

**STATE OF MAINE
DIRIGO HEALTH AGENCY**

RFP # 201206335

Designated Patient Experience Survey Vendors

RFP Coordinator:

Alexander Dragatsi
Dirigo Health Agency
211 Water Street
Augusta, ME 04330

Bidders' Conference:

1:00 p.m., June 18, 2012
Room 205
Wishcamper Center
34 Bedford Street
Portland, ME 04101
or by calling 800-211-0633 (Passcode 912590)

Deadline for Submittal of Written Questions: June 22, 2012, 5:00 p.m. local time

Proposals Due: July 6, 2012 not later than 2:00 p.m. local time

Due to:

**Division of Purchases
Burton M. Cross Building, 4th Floor, 111 Sewall Street
9 State House Station, Augusta ME 04333-0009**

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Public Notice

**State of Maine
Dirigo Health Agency
Public Notice for RFP # 201206335
(Designated Patient Experience Survey Vendors)**

The State of Maine's Dirigo Health Agency has a requirement for identifying Designated Vendors to administer a nationally recognized patient experience survey instrument at the primary care and specialty care practice site level and to submit survey results for public reporting. In accordance with State procurement practices, the Dirigo Health Agency is hereby announcing the publication of a Request for Proposals (RFP) #201206335 for the purchase of the aforementioned services.

A copy of the RFP can be obtained by contacting the Dirigo Health Agency at 211 Water Street, 53 State House Station, Augusta, ME 04333. Questions must be in writing and emailed to dha.rfp@maine.gov or sent to and received by Alexander G. Dragatsi, MPH, Health Program Coordinator, Dirigo Health Agency, 211 Water St., Augusta, ME 04330 by Friday, June 22, 2012. Written answers will be provided by email to all enquirers and will also be posted on the DHA website under Patient Experience Matters RFP on June 27, 2012. The Dirigo Health Agency encourages all interested vendors to obtain a copy of the RFP and submit a competitive proposal.

A Bidders' Conference will be held on Monday, June 18 at 1:00 p.m. in Room 205 at the Wishcamper Center, University of Southern Maine, 34 Bedford Street, Portland, Maine or by calling 800-211-0633 (Passcode 912590). Attendance at the Bidders' Conference is optional.

Proposals must be submitted to the State of Maine Division of Purchases, located at the Burton M. Cross Office Building, 111 Sewall Street, 4th Floor, 9 State House Station, Augusta, Maine, 04333-0009. Proposals must be submitted by 2:00pm, local time, on July 6, 2012 when they will be opened at the Division of Purchases' aforementioned address. Proposals not received at the Division of Purchases' aforementioned address by the aforementioned deadline will not be considered for contract award.

State of Maine – Dirigo Health Agency
RFP # 201206335
Designated Patient Experience Survey Vendors

PART I INTRODUCTION

A. Purpose and Background

The Dirigo Health Agency (DHA) is seeking proposals from qualified organizations to serve as Designated Vendors for the collection of standardized patient experience survey data and to establish a best price upon which to base practice-site subsidies to be paid by DHA as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which a Designated Vendor(s) will be selected, and the contractual terms which will govern the relationship between the State of Maine (“State”) and the awarded Bidder(s).

DHA, through the Maine Quality Forum (MQF), is statutorily charged with the responsibility of monitoring and improving the quality of health care in Maine. Specifically, the law directs the MQF to evaluate and compare health care quality and provider performance.¹ More recently, LD 1444 further requires the MQF to collect quality of care data on health care organizations and practitioners and to publicly report quality data for use by consumers.²

Patient Experience Matters is a voluntary initiative to collect and publicly report standardized patient experience survey data about primary and specialty healthcare in Maine. In partnership with Maine Quality Counts, Maine Healthcare Management Coalition, and Maine’s Aligning Forces for Quality, DHA is promoting and incentivizing the use of a standard survey instrument and approach to assess, compare and publicly report patient experience survey data at the practice-site level. Health systems and practices that currently collect patient survey data are being asked to replace or augment their existing survey for a defined sample frame during a single survey administration period between September – November, 2012. Practice sites with no former experience collecting patient survey data will benefit for the first time in collecting and using patient experience survey data to improve quality. Substantial subsidies will be available for practice sites contracting with Designated Vendors and agreeing to release survey results to DHA for public reporting at the practice site level.

This RFP describes the qualifications and requirements to be a Designated Vendor for this statewide effort. In order for participating practices to receive a subsidy from DHA under this initiative, a practice site must use a Designated Vendor. Established survey vendors already working with primary care or specialty practice sites in the state must respond to this RFP to become a Designated Vendor under this initiative. Bidders under this solicitation may choose to be designated to work exclusively with existing clients or to be a Designated Vendor open to all practice sites. DHA is not restricting the number of vendors that can be designated under

¹ Me. Rev. Stat. tit. 24, §6951.

² Sec. B-1. 24-A MRSA §2694-A.

this solicitation. Designated Vendors will contract with practice sites for survey administration and, under a separate contract with DHA, will receive practice site subsidies. Designated Vendors must agree to bill practice sites for any balance of survey costs only after the final award of practice-site subsidies.

Bidders are required to submit a bid for the mode or modes that will be offered , calculated as a rate per completed survey. DHA will determine the best price that will serve as the basis for practice-site subsidies which are anticipated to be up to 90% of the best price. Designated Vendors are not required to charge the best price established under this solicitation or use the mode upon which it was based.

