



September 2, 2008

Dear Physician Group:

We are writing to invite your physician group's participation in the 2009 California ***Patient Assessment Survey (PAS)*** Group Survey project, a statewide effort to produce comparative performance information on patient experience at the physician-group level. The PAS is sponsored by the California Cooperative Healthcare Reporting Initiative (CCHRI)—a statewide collaborative of health plans, provider organizations, and purchasers.

PAS Group Survey. The 2009 PAS project represents the eighth consecutive year that CCHRI has conducted a patient experience survey at the *physician group-level*. The survey is open to all groups who serve commercially-insured, adult, managed care populations. As in past years, the seven largest California network-model health plans continue to use the results of the PAS Group Survey in their formulas for calculating financial rewards to medical groups through the Pay for Performance (P4P) Program (see Attachment A). **Groups that do not participate in the 2009 PAS will automatically fail to qualify for 20% of the bonus dollars.**

PAS Doctor Survey. For the 2009 project, physician groups will also be offered the option to participate in additional drill down surveying of their *individual physicians* using the same methods as those applied at the group level. The Doctor Survey provides groups with information to better guide their quality improvement work and internal rewards programs, and may also enhance groups' eligibility for receiving additional bonus dollars (see Attachment E).

After Hours Survey. CCHRI will also be taking advantage of the processes established by PAS to solicit group participation in the After Hours Survey, which uses telephone interviews with physician offices to evaluate protocols around after hours care. Groups who wish to participate in the After Hours Survey can sign up through the PAS registration site, and submit a single data file for both the PAS and After Hours projects (see Attachment F).

The methods and survey instrument for the 2009 project will remain essentially the same as last year. We will continue with the improvements we made last year to streamline the process around participation:

- ▶ The CCHRI website www.cchri.org will serve as the portal to all PAS project information, the PAS Registration Site, and the CSS Survey Vendor site—to which groups will be able to upload data submissions and confirm logos and signatures this year.
- ▶ A medical-group specific password is included as Attachment B of this package. This unique password will be required for a number of project tasks, including registration and data submissions to the vendor.
- ▶ **Registration for the 2009 PAS will occur between September 8th and September 26th, 2008.** The online registration will permit groups to register for the PAS Group Survey, the PAS Doctor Survey and the After Hours Survey. As soon as you have completed the registration, you can immediately access the data specifications for producing the files from which we can draw the patient survey sample—which will give your IT department an early start on what they will need to produce. Additionally, all registered groups will be emailed these specifications on September 26th at the close of registration.

- ▶ The PAS Participation Agreements for both the Group and Doctor Surveys will be embedded in the registration site and will require electronic consent as a last step in the registration process. Copies are included in this package for review prior to registration (see Attachments G and H).
- ▶ It is highly recommended that groups also sign a Business Associate Agreement with the survey vendor. A copy is included in this package. Please refer to your invitation email (or the CCHRI website) for an editable version of the BAA you can fill out, sign and send directly to the survey vendor—the Center for the Study of Services (CSS). (See Attachment I).
- ▶ Each group will be required to complete an online survey after completing the registration to provide information on medical group coding practices and physician specialty types that will inform the survey vendor's data quality assurance process.
- ▶ CCHRI will hold a number of informational conference calls regarding the PAS survey process and data submission requirements. The **first call will be held on Wednesday, September 17th from 10:00am-11:00am**, and will review the 2009 project requirements and pricing. Please see Attachment L for a full list of informational calls.

In addition to garnering potential financial bonuses, the PAS survey results can be used by your group to identify areas for improvement, help focus your quality improvement investments, examine trends in performance over time, and compare your performance to your peers. Once again, participating health plans will be subsidizing the costs of the Group Survey, which makes the costs of gathering this information lower than any independent survey effort. Please note, physician groups will be responsible for covering all costs of additional surveying conducted through the Group & Doctor Survey (see Attachment K).

The PAS survey will be sent to patients in the first quarter of 2009, with results reported back to participating provider groups in June 2009 (see Attachment L for detailed project timeline). Please contact Serwar Ahmed at sahmed@pbgh.org or 415-615-6358 with any questions you may have about the project. We look forward to your participation in the 2009 project.



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Enclosures:

- Attachment A: 2009 PAS Measures in IHA Pay for Performance Set
- Attachment B: Project Requirements and Password
- Attachment C: Alternative Language Surveying (Group Survey)
- Attachment D: Group Survey Information Sheet
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Attachment A: 2009 PAS Measures in the IHA Pay for Performance Measure Set (Measurement Year 2008, payout year 2009)

