed care organization.
4. **FFS-PCCM** – adults (non-duals, non-disabled) obtaining care from a fee-for-service provider or enrolled in a primary care case management plan.

Create a STRATUM field in the sampling frame and assign each record to a stratum using the following rules:

Stratum	Coding Rule
FULL-DUALS	<u>December 2013</u> MSIS DUAL-ELIGIBLE-CODE = 02, 04, 08, or 09
DISABLED	Are not in the FULL-DUALS stratum, and have the <u>December 2013</u> MSIS BASIS-OF-ELIGIBILITY = 2 (Blind/Disabled Individual)
MC	Are not in the FULL-DUALS nor the DISABLED stratum, and have any <u>December 2013</u> MSIS PLAN-TYPE1, PLAN-TYPE2, PLAN-TYPE3, or PLAN-TYPE4 field coded as 01
FFS-PCCM	Are not in the FULL-DUALS, the DISABLED, nor the MC stratum

The state should keep a snapshot of the sampling frame at the time of sample selection in the event there is a need to redraw a sample or find substitutions.

The state will provide a set of summary tables of the sampling frame as described in **IV. Post Sample Transmissions**.

III. Sample Selection

Other than the stratum field described in the previous section, no additional explicit stratifying variable is used in the sample design. However additional fields will be used as control variables (implicit stratifiers⁸) in the sample selection process.

The following procedure is performed to select the sample size:

1. Within each of the four strata, sort the sampling frame records using a serpentine sort (see Serpentine Sort Note below)⁹ with following the fields (in the order presented)

Sort Field	Notes
1. GENDER	Three possible groups: Male, Female, and Unknown.
2. ZIP	If ZIP4 is available, concatenate it to the ZIP before sorting. Missing ZIPs are coded as Unknown, and form an additional sort category.
3. DOB	We require the frame to consist of individuals age 18 and older as of December 31, 2013. Resolution of cases with incomplete DOB is handled during frame construction. Therefore, there should be no unknown DOB in the sampling frame.

Serpentine Sort Note

Hierarchical Serpentine Ordering (Williams and Chromy, 1980)

In hierarchic serpentine sorting, one sorts by the first control variable (implicit stratifier) in ascending order. Then, within the first level of the first control variable, the procedure sorts by the second control variable in ascending order. Within the second level of the first control variable, the procedure sorts by the second control variable in descending order. Sorting by the second control variable continues to alternate between ascending and descending sorting throughout all levels of the first control variable. If there is a third control variable, the procedure sorts by that variable within levels formed from the first two control variables, again alternating between ascending and descending sorting. This continues for all control variables that are specified. This sorting algorithm minimizes the change from one observation to the next with respect to the control variable values, thus making nearby observations more similar. For more information about serpentine sorting, see Chromy (1979) and Williams and Chromy (1980). The SAS/STAT procedure SurveySelect uses serpentine sorting as the default for sample selection.

Chromy, J. R. (1979), "Sequential Sample Selection Methods," *Proceedings of the American Statistical Association, Survey Research Methods Section*, 401–406.

Williams, R. L. and Chromy, J. R. (1980), "SAS Sample Selection Macros," *Proceedings of the Fifth Annual SAS Users Group International Conference*, 5, 392–396.

⁸ Implicit stratifiers make sure the sample is representative of the population relative to key characteristics. Unlike explicit stratifiers, implicit stratifiers may not provide sufficient sample sizes to allow detailed analysis for those stratifiers.

⁹ The sampling selection process includes methods beyond simple random sampling in order to provide information that may be useful in creating adjustments for nonresponse biases that are likely to be encountered.

2. The strata sample sizes (n) are:

Stratum	Sample Size (n)
FULL-DUALS	5,556
DISABLED	5,556
MC	11,110
FFS-PCCM	7,407

If the number of records in a stratum is less than that stratum's sample size, the sample size is equal to the stratum size. In this case, all records in the stratum are selected for the sample. If true, skip to step 5 for the affected strata only. For all other strata, proceed as follows.