Designated Vendors must agree to use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinical & Group (CG-CAHPS) instrument developed for Patient-Centered Medical Homes (PCMH) and to field the survey in accordance with the attached *DHA Survey Guidelines*. The complete adult and child survey instruments will be administered for primary care practice sites; a pre-determined subset of items will be administered to adult patients in specialty practice sites. DHA selected the PCMH instrument because of its growing importance and use as a tool by NCQA and CMS for assessing patient experience under emerging health systems.

DHA will be using the CAHPS Database online reporting system, a public web-based platform funded by the Agency for HealthCare Research and Quality and administered by Westat for all survey analysis and benchmarking for public reporting. Designated Vendors must agree to submit CAHPS survey data to this online reporting system, comply with submission requirements as delineated in the attached *DHA Survey Guidelines* and work with practice sites to submit the necessary data release forms to the CAHPS Database allowing DHA access to practice-level survey results from the CAHPS Database for use in DHA public reporting.

B. General Provisions

1. Issuance of this RFP does not commit DHA to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to this RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
2. All proposals should adhere to the instructions and format requirements outlined in this RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the DHA. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements and Evaluation” section of this RFP.
3. Bidders shall take careful note that in evaluating a proposal submitted in response to this RFP, the DHA shall only consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal DHA information of previous contract history with the Bidder (if any). The proposal shall be signed by a person authorized to legally bind the Bidder and shall contain a statement that the

proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.

4. The RFP and the selected Bidder's proposal, including all appendices or attachments, will be incorporated in the final contract.
5. Following announcement of an award decision, all submissions in response to this RFP will be considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) (1 M.R.S. §§ 401 *et seq.*). If a Bidder submits materials that it claims are confidential because they are not "public records" pursuant to FOAA, the Bidder must (1) conspicuously and precisely designate those particular portions of its materials as "confidential" and (2) provide the specific statutory or other legal basis that excepts the designated materials from FOAA's definition of "public record." (See 1 M.R.S. § 402; <http://www.maine.gov/foaa/law/exceptions.htm>.) A Bidder's confidential designation does not ensure nondisclosure of the material; the State shall determine whether submitted materials are "public records."
6. The DHA, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to this RFP.

C. Eligibility to Submit Bids

Public agencies, private for-profit companies, and non-profit companies and institutions are invited to submit bids in response to this Request for Proposals. To qualify, Bidders must have experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) protocol for sampling and administering a CAHPS survey instrument. Preference will be given to Bidders who are a National Committee for Quality Assurance (NCQA)-certified survey vendor or who are certified by the Centers for Medicare & Medicaid Services (CMS) for the administration of the Hospital-CAHPS (HCAHPS) survey.

D. Contract Term

DHA is seeking a cost-efficient proposal to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. Please note that the dates below are estimated and may be adjusted as necessary in order to comply with all procedural requirements associated with this RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

The term of the anticipated contract, resulting from this RFP, is defined as follows:

Period	Start Date	End Date
Initial Period of Performance	8/6/2012	04/30/13

E. Number of Awards

DHA anticipates making multiple awards as a result of this RFP process. DHA will enter into contracts with Designated Vendors for the purpose of awarding practice site subsidies.

PART II SCOPE OF SERVICES

Designated Vendors will recruit primary care and specialty care practice sites to participate in the initiative, obtain Data Use Agreements for each participating practice site required for CAHPS Database online data submission and to allow DHA access to practice-site data for public reporting, administer the CG-CAHPS PCMH survey instruments, and submit survey results to the CAHPS Database online reporting system following *DHA Survey Guidelines* which are attached as APPENDIX C. To qualify, vendors must have experience using the CAHPS protocol for sampling and administering a CAHPS survey instrument. Preference will be given to Bidders who are:

- Approved by the Centers for Medicare & Medicaid Services (CMS) to administer either the Hospital CAHPS (HCAHPS) or the Medicare Advantage and Prescription Drug Plan (MA and PDP) CAHPS surveys. A list of approved vendors can be found at: http://www.hcahpsonline.com/app_vendor.aspx.

OR

- Certified by the National Committee for Quality Assurance (NCQA). A current list of NCQA-Certified HEDIS/CAHPS Survey Vendors can be found at: <http://www.ncqa.org/LinkClick.aspx?fileticket=o1WCTrVjMl8%3d&tabid=170>

Practice-site recruitment. The unit of analysis for this survey is the practice site level. A practice site is one or more clinicians who practice together and provide patient care at a single geographic location, whether in a single geographic address or separate office suites at the same address. The Designated Vendor is responsible for identifying practice sites for this initiative and registering each practice site through an online registration that will be available on the DHA website at the time of contract award. In planning this initiative, DHA convened two Stakeholder meetings to build awareness of the project and conducted a survey of health systems and health care practices across the State to assess level of interest in participating in a subsidized statewide patient experience of care survey. DHA will continue to promote the initiative and encourage practice site participation through presentations, press releases, website updates and notices to major professional organizations within the State.

Based on survey responses, most of Maine's large major health systems currently conduct patient surveys of their primary and specialty practices and have an established relationship with a survey vendor. Respondents indicated a willingness to coordinate their current survey efforts with this initiative for a time-limited period, using their existing vendors. DHA has communicated with respondents about this solicitation and the need for interested vendors, including those with whom they are currently working, to apply for designation in order to qualify to receive practice-site subsidies. This solicitation has been sent to all vendors identified by survey respondents and other Maine-based survey vendors.

DHA does not have a comprehensive list of all primary and specialty practice sites in the State that are eligible for participation that are not affiliated with a health system and/or are not

working with an existing vendor. DHA has relied on its partners in this statewide survey effort -- the Maine Healthcare Management Coalition, Maine Quality Counts and professional associations -- to broadly disseminate information about this initiative. These entities will notify their members upon selection of Designated Vendors and encourage them to participate. Designated Vendors will have access to available distribution lists for outreach and marketing to practice sites to participate. Bidders must describe their plans to recruit practice sites over a very brief start-up period and their estimated uptake by practice sites.