PAS measures account for 20% of weighting in IHA Program

Measures	Individual Questions Items from PAS
<p>Doctor-Patient Interactions</p> <p>MDINTERACT Composite measure (6 items)</p>	<ul style="list-style-type: none"> • How often did this doctor <u>listen carefully</u> to you? (Q #10 / #9) • How often did this doctor <u>explain things</u> in way that was easy to understand? (Q #9 / #8) • How often did this doctor <u>spend enough time</u> with you? (Q #13 / #12) • How often did this doctor show <u>respect for what you had to say</u>? (Q #14 / #13) • How often did this doctor give you easy to understand instructions about taking care of these health problems or concerns? (Q #11 / #10) • How often did this doctor seem to know the important information about your health history? (Q #12 / #11)
<p>Overall Ratings of Care (2 separate items)</p>	<ul style="list-style-type: none"> • Rate <u>this doctor</u> (0-10 scale) (Q #28 on PCP version only) • Rate all your health care from the <u>other doctors or providers</u> you visited at this doctor's office (0-10 scale) (Q #34 / #32)
<p>Specialty Care (2 separate items)</p>	<ul style="list-style-type: none"> • When you tried to make an appointment to see a specialist, how often did you get an appointment as soon as you needed it? (Q #33 on PCP version only) • Rate <u>this doctor</u> (i.e., specialist) (0-10 scale) (Q #28 on Specialist version only)
<p>Coordination of Care</p> <p>COORD composite measure (2 items)</p>	<ul style="list-style-type: none"> • How often did someone from this doctor's office follow up to give you the results of your blood test, x-ray or other test? (Q #18 / #17) • How often did this doctor seem informed and up-to-date about the care you got from specialists? (Q #17 / #16)
<p>Timely Care and Service</p> <p>ACCESS Composite measure (5 items)</p>	<ul style="list-style-type: none"> • When you called your personal doctor's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you thought you needed it?" (Q #4 on PCP version only) OR When you made an appointment with this doctor, how often did you get an appointment as soon as you thought you needed it?" (Q #4 on Specialist version) • When you called <u>your doctor's office with a medical question during regular office hours</u>, how often did you get an answer to your medical question that same day? (Q #7 / #6) • When you made an <u>appointment for a check-up or routine care with your doctor</u>, how often did you get an appointment as soon as you thought you needed it?" (Q #5 on PCP version only) • When you phoned this doctor's office <u>after regular office hours</u>, how often did you get an answer to your medical question as soon as you needed? (Q #8 / #7) • How often did your visits to your doctor's office start within <u>15 minutes</u> of your appointment? (Q#6 / #5)

When two question numbers are listed; the first denotes the number on the 2008 PCP Survey Version and the second denotes the number on the 2008 Specialist Survey version.

Attachment B Project Requirements and Password

Password

For 2009, PAS participants will need a unique password to complete key project steps, including registration, data submissions and logo confirmation. The password for your physician group is listed below (for hard-copy package only) and was also sent via e-mail to the individual on record as the primary contact for your group. Please keep this password throughout the survey period.

If your group has not received its password by September 5th, please contact Serwar Ahmed at sahmed@pbgh.org or 415-615-6358.

Medical Group Name:

User Name: See hard copy package or e-mail sent to primary contact

Password: See hard copy package or e-mail sent to primary contact

URL: http://www.healthscope.org/pas_registration_2009

2009 Project Requirements for Physician Groups

Requirement	How and When
Register for the PAS Group Survey, and optionally, the PAS Doctor Survey and CCHRI After Hours Survey.	Go to www.cchri.org September 8 – September 26, 2008
Electronically agree to the terms and conditions in the 2009 Participation Agreement.	Electronic “sign-off” is the last step in the online registration process
Submission, or confirmation, of the physician group logo and executive signature—to be printed on the survey cover letter and instrument.	Go to www.cchri.org September 8 – October 13, 2008
Completion of online survey regarding the group’s coding practices and provider specialties.	Go to www.cchri.org September 8 – October 13, 2008
Submission of data files on all eligible patients, patient visits and providers, from which the survey sample will be drawn. All data submissions must meet the data quality criteria identified by PAS.	Go to www.cchri.org to download data specifications and the data checking tool no later than November 1. Data submissions due between November 1 and November 28, 2008 Final data corrections due: December 8 th
Payment of participation fees for all survey options selected by the physician group.	Each group’s estimated fees will be calculated during the registration process. Invoices with final amounts will be mailed and due in February 2009.

For your group’s protection, you may also wish to sign a Business Associate Agreement with CSS, the survey vendor for the PAS project. A copy of the standard BAA can be downloaded from www.cchri.org on the PAS Registration Site. Groups who wish to use their own BAA will be charged a fee of \$250.

Attachment C
Alternative Language Surveying for Group Survey

For the Group Survey, groups can choose to conduct alternative language surveying in Spanish, Chinese, Korean, or Vietnamese. You may choose from the options below during the registration process. The fees listed below are in addition to the cost of participating in the Group Survey.