Using this sample size, find each stratum's skip size (k).

$$k_{FULL-DUALS} = \frac{\text{number of FULL-DUAL records in the sampling frame}}{5,556}$$

$$k_{DISABLED} = \frac{\text{number of DISABLED records in the sampling frame}}{5,556}$$

$$k_{MC} = \frac{\text{number of MC records in the sampling frame}}{11,110}$$

$$k_{FFS-PCCM} = \frac{\text{number of FFS-PCCM records in the sampling frame}}{7,407}$$

Example: Suppose a sampling frame has 30,000 FULL-DUAL, 15,000 DISABLED, 90,000 MC, and 150,000 FFS-PCCM records. The four strata skip sizes are:

$$k_{FULL-DUALS} = \frac{30,000}{5,556} = 5.400$$

$$k_{DISABLED} = \frac{15,000}{5,556} = 2.700$$

$$k_{MC} = \frac{90,000}{11,110} = 8.101$$

$$k_{FFS-PCCM} = \frac{150,000}{7,407} = 20.251$$

3. For each stratum, use a random number generator to randomly select an integer, s , between 1 and the stratum skip size (k).¹⁰
4. Within each stratum, records with the following row numbers (relative to the stratum) are selected from the sorted file:

$$s_i = s + [(i - 1)k] \quad i = 1, \dots, n$$

Where $[(i - 1)k]$ is the integer part of the number $(i - 1)k$, and n is the stratum sample size.

For example, if $i = 2$ (the second row number) and $k = 8.101$,

$$[(2 - 1)8.101] = [8.101] = 8.$$

Example: From the example above, the FFS-PCCM stratum has 150,000 records and a skip size of $k = 20.251$. A random number generator is used to select an integer between 1 and 20.251. Suppose

¹⁰ There are websites online that can provide random number generators, as well as procedures and functions within many common applications such as Excel, SAS, and R.

that this randomly generated integer is 11 (any integer between 1 and 20 is possible, and may be different each time the random number generator is used).

Considering only the FFS-PCCM records—for which $n = 7,407$ —sample enrollee records $i = 1, \dots, 7,407$ correspond to rows $s_i = 11 + [(i - 1)20.251]$ when starting from the top of the sorted FFS-PCCM stratum records. Below are row numbers (s_i) that correspond to an illustrative set of sampled records (i). Note that sometimes 20 rows are skipped, but occasionally 21 rows are skipped. This occurs because of the fractional part of the skip size.

Sampled Record i	1	2	3	4	5	...	7,405	7,406	7,407
Sampling Frame Row s_i	11	31	51	71	92		149,950	149,970	149,990

On the other hand, for the MC stratum, there are 90,000 records and a skip size of $k = 8.101$. Suppose the randomly generated integer between 1 and 8.101 is 6. Then rows $s_i = 6 + [(i - 1)8.101]$ ($i = 1, \dots, 11,110$) are selected starting from the top of the sorted MC stratum records. For this stratum the example row numbers are as follows.

Sample Record i	1	2	3	4	...	11,108	11,109	11,110
Sampling Frame Row s_i	6	14	22	30	...	89,981	89,989	89,997

5. **Substitution rule** – this will be applied just to enrollees that have previously completed (or will complete) a state-run CAHPS survey in calendar year 2014. That is, enrollees in the sampling frame with PRIOR_CAHPS_FLAG = 1.

If your state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of respondent enrollees, this step should be skipped.

The substitution rule is applied by stratum, and depends on whether all records in a stratum were selected, or only a random sample of records was selected from the stratum.

- a) The stratum sample size is greater than or equal to the number of records in the stratum, in which case, all the records in the stratum are selected.

In this case, no substitution is possible. Remove all stratum sampled records for which PRIOR_CAHPS_FLAG = 1 (the records are not removed from the sampling frame).

- b) The stratum sample size is less than the number of records in the stratum.

