

# **Performance Year 2020**

## **MDPCP C&G CAHPS® Patient Experience Survey**

# **Information Packet**

## Introduction

The Center for Medicare & Medicaid Innovation (CMMI) has selected The Lewin Group (Lewin), and its subcontractor, DataStat as its qualified vendor for conducting the Maryland Primary Care Program (MDPCP) Clinician & Group (C&G) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Patient Experience Survey. This survey is designed to collect information on patients' experience with the care and services administered by their providers. CMMI covers the costs associated with administering the MDPCP C&G CAHPS® Patient Experience Survey for practices currently participating in the MDPCP. All MDPCP practices are required to meet the MDPCP C&G CAHPS® Patient Experience Survey project milestones within the outlined timeframes.

Lewin and DataStat have prepared this Information Packet to assist practices with meeting the MDPCP C&G CAHPS® Patient Experience Survey requirements. As the certified CAHPS® vendor for this project, DataStat will administer the survey and collect data from your practice's patients using approved CAHPS® protocols. The results of the MDPCP C&G CAHPS® Patient Experience Survey will be used to calculate a portion of each practice's credit for the MDPCP Performance-based Incentive Payment (PBIP) Quality Component. As such, practices that do not submit a Patient Survey Roster are not eligible to retain any portion of the PBIP.

## MDPCP Requirements

Per the MDPCP Practice Participation Agreement, "CMS will administer a Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey ("CG-CAHPS") to a sample of the MDPCP Practice's entire patient population, using a mode and methodology determined by CMS. The MDPCP Practice shall supply CMS with any information CMS deems necessary for purposes of administering the survey (e.g., a roster of all active patients who receive care through the MDPCP Practice and the contact information for such patients)." This C&G CAHPS® Patient Experience Survey fielding takes place annually. It is important that your practice understands what is required for submission, how to support patients' participation with the survey, and how the C&G CAHPS® Survey results will be reflected in your earned PBIP. Note: practices participating in MSSP that do not receive a PBIP are still required to submit a Patient Survey Roster for monitoring and oversight purposes per Article XII of the Participation Agreement.

Practices are required to generate and submit a Patient Survey Roster to CMS for the MDPCP C&G CAHPS® Patient Experience Survey in January after each Performance Year (PY). The Patient Survey Roster must include all eligible patients, regardless of payer, who visited an MDPCP Practitioner in person, by phone or by video from the MDPCP Practice in the previous six months (for PY 2020, this includes between July 1, 2020 and December 31, 2020). Patient Survey Rosters must be submitted via the MDPCP Portal during the submission period of January 4, 2021 – January 15, 2021.

A correction period from January 18, 2021 - January 22, 2021 will allow practices that submitted rosters during the submission period to correct any file errors that CMS identifies in its preliminary review. **After the original submission window closes on January 15, 2021 at 11:59 EST, no new Patient Survey Rosters will be accepted. Additionally, once the correction period window closes on January 22, 2021, no additional corrections will be permitted. Practices are highly encouraged to submit your Patient Survey Roster early, to ensure any needed corrections are complete before January 22, 2021.** DataStat will use the Patient Survey Roster to select a random sample of patients from your practice to send a survey.

## Included in this packet you will find:

1. MDPCP C&G CAHPS® Patient Experience Survey Project Timeline & Milestones
2. Instructions for Generating and Submitting Patient Survey Rosters
3. Standardized Layouts for the MDPCP Patient Survey Roster & Practice Information File
4. Instructions for Generating and Submitting Patient Survey Rosters: FAQs for Practices
5. Survey Project Materials: English and Spanish flyers to post and distribute at your practice
6. Survey Project Materials: A copy of the English survey
7. FAQs for Practices to Use with Patients and Family Members: Designed to assist practices with addressing patients' and family members' questions and concerns

A recorded webinar with an overview of the CAHPS requirements and process is also available on Connect and can be viewed on demand at <https://app.innovation.cms.gov/CMMIConnect/s/login/>.

If you have any questions regarding the MDPCP C&G CAHPS® Patient Experience Survey or how to generate your Patient Survey Roster, please contact your assigned MDPCP Practice coach or the MDPCP Help Desk at [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov).

We look forward to supporting you through this process to ensure the success of the MDPCP C&G CAHPS® Patient Experience Survey!

## Education and Assistance for Practice Staff

We have found that it is very helpful to let your patients and staff know that your practice will be participating in this survey. Often, patients call the practice to confirm that the survey is legitimate. If your front office staff is aware of the survey, they can reassure patients that the survey is legitimate and their patient record has not been compromised. **Be sure to have your staff review *MDPCP C&G CAHPS® Patient Experience Survey FAQs* in section 7 of this packet so they are ready to address patients' questions and concerns.**

To further assist practices with survey visibility and legitimacy concerns, this packet also includes an English and Spanish flyer. It is critical to the success of the survey that these flyers are posted throughout the practice and, if applicable, distributed to patients throughout the year.

1. MDPCP C&G CAHPS® Patient Experience Survey Timeline & Milestones

Milestone	Dates
CAHPS Recorded Webinar	Available on demand January 2021
Practices prepare Patient Survey Rosters	January 1 – January 3, 2021
Patient Survey Rosters - <b>Submission Window Opens</b>	January 4, 2021
Practices submit Patient Survey Roster files to the MDPCP Portal	January 4 – January 15, 2021 11:59 EST
Patient Survey Rosters - <b>Submission Window Closes</b>	January 15, 2021 11:59 EST
Patient Survey Rosters – <b>Correction Period – NO NEW ROSTERS WILL BE ACCEPTED</b>	January 18 - January 22, 2021 11:59 EST
1 <sup>st</sup> survey mailing to randomly selected patients	mid-February 2021
2 <sup>nd</sup> survey mailing	early April 2021
3 <sup>rd</sup> survey mailing	mid-May 2021
Survey period ends	mid-June 2021