Fees for Alternative Language Surveying	
<p>Option 1: Double Stuff Survey Packets for Entire Sample of Patients</p> <p>Survey mailings “double stuffed” to include written survey materials in both English and one alternative language (among the above listed options). The double stuffing will occur for the entire group sample of 900 patients.*</p>	\$1640 per reporting unit
<p>Option 2: Double Stuff Survey Packets for Patients of Selected Physicians</p> <p>Survey mailings “double stuffed” to include written survey materials in both English and one alternative language (among the above listed options). The double stuffing will occur only for patients associated with the providers selected for double-stuffing.*</p>	\$1.82 per patient receiving double-stuffing
Follow up phone interviews in Spanish	No additional cost
Follow up phone interviews in Chinese, Korean, and Vietnamese	\$1000 per reporting unit

*If you elect any of the above alternative language options, please inform the IT staff at your group responsible for programming the data submission. Each group will be required to flag physicians selected for alternative language surveying in the data submission due by November 28, 2008.

Attachment D Group Survey Information Sheet

Background

Since 2001, the California Cooperative Healthcare Reporting Initiative (CCHRI), a statewide collaborative of health plans, provider organizations, and purchasers, has conducted an annual survey to assess *patient experience with the care delivered by the patient's medical group*. The Patient Assessment Survey (PAS) reflects the commitment of plans, purchasers and provider organizations to the joint administration of a statewide patient experience survey, in an effort to reduce redundancy and confusion regarding measurement and public reporting of performance results.

PAS is conducted under the auspices of the California Collaborative Healthcare Reporting Initiative, with oversight provided by the CCHRI Executive Committee and guidance from the CCHRI PAS Project Committee—composed of representatives of each participating health plan and ten physician groups. In 2008, eight major California health plans, 148 physician organizations (reporting on 186 units), and the 50 purchasers of care represented by the Pacific Business Group on Health (PBGH) collaborated in the PAS project. The 2008 participating groups served 11.6 million commercially insured HMO and POS patients, or 94.4% of the total HMO/POS commercial population in California. The participating health plans in 2008 were Aetna, Cigna, Anthem Blue Cross, Blue Shield, Health Net, Kaiser Foundation Health Plan, PacificCare Health Systems, and Western Health Advantage.

PAS in the IHA Pay for Performance Program

Each year a subset of question items from the PAS survey are selected for inclusion in the IHA Pay-for-Performance (P4P) program. Like other P4P measurement domains, IHA puts forth for public comment the potential measures it will include from the PAS. The P4P Steering Committee approves all final measures included in the P4P measurement set by year end, with significant input from the Technical Committee and stakeholders during the public comment period. The PAS measures selected for payment, their associated questions and weights can be found on the IHA website at www.iha.org, organized by measurement year. It is ultimately up to each health plan to determine thresholds for payment for P4P patient experience measures.

Physician Group Eligibility

All physician groups that serve commercially-insured, adult HMO and POS patients are eligible to participate for Measurement Year 2008.

Unit of Analysis

The unit of analysis is in most cases the unique physician group. However, some physician groups elect to survey multiple subunits and, in those cases, those smaller reporting units are the unit of analysis.

Survey Instrument

PAS builds off of a national research effort to create a standardized tool for measuring patient experience with care received in the ambulatory care setting. Specifically, the PAS significantly overlaps with the Clinician and Group CAHPS survey (CG-CAHPS) that is under development through a collaboration between the Agency for HealthCare Research and Quality (AHRQ), RAND, Harvard University and the American Institute for Research (AIR).

The CAHPS team submitted CG-CAHPS to the National Quality Forum (NQF) in July 2007 for its endorsement. Differences between the emerging national CG-CAHPS survey and the California PAS survey reflect issues that are of particular interest to the California stakeholders and/or that support the IHA Pay-for-Performance program. As the national CAHPS team continues its work to refine the CG-CAHPS survey, CCHRI will continue to monitor this work to stay aligned with what is anticipated to become the national standard.

One distinction is that PAS has developed both PCP and Specialist versions of the survey. These two versions overlap substantially.

Performance Domains

The key performance domains assessed in P4P include:

- ▶ Patient access to care (primary and specialty, non-urgent and urgent)
- ▶ Coordination of care
- ▶ Doctor-patient interactions (i.e., communication)
- ▶ Overall ratings of care

Patient Population Surveyed

A sample of 900 adult, commercially-insured HMO and POS patients who: 1) have had at least one visit between January and October of the measurement year, and 2) are enrolled in the medical group as of October 31 of the measurement year, are randomly sampled from each group. The sample is stratified, with 450 of the patients being drawn from patients with visits with their assigned PCP, and the other 450 patients being drawn from those with visits with a specialist.

Physician Group Registration

For the 2008 Measurement Year, CCHRI will send invitations to all physician groups operating in California that have at least 1000 managed care enrollees. Invitations will be distributed by September 2, 2008 and physician groups will be required to formally register by September 26, 2008. Registration will occur via an online registration form found at www.cchri.org. If physician groups have not received their invitation by September 5, 2008, they should contact Serwar Ahmed at sahmed@pbgh.org.