For each record selected within a stratum, check to see if PRIOR_CAHPS_FLAG = 1. If so, a substitute enrollee record within the same stratum is selected. The substitute should have similar characteristics to the enrollee originally selected in the sample. Because we used a serpentine sort on the records within the stratum, the enrollees above and below the originally selected enrollee record are most similar based on the serpentine sort control variables (GENDER, ZIP, DOB). Use the following procedure to find a substitute.

- i. Within the set of stratum records which are not selected for the sample and have PRIOR_CAHPS_FLAG = 0, find
 - a. the first record with a smaller row number than the originally selected record, and
 - b. the first record with a greater row number than the originally selected enrollee record in the serpentine sorted list.
- ii. Between these two records, choose the record with the closest DOB to the originally selected enrollee. Include this new enrollee record in the sample, and remove the originally selected record from the sample (the record is not removed from the sampling frame).

- a. If the DOB from both candidate records are equally close to the selected enrollee's DOB, use the record with the smaller row number as the substitute.

If no record can be found because the number of records with PRIOR_CAHPS_FLAG = 1 is large, or the sample size is large relative to the stratum size, then remove the originally selected record from the sample without a substitute.

NORC will provide examples upon request.

IV. Post Sample Transmissions

The state will send three items to NORC via the secure EFT hosted by CMS.¹¹

1. A pipe-delimited (i.e. “|”) file of sampled enrollee contact information using the layout provided in Table C3.
2. A frame construction summary report (a Word or Excel file is acceptable) containing the following information
 - a. A table with the following frame construction counts (see section I. **Construct the Sampling Frame**).
 - i. The total number of unique enrollees at the start of the frame construction.
 - ii. Number of enrollees removed because an enrollee did not have a monthly record for each of October – December 2013.
 - iii. Number of enrollees removed due to death.
 - iv. Number of enrollees removed because the December 2013 MSIS BASIS-OF-ELIGIBILITY = 0.
 - v. Number of enrollees removed due to age under 18 or an insufficiently complete DATE-OF-BIRTH.
 - vi. Number of enrollees removed due to non-continuous enrollment.
 - vii. Number of enrollees removed due to at least one long-term care claim during the January 1, 2013 through December 31, 2013 time period.
 - viii. Number of enrollees removed due to unknown managed care plan status.
 - ix. Number of enrollees removed due to Partial Dual status.
 - x. Number of enrollees removed due to family planning waiver.
 - xi. Number of enrollees removed due to out-of-state ZIP.
 - xii. Number of enrollees removed due to AUGUST2014_ELIGIBLE_FLAG = 0.
 - xiii. Number of enrollees in the final frame (after removing out-of-scope records ii - xii).
 - When the frame construction counts refer to the removal of records, it is the number of records removed at that point in the process that should be recorded. For example, enrollees with the December 2013 MSIS BASIS-OF-ELIGIBILITY = 0 are removed in the process after removing records of deceased enrollees. The number of enrollees with December 2013 MSIS BASIS-OF-ELIGIBILITY = 0 after removing deceased enrollees removed is the count to record. It could be the case that the some enrollees with December 2013 MSIS BASIS-OF-ELIGIBILITY = 0 are also in the deceased enrollees group. There is no need to determine overlap number.
 - b. A table showing the number of records in each stratum in the sampling frame.
3. A pipe-delimited (i.e. “|”) frame summary count file, as described in Table C4, which provides the frequency counts of a sampling frame cross-tabulation of STRATUM by GENDER by ZIP code by AGE_GROUP (18-20, 21-44, 45-64, 65-74, 75-84, 85 and over) where age is determined as of December 31, 2013. The number of rows in the summary count file will depend on the number of categories present for each field.

For example, suppose a state has enrollees in all 4 strata (4 levels), has enrollees of both genders but no unknown gender (2 levels), has enrollees living in 100 different ZIP codes (100 levels), and enrollees in each of the six age groups (6 levels). Assuming no enrollee in the sampling frame has unknown ZIP code, the sampling frame summary counts file would consist of at most $4 \times 2 \times 100 \times 6 = 4,800$ rows (some combination of categories may not have any enrollee with all the characteristics, so the row would be missing from the table).