## 2. Instructions for Generating and Submitting Patient Survey Rosters

### File Generation Guidelines

- The measurement period is defined as **July 1, 2020 through December 31, 2020**. This means that the Patient Survey Roster should include information for all eligible adult patients who had a visit in person, by phone or by video (scheduled or walk-in) by an eligible provider during that timeframe. (See “Key Definitions” in the next section for the definition of “eligible provider.”)
- Eligible patients are defined as adults 18 years old or older as of the last day of the measurement period. (The last day of the measurement period is December 31, 2020.) Each eligible patient should appear only once in the file.
- Each practice must submit its own Patient Survey Roster to the MDPCP Portal.
- Files may be submitted as an Excel file or as an Excel CSV file. Either file type must follow the sample specifications described in the Patient Survey Roster file layout.
- The Patient Survey Roster files will be checked for accuracy and completeness. If a file is found to be inaccurate or incomplete, the Lewin Group will reach out directly to the practice to correct and resubmit the Patient Survey Roster file until the end of the correction deadline.
- Data fields should not contain words such as “N/A,” “Missing,” or “NULL.” If data is not available, please leave the field blank. Dates should be in the format MMDDYYYY with no separators, and phone numbers should be 10 digits with no parentheses, dashes, or any other delimiter.
- The method of submission is through the MDPCP Portal. **For privacy reasons, patient data files cannot be submitted via e-mail.**

### Key Definitions

- **Eligible Providers:** Only providers who can be selected by a patient/family as a primary care provider are eligible for inclusion. Eligible providers include physicians, nurse practitioners, and physician assistants who practice in the specialty of internal medicine, family medicine, or pediatrics and serve as the personal, primary care clinician for their patients. Providers must have an active, unrestricted license as a doctor of medicine, doctor of osteopathy, naturopathic doctor, nurse practitioner, or physician assistant. For the patient experience of care survey, the practice should provide a patient roster of all patients seen in person, by phone or by video by all providers within the measurement period, regardless of whether those providers appear on the MDPCP Practitioner Roster. *Note: Specialists and other providers who do not have their own panel of patients or who do not practice in primary care are not typically eligible. Residents are not normally considered eligible clinicians.*
- **Definition of an MDPCP Practice:** The entity that executed the **MDPCP Practice Participation Agreement** with CMS, pursuant to which the MDPCP Practice’s Medicare Billing TIN is used to bill for Primary Care Services furnished at a MDPCP Practice location.

### 3. Standardized Layouts for MDPCP Patient Survey Roster File

<b>MDPCP Patient Survey Roster Tab – Standardized Layout</b> <i>If a field is blank (such as Address 2), leave it blank. Do NOT put N/A, Missing, or Null.</i>			
#	Required Data Elements (Use as column headings)	Description of Data Elements	Field Position and Format (Defines how many characters each data element can contain, as well as the type of data element)
1	MDPCP Practice ID	MDPCP unique practice identifier (Format example: T1MD0000)	Length: 8 Type: Alpha-Numeric
2	Patient First Name		Length: 25 Type: Alpha
3	Patient Last Name		Length: 25 Type: Alpha
4	Patient Date of Birth	In MMDDYYYY format with no separators. Single digit months and days must be preceded by a zero; i.e., April 8, 1965 would be 04081965.	Length: 8 Type: Numeric
5	Patient Mailing Address 1	Used to generate cover letters and mail questionnaires. Put street address here. For example: 100 Main St.	Length: 50 Type: Alpha-Numeric
6	Patient Mailing Address 2	Use as necessary for apartment number, apartment complex name or other long addresses; otherwise leave blank	Length: 50 Type: Alpha-Numeric
7	Patient City		Length: 30 Type: Alpha
8	Patient State	2-character postal service state code	Length: 2 Type: Alpha
9	Patient 5-digit ZIP Code	5-digit ZIP Code. Use leading zero if appropriate.	Length: 5 Type: Numeric

In response to feedback, CMS has reduced the fields in the Patient Survey Roster to the minimum required to field a survey. It is important that all practices follow these specifications to build their Patient Roster Tab and Practice Information Tab.

### MDPCP Practice Information Tab – Standardized Layout

*\*If a field is blank (such as Address 2), leave it blank. Do NOT put N/A, Missing, or Null.*

#	Required Data Elements (Use as column headings)	Description of Data Elements	Field Position and Format (Defines how many characters each data element can contain, as well as the type of data element)
1	MDPCP Practice ID	MDPCP unique practice identifier (ex. T1MD0000)	Length: 8 Type: Alpha-Numeric
2	Recognizable Practice Name	Name of practice to be used in survey materials and scripts. <b>Provide practice name MOST recognizable to patients.</b>	Length: 60 Type: Alpha-Numeric
3	Practice Street Address 1	Put street address of the practice here. For example: 100 Main St.	Length: 50 Type: Alpha-Numeric
4	Practice Street Address 2	Use as necessary for complex number, complex name, or other long addresses; otherwise leave blank	Length: 50 Type: Alpha-Numeric
5	Practice City		Length: 30 Type: Alpha
6	Practice State	2-character postal service state code	Length: 2 Type: Alpha
7	Practice Zip Code	5-digit ZIP Code. Use leading zero if appropriate.	Length: 5 Type: Numeric
8	Patient Survey Roster POC Name	Full name of survey point of contact	Length: 50 Type: Alpha
9	Patient Survey Roster POC Email	Point of contact email address	Length: 30 Type: Alpha-Numeric
10	Patient Survey Roster POC Phone	Point of contact phone number. Area code and phone number with no separators, e.g. 5551234567. If there is no phone number, leave this field blank.	Length: 10 Type: Numeric

#### 4. Instructions for Generating and Submitting Patient Survey Rosters: FAQs for Practices

This section of the packet provides additional guidance on preparing and submitting the Patient Survey Rosters to the MDPCP Portal (<https://portal.cms.gov/>). The information is organized into a question and answer format. Please use this guidance to ensure that the Patient Survey Rosters are complete and in the proper format.

### Patient Survey Roster Content

#### 1. How do I populate the Excel template?

In the downloaded Excel template, populate the Patient Survey Roster tab and the Practice Information tab with the requested patient and practice information. Please provide your data in the exact order as the template. All fields included in the template are required. See “Chapter 2: Patient Survey Roster Content” above for more details.