During the registration process, groups will be provided with information on various survey options and the associated fees. Groups will be required to provide up-to-date contact information as well on data on member enrollment and geographic locations served. Groups will also be required to agree to the terms outlined in the CCHRI PAS Participation Agreement, and will have the option to download and sign off on the terms outlined in the Business Associate Agreement with the survey vendor for the project, the Center for the Study of Services (CSS).

In addition to signing up to participate in the PAS Physician Group Survey, groups will have the opportunity to elect supplemental survey options, including:

- ▶ Surveying distinct sub-units or practice sites of the medical group as separate reporting units, each with a unique sample of 900 patients.
- ▶ Alternative language surveying, in which groups elect to double stuff the patient survey packages with a survey translated into an alternative language of their choice (Spanish, Chinese, Korean, or Vietnamese). Double stuffing facilitates responses by patient populations who may not be fluent in English. (See Fee Schedule at www.cchri.org for additional fees.)
- ▶ Doctor Survey participation, in which groups elect to conduct additional surveying at the physician level using the PAS survey instrument, processes and methods. This supplemental project is designed to facilitate group's quality improvement work. In addition, pediatricians may be included in the doctor survey process. (See Fee Schedule at www.cchri.org for additional fees.) In 2008, 34 physician groups elected to participate in the Doctor Survey in addition to the Group Survey. Currently, the P4P program does not allocate specific bonus funds for participation in the Doctor Survey, but some health plans may provide additional bonuses for physician-level measurement activities.
- ▶ After Hours Survey participation, in which telephone interviews are conducted to assess protocols around after hours care for a sample of primary care physician offices. (No additional fees)

Physician Group Requirements

In addition to formally registering, groups must adhere to the following requirements. Deadlines will be specified during the registration process and failure to meet the deadlines will forfeit the group's participation in the PAS project and thus eligibility for any P4P bonus dollars associated with the PAS performance measures.

- ▶ Register to participate via www.cchri.org by September 26, 2008.

- ▶ Sign off on the Participation Agreement at the time of registration.
- ▶ Submission (or confirmation) of the physician group logo and executive signature, to be printed on the survey cover letter and instrument. Groups will be provided with instructions for submitting these items after registration. Due by October 13, 2008.
- ▶ Provision of accurate information on the group's coding practices and provider specialties, as requested in an online survey to be hosted by the survey vendor. Groups will be provided with instructions for providing this information after registration. Due by October 13, 2008.
- ▶ Submission of data files on all eligible patients, patient visits and providers, from which the patient sample will be drawn. After registering, groups will be provided with a set of data specifications that define the layout of the files and the information required within each field. All data submissions must meet the data quality criteria identified by PAS. An inability to meet the defined criteria will forfeit a group's participation in PAS. Due November 1 – November 28, 2008.
- ▶ Payment of participation fees associated with the survey options elected by the physician group. Fees will be listed on the registration site. Due February 20, 2009.

Sampling

After final approval of the data files submitted by each group, the survey research firm draws a total sample of 900 patients for each reporting unit. The sample is stratified by visits to Primary Care Physicians (n=450 PCP visits) and Specialty Care Physicians (n=450 specialist visits), and within strata, patients are randomly selected. For patients with an assigned PCP, the visit must be with the assigned PCP to be eligible for inclusion in the sample. Patients without assigned PCPs are "assigned" by the survey vendor to the most frequently visited PCP. In drawing the sample of patients, only one eligible adult from each household is included.

To increase the likelihood of responding, sampling is prioritized by the most recent date of visit. Patient visits are grouped into three periods: January-April, May-July and August-October. Starting with the most recent period (August-October) visits are randomly selected from the enrollment files of each group.

Survey Fielding

The standard survey protocol consists of two mailed surveys, including a cover letter which outlines an option to complete the survey via the survey vendor web site using a unique web ID contained in the letter. The cover letter is printed using the logo of the patient's physician group and signed by the group's medical director. The first mailing occurs in late January. The second occurs in late February and is sent only to those patients from whom there is no prior response (via web or mail). Those patients who do not respond after the second mailing are contacted via phone in late March. Mail, web and phone interviews are available in English and Spanish for all patients and all mailed cover letters include a message in Spanish inviting patients to request a Spanish version of the survey via a toll-free number.

Groups are also provided the option to field the survey in English and an alternative language (Chinese, Spanish, Korean, or Vietnamese). Patients receiving the alternative language survey receive a cover letter in English with a translation in the alternative language printed on the back of the letter, in addition to a copy of the survey instrument in the alternative language.

Response File Preparation

Upon completion of the survey fielding, the survey vendor conducts data cleaning, including removing duplicate interviews, merging the response data with the original sample data, and conducting consistency checks between question items. Response data files from mail, web and telephone interview sources are cleaned for out-of-range responses for each question. Cases with out-of-bound ages (<18) are dropped from analysis. All responses are kept for analysis in which the patient either confirms the physician visit or, for PCP patient interviews, provides the name of another PCP in the physician group and confirms that they had had a visit with the physician in the past year. If the respondent indicates a physician that can not be matched to the physician group's provider file, then the respondent's survey is dropped from analysis.

