

DIRIGO HEALTH AGENCY

Final Patient Experience Survey Guidelines

A Guide for Designated Vendors

July 31, 2012

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■ Introduction

The Dirigo Health Agency's [DHA] Maine Quality Forum, in collaboration with the Maine Quality Counts, Maine Healthcare Management Coalition and Aligning Forces for Quality, launched the Patient Experience Matters initiative to collect and publicly report patient experience survey data about primary and specialty healthcare in Maine. This voluntary initiative builds on multiple efforts currently underway within the State while providing a consistent and standard approach to data collection and reporting that will allow providers and consumers to compare performance across practice-sites. By measuring patient experiences and comparing findings to peer and national benchmarks, providers can identify areas for improvement. And patients can begin to make informed choices about their care.

As a result of a competitive solicitation, DHA has selected Designated Vendors to administer the survey effort. These *Final DHA Guidelines* establish clear and standard expectations for the collection and submission of survey data by Designated Vendors. **The *Final Guidelines* incorporate provisions of the *Request for Proposals (RFP)* to select Designated Vendors as well as clarifying information provided in response to Bidders questions and decisions made on the basis of the RFP selection process.** Designated Vendors are urged to review these guidelines in entirety to assure an accurate and consistent understanding of DHA expectations for this initiative. **Provisions of the *Final Guidelines* have been highlighted that have changed or were the subject of mis-interpretation in the version of the *Guidelines* attached to the original RFP.** These *Final Guidelines* are incorporated and part of the contract between DHA and the Designated Vendors.

■ Survey Design Features

Target population

The targets for this survey are adult patients (18 years of age or older) of primary care and specialty care practice sites and parents of children (under 18 years of age) who are patients of pediatric practice sites. **Children served in general primary care practices are not included.**

Survey instrument

The following CAHPS survey instruments are required:

Adult primary care practice-site

CG-CAHPS Adult PCMH 2.0 [APPENDIX 1]. No changes have been made to the standard CAHPS instrument which can be found at: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>

Child pediatric practice-site

CG-CAHPS Child PCMH 2.0 [APPENDIX 2]. No changes have been made to the standard CAHPS instrument which can be found at: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>

Adult specialist practice-site

CG-CAHPS Adult PCMH, 2.0, modified [APPENDIX 3]. **This instrument is not available on the CAHPS website and includes only a subset of questions of the CG-CAHPS Adult PCMH, 2.0 survey.**

The PCMH survey is intended to capture the experience of patients who had at least one visit to the selected practice site within the prior 12 months (see Sample Frame below). Other versions of the CAHPS Clinician & Group survey cannot be substituted for the PCMH versions and do not meet the survey guidelines for this initiative. **Other versions of CG-CAHPS are not eligible for DHA practice site subsidies.**

Modification of the Survey Instrument

Additional questions may be added to the survey as long as all CAHPS protocols for doing so are followed. <https://www.cahps.ahrq.gov/Surveys-Guidance/Helpful-Resources/Modifying-and-Naming.aspx>. **Survey results for any additional questions added to the standard surveys listed above may not be submitted to the national CAHPS Database.**

Modes of Administration

The survey may be administered using any of the data collection modes approved by CAHPS. The current approved data collection modes include:

- Mail only
- Telephone only
- A mixed mode of mail with telephone follow-up
- A mixed mode of e-mail with mail follow-up
- A mixed mode of e-mail with telephone follow-up

Protocols for each of the data collection modes can be found in the *Fielding the CAHPS Clinician & Group Surveys* available on the CAHPS website at:

https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~//media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1033_CG_Fielding_the_Survey.pdf

■ Marketing and Practice-Site Recruitment

Designated Vendors are responsible for recruiting practice sites for this initiative. To aid in this effort, DHA is implementing a communication strategy to promote broad awareness among primary and specialty care practices through the following activities:

- Distribution of project fact sheet at Maine Medical Association Clinical Session (7/25/12). Given the timing of this event, contact information for Designated Vendors was not provided. Instead, practices were be encouraged to check the DHA project website for updates.
- Insert of Project Flyer in quarterly newsletter sent to primary care and specialty physicians by the Maine Medical Association. Given the timing of this mail-out, information on individual vendors and their contact information was not provided. (8/13/12).
- Announcement to stakeholders who have asked to be part of the DHA distribution list for updates on this initiative (at the time of Designated Vendor contract award).
- A project blurb and flyer.pdf (with contact information on Designated Vendors) will be sent for use by organizations on their websites and in their communications with provider constituents. These will be sent to Maine Medical Association, Maine Osteopathic Association, Maine Hospital Association, Maine Health Management Coalition, Maine Quality Counts, and Maine Primary Care Association (at the time of Designated Vendor contract award).

In addition, DHA will maintain a project website that provides background information on the project including contact information on each Designated Vendors and a weblink to further information provided by the Designated Vendor.

Marketing Materials

Designated Vendors are requested to use the following language when describing the survey initiative in written or oral communications.

This survey is being conducted as part of a voluntary effort to collect and publicly report patient experience survey data in Maine. The initiative is sponsored by the Dirigo Health Agency's [DHA] Maine Quality Forum in collaboration with Maine Quality Counts and the Maine Health Management Coalition. [Name of Company] is a DHA-Designated Vendor authorized to administer the patient experience survey to patients served by primary and specialty practices in Maine under this initiative.

For the mail protocol, cover letters may be customized to include the practice site or group logo and the signature of an appropriate practice site or medical group representative.

DHA reserves the right to review marketing materials pertaining to practice site recruitment and request modifications as needed.