¹¹ Each state must set up an EFT protocol with CMS. Details for setting up the EFT process are described in **Appendix E: Secure Data Transfer Step-by-Step Instructions**.

Table C1: Medicaid Eligible Enrollee Records as of December 31, 2013

Field Name	Description
MSIS_ID	MSIS identification number – <u>if available</u> , the unique enrollee identifier the state provides CMS in its quarter MSIS submissions
SSN	Social Security Number
GENDER	The gender (sex) of the enrollee: Male, Female, Unknown
DOB	Date of birth (CCYYMMDD)
DOD	Date of death (CCYYMMDD); not deceased, set field = 88888888; deceased and a complete, valid date is not available, set field = 99999999
F_NAME*	Enrollee’s first name
M_NAME*	Enrollee’s middle name (if available; otherwise leave blank)
L_NAME*	Enrollee’s last name
ADDR1*	Street address or post office box
ADDR2*	Mailing address 2nd line (if needed; otherwise leave blank)
CITY*	City
STATE*	2-character state abbreviation
ZIP	5-digit character
ZIP4	4-digit character (if available; otherwise leave blank)
PHONE1* PHONE2* ... PHONE5*	3-digit area code plus 7-digit phone number; no separators or delimiters PHONE2...PHONE5 are optional. If more than one phone number is available, please provide up to four additional numbers. Do not include fax numbers. If more than five numbers exist, provide the five deemed most reliable.
PRIOR_CAHPS_FLAG	Indicator field denoting if an enrollee has participated in a prior CAHPS survey in calendar year 2014. 1 if an enrollee is known to have participated in a prior CAHPS survey in calendar year 2014 0 Otherwise If your state has not conducted such a survey, or has conducted a survey via a third party and does not know the identity of respondent enrollees, all records should be coded as 0.
AUGUST2014_ELIGIBLE_FLAG	Indicator field denoting if an enrollee was Medicaid eligible as of August 31, 2014. 1 if an enrollee is Medicaid eligible as of August 31, 2014 0 Otherwise

* Field is not needed for frame construction or sample selection; however it is required in the enrollee sample file (see Table C3).

Table C2: Monthly Eligible Enrollee Records
October 1, 2013 through December 31, 2013

Field Name	Description
MONTH	CCYYMM; 201310, 201311, or 201312
MSIS_ID	MSIS identification number – if available, for each eligible in the Eligible Enrollee Records File
SSN	Social Security Number – for each eligible in the Eligible Enrollee Records File
BASIS-OF-ELIGIBILITY	Code indicating the individual's Basis of Eligibility as of the last day of the month
DAYS-OF-ELIGIBILITY	The number of days an individual was eligible for Medicaid or CHIP during the month
DUAL-ELIGIBLE-CODE	Indicates coverage for individuals entitled to Medicare and eligible for some category of Medicaid for the month
MAINTENANCE-ASSISTANCE-STATUS	A code indicating an eligible's maintenance assistance status for the month
PLAN-TYPE-1	MSIS codes for specifying up to four managed care plan types under which the eligible individual is covered during the month
PLAN-TYPE-2	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-TYPE-3	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-TYPE-4	Same as PLAN-TYPE-1; use if the individual is enrolled in more than one managed care plan type during the month; code as 88 if not
PLAN-ID-1	Managed care plan identification numbers under which the eligible individual is covered during the month; corresponds to PLAN-TYPE-1; if individual is not enrolled in any managed care plan during the month, 8-fill the field
PLAN-ID-2	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-2; 8-fill the field if not enrolled in any managed care plan during the month
PLAN-ID-3	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-3; 8-fill the field if not enrolled in any managed care plan during the month
PLAN-ID-4	Same as PLAN-ID-1; use if the individual is enrolled in more than one managed care plan type during the month, corresponds to PLAN-TYPE-4; 8-fill the field if not enrolled in any managed care plan during the month
WAIVER-TYPE-1	Code for specifying a waiver type under which the eligible individual is covered during the month
WAIVER-TYPE-2	Same as WAIVER-TYPE-1; use if the individual has more than one waiver type
WAIVER-TYPE-3	Same as WAIVER-TYPE-1; use if the individual has more than one waiver type