Analysis of the Survey Data

Each medical group's results are adjusted for patient case-mix to control for differences across physician groups. In 2008, the case-mix adjustment model controlled for:

- ▶ Age
- ▶ Gender
- ▶ Education level
- ▶ Race/ethnicity-primary language of respondent
- ▶ Presence of chronic conditions
- ▶ Single item physical health status
- ▶ Single item mental health status
- ▶ Specialty type of physician that patient rated (44 categories)
- ▶ Survey response mode (mail, internet, or phone)
- ▶ Language in which survey was completed

Reports

Groups receive the following reports of their results:

P4P Results (May): Each group receives its own results on the P4P set of items, along with a set of percentile cut points that demonstrate statewide performance.

Medical Group Report (June): Each group receives a report which displays their results for all question items in various formats and as compared to other physician groups in their region. This report also describes all survey methods and processes.

Excel File (June): Each group receives an Excel file which provides comparative results on each question items for all medical groups in their region.

Raw Data File (June): Each group receives a file with the de-identified raw survey data for all patient respondents.

Additionally, the results of the survey are made publicly available for use by consumers through the California Department of Managed Health Care's Office of the Patient Advocate consumer website (www.opa.ca.gov/report_card) each October. Performance results will not be publicly reported for any overall rating question or composite that achieves a reliability score of less than 0.70.

Key Timelines (please visit the CCHRI website at www.cchri.org for detailed timeline)

- ▶ September 2, 2008: Groups receive invitation to participate in PAS.
- ▶ September 8, 2008: Registration site live.
- ▶ September 26, 2008: Deadline to register for the 2008 MY PAS. Participation agreement due (via electronic consent during the registration process)
- ▶ September 8, 2008: Data file specifications to groups
- ▶ October 13, 2008: Group logos/signatures confirmed and completion of online survey on coding practices and physician specialties
- ▶ November 28, 2008: Data files and attestation due to vendor
- ▶ January-April, 2009: Survey fielding
- ▶ May 2009: Results for P4P items to groups, plans, and IHA
- ▶ June 2009: Medical group report including all survey items, comparative results, and raw data to medical groups

For More Information

Visit the CCHRI website at www.cchri.org or contact Serwar Ahmed of PBGH at 415-615-6358 or sahmed@pbgh.org.

Attachment E

Doctor Survey Information Sheet

To support physician group quality improvement efforts, CCHRI is offering groups the option of additional surveying of patients to produce doctor-level results, using the same survey tools being applied at the group level. Groups can choose among three unique surveys, respectively designed to evaluate care provided by primary care practitioners, specialists, or pediatricians.

Although the IHA Pay-for-Performance (P4P) bonus program is predicated on results of the Group Survey, groups have indicated that the doctor-level “drill down” option will serve to better guide their one-on-one quality improvement work with physicians. In addition, some health plans participating in the P4P program allocate additional bonus money to physician groups that undertake doctor-level measurement activities.

For the Doctor Survey, the group designates the physicians for whom patient samples will be drawn. Groups can survey across a broad range of physician specialties. The survey instrument used will depend on the physician:

- ▶ PCP Survey: Family practitioners and internal medicine physicians designated as the adult’s PCP
- ▶ Specialist Survey: Adult specialists, excluding hospital-based physicians and urgent care physicians
- ▶ Child Survey: Pediatricians designated as the PCP for visits with children under the age of 14

The survey will be administered using a two-wave mail protocol (and no phone follow-up). The same sampling rules that are used in the Group Survey apply: Eligible patients are those who have had a visit with their PCP or with a specialist whom the medical group has included in the doctor-level survey. Patient visits with a PCP who is not the patient’s PCP will be excluded.

Distinct from the Group Survey, which limits the survey sample to HMO or POS patients over the age of 18, the Doctor Survey allows for reporting on physicians serving members in any product line (HMO, POS, PPO; commercial or Medicare). However, special arrangements must be made if a medical group wishes to create a unique sample of Medicare-only patients.

For each physician you would like to report on, a sample of 100 patients will be selected for inclusion in the survey mailing. A mail-out sample size of 100 patients per doctor typically yields between 30 and 35 survey responses per physician, *averaged across all medical groups*. However, response rates for individual doctors can range substantially. Historically, the number of responses per doctor has ranged from a low of 10 to a high of 50+. There is some indication that physicians who serve patients of diverse cultures/language mix see lower response rates.