Contact Lists

DHA has limited practice-site information that will be shared with Designated Vendors for recruitment activities. This information has been obtained from Maine HealthInfoNet and includes unaffiliated primary care practices participating in the Maine Regional Extension Center administered by HealthInfoNet. HealthInfoNet is Maine’s federally designated Health Information Exchange. **This information will be shared with Designated Vendors under the condition that it be used solely for the purpose of practice site recruitment under this initiative and for no other proprietary or commercial activity.**

■ Sample Frame

This is a practice-site survey. **A practice site is one or more clinicians who practice together and provide patient care in an office location whether at a single geographic address or separate office suites at the same address.** Where a medical group has multiple practice site locations, the sample frame pertains to each individual practice site. The sample should be drawn at a single point in time from individuals who have had at least one visit to the selected practice site during the 12 months prior to the time of sample selection. Protocols for defining the sample frame and eligibility guidelines can be found in the *Fielding the CAHPS Clinician & Group Surveys* on the CAHPS website at:

https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1033_CG_Fielding_the_Survey.pdf

Sample Size

Sample sizes are based on recently available guidelines for practice site sampling developed by the Agency for Healthcare Research and Quality (AHRQ).

Number of Providers at a Practice Site	Number of Completed Surveys Required*
1	50
2	100
3	150
4-9	175
10-13	200
14-19	250
20+	300

*Based on Agency for Healthcare Research and Quality guidelines for practice site sampling

Note that for determining sample size, “provider” is defined as a physician, nurse practitioner or physician assistance who independently manages a patient caseload.

The above referenced sample sizes are not cited on the CAHPS website but should be used to determine the number of surveys required to complete. General protocols for selecting a sample pertain and can be found on the CAHPS website at:

https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1033_CG_Fielding_the_Survey.pdf.

■ Practice Site Registration

Prior to initiating survey administration and as a condition of practice-site subsidies, Designated Vendors must register each participating practice-site. Registration forms are included as APPENDIX 4 and can be accessed on the DHA project website [http://www.dirigohealth.maine.gov/Pages/patient_experience_matters.html].

At the time of registration, the Designated Vendor must have entered into a contract with the practice site owner. The following information is required to register:

1. Registration Form [APPENDIX 4]
 - a. Name, address, contact person and tax identification numbers for the Designated Vendor
 - b. The name of each practice site included under the contract, the number of primary care and specialty care providers (as defined in the Sample Frame), and the cost per completed survey as negotiated under the contract.
2. Attestation Form [APPENDIX 5] signed by the practice owner indicating that the practice site(s):
 - a. has signed a contract with a Designated Vendor;
 - b. has agreed to have practice site level and aggregate survey results shared with DHA prior to submission to the CAHPS Database as a condition of second subsidy payment;
 - c. has agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications; and
 - d. will execute a Data Use Agreement [APPENDIX 6] with CAHPS prior to submission of survey results to the CAHPS Database providing access to survey data by DHA for public reporting.

Attestation Forms can be found on the DHA website at: **INSERT. Separate Registration and Attestation forms must be completed for each contract with a practice site or practice site owner. The registration process will open shortly after DHA enters into contracts with Designated Vendors and will close on or around September 30, 2012.**

After the Designated Vendor registers each practice site included under a contract, DHA will notify the Designated Vendor of the total estimated subsidy and the amount to be invoiced for the first subsidy payment.

■ Survey Administration

Field Period

Survey administration will occur over a three-month period – September 2012 through November 2012 unless otherwise determine through mutual agreement between DHA and the vendors.

Data Collection Protocols

Vendors are required to adhere to CAHPS data collection protocols for the applicable mode of administration, with two exceptions:

- For the mail protocol, cover letters may be customized to include the practice site or group logo and the signature of an appropriate practice site or representative.
- For the mixed mode of mail with telephone follow-up, a notification letter to respondents in advance to let them know that you will be contacting them by telephone is not required.

Protocols for survey administration can be found in the *Fielding the CAHPS Clinician & Group Surveys* available on the CAHPS website at: https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1033_CG_Fielding_the_Survey.pdf.

■ Interim Survey Results

Designated Vendors are required to share documentation on the number of completed surveys per practice-site and aggregate practice-site results with DHA as a condition of the second subsidy payment. This interim step was described in DHA's Response to Bidders Questions dated June 27, 2012 due to the expected delay of the "open submission period" for submitting survey results to the CAHPS Database. We now estimate the "open submission period" to be March/April 2013. To get survey results into the hands of practice sites and to demonstrate work product for a second subsidy payment, DHA is requiring that Designated Vendors share practice-site results with their clients and with DHA on or around December 31, 2012. **These practice site results will not be used for DHA public reporting.**

■ Data Submission

To facilitate comparison of survey results for public reporting, DHA is requiring that all surveys completed for this initiative be submitted to the CAHPS Clinician & Group Survey Database through the CAHPS Database online reporting system. The CG-CAHPS Database is a national repository of data that is funded by the Agency for Healthcare Research and Quality and allows for benchmarking with other practices that use this database nationally. There is no charge to participate. To participate in Maine's statewide public reporting initiative and to be eligible for practice site subsidies, all Designated Vendors must submit completed surveys on behalf of participating practices for this initiative through the CAHPS

Database online survey submission process.