#### 2. Do I need to fill out all the fields in the template?

The template includes the minimum number of fields necessary to send surveys. Therefore, all fields included in the template are required. Required fields include:

##### “Patient Survey Roster” tab:

- MDPCP Practice ID
- Patient First Name
- Patient Last Name
- Patient Date of Birth
- Patient Mailing Address 1
- Patient Mailing Address 2
- Patient City
- Patient State
- Patient Zip Code

##### “Practice Information” tab:

- MDPCP Practice ID
- Recognizable Practice Name (that patients will recognize)
- Practice Mailing Address 1
- Practice Mailing Address 2
- Practice City
- Practice State
- Practice Zip Code
- Patient Survey Roster Point of Contact (POC) Name
- Patient Survey Roster POC Email
- Patient Survey Roster POC Phone



### **3. Are there limits on the field length?**

Please refer to *Section 3. Standardized Layouts for MDPCP Patient Survey Roster & Practice Information File* of this information packet for guidance on required field lengths/formats (ZIP Code = #####, DOB = MMDDYYYY, email = person@group.com, etc.). This information is also available in the Patient Roster Template's *Patient Roster Format* and *Practice Info* tabs.

### **4. Which patients should I include in the Patient Survey Roster?**

Please include all eligible adult patients seen at least once, in person, by phone or by video, by a primary care practitioner at the MDPCP Practice ID listed in the Practice tab between July 1, 2020 and December 31, 2020. Include all patients regardless of payer, as long as they are age 18 or older, and are not deceased. This will include:

- Medicare Fee-For-Service patients
- Medicare Advantage patients
- Private payer (Commercial) patients
- Medicaid patients
- Uninsured (Other) patients

To ensure the accuracy of information and maximize response rates, we ask that you create your Patient Survey Roster as close as possible to submission but no earlier than December 31, 2020.

### **5. Who at my practice is a primary care practitioner?**

For the purposes of MDPCP, a primary care practitioner is defined as a physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Family, Adult, General Practice, Internal, Hospice and Palliative, or Geriatric Medicine for any period of time during 2020 at this practice. Eligible practitioners must have an active, unrestricted license as a Doctor of Medicine, Doctor of Osteopathy, Naturopathic Doctor, Nurse Practitioner, or Physician Assistant. All eligible practitioners should be included, even if they are not on the MDPCP Practitioner Roster.

### **6. What should I do with COVID patients or telehealth?**

Include all patients seen at your practice by an eligible practitioner, in person, by phone or by video for primary care services, including patients seen through relevant telehealth visits. Also include all patients seen for COVID-related visits, even if they are not routinely seen by your practice.

### **7. Should I include patients no longer receiving care at this practice?**

Yes, as long as they were seen by an eligible primary care practitioner in person, by phone or by video at this practice at least once between July 1, 2020 and December 31, 2020, are age 18 or older, and are not deceased.

### **8. Should I include patients who visited a provider who has since left this practice?**

Yes, as long as they were seen by an eligible primary care practitioner, in person, by phone or by video at this practice at least once between July 1, 2020 and December 31, 2020, are age 18 or older, and are not deceased.

**9. Should I include patients who visited a specialist, and not a primary care practitioner, at the practice?**

No, please include only patients who had at least one visit, in person, by phone or by video with an eligible primary care practitioner at this practice between July 1, 2020 and December 31, 2020, are age 18 or older, and are not deceased. Please see # 5 above for the definition of a primary care practitioner.

**10. Should I include patients who received a visit outside of the practice, such as in a nursing home, patient's home, etc.?**

To qualify for inclusion on the Patient Survey Roster, the patient should have at least one visit at the practice between July 1, 2020 and December 31, 2020.

**11. Should I include patients seen at another of our practice locations?**

No, include only those with at least one visit, in person, by phone or by video to an eligible primary care practitioner at this practice (represented by a unique MDPCP Practice ID) between July 1, 2020 and December 31, 2020. Each MDPCP Practice ID should have its own Patient Survey Roster. If your practice has two locations under one unique MDPCP Practice ID (beginning in 2020 this was allowed in certain specific situations), use the Patient Survey Roster Template for merged practices, listing one practice address as Practice A and the other practice address as Practice B.

**12. Do visits include Wellness visits or only regular office visits?**

It includes either. To optimize survey response rates, we are interested in all patients seen, in person, by phone or by video by eligible providers at this practice at least once between July 1, 2020 and December 31, 2020, are age 18 or older, and are not deceased.

**13. Our EHR cannot generate the required information and my practice does not have the resources to do this manually. How do I get an exemption?**

Section VII.2 of the MDPCP Participation Agreement requires your practice to share your Patient Survey Roster information for providing practice feedback and for comprehensive quality score calculations. CMS will not grant exemptions from this requirement. Please continue to work with your EHR vendor toward gathering the requested data. For specific issues with data collection, please contact the MDPCP Help Desk at [Maryland.model@cms.hhs.gov](mailto:Maryland.model@cms.hhs.gov).

**14. Were the EHR vendors notified about the Patient Survey Roster requirements?**

Yes, in March 2019 EHR vendors received, via their newsletter, the Patient Survey Roster data collection timeline, the Patient Survey Roster template, and detailed specifications about the data needed in the Patient Survey Roster.

**15. Will protections in the Health Insurance Portability and Accountability Act (HIPAA) prevent my practice from submitting this data?**

All patient information will be kept private and confidential. CMS holds patient privacy as a top priority. Thus, CMS carefully assessed the privacy concerns around collecting patient names and other sensitive information from practices for the purposes of the patient survey. These data are necessary for conducting the MDPCP

program. Section VII.2 of the MDPCP Participation Agreement requires your practice to share your entire patient panel's roster information for providing practice feedback and for comprehensive quality score calculations. HIPAA covers contractors of CMS. The contractors will work on behalf of the agency, and thus have the same rights and responsibilities under HIPAA and other privacy laws and regulations as CMS. Further, CMS has regulatory authority to request patient level data under the Access to Identifiable Data for CMMI Models rule. You can find this regulation at: <https://www.gpo.gov/fdsys/pkg/FR-2014-11-13/pdf/2014-26183.pdf> (pp. 67751-5).

**16. My practice has a DBA (Doing Business As) name, familiar to our patients, that is different from our legal name. How do I ensure that the survey sent to our patients contains the name by which they can recognize our practice?**

The Patient Survey Roster Excel template includes a tab showing the Practice Name and Practice Address. Please populate these fields with the practice name and address **that is recognizable to your patients as the place they received care**. This will improve survey response rates. **Please note: CMS does NOT edit or otherwise format or correct the recognizable practice name that you submit in the Patient Survey Roster file – if there are typos or other incorrect or unsightly formatting, these will be conveyed into the survey that your patients receive.**

Please review your practice DBA name, legal name, and address listed in the Demographic tab on the MDPCP Practice Portal. If you need to update your address, please do so in the Portal. If you need to update your practice's DBA or legal name, please contact the MDPCP Help Desk.