In order to increase the likelihood of receiving a threshold number of responses per doctor, groups will have the option to increase the number of patients in the mail sample to 135 per doctor. Specifically, the group has the option of designating a subset of select doctors to have a larger patient sample. This option does entail an additional fee (see below). A group’s decision to increase the mailed sample size from 100 to 135 for select physicians will depend on a number of variables, including:

- ▶ The way in which your group wishes to use the results. If results are being used as a basis for physician compensation, we recommend a minimum of 20-25 responses per doctor. Tying the survey results to physician reimbursement may increase the importance of achieving a minimum number of responses per doctor, and thus make it worth the additional cost of enlarging the mail sample size.
- ▶ Your group’s historical experience with physician level survey efforts. Groups who have participated in past years may wish to consider the 135 patient sample size for select physicians that have historically experienced low response rates. Groups without historic information may wish to choose the standard sample size of 100 for this year, and make adjustments in future years as necessary.

In some cases, low numbers of responses may also result from the relatively small size of some physician patient panels—with some physicians not having 100 patients that meet the eligibility criteria for inclusion in the survey sample. As an interim step in the project, the survey vendor will apprise the group of each doctor’s sample size after receiving your data submission. Groups will then have the opportunity, if they so choose, to *de-select* from the doctor-level survey those physicians whose eligible patient samples fall below 100. Likewise, if a physician was targeted for a 135 sample size, but the data submission shows that they do not have enough eligible patients to meet this mark, the group can choose to transfer the doctor to the 100 sample size option.

Fees for Doctor Survey participation are detailed below. Although the per unit fees for the Doctor Survey and alternative language surveying are final, each group's total fees (based on the number of doctors participating) will not be finalized until we are able to see your data submission and calculate exactly how many doctors are eligible among those you have designated for participation.

You will be required to flag physicians selected for inclusion in the Doctor Survey as part of the physician group's data submission due by November 28.

Doctor Survey*		Total
Fixed fee for each reporting unit	\$1900	\$1900
(A) Per practitioner fee for a sample size of 100	\$204 X No. of Docs Surveyed	+
(B) Per practitioner fee for a sample size of 135	\$265 X No. of Docs Surveyed	+
Preliminary Total		=

*For PCP, Specialist and Child Surveys

Alternative Language Surveying in the Doctor Survey

As with the Group Survey, you can also choose to conduct alternative language surveying at the physician-level in Spanish, Chinese, Korean, or Vietnamese. You may select either all, or a subset of providers to receive double stuffing. You will be required to flag physicians selected for alternative language surveying in the physician group's data submission due by November 28.

The additional fees are listed below.

Fees for Doctor Survey Alternative Language		Total
Survey mailings "double stuffed" to include written survey materials in both English and one alternative language among the above listed options. (The Child Survey will not be available in Chinese, Korean, or Vietnamese)	\$182 X No. of doctors with sample size of 100	+
	\$246 X No. of doctors with sample size of 135	
Preliminary Total		=

Attachment F

After Hours Survey Information Sheet

The California Cooperative Healthcare Reporting Initiative (CCHRI) is coordinating the 2009 Provider After-Hours Access Survey Project. The project, conducted on behalf of participating California health plans for their Commercial and Medicare populations, will report results by July 31, 2009. Results will be used for reporting to multiple entities, including purchasers, the Department of Managed Health Care and the National Committee for Quality Assurance. There are no additional fees for physician groups to participate in this survey.

Project Goals

The goals for the Provider After-Hours Survey Project are to:

- ▶ Provide information for quality improvement activities by physician groups and health plans.
- ▶ Develop and implement a process to determine physician office use of appropriate emergency instructions and physician availability after-hours.
- ▶ Standardize measurement of after hours care across all participating plans, and minimize intrusion into the provider's practice by consolidating multiple, independent plan surveys into one, integrated data collection project across the participating plans;
- ▶ Provide participating health plans with performance measures and descriptive analyses that will satisfy NCQA Accreditation Standards. Plans to supplement results with review of complaint and member satisfaction data;
- ▶ Enable plans to perform analyses of data and reporting against internal plan standards for access;
- ▶ Support plan identification of performance improvement opportunities;
- ▶ Assure quality of data collected and reported within a mutually agreed upon standard for data accuracy.

Description

The telephone survey documents after-hours physician availability and access to appropriate emergency and urgent care information. The after-hours phone calls will be completed for up to fifty primary care office sites in each of the participating provider organizations. (These after-hours calls will supplement access information obtained from the PAS project.) A designated number of health plans will equally share the costs for fielding this portion of the project and receive a data file containing individual call outcomes for each phone interview attempted or completed. Provider organizations will receive a standardized report containing group-specific and comparative results; they will also receive a file with raw data from each interview or attempted interview. The reporting unit for this is the physician group level.

Process

1. Groups are invited to register for the After Hours Survey as part of the 2009 Patient Assessment Survey (PAS) registration process.
2. The same data file submitted to the PAS Survey Vendor will also be used to draw the sample of primary care offices for the After Hours Survey. Physicians with a PCP flag and at least one visit in the PAS sample will be included in the After Hours sample data.
3. A random sample will be drawn to allow completion of 50 calls per group
4. Survey calls are completed after normal business hours.
5. Responses are categorized based on predetermined (by After Hours project team) values that also determine if the response will qualify as an appropriate response.
6. Results are summarized and reported by physician group and health plan files are produced.