Data Use Agreements (DUA)

The public portal of the CG-CAHPS Database allows users to view summary-level data only. Practice sites who contribute data are able to view their own results through a password protected portal only accessible to participants who contribute data or their designees to compare their results to selected benchmarks. To participate in the CAHPS Database on-line reporting system, practice sites are required to sign data use agreements (DUAs) with CAHPS that specifies the terms of your participation in the CAHPS Database. The DUA is an agreement between the CAHPS Database and the owner of the data to protect the data and to ensure only the authorized use of the data. **Only participating organizations that own the data may sign the agreement; the data use agreement cannot be signed by Designated Vendors.**

A condition of Maine's initiative and a requirement for receipt of subsidies is the authorization by practice sites to allow DHA access to practice-site data for public reporting. At the time of registration, practice site owners must attest that a DUA with the CAHPS Database will be executed to allow DHA access to survey results. APPENDIX 6 includes the CAHPS Data Use Agreement that has been modified to grant DHA access to practice-site data for public reporting. **Because of delays in the federal renewal contract for the CAHPS Database, a final CAHPS Data Use Agreement cannot be executed until such time that a CAHPS Database Network Vendor has been selected. The Agency for Healthcare Research and Quality (AHRQ) expects a Network Vendor to be in place by February, 2013. Therefore, we are proposing that Designated Vendors plan to have DUAs signed and submitted to the CAHPS Database on or around the same time that survey results are submitted to the CAHPS Database in March/April 2013.** Designated Vendors will be responsible for uploading the signed DUA to the CAHPS Database and sharing with DHA as a condition of the third subsidy payment.

Submission Requirements

Participation in the Clinician & Group component of the CAHPS Database is open to all practice sites, groups and vendors that administer surveys according to CAHPS specifications. The steps for submitting data to the CAHPS Database are highlighted below, but the most updated submission guidelines are available on the CAHPS website at <https://www.cahps.ahrq.gov/CAHPS-Database/Submitting-Data/~media/Files/CAHPS%20Database/CG%20Training.swf>

Designated Vendors should refer to this website for the latest submission requirements as they may be subject to change for the next open submission period. To participate in the Clinician & Group Survey component, Designated Vendors will be responsible for complying with CAHPS Database requirements:

- **Registration.** Note that DHA registration occurs earlier and cannot satisfy the CAHPS registration process. New users are asked to fill out a separate CAHPS registration form. Participants must register or a Designated Vendor can register on the

participants' behalf. After completing the form users will receive an email with a link to activate the account.

- **CAHPS Questionnaire.** Submit a copy of the CAHPS questionnaire used. As part of the DHA initiative, all practice sites or Designated Vendors acting on behalf of these practice sites will indicate they are submitting the PCMH CG-CAHPS survey or the modified survey for specialist practice sites. Questionnaires must follow survey administration guidelines for the PCMH CG-CAHPS Survey.
- **Data Use Agreement,** Participants must sign data use agreements referenced above and included in APPENDIX 6. DUAs must be signed by the practice site (or its designee); they cannot be signed by the Designated Vendor on behalf of practice sites and must be submitted before submitting data files to the CAHPS Database. If multiple organizations are submitting data or will be viewing data, all practice sites or affiliates need to be specified in the DUA. **CAHPS recommends that practice sites submit the DUA as early as possible once the new CAHPS Database Network Vendor is selected, especially if participants' legal department must review the agreement before signing.**
- **Clinician & Group Information.** Additional information on survey administration such as sample size, field period and response rate is also necessary to complete the data submission process and is now required in the data file specifications.
- **Data Files.** Participants are required to submit three data files through the CAHPS Clinician & Group Data Submission System (Group, Practice Site, and Sample Level). The group data file contains information about the parent group which may be used for reporting purposes. The practice data file includes a record for each practice site in the survey. The sample data file contains information on the physician and the sampled patient. Each file is linked by identifiers. Data files are required to meet the CAHPS Clinician & Group data file specifications.

There are six basic steps involved in the data submission process:

1. Submit signed Data Use Agreement
2. Provide information needed before submitting
3. Register for an account.
4. Submit CAHPS questionnaire (s) for review and approval
5. Submit data files for review and approval
6. Check the status of your submission.

Further information for each of these steps including data specifications for each of the files and file layout above can be found at

<https://www.cahps.ahrq.gov/CAHPS-Database/Submitting-Data/CG-Data.aspx>

For a more comprehensive orientation to the online data submission process, participants are encouraged to view a 15-minute Web training on data submission found at:

<https://www.cahps.ahrq.gov/CAHPS-Database/Submitting-Data/~media/Files/CAHPS%20Database/CG%20Training.swf>

Note that the CAHPS Database online submission system is currently closed, but is expected to open again in March/April 2013. When the CAHPS Database is reopened it will support the 12 month 4-point response scale for the PCMH version of the Clinician and Group Survey used under the Maine initiative. Designated Vendors working on behalf of Maine practice sites will be required to submit PCMH survey data at that time.

If a group of practice sites wish to see its data 'rolled up' with other affiliated practice sites (e.g., medical group), both the group and individual sites must be specified in the DUA.

Access to CAHPS Data

Practice site survey results and comparative benchmark data are expected to be available for individual sites to access on the CAHPS Database online reporting system in Spring 2013. As established through the practice site's DUA, DHA will access practice-level data to include in public reporting after these data are available through CAHPS.

■ Subsidies

DHA will make practice-site subsidy payments up to \$8.60 per completed survey or 90% of actual survey costs, whichever is less. Practice-site subsidies will be paid to Designated Vendors, under contract with DHA, for survey administration to registered practice sites. To qualify for a subsidy, practice sites must be fully registered, including the submittal of an Attestation form signed by the practice site owner.

Subsidy Payment Schedule

Subsidy payments will be made in three installments.

First subsidy payment – on or around October 31, 2012

The first payment will equal 25% of the total estimated subsidy amount based on the sample size per practice site calculated at the time of practice site registration.

Second payment – on or around January 30, 2013

A second payment will be made to Designated Vendors after survey administration when DHA receives documentation from the Designated Vendor on the number of completed surveys per practice-site and aggregate practice-site results. DHA will use this information to adjust the survey count calculated at the time of registration. **This information will not be used for purposes of analysis or public reporting by DHA but is intended to provide practice sites with early results for improving care quality.** The second payment will equal 50% of the total adjusted subsidy amount based on the number of actual surveys reported, not to exceed the original sample size calculated on the basis of providers per practice site.