**17. How can I check my Patient Survey Roster before I submit?**

1. Confirm that the Patient Survey Roster includes all patients seen, in person, by phone or by video by an eligible provider at this practice at least once between July 1, 2020 and December 31, 2020, are age 18 or older, and are not deceased. Include patients of any payer, including Medicare Fee-For-Service patients, Medicare Advantage patients, private payer (Commercial) patients, Medicaid patients and Uninsured (other) patients.
2. Confirm that the Patient Survey Roster *excludes* (1) deceased patients, (2) fake patients or test data (3) patients under age 18.
3. Confirm that all of the required columns are present and in the correct order.
4. Confirm that there are no extra columns in the Patient Survey Roster or any unrequested information.
5. Confirm that the correct data element is in each column (e.g. first name and last name are in their own columns, not combined in one column; the phone number contains one phone number and not a merge of landline and cellphone)
6. Confirm that dates are in the requested format.
7. Confirm that none of the data are shifted, either within the column (e.g., leading blanks) or into other columns.
8. Confirm that there are no sorting or merging issues and that information (such as address and date of birth) matches the correct patient. To that end, it is beneficial to check a few randomly selected records in your Patient Survey Roster before submitting. We have received files where the patient

information was misaligned by one or two lines so that patient names were paired incorrectly with addresses. This resulted in surveys being sent incorrectly, which is a HIPAA violation on the part of the practice. We are unable to detect this type of error in Patient Survey Roster validation, so all practices should spot check your file to ensure that all fields match for each patient.

9. Confirm that there are no social security numbers or identifiers other than date of birth in the file.

## **Submitting the Patient Survey Roster in the MDPCP Portal**

### **18. How do I access the Patient Survey Roster page within the MDPCP Practice Portal?**

In the MDPCP Practice Portal (<https://portal.cms.gov/>), choose the MDPCP Application, then go to the tab “My Practice Info,” and then to the sub-tab “Patient Roster.” Then, select “2020 Q1” from the dropdown menu on the right-hand side. On the Patient Roster tab, you will also find a copy of these Instructions/FAQs, as well as a patient roster template available for download.

### **19. In what format should I submit the roster?**

You may submit your Patient Survey Roster in Excel (.xls, .xlsx or .csv).

The Excel template for the Patient Survey Roster provided with this Information Packet is also available for download within the MDPCP Practice Portal by selecting the hyperlink on the Patient Roster tab.

You can refer to this patient roster template as a guide when assembling your patient list or you can use the template itself as the base file into which you copy your patient list and practice information. Use of the template will minimize errors and avoid additional follow-up with the MDPCP Help Desk.

If you are unable to compile the Patient Survey Roster with the required fields in the required format, please contact the MDPCP Help Desk at [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) for assistance.

### **20. How do I prepare the file for upload?**

Name the completed Patient Survey Roster file using the following naming convention:  
T#MD####\_PatientRosterPY2020\_YYYYMMDD.

For example, if your Practice ID is T1MD1212 and you created the Patient Survey Roster on January 10, 2021 to include all patients seen at the practice from July 1 through December 31, 2020, the filename should be T1MD1212\_PatientRosterPY2020\_20210110.

The Track number should be the practice’s track effective January 1, 2021.

Once you are ready to submit your Patient Survey Roster, begin with the “Choose File” button under the Patient Survey Roster File(s) header on the Patient Roster tab in the MDPCP Practice Portal.

## 21. How do I upload the file?

The MDPCP Practice Portal opens for Patient Survey Roster collection on January 4, 2021 and closes on January 15, 2021 at 11:59 PM EST.

When you are ready to submit your Patient Survey Roster file:

1. Select Choose File.
2. Browse for the desired file.
3. Select the file.
4. Verify the selected file name is displayed under Choose File.
5. **Note: The file must follow the naming convention:**  
**T#MD####\_PatientRosterPY2020\_YYYYMMDD.** Deviations from this naming convention will cause the uploaded file to be rejected.

For example, if your Practice ID is T1MD1212 and you created the Patient Survey Roster on January 10, 2021 to include all patients seen at the practice from July 1 through December 31, 2020, the filename should be T1MD1212\_PatientRosterPY2020\_20210110. The Track number should be the practice's track effective January 1, 2021.

6. Complete the Submission Checklist by acknowledging the accuracy of the information listed. You may also provide additional notes about your Patient Survey Roster.
7. Provide a response for Reporting Point of Contact and provide the Patient Survey Roster Primary Contact details.
8. Certify the accuracy of the information provided by completing the Confirmation.
9. Select Save.
10. Upon a successful save, the file submission information is displayed in the Uploaded File(s) table.

The Uploaded File(s) table displays the files that have been submitted by your practice. Each file displays one of the following statuses depending on the action that has been taken:

- Submitted – The file has been submitted and is pending action from the reviewer.
- Void – The file was submitted but was replaced with a more recent file by the practice.
- Incomplete – The file has been rejected by the reviewer, and a new file needs to be provided. For a file in Incomplete status, the table displays the Reason the file was rejected, if the reviewer provided one.
- Complete – The file has been accepted by the reviewer. When a file is in Complete status, you are not able to update the submitted Patient Survey Roster information, irrespective of the open submission period.

You can download the file by selecting the icon in the Download column in the respective row.

Note: When the table contains no files, the file status will be displayed as “Not Submitted.”

**22. Can I update previously submitted Patient Survey Roster information (e.g., roster file, Reporting Point of Contact information, Submission Checklist notes)?**

During the Patient Survey Roster submission, you can make edits to your practice’s previously submitted Patient Survey Roster information by following the steps below.

1. In the MDPCP Portal, navigate to the My Practice Info” sub-tab “Patient Roster.”
2. Select Update Information.
3. Click on the “Update Information” link at the top of the page to upload your new file.
4. Note: If you select a new Patient Survey Roster file, you are required to provide new responses for the Submission Checklist, Reporting Point of Contact, and Patient Roster Primary Contact (if applicable).
5. Certify the accuracy of the information provided by completing the Confirmation.
6. Select Save.
7. Once you upload a new Patient Survey Roster file, any previously uploaded files will be updated to Void status. CMS will only evaluate the most recent file uploaded.

**23. What do I do if the size of my patient roster file is larger than 60 MB?**

If you submit a file that is larger than 60 MB, you will receive an error message. If the size of your Patient Survey Roster file is larger than 60 MB, please save as a Zip file.

