



CCHRI and Participating Provider Group Letter of Participation 2010 Patient Assessment Survey Group Survey and After Hours Survey

Consent to be provided electronically during online registration

The [insert legal name of Medical Group](#) (hereinafter referred to as “Provider Group”) and the California Cooperative Healthcare Reporting Initiative (hereinafter referred to as “CCHRI”), through its fiscal agent the Pacific Business Group on Health (hereinafter referred to as “PBGH”), propose to undertake the collection and public reporting of performance data through the 2010 Patient Assessment Survey project (hereinafter referred to as PAS) and, per the Provider Group’s selection of this option at the time of online registration, the CCHRI Provider After Hours Access Survey (hereinafter referred to as After Hours). CCHRI has contracted with the Center for the Study of Services (hereinafter referred to as “Survey Vendor”), to collect and analyze the data and to prepare reports from the projects. The provisions governing each of the two projects will apply only to each project the Provider Group elects to participate in via the online registration for the PAS and After Hours Surveys.

The PAS and After Hours Surveys will involve medical groups and IPAs across California in an effort to coordinate the collection and reporting of consumers’ experiences with receiving care at the provider group level. The PAS survey tool and protocol are informed by the national Clinician-Group CAHPS (CG-CAHPS) developed by the Agency for Healthcare Research and Quality and endorsed by the National Quality Forum. The survey concerns data collection and public reporting of results for the adult (ages 18 and older), Commercial HMO and POS population only. Information will be collected on those patients who have had an encounter between January 1 and October 31, 2009. The After Hours Survey concerns data collection and reporting for the Provider Group primary care offices’ commercial HMO and POS populations.

Provider Group acknowledges that the PAS and After Hours projects are a cooperative venture directed by the CCHRI Executive Committee and project managed by PBGH, with provision for input by designated provider group representatives through the CCHRI PAS Project Committee and the CCHRI After Hours Committee. The decision-making body is the CCHRI Executive Committee within the parameters of authority that are granted to it by the full set of CCHRI stakeholders (“CCHRI All-Participant Membership Group”) (committee charter and rosters available at www.cchri.org).

Provider Group and PBGH agree to the following:

1. Provider Group will, according to the CCHRI timetable (at www.cchri.org), produce and submit patient and provider-level data files (i.e., the sample frame) to the Survey Vendor for the purposes of drawing a random sample of 900 patients, based on the data specifications defined by the CCHRI PAS Project Committee and provided to Provider Organization. The same provider-level data files will be used to draw a sample of 50 primary care offices for the After Hours Survey. The Provider Group will provide the Survey Vendor a copy of its Provider Group logo and the name and signature of the medical director for the sole purpose of producing customized patient survey packets. The Provider Group will provide accurate information on medical group enrollment, coding practices and number of physicians of different specialty type per the PAS Survey registration and data submission process.
2. The Provider Group data submission will undergo a set of data quality checks undertaken by Survey Vendor, and if problems are found, the Provider Group will make the necessary corrections and resubmit the file to Survey Vendor. If at the close of the data submission period (All initial submissions are due November 20, with final corrections made no later than December 4, 2009), Survey Vendor determines that Provider Group’s data submission is compromised substantially such that the omissions or inclusions would likely introduce bias by having a non-comparable patient population from which to draw a sample (e.g., too few records relative to size of enrolled HMO adult population), the Provider Group will be dropped from the project and there will be no results for the Provider Group (i.e., no data will be collected for public reporting,

use by CCHRI partners, or the IHA Pay-for-Performance program). Data quality checks will be conducted between November 2 and December 4, 2009, and all problems must be corrected and final data file submissions received by December 4, 2009. The data quality checks must be completed and a group's file submission deemed to have "passed" to be included in the 2010 PAS project.

3. Provider Group agrees to: (1) have survey data collected and analyzed by the Survey Vendor according to the project timeline; (2) meet all deadlines established by the project administrators, and (3) publication of the results of the 2010 PAS and After Hours projects in the CCHRI public and internal reports. As part of the 2010 PAS data analysis, CCHRI will include in the model case mix adjustment for age, gender, education, health status, mental health status, body mass index, race/ethnicity--primary language spoken, language in which the survey was completed, presence of chronic conditions, response mode (i.e., mail, phone, or web), response language, and specialty type of physician being rated. The CCHRI PAS Project Committee will review and approve the data analysis plan. Reports are produced according to the decisions, reporting format guidelines and disclosure criteria set forth by the CCHRI Reporting Committee and the CCHRI Executive Committee. The only condition in which the Provider Group's results will not be publicly published is if the Provider Group's overall ratings AND composite measures fall below a minimum reliability of 0.70. Should a Group's reliability fall below 0.70 for any overall rating or composite measure, the Provider Group's results will continue to be included in the CCHRI internal reports to be shared with all participating groups and plans (with a symbol denoting that the reliability is less than 0.70).
4. Group's with response rates historically lower than 25% will be required to have and pay for a larger than the standard 900 outgo sample, to achieve a minimum number of completes to produce reliable estimates for public reporting and financial incentive payments.
5. Provider Group shall designate a primary contact person who is responsible for interfacing with CCHRI staff in the conduct of the project, and such person shall have final and binding authority for the Provider Group. The contact person shall be responsible for communicating updates and issues related to the 2010 PAS and After Hours projects to other interested parties within Provider Group.
6. Provider Group agrees to pay its cost of participation if any of its patients are surveyed, even if the CCHRI Executive Committee decides to exclude Provider Group's results from the public or internal reports (i.e. because of data incomparability or incompleteness). The participation fee is per reporting unit, unless other payment arrangements have been made between CCHRI and Provider Group. Payment will be made within 30 days of receipt of a CCHRI invoice.