Table C3: Pipe-Delimited File Layout for Sampled Enrollee Records

Field Name	Description
MSIS_ID	MSIS identification number – provided in the sampled enrollee file NORC sends to the state
SSN	Social Security Number - provided in the sampled enrollee file NORC sends to the state
F_NAME	Enrollee’s first name
M_NAME	Enrollee’s middle name (if available; otherwise leave blank)
L_NAME	Enrollee’s last name
ADDR1	Street address or post office box
ADDR2	Mailing address 2nd line (if needed; otherwise leave blank)
CITY	City
STATE	2-character state abbreviation
ZIP	5-digit character
ZIP4	4-digit character (if available; otherwise leave blank)
PHONE1 PHONE2 ... PHONE5	3-digit area code plus 7-digit phone number; no separators or delimiters PHONE2...PHONE5 are optional. If more than one phone number is available, please provide up to four additional numbers. Do not include fax numbers. If more than five numbers exist, provide the five deemed most reliable.
STRATUM	FULL-DUALS, DISABLED, MC, or FFS-PCCM
GENDER	Male, Female, Unknown
AGE_GROUP	Enrollees are placed into one of the following six age categories: 18-20, 21-44, 45-64, 65-74, 75-84, 85 and over. The age is calculated as of December 31, 2013.

Table C4: Pipe-Delimited File Layout for Sampling Frame Summary Counts

Field Name	Description
STRATUM	FULL-DUALS, DISABLED, MC, or FFS-PCCM
GENDER	Male, Female, Unknown
ZIP	ZIP codes within the state. Five to nine digit codes. When ZIP4 is available, concatenate it to the ZIP and use the 9 digit ZIP+4. Include an Unknown ZIP category for enrollees with a missing ZIP code.
AGE_GROUP	Enrollees are placed into one of the following six age categories: 18-20, 21-44, 45-64, 65-74, 75-84, 85 and over. The age is calculated as of December 31, 2013.
COUNT	The frequency count of the number of enrollees within a STRATUM by GENDER by ZIP by AGE_GROUP category.

Appendix D: MSIS Field Definitions

In order to provide consistent requirements and specifications, MSIS field names and definitions are used to describe data files and sample design specifications. The MSIS Data Dictionary, *MEDICAID AND CHIP STATISTICAL INFORMATION SYSTEM (MSIS): File Specifications and Data Dictionary*, Release 4, October 2012, is available for download [here](#). Definitions for selected fields needed for this study are copied below. In some cases, only the part of the MSIS definition essential for the Nationwide Medicaid CAHPS Survey is provided. Even if a state has transitioned to T-MSIS, the MSIS definitions should be used to interpret the sampling specifications.

CMS and NORC will work with individual states to translate these definitions into a form suitable for a state's MMIS. The following provides of list of MSIS fields used in the Nationwide CAHPS Survey of Adult Medicaid Enrollees Sampling Specifications, along with the field's definition.

MSIS Field Name	Definition
BASIS-OF-ELIGIBILITY	<p>Monthly Field - A code indicating the individual's Basis of Eligibility as of the last day of the month referenced.</p> <p>MSIS has 11 codes for this field. Of most importance to this project are the following:</p> <p>0 Individual was <u>not</u> eligible for Medicaid (or Medicaid expansion CHIP (M-CHIP)) at any time during the month, or Individual WAS eligible for separate CHIP.</p> <p>2 Blind/Disabled Individual</p>
DATE-OF-BIRTH	<p>Eligible's Date of Birth</p> <p>Date format is CCYYMMDD</p> <p>If a complete, valid date is not available fill with 99999999.</p>
DATE-OF-DEATH	<p>Eligible's Date of Death</p> <p>Date format is CCYYMMDD</p> <p>If Eligible is deceased, and a complete, valid date is not available, set field = 99999999.</p> <p>If Eligible is not deceased, set field = 88888888.</p>
DAYS-OF-ELIGIBILITY	<p>Monthly Field - The number of days an individual was eligible for Medicaid or CHIP during each month.</p> <p>Valid values are +00 through the total number of days in the month referenced.</p> <p>If invalid or missing, fill with +99.</p>