Third payment – after cleaning by the CAHPS Database and notification to DHA of the final completed survey count

The final payment will be made to Designated Vendors after the DUA is submitted to the CAHPS Database, the CAHPS Database conducts its cleaning and edit function, and the CAHPS Database notifies DHA of the final number of completed surveys submitted.

According to CAHPS, a survey is considered complete if it has responses for 50 percent of more of the key survey items. Further information can be found at:

http://www.cahps.ahrq.gov/surveys-guidance/cg/~media/Files/SurveyDocuments/CG/12%20Month/Admin_Survey/1033_CG_Fielding_the_Survey.pdf.

No Designated Vendor will be paid for more than the total number of surveys shown in the CAHPS sample size estimates table based on the number of providers in a practice-site. A Designated Vendor could be paid less than the original subsidy estimate if less than the established sample size is collected.

The following example illustrates potential scenarios under which subsidy payments will be calculated based the \$8.60 subsidy amount per completed survey.

	Scenario 1	Scenario 2	Scenario 3
Original Sample Size per CAHPS table	100	100	100
Estimated Total Subsidy Amount	\$860	\$860	\$860
First Subsidy Payment	$\$860 \times .25 = \215	$\$860 \times .25 = \215	$\$860 \times .25 = \215
# Completed surveys reported by Vendor	110	90	90
Adjusted Total Subsidy Amount	\$860*	\$774	\$774
Second Subsidy Payment	$\$860 \times .5 = \430	$\$774 \times .5 = \387	$\$774 \times .5 = \387
# Completed surveys reported by CAHPS	100	90	80
Final Total Subsidy Amount	\$860	\$774	\$688
Final Subsidy Payment	$\$860 - (215 + 430) = \215	$\$774 - (215 + 387) = \172	$\$688 - (215 + 387) = \86

*Subsidy is calculated based on the number of completed surveys, not to exceed the original sample size.

Balance billing

Designated Vendors cannot bill practice sites for the balance of survey costs until after all subsidies are paid by DHA.

Invoices

Designated Vendors must submit an invoice to receive subsidy payments. Listed below is the information that must accompany each invoice request.

Subsidy Payment	Invoice Requirements
First Subsidy	<ul style="list-style-type: none"> • Vendor Name, contact person, address, Tax ID and State of Maine Contract Number • Narrative statement of work • List of practice sites by contract that have been registered and for which the practice site owner has submitted a signed Attestation Form. • Invoice amount by contract as indicated by DHA at the time of practice site registration.
Second Subsidy	<ul style="list-style-type: none"> • Vendor Name, contact person, address, Tax ID and State of Maine Contract Number • Narrative statement of work • For each contract, practice site and aggregate survey results that include the number of completed surveys by practice site. • Invoice amount by contract based on the adjusted number of completed surveys.
Third Subsidy	<ul style="list-style-type: none"> • Vendor Name, contact person, address, Tax ID and State of Maine Contract Number • Narrative statement of work • Signed DUA from practice site or practice owner • By contract, the number of completed surveys reported by CAHPS Database. • Invoice amount by contract based on the adjusted number of completed surveys reported by CAHPS.

■ Public Reporting

DHA will have access to practice-site survey results through the CAHPS Database under terms of the Data Use Agreement submitted to the CAHPS Database. The format and content of public reporting will be based on the advice and recommendations of a Stakeholder Public Reporting Sub-Committee established by DHA's Maine Quality Forum. DHA currently is soliciting consumers, providers, policymakers and researchers to participate in the Stakeholder Sub-Committee which will meet from August, 2012 through February, 2013. The purpose of the Sub-Committee will be to review emerging evidence on the best methods for reporting patient experience survey data and the explanatory text to assure its proper interpretation and use.

■ Appendices

1. **Adult PCMH Survey Instrument for Primary Care Practice Sites**
2. **Child PCMH Survey Instrument for Pediatric Practice Sites**
3. **Adult PCMH Survey Instrument for Specialist Practice Sites**
4. **Registration Form**
5. **Attestation Form**
6. **Modified Data Use Agreement**

Appendix 1

Adult PCMH Survey Instrument for Primary Care Practice Sites

CAHPS[®] Clinician & Group Surveys

Version: 12-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Adult

Language: English

Response Scale: 4 points

Notes

- **Expanding on the 12-Month Survey:** This survey combines the Clinician & Group 12-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).
- **References to “this provider” rather than “this doctor:”** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see [Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys](#).
- **Never-to-Always response scale:** This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

Your Provider

1. Our records show that you got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #44 on page 6**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ¹ Yes
² No

3. How long have you been going to this provider?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

Your Care From This Provider in the Last 12 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #44 on page 6**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

5. In the last 12 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- ¹ Yes
² No → **If No, go to #8**

6. In the last 12 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

8. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

- ¹ Yes
- ² No → **If No, go to #10**

9. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

10. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
- ² No

11. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?

- ¹ Yes
- ² No → **If No, go to #13**

12. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

13. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

- ¹ Yes
- ² No → **If No, go to #15**

14. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

15. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

- ¹ Yes
- ² No → **If No, go to #17**

16. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

17. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?

- ¹ Yes
- ² No

18. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

20. In the last 12 months, how often did this provider listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

21. In the last 12 months, did you talk with this provider about any health questions or concerns?

- ¹ Yes
- ² No → **If No, go to #23**

22. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

23. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

24. In the last 12 months, how often did this provider show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

25. In the last 12 months, how often did this provider spend enough time with you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

26. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- ¹ Yes
- ² No → **If No, go to #28**

27. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

- ¹ Yes
- ² No → **If No, go to #32**

29. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

30. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might **not** want to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- ¹ Yes
- ² No

32. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?