**Work Around:** Right click on the CSV/Excel file and select send to “Compressed (Zip) folder.” Rename the Zip file to match the file naming convention and upload it on the Patient Roster page. The file should upload successfully.

**24. Will I receive a confirmation after CMS receives the Patient Survey Roster for my practice?**

You will not receive an automated response immediately after submission, however you will receive a confirmation email within 24 hours of submission to confirm receipt of your file. After initial roster validation, the MDPCP will notify your practice’s Patient Survey Roster Contact who submitted the roster to confirm your roster has been accepted, or to notify the practice that corrections are needed before the roster can be accepted.

## Miscellaneous

**25. If patients were seen at multiple practice locations, is it possible for them to receive multiple surveys?**

Patients are deduplicated across Patient Survey Rosters. If we discover a patient duplicated across multiple Patient Survey Rosters, we only send the survey for one randomly-selected practice.

**26. Can I use MDPCP payments to reimburse the staff for the time spent on the patient roster submission?**

Practices may use their CMF to, “Cover wages for existing staff to support care delivery reporting or other MDPCP operational activities.”

**27. Can I use MDPCP payments towards the purchase of an EHR upgrade or custom EHR software that would facilitate collection and submission of the patient roster?**

You may not use the CMS MDPCP Care Management Fee to pay for any health IT purchases or upgrades, but you can use your regular FFS revenue or PBIP for those purchases.

**5. Survey Project Materials: English and Spanish Flyers to post and distribute at your practice**

The following flyers can be posted and distributed to patients throughout the Performance Year to increase patient awareness of the MDPCP C&G CAHPS® Patient Experience Survey. We provide these flyers to make it easy for each participating practice to educate both staff and patients that the survey is being conducted and to emphasize the importance of patient responses to the program.

We recommend posting these flyers in easy to notice places and having copies on hand to distribute to people as they check-in for appointments. This will help patients understand that the survey is legitimate and that their personal identifying information is being handled under strict rules of confidentiality, which will help to increase survey response rates.

## **Your opinion matters!**

In the next few months, a company named DataStat may send you a patient experience survey in the mail on behalf of the Maryland Primary Care Program (MDPCP). DataStat is conducting this survey to help our practice improve the quality of care that we provide.

Your opinion is important to us. If you receive a survey in the mail, please try to complete the survey as soon as possible. Your feedback will help inform how we improve services provided to our patients. Please be as honest as possible as the results will help us make our practice better.

Participation in this survey is voluntary and confidential. Our practice will not see individual results or receive notification of the patients who participated in the survey. DataStat will provide our practice with a summary of the results upon completion. This survey provides patients a unique opportunity to provide feedback to your primary care practice to help improve the quality of care delivered.

Let us know if you have any questions about the survey.

Thank you in advance for helping to improve the care and services we provide!



## **¡Tu opinion importa!**

Durante los próximos dos meses, una compañía llamada DataStat puede enviarle una encuesta por correo en nombre de la Maryland Primary Care Program (MDPCP). DataStat está realizando una encuesta sobre la experiencia del paciente para ayudar a nuestra práctica a mejorar la calidad del cuidado que brindamos.

Su opinión es importante para nosotros. Si usted recibe una encuesta por correo, intente completarla lo antes posible. Sus comentarios ayudarán a informar cómo mejorar los servicios que brindados a nuestros pacientes. Por favor, sea lo más honesto posible, ya que los resultados nos ayudarán a mejorar nuestra práctica.

La participación en esta encuesta es voluntaria y confidencial. Nuestra práctica no verá resultados individuales ni recibirá notificación de los pacientes que participaron en la encuesta. DataStat proporcionará a nuestra práctica un resumen de los resultados al finalizar. La encuesta provee retroalimentación única a su práctica de cuidado para ayudarlos a mejorar la calidad de cuidado que se le provee.

Déjenos saber si tiene alguna pregunta sobre la encuesta.

¡Gracias de antemano por ayudarnos a mejorar el cuidado y los servicios que brindamos!

**6. Survey Project Materials: Copies of the English survey materials that some of your patients will receive**

The MDPCP C&G CAHPS® Patient Experience Survey will be conducted by US mail. A copy of the English survey materials that some of your patients will receive are included in this section of the packet.

The survey includes up to three survey packet mailings and two reminder letters. If possible, DataStat will remove all patients who complete a survey, refuse participation, or are found to be ineligible to participate in the survey from any subsequent mailings.

The survey is available in both English and Spanish. The first survey mailing will be English-only. The cover letters include instructions for patients to call the DataStat toll-free help line (1-888-248-4716) to request a survey in Spanish. Spanish requests will be honored at the 2<sup>nd</sup> and 3<sup>rd</sup> survey packet mailings.



[First Name] [Last Name]  
[Address Line 1]  
[Address Line 2]  
[City] [State] [Zipcode]

**Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.**

Dear «fname» «lname»:

We are requesting your voluntary participation in a survey to evaluate the quality of care you received at [Practice Name]. Our records show that you visited [Practice Name] between July 1 and December 31, 2020 and your feedback is valuable in helping improve care for patients.

Completing this survey should take less than 10 minutes of your time.

[Practice Name] is participating in the Maryland Primary Care Program (MDPCP), which has selected DataStat as its qualified vendor for conducting the MDPCP Patient Experience Survey. This survey is designed to collect information on patients' experience with the care and services administered by their providers.

MDPCP is sponsoring the survey and all patients seen at [Practice Name] are eligible to receive and participate in this Patient Experience Survey. Your opinion matters and the answers you give will help [Practice Name] improve the quality of care delivered. The information you provide will be kept **private and confidential**. Your health care provider will never see your responses.

After you complete the survey, please mail it back in the enclosed pre-paid envelope. For questions, please call DataStat toll-free at (1-888-248-4716).

We are committed to improving health care and greatly appreciate your input!

Sincerely,

Maryland Primary Care Program (MDPCP)  
c/o DataStat  
3975 Research Park Drive  
Ann Arbor, MI 48108



2<sup>nd</sup> Mail Survey  
Packet Cover Letter

[First Name] [Last Name]  
[Address Line 1]  
[Address Line 2]  
[City] [State] [Zipcode]

**Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.**

Dear «fname» «lname»:

We recently sent you a survey about your experience and the quality of care you received at [Practice Name]. Our records show that you visited [Practice Name] between July 1 and December 31, 2020 and your input is valuable in helping improve care for patients.