DHA will broadly disseminate contact information about each Designated Vendor procured under this RFP. Bidders can opt out of being identified for new business beyond established practice sites; otherwise Designated Vendors will be presumed open to new practice sites. Bidders must identify in their response whether they choose to opt out of being identified for new business.

Registration. Designated Vendors must register all practice sites for which they will conduct patient experience of care surveys under this solicitation and assure that an authorizing agent of the practice site provides online attestation of the practice-site's participation as a condition of receipt of practice-site subsidies. The online registration will be available on the DHA website at the time of contract award and will require that the number of primary care and specialist providers be identified for each participating practice site. Information obtained through registration will be used to estimate practice site subsidy levels and to make the first of two subsidy payments. Bidders should describe their methods for working with practice sites to secure the necessary information (e.g. practice name, provider number or unique identifier, and number of providers).

Marketing and Communication. DHA will implement a communication strategy to build patient awareness about the initiative and to encourage practice sites to participate. Designated Vendors must develop an outreach strategy to augment this public campaign through targeted efforts within participating practice sites and to define their proposed outreach strategy in this solicitation. At the time of award, DHA will provide Designated Vendors with requirements for describing the initiative in written materials and scripts. DHA reserves the right to review and approve all marketing materials, including written material and scripts, prior to use. Bidders should delineate the marketing and outreach strategies they will use to promote patient participation.

Sampling. The Designated Vendor is responsible for working with practice sites to obtain and process sample frame files to achieve the minimum required target sample based on the number of providers at a practice site. Sample sizes have been determined based on guidelines developed by the Agency for Healthcare Research and Quality for sampling at the practice site level and are indicated in the attached *DHA Survey Guidelines*. For medical groups with more than one practice site location, samples must be generated for each practice site location. Bidders should describe their process for generating a sample for the sample frame and strategies they will employ or have employed in their previous experience to meet the required minimum number of completed surveys required by practice-site size.

Mode. Designated Vendors have the option of using mail only; telephone only; mixed mode mail with phone follow-up; mixed mode of e-mail with mail follow-up or mixed mode of e-

mail with telephone follow-up. Bidders should identify their survey mode and the method for obtaining data necessary to support the selected mode. Bidders must identify their preferred mode or modes and submit a bid for each mode, calculated as a rate per completed survey. When establishing its subsidy amount, DHA will consider both the value of each mode in yielding positive response rates and price. Bidders should identify their historical response rate for each mode including an explanation of the formula(e) used to calculate the response rate. In order to consistently calculate response rates, Bidders should provide a record of the final survey disposition for every patient for whom an attempt to gain survey participation, whether by mail, email or phone was made.

Data Release. As indicated above, DHA plans to publicly report practice-site patient experience of care survey results on its website using the national CAHPS Database. As a condition of submission to the CAHPS Database, the health system or practice site must sign and submit a data use agreement (DUA) to the CAHPS Database. These DUAs cannot be signed by the Designated Vendor. As a condition of receiving a subsidy, practice sites must authorize DHA access to their practice-site data for public reporting in the DUA with CAHPS. A template for a draft DUA is provided in the attached *DHA Survey Guidelines*. While the DUAs must be signed by the practices or health systems and indicate all locations covered by the DUA including DHA, Designated Vendors will be responsible for ensuring that these DUAs are signed and submitted to the CAHPS Database and provide copies of the DUAs to DHA. Bidders should describe their experience in obtaining Data Use Agreements and the approach intended under this solicitation, including any challenges and strategies for addressing them.

Survey Administration. Designated Vendors must meet survey tool formatting and use requirements set forth in the *DHA Survey Guidelines* and follow the established CAHPS protocol for an approved mode of survey administration and data collection. Bidders should describe their experience with this survey tool if any, their approach and timeline for survey administration, including the timing and method of follow-up and anticipated response rate.

Data Submission. Designated Vendors must submit all survey results subsidized by DHA through the CAHPS Clinician & Group Survey Data Submission process. Data files are required to meet the CAHPS PCMH Clinician & Group data file specifications, following CAHPS guidelines and recommendations. The CAHPS Database on-line submission site is currently closed but will reopen in January-February 2013, at which time Designated Vendors will be expected to submit all survey data. A data use agreement including permission for DHA to access practice-site data must be sent to the CAHPS Database prior to submission. To submit survey data through the CAHPS Database, Designated Vendors must provide information about the questionnaire used and the data file and register for an account to start the submission process. All Designated Vendors are required to complete the on-line CAHPS Database Submission training at <https://www.cahps.ahrq.gov/CAHPS-Database/Submitting-Data/~media/Files/CAHPS%20Database/CG%20Training.swf>. Bidders should describe any prior experience with submitting data through the CAHPS Database on-line submission and indicate how they will comply with CAHPS data submission requirements.

Post-survey Validation. Once Designated Vendors have submitted practice-site level survey data into the CAHPS Database on-line data submission system, they will receive a confirmation of receipt within three (3) days of submission. To receive the final subsidy

payment, Designated Vendors will send the CAHPS Database confirmation to DHA confirming the total number of surveys submitted. Although final cleaning and quality control review will be conducted by the CAHPS Database, Bidders should describe their approach to assure data accuracy throughout the survey administration process.

Further details on the scope of services and requirements of this solicitation are presented in APPENDIX C, *DHA Survey Guidelines*.