The Provider Group participation fee must be paid in full no later than December 31, 2009, and is based on commercial HMO and POS enrollment, as follows:

- ▶ Under 30,000 enrollees: \$4,715
- ▶ Between 30,000 – 100,000 enrollees: \$5,775
- ▶ Over 100,000 enrollees: \$6,830

There are no additional fees for participation in the After Hours Survey.

7. CCHRI and PBGH shall maintain the confidentiality of Provider Group's individual patient records in accordance with Confidentiality of Medical Information Act, Cal Civ. Code sec. 56 et. seq., and with the Health Insurance Portability and Accountability Act of 1996, and regulations found at 456 C.F.R. sec. 160-164, as applicable.
8. Provider Group shall execute a Business Associate Agreement (BAA) with Survey Vendor to ensure that data confidentiality safeguards are established pursuant to HIPPA. The BAA will be available at www.cchri.org. If the Provider Group wishes to use a BAA other than the standard BAA used by the Survey Vendor it may do so, but the Provider Group will be charged \$250 to pay for the document review.
9. CCHRI will produce and distribute the following products for each Provider Group:
 - ▶ Summary of PAS and After Hours scores that will be reported publicly (for PAS, per the Final Report referenced below);
 - ▶ Results on the P4P designated survey questions;
 - ▶ The **CCHRI PAS 2010 Final Group Reports** (distributed to all CCHRI participants)

- ▶ A data file containing de-identified patient-level results for Provider Group's members only (for the purposes of conducting additional analyses);
 - ▶ The After Hours Summary Medical Group Report; and
 - ▶ The After Hours results detail file.
10. CCHRI will produce and distribute the following products to each participating health plan:
- ▶ An Excel file that contains group level results for the PAS scores that will be reported publicly;
 - ▶ The **CCHRI PAS 2010 Aggregate Report** (contains results for all provider groups statewide);
 - ▶ PAS data file containing patient-level results only for the Provider Groups with which the respective health plan contracts. Plans will only receive patient-level data files that have been "de-identified" by removing all contact information (i.e., name, address, phone, zip) and any other personal identifying information (i.e., date of birth). To support plan-specific enrollee analyses, patient-level data would identify the plan's own enrollees—with a health plan identification variable (e.g., plan=Blue Cross)—patients who are enrolled in all other plans are de-identified (e.g., plan= "other"); and
 - ▶ A Health Plan Results file for the After Hours Survey.
11. For the purposes of additional consumer reporting of comparative performance results, CCHRI will share its publicly reported PAS 2010 results with specific entities, namely the DMHC Office of the Public Advocate (OPA), the Pacific Business Group on Health, CalPERS, and the Integrated Healthcare Association (IHA) for their use. The results for the specific items rewarded under the IHA Pay-for-Performance program will also be shared with IHA for aggregation with clinical data, to be provided to the health plans for use in determining bonus payments to Provider Groups as part of the Pay-for-Performance program. In addition, Provider Group authorizes the CCHRI Executive Committee or its designee to review the individual reporting plans and processes used by the OPA, PBGH, CalPERS and IHA to determine whether those plans and processes are consistent with the "Guidelines for the Use of CCHRI Data by Consumer Reporting Entities" (available online at www.cchri.org). If the CCHRI Executive Committee or its designee determines that said entity followed CCHRI's guidelines, then Provider Group agrees that CCHRI may provide said entity(s) with results according to that entity's specifications for the sole purpose of carrying out that entity's consumer reporting and Pay-for-Performance plan.
12. CCHRI is interested in supporting the research efforts of the Agency for Health Care Research and Quality (AHRQ) in the development and refinement of national, standardized quality measurement tools for assessing patient experience with care at the health plan, medical group/practice site, physician, and hospital levels. AHRQ has funded this work through its CAHPS initiative. For the purposes of assisting AHRQ with the development of CAHPS-related survey tools and methods, Provider Group authorizes CCHRI to share a PAS de-identified patient level data file with AHRQ, and the CAHPS grantees. For any such research purposes, the data file would be de-identified by removing all patient, provider group, and health plan identifiable information. In addition, contingent upon the approval of and conditions established by the PAS Project Committee, CCHRI may share a PAS de-identified, patient level data file with the National CAHPS Benchmarking Database (NCBD).
13. Except as otherwise stated in this Agreement, use of Provider Group's data from the PAS 2010 and the After Hours Survey is under the control of CCHRI, which may grant permission for use by other entities. Entities other than the consumer reporting entities specifically listed in #10 and the research entities listed in #11 above that wish to use results other than those publicly reported by CCHRI, must request permission from the CCHRI Executive Committee. All such requests must be made in writing and submitted to the CCHRI Executive Committee for review and approval.
14. Provider Group will be financially responsible for any costs (time or materials) incurred by the Survey Vendor that are related to submission of Provider Group information (e.g. data files, medical group logos and signatures) after the deadlines established by CCHRI, or that is related to correction of errors made by the Provider Group. The Survey Vendor will not draw patient samples or prepare mailing materials until a file is certified as having passed the data quality checks. It is the responsibility of the group to meet all deadlines associated with having the data file approved. The Provider Group will also be financially responsible for any customized data runs or analyses of the data.