If you have already sent this survey back, thank you for your response and kindly disregard this letter. If not, please take a little time to complete it now. It should take less than 10 minutes of your time.

[Practice Name] is participating in the Maryland Primary Care Program (MDPCP), which has selected DataStat as its qualified vendor for conducting the MDPCP Patient Experience Survey. This survey is designed to collect information on patients' experience with the care and services administered by their providers.

MDPCP is sponsoring the survey and all patients seen at [Practice Name] are eligible to receive and participate in this Patient Experience Survey. Your opinion matters and the answers you give will help [Practice Name] improve the quality of care delivered. The information you provide will be kept **private and confidential**. Your health care provider will never see your responses.

After you complete the survey, please mail it back in the enclosed pre-paid envelope. For questions, please call DataStat toll-free at (1-888-248-4716).

We hope to hear your thoughts regarding your recent visit to [Practice Name]!

Sincerely,

Maryland Primary Care Program (MDPCP)  
c/o DataStat  
3975 Research Park Drive  
Ann Arbor, MI 48108



Reminder Letter

[First Name] [Last Name]  
[Address Line 1]  
[Address Line 2]  
[City] [State] [Zipcode]

**Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.**

Dear «fname» «lname»:

We recently requested your voluntary participation in a survey to evaluate your experience and the quality of care you received from [Practice Name]. Our records show that you visited [Practice Name] between July 1 and December 31, 2020 and your feedback is valuable in helping improve care at the practice.

If you have already sent this survey back, thank you for your response and kindly disregard this letter. If not, please take a little time to complete it now. It should take less than 10 minutes of your time. If you did not receive the survey, or have questions, please contact DataStat toll-free at (1-888-248-4716).

[Practice Name] is participating in the Maryland Primary Care Program (MDPCP), which has selected DataStat as its qualified vendor for conducting the MDPCP Patient Experience Survey. This survey is designed to collect information on patients' experience with the care and services administered by their providers.

MDPCP is sponsoring the survey and all patients seen at [Practice Name] are eligible to receive and participate in this Patient Experience Survey. Your opinion matters and the answers you give will help [Practice Name] improve the quality of care delivered. The information you provide will be kept **private and confidential**. Your health care provider will never see your responses.

After you complete the survey, please mail it back in the enclosed pre-paid envelope.

Thank you for helping to improve health care and the patient experience at [Practice Name]!

Sincerely,

Maryland Primary Care Program (MDPCP)  
c/o DataStat  
3975 Research Park Drive  
Ann Arbor, MI 48108

Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-4716.

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ●

Incorrect Marks



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

**YOUR PROVIDER**

1. Our records show that you got care from the clinic or practice named below:

[PRACTICE SITE]

Is that right?

- Yes
- No → *Go to Question 23*



The questions in this survey will refer to the provider or providers you saw at this clinic or practice as "this provider." Please think of those providers 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?

- Yes
- No

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

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

### **YOUR CARE FROM THIS PROVIDER IN THE LAST 6 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 6 months, how many times did you visit this provider in person, by phone, or by video to get care for yourself?

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, when you contacted 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?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No → *Go to Question 9*

8. In the last 6 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?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → *Go to Question 11*

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

12. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → *Go to Question 17a*

17. In the last 6 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?

- Never
- Sometimes
- Usually
- Always

17a. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No → *Go to Question 18*

17b. Did you and this provider talk about the reasons you might want to take the medicine?

- Yes
- No

17c. Did you and this provider talk about the reasons you might not want to take the medicine?

- Yes
- No





17d. When you talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Yes
- No

18. 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 1 2 3 4 5 6 7 8 9 10
- Worst Provider Possible Best Provider Possible

18a. 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 6 months, did you see a specialist for a particular health problem?

- Yes
- No → *Go to Question 18c*

18b. In the last 6 months, how often did the provider seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always