PART III KEY RFP EVENTS

A. Timeline of Key RFP Events

Event Name	Event Date and Time
Bidders' Conference	June 18, 2012 at 1:00pm, local time
Due Date for Receipt of Written Questions	June 22, 2012 at 5:00pm, local time
Responses to Written Questions posted on DHA website	June 27, 2012
Due Date for Receipt of Proposals	July 6, 2012 at 2:00pm, local time
Estimated Contract Start Date (subject to change)	August 6, 2012

B. Bidders Conference

DHA will sponsor a Bidders' Conference concerning this RFP beginning at the date and time shown in the timeline above. The Bidders' Conference will be held at the University of Southern Maine, Room 205, Wishcamper Center, 34 Bedford Street, Portland, Maine or by calling 800-211-0633; Pass code 912590. Directions to the Bidders' Conference can be found at: <http://www.dirigohealth.maine.gov/Documents/BiddersConference.pdf>. The purpose of the Bidders' Conference is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Bidders' Conference is not mandatory, it is *strongly encouraged* that interested Bidders attend.

C. Questions

1. General Instructions

- It is the responsibility of each Bidder to examine the entire RFP, including all appendices, and to seek clarification in writing if the Bidder does not understand any information or instructions.
- Questions regarding the RFP must be submitted in writing and received by the RFP Coordinator as soon as possible but no later than the date and time specified in the timeline above.
- Questions may be submitted by e-mail, fax or regular mail. If faxed, please be sure to include a cover sheet addressed to the RFP Coordinator listed on the cover of this RFP, and indicate the number of pages sent. DHA assumes no liability for assuring accurate/complete fax or e-mail transmission and receipt.
- Include a heading with the RFP Number and Title. Be sure to refer to the page number and paragraph within this RFP relevant to the question presented for clarification, if applicable.
- Send written questions to the RFP Coordinator listed on the cover page of this RFP document.

- Written Questions Due:** Written questions must be received by the RFP Coordinator no later than 5:00 p.m. local time on the date shown in the timeline above. No questions will be accepted after this time.

3. Summary of Questions and Answers

Responses to all substantive and relevant questions will be compiled in writing and posted on <http://www.dirigohealth.maine.gov/Pages/rfp.html> by close of business on 6/27/2012. Only those answers posted in writing on the aforementioned website will be considered binding. DHA reserves the right to answer or not answer any question received.

D. Submitting the Proposal

1. **Proposals due:** Proposals must be received no later than 2:00 p.m. local time, on the date listed in the timeline above, at which point they will be opened. Proposals received after the 2:00 p.m. deadline will be rejected without exception.

2. **Mailing/Delivery Instructions**

PLEASE NOTE: The proposals are not to be submitted to the RFP Coordinator at DHA. The official delivery site is the State of Maine Division of Purchases (address shown below).

- a. Only proposals received at the official delivery site prior to the stated deadline will be considered. Bidders submitting proposals are responsible for allowing adequate time for delivery. Proposals received after the 2:00 p.m. deadline will be rejected without exception. Postmarks do not count and fax or electronic mail transmissions of proposals are not permitted unless expressly stated in this RFP. Any method of hardcopy delivery is acceptable, such as US Mail, in-person delivery by Bidder, or use of private courier services.
- b. The Bidder must send its written proposal in a sealed package including one **original** and six **copies** of the complete proposal. Please clearly label the original. One electronic copy of the proposal must also be provided on CD or flash drive with the complete narrative and attachments in MS Word format. Any attachments that cannot be submitted in MS Word format may be submitted as Adobe (.pdf) files.
- c. Address each package as follows (and be sure to include the Bidder's full business name and address as well as the RFP number and title):

Bidder Name/Return Address

Division of Purchases
Burton M. Cross Building, 4th Floor
111 Sewall Street
9 State House Station
Augusta ME 04333-0009

Re: RFP # 201206335

PART IV PROPOSAL SUBMISSION REQUIREMENTS

This section contains instructions for Bidders to use in preparing their proposals. The Bidder's proposal must follow the outline used below, including the numbering and section and subsection headings as they appear here. Failure to use the outline specified in this section or to respond to all questions and instructions throughout this document may result in the proposal being disqualified as non-responsive or receiving a reduced score. DHA and its evaluation team for this RFP have sole discretion to determine whether a variance from the RFP specifications should result in either disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in this RFP will, at best, be considered minimally responsive. DHA seeks detailed yet succinct responses that demonstrate the Bidder's experience and ability to perform the requirements specified throughout this document.

A. Proposal Format

1. For clarity, the proposal should be typed and printed. Proposals should be single-spaced with 1" margins on white 8 1/2" x 11" paper using a font no smaller than 12 point Times New Roman or similar.
2. All pages should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Bidder's name should appear on every page, including Attachments. Each Attachment must reference the section or subsection number to which it corresponds.
3. Bidders are asked to be brief and to respond to each question and instruction listed in the "Proposal Submission Requirements" section of this RFP. Number each response in the proposal to correspond to the relevant question or instruction of the RFP. The proposal should be limited to a maximum total of 20 pages. Pages provided beyond the aforementioned maximum amount will not be considered during evaluation.
4. The following proposal elements, if applicable/requested, will not be counted as part of the maximum total number of pages allowed for the proposal: proposal cover page, table of contents, financial forms, any required attachments, appendices, or forms provided by DHA in the RFP, organizational charts, job descriptions, or staff résumés.
5. The Bidder may not provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Any material exceeding the proposal limit will not be considered in rating the proposals and will not be returned. Bidders shall not include brochures or other promotional material with their proposals. Additional materials will not be considered part of the proposal and will not be evaluated.
6. Include any forms provided in the application package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in the RFP.
7. It is the responsibility of the Bidder to provide all information requested in the RFP package at the time of submission. Failure to provide information requested in this RFP may, at the discretion of DHA's evaluation review team, result in a lower rating for the incomplete sections and may result in the proposal being disqualified for consideration.
8. Bidders should complete and submit the proposal cover page provided in Appendix A of

this RFP and provide it with the Bidder's proposal. The cover page must be the first page of the proposal package. It is important that the cover page show the specific information requested, including Bidder address(es) and other details listed. The proposal cover page shall be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