- ¹ Yes
- ² No → **If No, go to #35**

34. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

Please answer these questions about the provider named in Question 1 of this survey.

35. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

- ¹ Yes
² No

36. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

- ¹ Yes
² No

37. In the last 12 months, did you take any prescription medicine?

- ¹ Yes
² No → **If No, go to #39**

38. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?

- ¹ Yes
² No

39. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ¹ Yes
² No

40. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- ¹ Yes
² No

41. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ¹ Yes
² No

Clerks and Receptionists at This Provider's Office

42. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

43. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

About You

44. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

45. In general, how would you rate your overall **mental or emotional** health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

46. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

47. Are you male or female?

- ¹ Male
- ² Female

48. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
- ² No, not Hispanic or Latino

50. What is your race? Mark one or more.

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian or Other Pacific Islander
- ⁵ American Indian or Alaskan Native
- ⁶ Other

51. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

52. How did that person help you? Mark one or more.

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way

Please print: _____

Thank you

Please return the completed survey in the postage-paid envelope.

Appendix 2

Child PCMH Survey Instrument for Pediatric Practice Sites

CAHPS[®] Clinician & Group Surveys

Version: 12-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Child

Language: English

Response Scale: 4 points

Notes

- **Expanding on the 12-Month Survey:** This survey combines the Clinician & Group 12-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).

- **References to “this provider” rather than “this doctor:”** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see [Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys](#).
- **Never-to-Always response scale:** This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Your Child's Provider

1. Our records show that your child got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

¹ Yes

² No → **If No, go to #55 on page 7**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up or gets sick or hurt?

¹ Yes

² No

3. How long has your child been going to this provider?

¹ Less than 6 months

² At least 6 months but less than 1 year

³ At least 1 year but less than 3 years

⁴ At least 3 years but less than 5 years

⁵ 5 years or more

Your Child's Care From This Provider in the Last 12 Months

These questions ask about **your child's** health care. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

4. In the last 12 months, how many times did your child visit this provider for care?

None → **If None, go to #55 on page 7**

1 time

2

3

4

5 to 9

10 or more times

5. In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?

¹ Yes → **If Yes, go to #7**

² No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

¹ Yes → **If Yes, go to #10**

² No → **If No, go to #10**

7. Is your child able to talk with providers about his or her health care?

¹ Yes

² No → **If No, go to #10**

8. In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

9. In the last 12 months, how often did this provider listen carefully to **your child**?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

- ¹ Yes
- ² No → **If No, go to #12**

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- ¹ Yes
- ² No

12. In the last 12 months, did you phone this provider's office to get an appointment for your child for an illness, injury, or condition that **needed care right away**?

- ¹ Yes
- ² No → **If No, go to #15**

13. In the last 12 months, when you phoned this provider's office to get an appointment for care your child **needed right away**, how often did you get an appointment as soon as your child needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

14. In the last 12 months, how many days did you usually have to wait for an appointment when your child **needed care right away**?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

15. In the last 12 months, did you make any appointments for a **check-up or routine care** for your child with this provider?

- ¹ Yes
- ² No → **If No, go to #17**

16. In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

17. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

¹ Yes

² No

18. In the last 12 months, did your child need care during evenings, weekends, or holidays?

¹ Yes

² No → **If No, go to #20**

19. In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

¹ Never

² Sometimes

³ Usually

⁴ Always

20. In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?

¹ Yes

² No → **If No, go to #22**

21. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

¹ Never

² Sometimes

³ Usually

⁴ Always

22. In the last 12 months, did you phone this provider's office with a medical question about your child **after** regular office hours?

¹ Yes

² No → **If No, go to #24**

23. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

24. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

¹ Yes

² No

25. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?

¹ Never

² Sometimes

³ Usually

⁴ Always

26. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

27. In the last 12 months, how often did this provider listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

28. In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

- ¹ Yes
- ² No → **If No, go to #30**

29. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

30. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

31. In the last 12 months, how often did this provider show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

32. In the last 12 months, how often did this provider spend enough time with your child?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

- ¹ Yes
- ² No → **If No, go to #35**

34. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

35. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?

- ¹ Yes
- ² No → **If No, go to #38**

37. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

Please answer these questions about the provider named in Question 1 of this survey.

38. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

- ¹ Yes
- ² No

39. In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

- ¹ Yes
- ² No

40. In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

- ¹ Yes
- ² No

41. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

- ¹ Yes
- ² No

42. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

- ¹ Yes
² No

43. In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?

- ¹ Yes
² No

44. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

- ¹ Yes
² No

45. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

- ¹ Yes
² No

46. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

- ¹ Yes
² No

47. In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

- ¹ Yes
² No

48. In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?

- ¹ Yes
² No

49. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

- ¹ Yes
² No

50. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- ¹ Yes
² No

51. In the last 12 months, did your child take any prescription medicine?

- ¹ Yes
² No → **If No, go to #53**

52. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

- ¹ Yes
² No

Clerks and Receptionists at This Provider's Office

53. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

54. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

About Your Child and You

55. In general, how would you rate your child's overall health?

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

56. In general, how would you rate your child's overall **mental or emotional** health?

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

57. What is **your child's** age?

- Less than 1 year old

_____ YEARS OLD (*write in*)

58. Is your child male or female?

- ¹ Male
- ² Female

59. Is your child of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
- ² No, not Hispanic or Latino

60. What is your child's race? Mark one or more.

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian or Other Pacific Islander
- ⁵ American Indian or Alaska Native
- ⁶ Other

61. What is **your** age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

62. Are you male or female?

- ¹ Male
- ² Female

63. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

64. How are you related to the child?

- ¹ Mother or father
- ² Grandparent
- ³ Aunt or uncle
- ⁴ Older brother or sister
- ⁵ Other relative
- ⁶ Legal guardian
- ⁷ Someone else

Please print: _____

65. Did someone help you complete this survey?

¹ Yes

² No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

66. How did that person help you? Mark one or more.

¹ Read the questions to me

² Wrote down the answers I gave

³ Answered the questions for me

⁴ Translated the questions into my language

⁵ Helped in some other way

Please print: _____

Thank you

Please return the completed survey in the postage-paid envelope.