18c. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- Yes
- No

18d. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- Yes
- No

19. In the last 6 months, did you take any prescription medicine?

- Yes
- No → *Go to Question 21*

20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

**CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE**

21. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always



## ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

25. 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

26. Are you male or female?

- Male
- Female

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

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

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

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

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

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other

30. Did someone help you complete this survey?

- Yes
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

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

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

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**

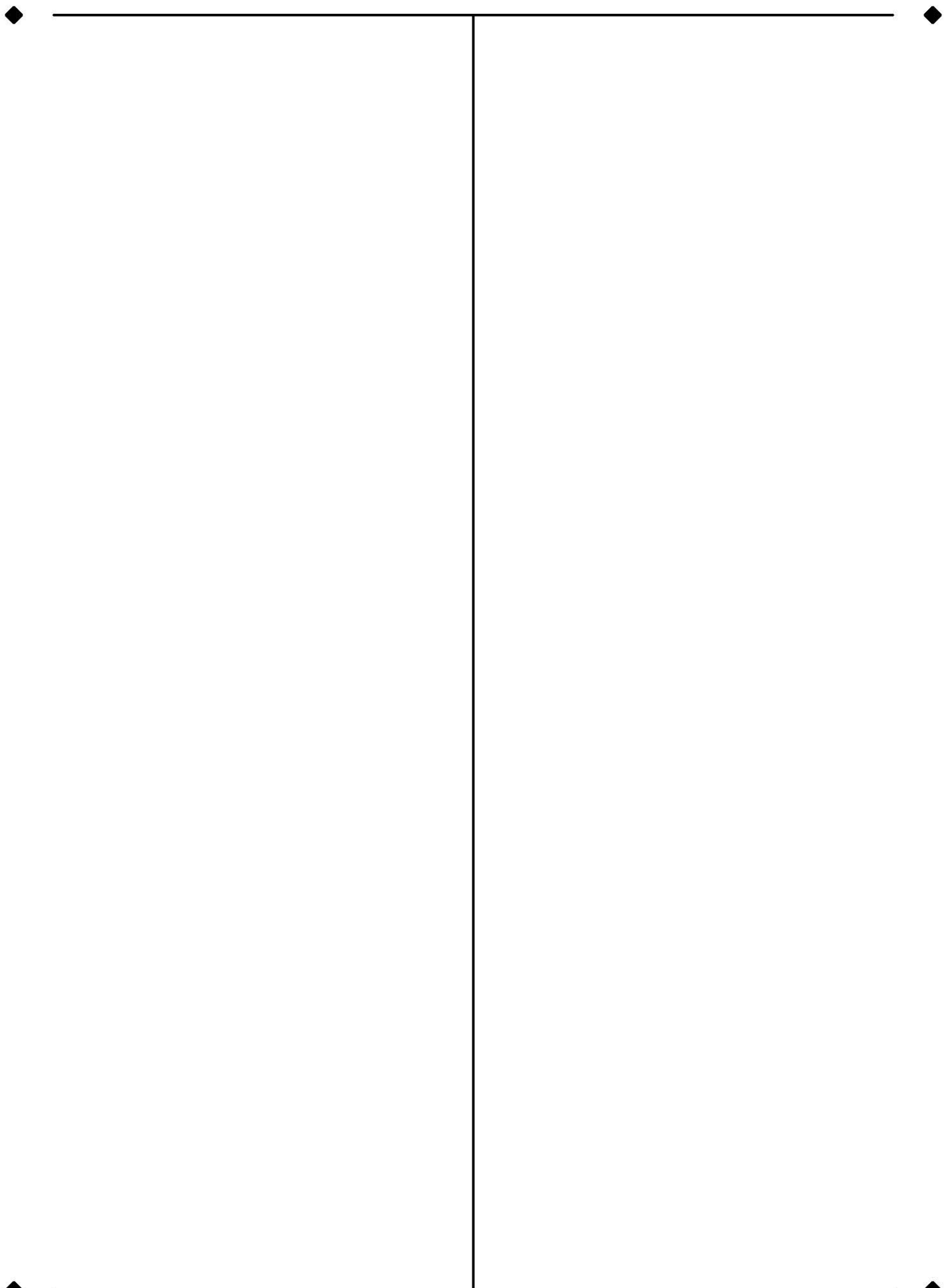


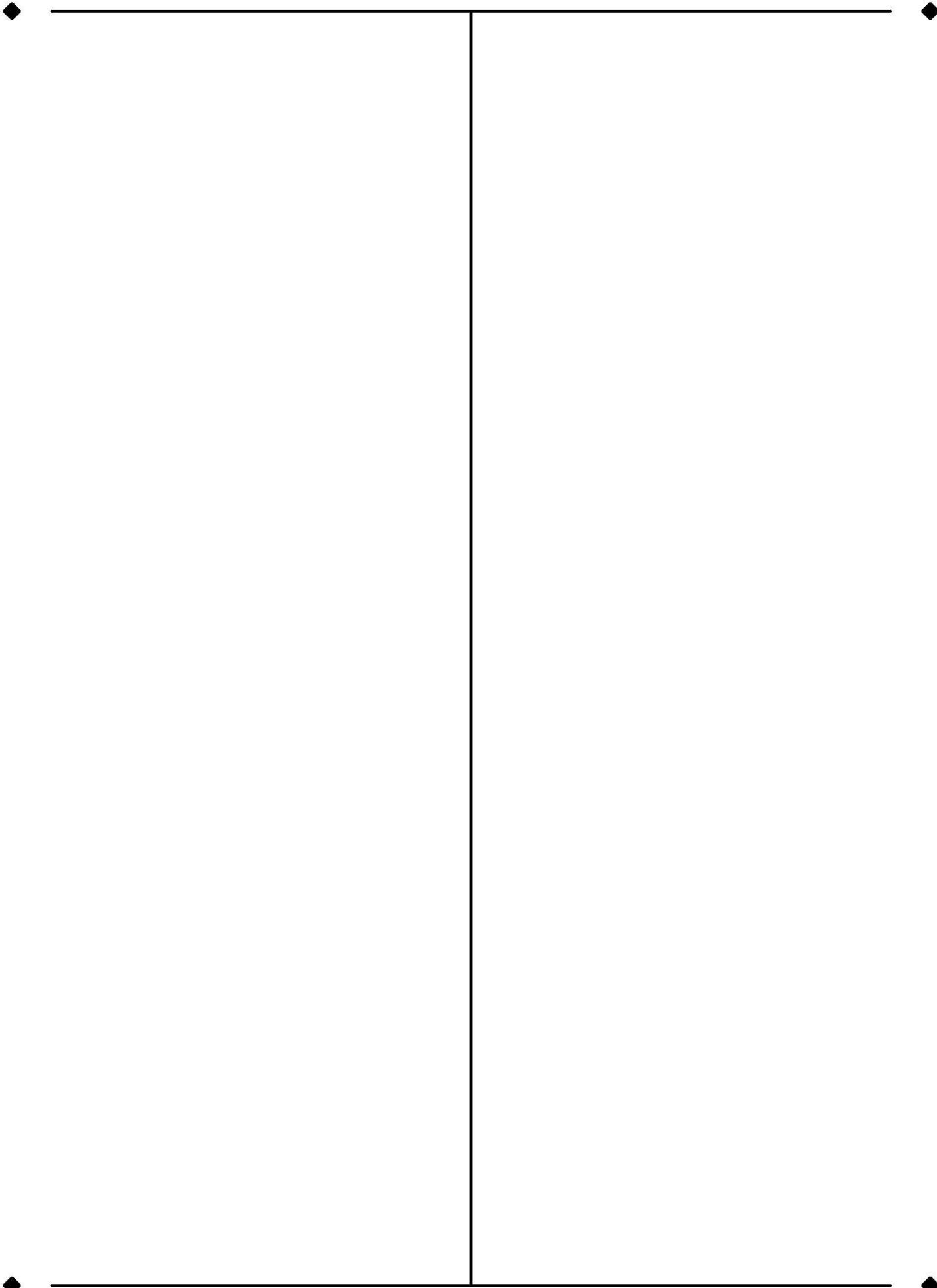
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## **7. Frequently Asked Questions for Practices to Use with Patients and Family Members**

It is important for practice staff to be aware that DataStat, a third-party survey vendor, has been hired to conduct a patient experience survey on behalf of your practice. The practice may tell the patient that the survey is being conducted to help improve healthcare quality and should encourage patients to complete the survey if they receive one. Frequently Asked Questions about the survey are below, which practice staff may find helpful. Other than these responses, practices are discouraged from answering questions about the survey, as this might compromise the survey results.