Methodology

- ▶ A target of 50 completed primary care physician surveys are attempted per physician group.
- ▶ Surveys will be conducted using a telephone interviewing methodology. The interviews will be conducted after normal business hours between 6:30 p.m. and 9:00 p.m. from April to June 2009.
- ▶ Survey questions are tailored for situations in which the interviewer reaches a live person, a recording or an auto attendant.
- ▶ If a phone number appears more than 3 times in a particular sample set, that phone number is only called 3 times in an effort to not burden the answering service. If this situation occurs, three names are randomly

picked from the sample set and the remaining physicians with the same phone number are removed from the sample set.

Physician offices may be considered ineligible for participation in the survey if the physician is deceased, no longer in practice (at that location); on an extended leave of absence, or incorrectly identified as a PCP. Offices are also excluded if the office is no longer open at the phone number listed or the phone number is incorrect.

Attachment G
CCHRI and Participating Provider Group Letter of Participation
2009 Patient Assessment Survey Group Survey and After Hours Survey

Consent to be provided electronically during online registration

The [insert medical group legal name] (hereinafter referred to as "Provider Group") and the California Cooperative Healthcare Reporting Initiative (hereinafter referred to as "CCHRI"), through the contractual facilities of the Pacific Business Group on Health (hereinafter referred to as "PBGH"), propose jointly to undertake the collection and public reporting of performance data through the 2009 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 After Hours Survey (hereinafter referred to as After Hours). CCHRI has contracted with the Center for the Study of Services 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 explicitly elects to participate in via the online registration for the PAS and After Hours Surveys.

The joint undertaking of PAS and After Hours 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. This joint undertaking will measure Provider Group's performance during calendar year 2008 according to processes defined by the CCHRI PAS Project Committee and the CCHRI After Hours Committee. 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 will focus on 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, 2008. The After Hours Survey will focus on data collection and reporting for the Provider Group primary care offices' commercial HMO and POS populations.

CCHRI Principles

Provider Group agrees to the following principles established by the CCHRI Executive Committee for the 2009 PAS and After Hours data collection project:

1. 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") (see Attachment A).
2. 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 Centers for the Study of Services (CSS) 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 Group. 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 be required to provide to 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 survey packets. The Provider Group will also need to submit accurate information on medical group enrollment, coding practices and number of physicians of different specialty type during the registration and data submission process.
3. The Provider Group data submission will undergo a set of data quality checks undertaken by CSS, and if problems are found, the Provider Group will be asked to make the necessary corrections and resubmit the file to CSS. If at the close of the data submission period (All initial submissions are due November 28, with final corrections made no later than December 8, 2008), CSS 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 1 and December 12, 2008, and all problems must be corrected and final data file submissions received by December 8, 2008. The data

quality checks must be completed and a group's file submission deemed to have "passed" in order to be included in the 2008 PAS project.

4. Provider Group agrees to: (1) have data collected and analyzed by the Center for the Study of Services according to the project timeline, (2) meet all deadlines established by the project administrators, and (3) publication of the results of the 2009 PAS and After Hours projects in the CCHRI public and internal reports. As part of the 2009 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 and Executive Committees 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. Group's with response rates historically lower than 25% will be encouraged 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. 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).
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 2009 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 upon receipt of a CCHRI invoice.

The participation fee must be paid in full no later than February 20, 2009, and is based on commercial HMO and POS enrollment, as follows:

- ▶ Under 30,000 enrollees: \$4,575
- ▶ Between 30,000 – 100,000 enrollees: \$5,600
- ▶ Over 100,000 enrollees: \$6,650

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. CCHRI has informed its subcontractor(s) the Center for the Study of Services that the Center for the Study of Services may need to execute, pursuant to HIPAA, a Business Associate Agreement (BAA) with Provider Group. The Provider Group will have the ability to download the BAA from the CCHRI web site or may explicitly request one from the survey vendor. If the Provider Group wishes to use a BAA other than the CCHRI/CSS standard BAA, it may do so, but the Provider Group will be charged \$250 to pay for the document review. If the Provider Group wishes to make minimal edits, [defined as changing fewer than 5% of the words in the text] to the CCHRI/CSS standard BAA, the group may do so by providing CSS with a Microsoft Word document that tracks the proposed changes. There will be no charge to incorporate minimal edits.
8. CCHRI will produce and distribute the following products from the 2009 PAS to 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 items with cutpoints based on that subset of participants.
 - ▶ The **CCHRI PAS 2009 Final Report** distributed to all CCHRI participants; and,

- ▶ 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
- ▶ The After Hours results detail file

9. CCHRI will produce and distribute the following products from the 2009 PAS to participating health plans:

- ▶ An excel file that contains group level results for the PAS scores that will be reported publicly;
- ▶ The **CCHRI PAS 2009 Aggregate Report** distributed to all CCHRI health plan participants; that contains results for all provider groups statewide,
- ▶ Each health plan participant will receive a PAS data file containing patient-level results only for the provider groups with which they contract. Plans will only receive patient-level data files that have been "de-identified" by removing all contact information (name, address, phone, zip) and any other personal identifying information (date of birth). To allow 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)—with patients who are enrolled in all other plan members being de-identified (e.g., plan="other").
- ▶ A Health Plan Results file for the After Hours Survey.