Appendix 3
Adult PCMH Survey Instrument for
Specialist Practice Sites

CAHPS[®] Clinician & Group Surveys

Version: 12-Month Survey with Patient-Centered Medical Home (PCMH) Items

Population: Adult

Language: English

Response Scale: 4 points

Notes

- **Expanding on the 12-Month Survey:** This survey combines the Clinician & Group 12-Month Survey with the Patient-Centered Medical Home Item Set to address the domains of the medical home. The PCMH supplemental items are highlighted in yellow.

Survey users may add more questions to this survey. A document with supplemental items developed by the CAHPS Consortium and descriptions of major item sets are available at: [Clinician & Group Surveys and Instructions](#).

- **References to “this provider” rather than “this doctor:”** This survey uses “this provider” to refer to the individual specifically named in Question 1. A “provider” could be a doctor, nurse practitioner, physician assistant, or other individual who provides clinical care. Survey users may change “provider” to “doctor” throughout the questionnaire. For guidance, please see [Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys](#).
- **Never-to-Always response scale:** This survey employs a 4-point response scale – “Never/Sometimes/Usually/Always” – which is the standard frequency scale for CAHPS surveys. The CAHPS Consortium is currently awaiting National Quality Forum (NQF) review and endorsement of this 2.0 version of the survey with a 4-point scale.

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Additional guidance is available in [Preparing a Questionnaire Using the CAHPS Clinician & Group Survey](#).

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

Your Provider

1. Our records show that you got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

- ¹ Yes
² No → **If No, go to #44 on page 6**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ¹ Yes
² No

3. How long have you been going to this provider?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

Your Care From This Provider in the Last 12 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #44 on page 6**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

5. In the last 12 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- ¹ Yes
² No → **If No, go to #8**

6. In the last 12 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away**?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

8. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

- ¹ Yes
- ² No → **If No, go to #10**

9. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

10. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ¹ Yes
- ² No

11. In the last 12 months, did you need care for yourself during evenings, weekends, or holidays?

- ¹ Yes
- ² No → **If No, go to #13**

12. In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

13. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

- ¹ Yes
- ² No → **If No, go to #15**

14. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

15. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

- ¹ Yes
- ² No → **If No, go to #17**

16. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

17. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?

- ¹ Yes
² No

18. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

20. In the last 12 months, how often did this provider listen carefully to you?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

21. In the last 12 months, did you talk with this provider about any health questions or concerns?

- ¹ Yes
² No → **If No, go to #23**

22. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

23. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

24. In the last 12 months, how often did this provider show respect for what you had to say?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

25. In the last 12 months, how often did this provider spend enough time with you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

26. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

- ¹ Yes
- ² No → **If No, go to #28**

27. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

28. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

- ¹ Yes
- ² No → **If No, go to #32**

29. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

30. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might **not** want to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

31. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- ¹ Yes
- ² No

32. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

Please answer these questions about the provider named in Question 1 of this survey.

33. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

- ¹ Yes
- ² No

34. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?

¹ Yes

² No

35. In the last 12 months, did you take any prescription medicine?

¹ Yes

² No → **If No, go to #39**

36. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?

¹ Yes

² No

37. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

¹ Yes

² No

38. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

¹ Yes

² No

39. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

¹ Yes

² No

Clerks and Receptionists at This Provider's Office

40. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

41. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

About You

42. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

43. In general, how would you rate your overall **mental or emotional** health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

44. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

45. Are you male or female?

- ¹ Male
- ² Female

46. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

47. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

48. What is your race? Mark one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Other

49. Did someone help you complete this survey?

- 1 Yes
- 2 No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

Thank you

Please return the completed survey in the postage-paid envelope.

50. How did that person help you? Mark one or more.

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

Please print: _____

Appendix 4

Registration Form

PRACTICE SITE REGISTRATION FORM

(see submission instructions at bottom of sheet)

Designated Vendor		
Practice Site Owner		
Registration to: (choose one)	<input type="checkbox"/>	Register sites under a new contract (include Attestation)
	<input type="checkbox"/>	Register additional practice sites to a previous registration form
	<input type="checkbox"/>	Revise information from previous registration (describe nature of revision in notes column next to the revised entry)
Date:		

***A Practice Site** is defined as the place where one or more clinicians practice together and provide primary or specialty care at a single geographic location, whether single geographic address or separate office suites at the same address.

**** Primary Care Provider** includes physician, nurse practitioner, or physician assistant who independently manages a patient caseload.

REGISTRATION INFORMATION

Name of Practice Site*	Number of Providers		Price per Completed Survey	Notes <small>(indicate nature of revision, if applicable)</small>
	PCPs**	Specialists		
	**see definition above			
1				
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PRACTICE SITE REGISTRATION FORM

(see submission instructions at bottom of sheet)

Designated Vendor	
Practice Site Owner	
Registration to: (choose one)	<input type="checkbox"/> Register sites under a new contract (include Attestation)
	<input type="checkbox"/> Register additional practice sites to a previous registration form
	<input type="checkbox"/> Revise information from previous registration (describe nature of revision in notes column next to the revised entry)
Date:	

***A Practice Site** is defined as the place where one or more clinicians practice together and provide primary or specialty care at a single geographic location, whether single geographic address or separate office suites at the same address.