B. Proposal Contents

Section I Organization Qualifications and Experience (up to 6 pages)

1. Description of the Organization

Present a detailed statement of qualifications and summary of relevant experience. If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors' organizational capacity and qualifications and the Bidder's plan to assure compliance with *DHA Survey Guidelines* and referenced CAHPS survey administration and data submission requirements.

2. Organizational Qualifications

Provide information and documentation that your organization has experience using the CAHPS protocol for sampling and administering a CAHPS survey instrument and whether your organization is a NCQA-certified vendor and/or is currently certified by CMS for the administration of the HCAHPS survey.

3. Organizational Experience

Briefly describe the history of the Bidder's organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. Include similar information for any subcontractors. Please be specific in describing your experience in administering CG-CAHPS and the PCMH version; your experience working in Maine; and any prior experience using the CAHPS Benchmarking Database.

4. Description of Experience with Similar Projects

- a. Provide a description of five projects that occurred within the past five years which reflect experience and expertise needed in performing the functions described in the "Scope of Services" portion of this RFP. For each of the five examples provided, a contact person from the client organization involved should be listed, along with that person's telephone number. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.
- b. If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder's general capabilities.

Section II Specifications of Work to be Performed (up to 11 pages)

Discuss the Scope of Services referenced above in this RFP and what the Bidder will offer. Give particular attention to describing the methods and resources you will use and how you will accomplish the tasks involved. If subcontractors are involved, clearly identify the work each will perform. Bidders must indicate whether they intend to restrict services to clients with whom there is an established relationship or if the Bidder intends to open its services to all practice-sites.

Section III Cost Proposal (1 page)

Bidders must submit a bid for the scope of work outlined in Part II, exclusive of any add-ons offered by the Bidder's organization, for the mode or modes that will be offered. Bids from this solicitation will be used to determine a fair and reasonable best rate upon which DHA will base its practice-site subsidy level. When establishing its best rate, DHA will consider both the value of a mode in yielding positive response rates and price. Bids must be calculated as a price per completed survey. If appropriate, the bid should indicate where price breaks may occur based on level of participation.

DHA intends to use the best price from this solicitation as the basis for determining practice-site subsidies, expected to be calculated at 90% of best price. Designated Vendors are not required to accept the best price or use the mode upon which the practice site subsidy is based.

1. General Instructions

- a. The Bidder must submit a cost proposal that covers the entire period of the contract. Please use the expected contract start date of August 6, 2012 and an end date of April 30, 2013 in preparing this section.
- b. The cost proposal shall include the costs necessary for the Bidder to fully comply with the contract terms and conditions and RFP requirements.
- c. Failure to provide the requested information and to follow the required cost proposal format may result in the exclusion of the proposal from consideration, at the discretion of DHA.
- d. No costs related to the preparation of the proposal for this RFP or to the negotiation of the contract with DHA may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.

Section IV Economic Impact within the State of Maine (1 to 2 pages)

In addition to all other information requested within this RFP, each Bidder must dedicate a section of its proposal to describing the Bidder's economic impact upon and within the State of Maine. The use of economic impact in making contract award decisions is required in accordance with Executive Order 2012-004, which states that "all service contracts expected to exceed \$100,000 in total value advertised for competitive bid shall include scoring criteria evaluating the responding Bidder's economic impact on the Maine economy and State

revenues.” All Bidders must provide information requested in this section, regardless of volume of services expected under this solicitation.

For the purposes of this RFP, the term “economic impact” shall be defined as any activity that is directly performed by or related to the Bidder and has a direct and positive impact on the Maine economy and public revenues within the State of Maine. Examples may include, but are not limited to, employment of Maine residents, subcontracting/partnering with Maine businesses, payment of State and Local taxes (such as corporate, sales, or property taxes), and the payment of State licensing fees for the Bidder’s business operations.

To complete the “economic impact” section of the Bidder’s proposal, the Bidder shall include no more than two pages of typed text, describing the Bidder’s current, recent, or projected economic impact with the State of Maine, as defined above. The Bidder may include all details and information that it finds to be most relevant for this section.

Section V Required Proposal Attachments

The following documents must be attached to the back of each Bidder’s proposal in the order as numbered below. The required documents will be reviewed and rated by DHA’s evaluation team.

1. Evidence of current NCQA certification and/or completion of CMS training for HCAPS
2. Resume of person(s) responsible for project oversight, including supervision of any sub-contractors.
3. Marketing materials used on other projects to increase practice participation and patient response rate.

PART V PROPOSAL EVALUATION AND SELECTION

Evaluation of the submitted proposals shall be accomplished as follows:

A. Evaluation Process - General Information

1. An evaluation team, comprised of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP, and in accordance with the most advantageous cost and economic impact considerations (where applicable) for the State.
2. Officials responsible for making decisions on the selection of a contractor(s) shall ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder(s) whose proposal best satisfies the criteria of the RFP at a reasonable/competitive cost.
3. DHA reserves the right to communicate and/or schedule interviews/presentations with Bidders if needed to obtain clarification of information contained in the proposals received, and DHA may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. DHA reserves the right to make video or audio recordings of any applicable interview/presentation process. Interviews/presentations are not required, and changes to proposals will not be permitted during any interview/presentation process. Therefore, Bidders should submit proposals that present their costs and other requested information as clearly and completely as possible.