MSIS Field Name	Definition
DUAL-ELIGIBLE-CODE	<p>Monthly Field - Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid or CHIP benefits.</p> <p>MSIS has 11 codes for this field. Of most importance to this project are the following:</p> <ul style="list-style-type: none"> 02 Eligible is entitled to Medicare- QMB AND Medicaid coverage including RX 04 Eligible is entitled to Medicare- SLMB AND Medicaid coverage including RX 08 Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid coverage including RX 09 Eligible is entitled to Medicare – Other Dual Eligibles
MAINTENANCE-ASSISTANCE-STATUS	<p>Monthly Field - A code indicating an eligible's maintenance assistance status.</p> <p>MSIS has 7 codes for this field. Of most importance to this project is the following:</p> <ul style="list-style-type: none"> 2 Medically Needy
MSIS-MSIS-IDENTIFICATION-NUMBER (MSIS-ID)	<p>A unique identification number used to identify a Medicaid or CHIP Eligible to MSIS. MSIS identifies eligibles by means of a unique personal identification number that is assigned by the State. Some States use social security numbers as unique personal identification numbers. All other States create their own unique identification numbers according to some systematic scheme that is approved by CMS.</p> <p><i>Either the MSIS-ID or the SSN is needed.</i></p>
PLAN-ID-1 PLAN-ID-2 PLAN-ID-3 PLAN-ID-4	<p>Monthly Fields - Fields for specifying up to four managed care plan identification numbers under which the eligible individual is covered during the month.</p> <p>Fill in the monthly PLAN-ID fields in sequence (e.g., if an individual is enrolled in two managed care plans, only the first and second set of monthly fields should be used; if only enrolled in one plan, code PLAN-ID-1 and 8-fill PLAN-ID-2 through PLAN-ID-4).</p> <p>Enter the managed care plan identification number assigned by the State.</p> <p>If individual is not eligible for Medicaid or CHIP during the month, 0-fill all four fields.</p> <p>If individual is not enrolled in any managed care plan during the month, 8-fill all four fields.</p>

MSIS Field Name	Definition
PLAN-TYPE-1 PLAN-TYPE-2 PLAN-TYPE-3 PLAN-TYPE-4	<p>Monthly Fields - Codes for specifying up to four managed care plan types under which the eligible individual is covered during the month.</p> <p>Fill in the monthly PLAN-TYPE fields in sequence (e.g., if an individual is enrolled in two managed care plans, only the first and second set of monthly fields should be used; if only enrolled in one plan, code PLAN-TYPE-1 and 8-fill PLAN-TYPE-2 through PLAN-TYPE-4).</p> <p>Values must correspond to associated PLAN-ID-NUMBER.</p> <p>00 Individual was not eligible for Medicaid or CHIP this month</p> <p>01 Eligible is enrolled in a medical or comprehensive managed care plan this month (e.g. HMO)</p> <p>02 Eligible is enrolled in a dental managed care plan this month</p> <p>03 Eligible is enrolled in a behavioral managed care plan this month</p> <p>04 Eligible is enrolled in a prenatal/delivery managed care plan this month</p> <p>05 Eligible is enrolled in a long-term care managed care plan this month</p> <p>06 Program for All-Inclusive Care for the Elderly (PACE)</p> <p>07 Eligible is enrolled in a primary care case management managed care plan this month</p> <p>08 Eligible is enrolled in another managed care plan this month</p> <p>88 Not applicable, individual is eligible for Medicaid OR CHIP, but is NOT enrolled in a managed care plan this month</p> <p>99 Eligible's managed care plan status is unknown.</p>
SOCIAL-SECURITY-NUMBER (SSN)	<p>The eligible's social security number.</p> <p><i>Either the MSIS-ID or the SSN is needed.</i></p>
WAIVER-TYPE-1 WAIVER-TYPE-2 WAIVER-TYPE-3	<p>Monthly Fields - Codes for specifying up to three waiver types under which the eligible individual is covered during the month.</p> <p>MSIS has 12 codes for this field. Of most importance to this project is the following:</p> <p>F The associated Waiver-ID-Number is for a <u>Family Planning-ONLY</u> waiver this month. In these waivers, the enrollee's Medicaid-covered benefits are restricted to Family Planning Services.</p>