**** Primary Care Provider** includes physician, nurse practitioner, or physician assistant who independently manages a patient caseload.

REGISTRATION INFORMATION

Name of Practice Site*	Number of Providers		Price per Completed Survey	Notes <small>(indicate nature of revision, if applicable)</small>
	PCPs**	Specialists		
	**see definition above			
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To complete registration:

- ▶ **Submit signed Attestation.**
- ▶ **Submit Registration Form identifying each practice site included under each Attestation.**
- ▶ **Email to:** jmackenzie@usm.maine.edu

For questions about the Attestation or registration process, contact Jennifer MacKenzie, (207) 780-4525, or jmackenzie@usm.maine.edu

Appendix 5

Attestation Form

PRACTICE SITE ATTESTATION

Dirigo Health Agency

VENDOR INFORMATION			
Company Name	Tax ID	State of Maine Contract Number	
Contact Person – First Name <i>for questions about this registration</i>	Last Name	Telephone	Email
Address (Street)	City	State	ZIP code

As part of the registration process, the Designated Vendor must provide the following information:

- 1) Attestation (*see below*) from the authorizing representative of the practice site indicating that the practice site:
 - has signed a contract with the above Designated Vendor;
 - has agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment;
 - has agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications; and
 - will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;
- 2) A list of each practice site by name and size that corresponds with those identified in the contract between the practice site owner and the Designated Vendor.

ATTESTATION *(to be signed by authorized representative of practice site)*

I, [click here to enter name of authorized representative](#), on behalf of the attached practice sites,

have entered into a contract with [click here to enter name of designated vendor](#).

This is to attest that the practice sites listed on the attached registration form:

- are included in a contract with the above Designated Vendor;
- have agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment;
- have agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications;
- will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;

Signature:

(insert electronic signature of authorized representative in space above)

Name: [click here to enter name of authorized representative](#)

Title: [click here to enter title of authorized representative](#)

Name of Organization: [click here to enter organization](#)

Date: [click here to enter date](#)

To complete registration:

- ▶ **Submit signed Attestation.**
- ▶ **Submit Registration Form identifying each practice site included under each Attestation.**
- ▶ **Email to: jmackenzie@usm.maine.edu**

For questions about the Attestation form or registration process, contact Jennifer MacKenzie, (207) 780-4525, or jmackenzie@usm.maine.edu

Appendix 6

Data Use Agreement

**National CAHPS Benchmarking Database
CAHPS Clinician & Group Survey Database
Data Use Agreement**

Instructions

1. The language contained in this agreement cannot be edited or altered in any form without permission. AHRQ is currently soliciting competitive bids for its CAHPS Database and User CAHPS Network Vendor contract. All references to the “CAHPS User CAHPS Network Vendor” in this agreement template should be replaced with the organizational name of the final vendor once the contract is awarded.
2. Data collection vendors may not sign and submit this Data Use Agreement on behalf of a medical group, system, health plan or practice (even if they have been given permission by the medical group, system, health plan or practice to handle the actual submission of data). Only a duly appointed representative from the medical group, system, health plan or practice may sign this Data Use Agreement.
3. Signed DUAs will be submitted directly to the CAHPS Database once the Agency for Healthcare Research and Quality approves its CAHPS User CAHPS Network Vendor based on a competitive solicitation process that is currently underway.
4. Once the Data Use Agreement is accepted it will be signed by the CAHPS User CAHPS Network Vendor and returned to you for your records.

National CAHPS Benchmarking Database CAHPS Clinician & Group Survey Database Data Use Agreement

1. This Data Use Agreement (DUA) is made by and between the Agency for Healthcare Research and Quality (AHRQ's) CAHPS User CAHPS Network Vendor (herein after termed "CAHPS CAHPS Network Vendor") and the organization named below (hereinafter termed "Participating Organization") which includes any practice sites listed under item 11 on page 2 of this Data Use Agreement.

Name of Participating Organization

Street Address of Participating Organization

City

State

Zip Code

VERY IMPORTANT: Type or write in the name of the Participating Organization above. If more than one *practice or site* is represented, list the name of the overall medical group, system, health plan or practice above, and under item 11, page 2 of this Data Use Agreement, **IDENTIFY EACH INDIVIDUAL PRACTICE or site for which data will be submitted.**

1. This DUA specifies the terms and conditions of Participating Organization's submission of its CAHPS Clinician & Group Survey data to the CAHPS Network VendorCAHPS CAHPS Network Vendor for participation in the CAHPS Clinician & Group Database (hereinafter termed the "Database").
2. The purpose of the Database is to establish a central repository of CAHPS survey data to facilitate comparisons and benchmarking of health plan, medical group, clinician, and health care facility performance as measured by the CAHPS® suite of surveys. The Database is designed to continue and expand this national comparative database through the voluntary participation of organizations that have implemented the CAHPS Clinician & Group Survey (CAHPS CG) and are willing to submit their CAHPS CG survey data to the CAHPS Network VendorCAHPS CAHPS Network Vendor for inclusion in the Database.

The CAHPS Database is funded by the Agency for Healthcare Research and Quality (AHRQ) under a contract and the Database is managed and administered by the CAHPS Network VendorCAHPS CAHPS Network Vendor. The CAHPS Network VendorCAHPS CAHPS Network Vendor will operate the Database to comply with the provisions in this DUA. Within this framework, the CAHPS CAHPS Network Vendor will manage and administer the Database using its discretion as necessary, and it will seek and be guided by the advice and counsel of the CAHPS Database Advisory Group established by the CAHPS CAHPS Network Vendor, in accordance with its contractual obligations, to provide input throughout the design, development and administration of the Database. The Advisory Group consists of representatives from various survey sponsor organizations and other groups with an interest in the database.