B. Scoring Weights and Process

1. **Scoring Weights:** The score will be based on a 100 point scale and will measure the degree to which each proposal meets the following criteria.

Section I. Organization Qualifications and Experience (30 points)

Includes all elements addressed above in Part IV, Section I.

Section II. Specifications of Work to be Performed (40 points)

Includes all elements addressed above in Part IV, Section II.

Section III. Cost Proposal (25 points)

Includes all elements addressed above in Part IV, Section III.

Section IV. Economic Impact within the State of Maine (5 points)

Includes all elements addressed above in Part IV, Section IV.

2. **Scoring Process:** The review team will use a consensus approach to evaluate the bids. Members of the review team will not score the proposals individually but

instead will arrive at a consensus as to assignment of points on each category of each proposal. The contract award(s) will be made to the Bidder(s) receiving the highest number of evaluation points, based upon the proposals' satisfaction of the criteria established in the RFP. The Economic Impact section will also be scored using a consensus approach, with the highest number of evaluation points being assigned to the Bidder(s) with the most economic impact, actual or feasible, as determined by the evaluation team. The Cost section will be scored according to a mathematical formula described below.

1. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in this RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bid values will be awarded proportionately fewer points calculated in comparison with the lowest bid for the same mode.

The scoring formula is:

$$(\text{lowest submitted cost proposal} / \text{cost of proposal being scored}) \times 25 = \text{pro-rated score}$$

No Best and Final Offers: The State of Maine will not seek a best and final offer (BAFO) from any Bidder in this procurement process. All Bidders are expected to provide their best value pricing with the submission of their proposal.

2. **Negotiations**

DHA reserves the right to negotiate with the successful Bidder to finalize a contract at the same rate or cost of service as presented in the selected proposal. Such negotiations may not significantly vary the content, nature or requirements of the proposal or DHA's Request for Proposals to an extent that may affect the price of goods or services requested. DHA reserves the right to terminate contract negotiations with a selected respondent who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, DHA may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, DHA may cancel the RFP, at its sole discretion.

C. **Selection and Award**

1. The final decision regarding the award of the contract will be made by representatives of DHA subject to approval by the State Purchases Review Committee.
2. Notification of contractor selection or non-selection will be made in writing by DHA.
3. Issuance of this RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.

4. DHA reserves the right to reject any and all proposals or to make multiple awards.

D. Appeal of Contract Awards

Any person aggrieved by the award decision that results from this RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120. The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of contract award.

PART VI CONTRACT ADMINISTRATION AND CONDITIONS

A. Contract Document

1. The successful Bidder will be required to execute a contract in the form of a State of Maine Agreement to Purchase Services (BP54). A list of applicable Riders is as follows:

Rider A: Specification of Work to be Performed

Rider B: Method of Payment and Other Provisions

Rider C: Exceptions to Rider B

Rider D: (optional; for use by Department)

Rider E: (optional; for use by Department)

Rider G: Identification of Country in Which Contracted Work Will Be Performed

The complete set of standard BP54 contract documents may be found on the Division of Purchases website at the following link:

<http://www.maine.gov/purchases/info/forms/BP54.doc>

Other forms and contract documents commonly used by the State can be found on the Division of Purchases website at the following link:

<http://www.maine.gov/purchases/info/forms.shtml>

2. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Purchases Review Committee. Contracts are not considered fully executed and valid until approved by the State Purchases Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, Chapter 110, § 3(B)(i):

<http://www.maine.gov/purchases/policies/110.shtml>

This provision means that a contract cannot be effective until at least 14 days after award notification.

3. DHA estimates having a contract in place by August 8, 2012. The State recognizes, however, that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Purchases Review Committee. Any appeals to DHA's award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date may need to be adjusted, if necessary, to comply with mandated requirements.
4. In providing services and performing under the contract, the successful Bidder shall act independently and not as an agent of the State of Maine.

B. Standard State Agreement Provisions

1. Agreement Administration

- a. Following the award, an Agreement Administrator from DHA will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. DHA staff will be available after the award to consult with the successful Bidder in the finalization of the contract.
- b. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, DHA may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, DHA may cancel the RFP, at its sole discretion.

2. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from this RFP.

PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS

Appendix A – State of Maine Proposal Cover Page

Appendix B – Cost Proposal Form

Appendix C – Dirigo Health Agency Survey Guidelines

PART VIII APPENDICES
Appendix A

State of Maine
DIRIGO HEALTH AGENCY
PROPOSAL COVER PAGE

RFP #201206335
(Designated Patient Experience Survey Vendors)

Bidder's Organization Name:		
Chief Executive - Name/Title:		
Tel:	Fax:	E-mail:
Headquarters Street Address:		
Headquarters City/State/Zip:		
<i>(provide information requested below if different from above)</i>		
Lead Point of Contact for Proposal - Name/Title:		
Tel:	Fax:	E-mail:
Street Address:		
City/State/Zip:		

Proposed Cost:	
<i>The proposed cost listed above is for reference purposes only, not evaluation purposes. In the event that the cost noted above does not match the Bidder's detailed cost proposal documents, then the information on the cost proposal documents will take precedence.</i>	

- This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
- No personnel currently employed by the Dirigo Health Agency or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder's proposal.
- No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal.
- The undersigned is authorized to enter into contractual obligations on behalf of the above-named organization.