Appendix E: Secure Data Transfer Step-by-Step Instructions

Regardless of which sampling option your state selects, data will need to be transferred between your state and NORC. Ensuring the security of that data, particularly any personally identifiable information (PII), such as names, addresses, and Medicaid ID numbers, is a top priority during the sampling process. Fortunately, your state already uses a secure data transfer connection to send MSIS data to CMS – we will be leveraging that connection to facilitate the sharing of data for this survey.

NORC has entered a Data Use Agreement with CMS to use the MSIS data ‘pipeline’ to transfer files for this project using the Enterprise File Transfer (EFT) process. When you send the file(s) needed for your chosen sampling option to the CMS server, they will route the data to NORC via an encrypted connection; any files sent by NORC to your state will pass through CMS’s servers the same way. As a result, the process for establishing a data transfer connection is much simpler than building a new connection from scratch; it consists of the following steps:

1. Identify the person or team in your state who is responsible for transferring MSIS data to CMS.
2. Use their expertise to help you fill out the Secure Data Transfer Set-up Questionnaire that is included as an attachment to these Sampling Specifications.
3. Once CMS has completed the setup for your state’s connection (based on your responses to the Questionnaire), you will be asked to exchange “test” files with NORC – using a specified format (text, delimited) and naming convention (based on your responses to the Questionnaire, see next page) and filled with dummy data.
4. Once the test files have been exchanged, and both sides are able to read the other’s data, the connection is ready to be used as part of the survey sampling process!

If you have any technical questions at any point during the process, please contact the CMS IT Service Desk at 1-800-562-1963 or CMS_IT_Service_Desk@cms.hhs.gov and open a trouble ticket for EFT transmission issues– please include “PR 823 CAHPS EFT” in the subject line, so that it is routed to the right people.

File Naming Conventions

Because of the way the routing instructions will be read and processed by CMS, the names of the files you send will have to be very specific.

KEY
<p>where:</p> <p>xx = state abbreviation</p> <p>yymmdd = year/month/day file received <i>Note: date is treated as literals</i></p> <p>hhmmsst = hour/minute/second/tenth of second <i>Note: time is treated as literals</i></p>

TEST
Inbound Files from State(s) to CMS
States Using Connect: Direct
T#EFT.ON.FCAHPS.Gxx.SAMPLIN.DYYMMDD.THHMMSST
States Using TIBCO MFT Internet Server & TIBCO MFT Platform Server Inbound Directory Name for MFT Internet Server: \FCAHPS\
T#EFT.ON.FCAHPS.Gxx.SAMPLIN.DYYMMDD.THHMMSST
States Using Gentran
Inbound files must be placed in the State Mailbox Gxx xx= state abbreviation
GUID.NONE.FCAHPS.M.GXX.SAMPLIN.T

PRODUCTION
Inbound Files from State(s) to CMS
States Using Connect: Direct
P#EFT.ON.FCAHPS.Gxx.SAMPLIN.DYYMMDD.THHMMSST
States Using TIBCO MFT Internet Server & TIBCO MFT Platform Server Inbound Directory Name for MFT Internet Server: \FCAHPS\
P#EFT.ON.FCAHPS.Gxx.SAMPLIN.DYYMMDD.THHMMSST
States Using Gentran
Inbound files must be placed in the State Mailbox Gxx xx= state abbreviation
GUID.NONE.FCAHPS.M.GXX.SAMPLIN.P

File Structure

Unless otherwise agreed to with CMS and NORC, all files transmitted to NORC via the CMS secure data transfer shall be pipe-delimited (i.e. "|") text files. Field names shall be included in the first row of the text file. Specific file layouts are found in Appendices A, B, and C.