Practice staff should not try to help patients fill out the survey. If a patient asks a staff member the meaning of a question, staff should not rephrase or try to interpret the meaning of the question. If this situation occurs, staff should explain that the purpose of using a third party vendor is to increase the accuracy of the results and **ask the patient to call DataStat at 1-888-248-4716 with his/her questions.**

### **General Questions about the Survey**

If a patient has general questions about the survey, please refer them to the MDPCP help desk: The patient should email [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) or call 1-844-711-2664, Option 7.

### **Who is conducting this survey? Who is sponsoring this survey?**

- Our practice is participating in the Maryland Primary Care Program (MDPCP). MDPCP is sponsoring this survey on behalf of our practice.
- MDPCP has contracted with The Lewin Group, and its subcontractor DataStat, an independent survey research organization in Ann Arbor, Michigan, to conduct the survey.

### **What is the purpose of the survey? How will the data be used?**

- The survey is designed to collect information on patients' experiences of the care and services provided by their providers. It will help our practice improve the quality of care we provide.

### **What does CAHPS® stand for?**

- CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems program. The program is managed by the Agency for Healthcare Research and Quality, the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. They make survey tools available to health plans, doctors and hospitals to collect information about the healthcare and services people receive and to improve the quality of healthcare.

### **Are my answers confidential? Who will see my answers?**

- Your answers will be seen by the research staff and will be combined with answers from other surveys to make a statistical report. Your provider will not receive your individual responses, nor will any response be attached to your name during the study.

### **What happens to my answers?**

- Your individual responses will be combined with the responses given by other patients who are in the same practice and a summary will be made available to the practice. Your answers will not be attached to your name, in order to protect your privacy and the confidentiality of your responses.

**How long will this take?**

- The survey will take about 10 minutes to complete.

**What questions will be asked?**

- The survey asks questions about the experiences you had receiving care and services at our practice. There will be questions asking you about any problems you may have had receiving care or services. It asks you to rate different types of care and services you may have received.

**How did DataStat get my name? How was I chosen for the survey?**

- Your name was randomly selected from a list of all patients who visited our practice in the last 6 months. We did not share any information about your personal medical history with DataStat.

**I am confused by the term ‘provider’.**

- For the purposes of this survey, the term “provider” refers only to the provider or providers you saw at our practice in the last 6 months. It does not refer to any health plan from which you receive benefits or to any other practice group from which you or other family member obtain health care services.

**I am no longer a patient of practice listed.**

- Ask if they have been seen at the practice listed on the letter and survey in the last 6 months. If yes, they should fill in the circle next to ‘Yes’ for Question 1 and continue filling out the rest of the survey. If no, they should fill in the circle next to 'No' for Question 1 and continue filling out the rest of the survey following the skip instructions.

**I am not a patient at the practice listed on the survey/letter, but another family member is.**

- The person whose name is on the letter should fill out the survey. If the person named was not a patient of the practice within the last 6 months, please fill in the circle next to 'No' for Question 1 and follow the remaining instructions.

**This is not the practice I normally go to, or the provider that I normally see.**

- You may still complete the survey even if this is not the practice you normally go to or the provider you normally see. The intent of this survey is to gather information about your experience with the named practice only, so please keep this practice in mind as you answer the survey questions.

**Is the survey for me or (my spouse)?**

- The survey is for the person whose name is on the letter.

**Can someone else complete the survey on behalf of the patient?**

- The survey is designed to be completed by the patient. We prefer the survey be completed by the patient, but another person may complete the survey for the patient if it is not possible for the patient to do it.

**My spouse didn’t get a survey, but wants to fill one out.**

- Survey recipients were randomly selected, and only those who were selected may participate.
- Random selection of participants helps to ensure confidentiality and ensures we hear opinions from all kinds of people.

**Is the survey available in Spanish?**

- Yes. To request materials in Spanish, please contact DataStat at 1-888-248-4716.

**Is the survey available in languages other than English or Spanish?**

- I'm sorry. This survey has not been translated into any other languages.

**Is there a deadline to fill out the survey?**

- Since we need to contact so many people, please complete and return the survey using the postage-paid envelope provided within the next few days.

**Where do I put my name and address on the survey?**

- You should not write your name or address on the survey. Each survey has been assigned an identification number that allows DataStat to track which respondents have returned a completed survey.

*IF NEEDED: The names and addresses are stored separately from the answers to the survey questions, so that your answers are not associated with your name.*

**My \_\_\_ is deceased. What should I do with the survey?**

- I'm sorry to hear that. You don't need to fill out the survey. I'll ask DataStat not to contact you again.

**NOTE TO STAFF:** Please call DataStat at 1-888-248-4716 to let them know that the patient is deceased.

**Why does the survey keep asking the same questions over and over?**

- I'm sorry if the questions seem repetitive, but the survey is designed to ask specific questions in a certain order, to ensure that your responses can be compared to the responses of other patients.

**Concerns about Participating in the Survey**

**I am concerned about my privacy.**

- We did not share any information about your personal medical history with the survey vendor.
- The survey vendor abides by HIPAA regulations. Your name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.
- Your answers will be seen by the research staff and will be combined with answers from other surveys to make a statistical report. Your provider will not receive your individual responses, nor will any response be attached to your name during the study.

**I don't do surveys.**

- I understand, however I hope you will consider participating. This is a very important study for our practice. The results of the survey will help us understand what we are doing well and what needs improvement.

**I'm not interested.**

- We could really use your help. Could you tell me why you're not interested in participating?



**I'm extremely busy. I don't really have the time.**

- I know your time is limited, however it is a very important survey, and we would really appreciate your help. The survey will only take about 10 minutes to complete.

**I don't want to answer a lot of personal questions.**

- I understand your concern. This is a very important survey. If a particular question bothers you, you may just skip it.

**I'm very unhappy with your practice. I don't see why I should help you with this survey.**

- I'm sorry you're unhappy. This is a good reason for you to participate. Your responses will help our practice understand what improvements are needed.

**Do I have to complete the survey? What happens if I do not? Why should I?**

- Your participation is voluntary. There are no penalties for not participating. However, it is a very important survey and your answers will help to improve the quality of care we provide.

**I don't want to buy anything.**

- We're not selling anything or asking for money. We want to ask you some questions about the care and services provided by our practice.

**Will I get junk mail if I answer this survey?**

- No, you will not get any junk mail. Your name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.

**Will my responses affect my health care?**

- No. Your answers will be kept absolutely confidential and will not be seen by anyone other than the research staff. Your individual answers will not be seen by your provider and will not affect your care in any way.