To the best of my knowledge all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.

Authorized Signature

Date

Name and Title (Typed)

Appendix B

**State of Maine
DIRIGO HEALTH AGENCY
COST PROPOSAL FORM**

**RFP #201206335
(Designated Patient Experience Survey Vendors)**

Bidder's Organization Name:

Please provide a cost bid per completed survey for each mode that you are planning to use. As applicable, also indicate any price breaks that may occur based on level of participation.

Mode	Cost per Completed Survey (include any price breaks based on level of participation)
Mail only	
Telephone only	
Mixed mode of mail with phone follow-up	
Mixed mode of e-mail with mail follow-up	
Mixed mode of e-mail with phone follow-up	

APPENDIX C

DIRIGO HEALTH AGENCY

Patient Experience Survey Guidelines

A Guide for Designated Vendors

June 1, 2012

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Introduction

The Dirigo Health Agency (DHA), through the Maine Quality Forum, is statutorily charged with the responsibility of monitoring and improving the quality of health care in Maine. Specifically, the law directs the MQF to evaluate and compare health care system and provider performance.

Earlier this year, the Maine Quality Forum, in partnership 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.

The purpose of these *Guidelines* is to establish clear and standard expectations for the collection and submission of survey data by Designated Vendors under this initiative. Readers are advised that periodic updates to these Guidelines may be issued and posted on the DHA website at:

http://www.dirigohealth.maine.gov/Pages/patient_experience_matters.html

Designated Vendors

Early in June 2012, DHA will issue a Request for Proposals (RFP) for qualified vendors to be designated to administer patient experience surveys under this initiative. To qualify, vendors must have experience using the CAHPS protocol for sampling and administering a CAHPS instrument. Preference will be given to vendors who are:

- Approved by the Centers for Medicare & Medicaid Services (CMS) to administer either the Hospital CAHPS (HCAHPS) or the Medicare Advantage and Prescription Drug Plan (MA and PDP) CAHPS surveys. A list of approved vendors can be found at: http://www.hcahpsonline.com/app_vendor.aspx.

OR

- Certified by the National Committee for Quality Assurance (NCQA). A current list of NCQA-Certified HEDIS/CAHPS Survey Vendors can be found at:
<http://www.ncqa.org/LinkClick.aspx?fileticket=o1WCTrVjMl8%3d&tabid=170>

Qualified Vendors must apply for designation under the DHA RFP. Only patient experience of care surveys administered by Designated Vendors will be subsidized by DHA. A list of Designated Vendors will be posted on the DHA website and broadly disseminated to major health systems, practices and professional associations in Maine. Bidders indicating that they wish to opt out of new business beyond established practice sites will not be included on DHA's public list of Designated Vendors.

Survey Design Features

Major design elements of the required survey instrument and approach are described in this section.

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.

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 primary care and 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]. Note that this is a draft instrument proposed by the DHA Specialist Sub-Committee that will be finalized at the time of contract award. This instrument is not available on the CAHPS website and includes only a subset of questions included in 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>. 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 currently 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

Sample Frame. This is a practice site survey. A practice site is one or more clinicians who practice together and provide patient care at a single geographic location whether in 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 (adults age 18 or older, or children 17 and younger) 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* 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

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

*"Providers" include physicians, nurse practitioners and physician assistants who independently manage a patient caseload.

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

The above referenced sample sizes currently 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

Survey Administration

Field Period. Survey administration will occur over a three-month period – September 2012 through November 2012.

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 medical group representative. DHA will make available standard language for describing the project at the time of Designated Vendor contract award. [Do we want any standard language?]
- 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

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. Practices 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, practices 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 your practice-site data for public reporting. Therefore, DHA must be designated as a data user on a practice site's DUA with CAHPS. A copy of a modified CAHPS Data Use Agreement granting DHA access to practice-site data for public reporting, subject to approval by the CAHPS Database is included in Appendix 4. To be eligible for subsidies and to be included in DHA's public reporting website, each practice site (or its designee) must sign this modified DUA. Prior to data collection, practice sites should submit the DUA to their Designated Vendor, who will be responsible for submitting it to the CAHPS Database. Designated Vendors also will be responsible for uploading the signed data use agreement for each of their participating practice sites to DHA's online registration system prior to survey administration as a condition of receiving the first of two subsidy payments.

Submission Requirements

Participation in the Clinician & Group component of the CAHPS Database is open to all practices, 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 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 sign data use agreement referenced above and in Appendix 4. DUAs must be signed by the practice sites (or their 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 data use agreement. CAHPS recommends that practice sites submit the DUA as early as possible, 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, 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 early 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.

Survey Reports

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.

If practices wish to view their data prior to that time, they can make arrangements with their Designated Vendor to produce their own results or the results of their group in comparison to aggregate PCMH CG-CAHPS survey data that the vendor has collected and has permission to include in benchmark data. This cost would be assumed by the practices. Note that because vendors will have access to different benchmarking data and may report results in a different manner than the CAHPS database, the results may differ from what will be on the CAHPS database.

Practice-Site Subsidies

DHA anticipates providing subsidies up to 90 percent of survey fees based on the best price per completed survey in response to DHA’s Request for Proposals for Designated Vendors. The level of DHA practice site subsidies per completed survey will be announced at the time of contract award. Practice site subsidies will be paid to Designated Vendors, under contract with DHA, for survey administration under this solicitation at participating practice sites.