3. Participating Organizations will provide their survey data to the Database for analysis and reporting according to the terms specified in this DUA. By agreeing to participate in the Database, each Participating Organization agrees to make every good faith effort to provide data, as specified by the data specifications outlined below, for inclusion in the Database (this data being collectively referred to as the "Data"), including:
 - a) A copy of the final survey instrument for each surveyed population for which data will be submitted to the Database;
 - b) Participating Organization's final, respondent-level CAHPS CG survey data, as collected by the Participating Organization itself or by a survey data collection vendor, according to the data specifications outlined for the Database; and
 - c) Selected medical practice organizational characteristics data (e.g., ownership, medical specialties represented etc.) and information related to survey administration (e.g., mode of survey administration, dates of administration, sample size, response rate, etc.).
4. In accordance with the AHRQ confidentiality statute [at 42 USC 299c-3(c)], the CAHPS CAHPS Network Vendor agrees to establish appropriate and necessary administrative, technical, and physical procedures and safeguards to protect the data. Only the CAHPS CAHPS Network Vendor and duly authorized representatives appointed by AHRQ will have

access to the identifiable source data provided by Participating Organization. In addition, the CAHPS Network Vendor will ensure appropriate staff training to protect the confidentiality of the identifiable data and to prevent unauthorized access to it and any unauthorized use of it.

5. Participating Organization's Data will be accepted into the Database provided that the version of the CAHPS CG survey administered by Participating Organization is deemed acceptable by the CAHPS Network Vendor (i.e., not modified substantially from the original CAHPS CG survey instructions and items). The CAHPS Network Vendor will promptly notify the Participating Organization of any problem, if any, with the survey version(s) administered or with the data submitted. If the survey version administered is acceptable but the data submitted are problematic, the CAHPS Network Vendor will make a good faith effort to work with the Participating Organization to complete or correct the Data submission, but reserves the right to not include incompatible or flawed data in the Database.

Participating Organization's data files will be aggregated for comparative purposes along with other Participating Organizations' Data in the Database. The CAHPS Network Vendor will report aggregate statistics on CAHPS CG survey composite scores and items across all Participating Organizations and across various subsets of Participating Organizations (e.g., ownership, medical specialties represented, etc.) in the CAHPS Database online reporting system. The online reporting system will not identify individual Participating Organizations by name. Only aggregate data will be reported, and only when there are sufficient data so that such aggregation will not permit the identification of Participating Organizations by other Participating Organizations or the public. The results will be made available to Participating Organizations and the public in the CAHPS Database online reporting system at no charge. For purposes of participating in the State of Maine's public reporting effort sponsored by the Dirigo Health Agency (DHA), Participating Organizations grant permission to DHA to view and use each Participating Organization's practice-site results as well as group-level results available through the CAHPS Database for public reporting.

1. The CAHPS Network Vendor may conduct psychometric analyses of the aggregate data to examine its distributional properties (variability, missing data, skewness), and to assess the factor structure and reliability. In any data analysis reports that may be produced, such reports will not identify individual Participating Organizations by name and results will only be reported in a manner that will not permit the identification of Participating Organizations.
2. The CAHPS Network Vendor may grant access to Participating Organization's data for health care research purposes approved by AHRQ according to the following provisions:
 - a) Access to aggregate data files that do not identify individual Participating Organizations or permit reidentification may be granted by the CAHPS Network Vendor without the specific authorization of Participating Organizations whose data are included as part of the aggregate data files. These data files may include variables describing the Participating Organization according to types (e.g., ownership, medical specialties represented, etc.), provided the variables do not permit reidentification.
 - b) Access to data files specific to an identifiable Participating Organization may be approved only with the express written authorization of the Participating Organization whose data files are requested. Researcher analyses of the data files provided to researchers under these provisions and containing any identifying information, may not be released, disclosed or made public by the researchers without the express written authorization of any Participating Organizations that may be identified in the published research analysis.
3. The CAHPS Network Vendor agrees to use the Data submitted by Participating Organization only for the purposes stated in this agreement.
4. If Participating Organization represents more than one practice site, use the space below to TYPE OR WRITE THE NAME OF EACH INDIVIDUAL PRACTICE SITE AND ITS ADDRESS INCLUDING CITY AND STATE which is represented by Participating Organization and therefore covered under this Data Use Agreement. Attach additional sheet if necessary.

NAME OF PRACTICE SITE REPRESENTED

ADDRESS

PLEASE SIGN, COMPLETE THE INFORMATION BELOW, AND FAX ALL PAGES OF THIS DATA USE AGREEMENT BACK TO THE CAHPS NETWORK VENDOR.

The undersigned individual hereby attests that he/she is duly authorized to represent the Participating Organization and all practices listed under item 11 and in so doing, enters into this Data Use Agreement on behalf of the Participating Organization and the practices listed under item 11 and agrees to all the terms specified herein.

Name: _____

Title: _____

(Signature)

(Date)

Name and address of person from Participating Organization who should be sent the completed Data Use Agreement once it is signed by the CAHPS Network Vendor:

Name of contact (if different from above): _____

Title (if different from above): _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

THIS SECTION TO BE COMPLETED BY THE CAHPS NETWORK VENDOR AFTER IT RECEIVES PARTICIPATING ORGANIZATION'S COMPLETE AND SIGNED DATA USE AGREEMENT.

The undersigned individual hereby attests that he/she is duly authorized to represent the CAHPS Network Vendor, and, in so doing, enters into this Data Use Agreement on behalf of the CAHPS Network Vendor and agrees to all the terms specified herein.

CAHPS Network Vendor Vice President, CAHPS vendor

(Signature)

(Date)