Registration. Prior to initiating survey administration and as a condition of practice-site subsidies, Designated Vendors must register each participating practice-site through an online, password protected registration process that will be available on the DHA website at the time of contract award. For each practice-site, the following information will be required:

- Name and full address of practice site
- Full name of parent medical group, if applicable

- Number of primary care providers (calculated as the number of physicians, nurse practitioners and physician assistants who independently manage a patient caseload, whether full or part-time)
- Number of specialist physicians
- Designated Vendor
- Confirmation that Data Use Agreement has been fully executed providing DHA access to survey results through the CAHPS Database
- Attestation by authorized representative of the practice-site that information is accurate and that contract with Designated Vendor has been executed

Designated Vendors, medical groups and practice sites will be given unique identifiers in the registration process. If a Designated Vendor with an established relationship with a practice sites has a unique identifier, we will work with that vendor to use the existing ID whenever possible.

Practice Site Subsidy Payment. Information provided through practice-site registration will be used to calculate the total practice-site subsidy. DHA will estimate total practice-site subsidies based on the number of completed surveys required given the number of providers identified per practice-site. The first of two practice-site subsidies will be made to Designated Vendors at the completion of the practice-site registration and will equal half of the calculated total practice-site subsidy amount. A second practice-site subsidy will be made once DHA receives notification from the CAHPS Database on the number of surveys submitted. The amount of the second payment will equal the balance of the total practice-site subsidy plus or minus any adjustments to the number of surveys submitted to CAHPS Database.

Balance billing. Designated Vendors cannot bill practice sites for the balance of survey costs until after the second subsidy is made by DHA.

Communications

DHA has been actively promoting the patient experience survey opportunity to providers and practices in Maine for several months and intends to continue its outreach efforts throughout the survey administration period. In March, the DHA and its partners held a formal two-part information session with providers to explain the survey purpose, process and value to practices and patients. Throughout the past spring, DHA and its partners have shared the project background with several stakeholder groups in Maine including the Maine Medical Association, the Maine Hospital Association, the Maine Osteopathic Association , Maine Healthcare Management Coalition, Maine Quality Counts, and the Maine Primary Care Association. DHA will continue to reach out to providers and patients to raise awareness and increase participation in the survey project. DHA anticipates using newspaper editorials, local television talk show appearances, professional association meetings and newsletters, and other venues to increase awareness among the provider and patient communities. The final outreach plan and communication schedule will be shared with Designated Vendors at the time of the award. DHA will require each Designated Vendor to submit any and all outreach plans and materials that it may use in Maine during the practice site recruitment and

survey administration periods. Materials from the DHA outreach and information sessions can be found at http://www.dirigohealth.maine.gov/Pages/patient_experience_matters.html.

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.

Time line

DHA is committed to adhere as closely as possible to the following timeline for this project:

DHA releases RFP for Designated Vendors	June 5, 2012
Bidders' Conference	June 18, 2012
DHA Award to Designated Vendors Announced	July 16, 2012
Effective Date of Designated Vendor Contract	August 6, 2012
DHA Public Awareness Campaign	August - November, 2012
Survey Administration	September – November 2012
Survey Results Submitted to CAHPS Database	January – February 2013
Data Editing and Analysis by CAHPS	March – April 2013
DHA Public Reports Posted	May 2013

Questions and Further Information

Questions regarding the *DHA Survey Guidelines* should be directed to DHA RFP @ maine.gov before the bidding deadline and to Alexander Dragatsi, Health Program Coordinator, DHA Maine Quality Forum at alexander.dragatsi@maine.gov after the contract is awarded.

Appendices

- A. Adult PCMH Survey Instrument for Primary Care Practice Sites**
- B. Child PCMH Survey Instrument for Pediatric Practice Sites**
- C. Adult PCMH Survey Instrument for Specialist Practice Sites**
- D. 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.

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: _____

Thank you

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

Appendix 4

Modified 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.
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. Please return this signed Data Use Agreement by mail, or fax a signed copy to:

Michael S. Hornbostel
Westat
1600 Research Boulevard
CAHPS Database, RA 1137

Rockville, MD 20850

Ph: 240-314-2578
Fax: 301-610-4950
NCBD1@ahrq.gov

4. Once the Data Use Agreement is accepted it will be signed by Westat. Westat will mail a signed copy to you to retain for your records.

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

1. This Data Use Agreement (DUA) is made by and between Westat and the organization named below (hereinafter termed "Participating Organization") which includes any practice 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.

2. This DUA specifies the terms and conditions of Participating Organization's submission of its CAHPS Clinician & Group Survey data to Westat for participation in the CAHPS Clinician & Group Database (hereinafter termed the "Database").
3. 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 Westat 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 Westat, a private research organization under contract with AHRQ. Westat will operate the Database to comply with the provisions in this DUA. Within this framework, Westat 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 Westat, 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.

4. 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.).
5. In accordance with the AHRQ confidentiality statute [at 42 USC 299c-3(c)], Westat agrees to establish appropriate and necessary administrative, technical, and physical procedures and safeguards to protect the data. Only Westat and duly authorized representatives appointed by AHRQ will have access to the identifiable source data provided by Participating Organization. In addition, Westat 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.
6. 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 Westat (i.e., not modified substantially from the original CAHPS CG survey instructions and items). Westat 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, Westat 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. Westat 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 Organization grants 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. Westat 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. Westat 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 Westat 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. Westat 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 or site, use the space below to TYPE OR WRITE THE NAME OF EACH INDIVIDUAL PRACTICE 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 REPRESENTED

ADDRESS

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

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 Westat:

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 WESTAT 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 Westat, and, in so doing, enters into this Data Use Agreement on behalf of Westat and agrees to all the terms specified herein.

W. Sherman Edwards
Vice President, Westat

(Signature)

(Date)