10. For the purposes of additional consumer reporting of comparative performance results, CCHRI will share its publicly reported PAS 2009 results with specific entities, namely the DMHC Office of the Public Advocate, 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" (Attachment B). 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.

11. 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 all patient, provider group, and health plan 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).

12. Except as otherwise stated in this Agreement, use of Provider Group's data from the PAS 2009 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.

13. Provider Group will be financially responsible for any costs (time or materials) incurred by the survey vendor that is related to submission of Provider Group information (e.g. data files, medical group logos and signatures) after the deadlines established by the project administrators, 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.

Attachment H

CCHRI and Provider Group Letter of Participation 2009 PAS Doctor Survey Project

Consent to be provided electronically during online registration

The [insert medical group legal name] (hereinafter referred to as "Provider Group") and the Pacific Business Group on Health ("PBGH") jointly propose to undertake the collection and provider group reporting of physician-specific patient reported performance data through the 2009 **PAS Doctor Survey Project** ("*Doctor Survey*"). PBGH has contracted with the Center for the Study of Services Inc. ("Survey Vendor") to collect, analyze and report the survey data.

This joint undertaking involves California Provider Groups in an effort to administer a survey to capture patient-reported experiences of care and service with their physician. The survey will be conducted with a sample of adult members and/or the parents/guardians of child members who are patients of physicians affiliated with the participating Provider Groups.

Provider Group and PBGH agree to the following:

1. Provider Group shall designate a primary contact person who is responsible for interfacing with PBGH staff in the conduct of the Doctor Survey. The contact person shall be responsible for communicating updates and issues related to the 2009 Doctor Survey to other interested parties within the Provider Group.
2. Provider Group shall, according to the 2009 Doctor Survey timetable (available on CCHRI website at www.cchri.org) produce and submit patient-level data files to Survey Vendor for the purpose of drawing a random sample of patients to be surveyed, based on the data specifications defined by PBGH and provided to Provider Group (available at www.cchri.org starting September 8, 2008). Provider Group authorizes PBGH to use the Provider Group name and logo and the patients' names and addresses in communications to solicit Provider Group patients to participate in the survey. Additionally, Provider Group shall provide a copy of its Provider Group logo and the name and signature of the Provider Group representative for the sole purpose of producing customized survey packets.
3. 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 Survey Vendor will charge the Provider Group \$250 to pay for the document review. If the Provider Group wishes to make minimal edits, defined as changing fewer than 5% of the words in the text to the standard BAA, the group may do so by providing the Survey Vendor with a Microsoft Word document that tracks the proposed changes. There will be no charge to incorporate minimal edits.
4. Provider Group agrees to have its patient data collected and analyzed by Survey Vendor according to the Doctor Survey timeline and agrees to the publication of the results to be used by the Provider Group. For purposes of this clause, any Provider Group-specific results shall be shared with other Doctor Survey-participating Provider Groups only under the condition that no findings shall disclose the identity of the Provider Group, any individual physician or any patient/member.
5. Provider Group authorizes PBGH or its research affiliate, The Health Institute, New England Medical Center, to publish findings of this Doctor Survey provided that no findings shall disclose the identity of the Provider Group, any individual physician or any patient/member. For purposes of this clause, PBGH agrees that Survey Vendor shall only disclose physician-specific or patient-specific data that has been "de-identified" by removing all personal identifying information collected through the project, specifically patient name, mailing address, zip code, patient home phone, and day and month of birth. The only patient specific information remaining for analysis are gender and birth year.

6. Provider Group agrees to pay PBGH the Doctor Survey administration fee per the 2009 Doctor Survey Fee Schedule of \$1900 per participating Provider Group and \$204 per doctor selected for participation in the Doctor Survey. Provider Group agrees to pay one-half (50%) of the fee no later than February 20, 2009, and the second half of the fee within 30 days of receipt of the Doctor Survey Reports listed below (per the project timeline--expected by July, 2009). The Provider Group will also be financially responsible to the Survey Vendor for any customized data runs or analyses of the data.
7. Confidentiality of individual patient records will be maintained in accordance with California Civil Code Section 56 *et seq.* (Confidentiality of Medical Information Act) by all parties at all times, in accordance with the HIPAA, and in accordance with any more restrictive, applicable law.
8. PBGH shall produce and distribute the following Doctor Survey Reports to Provider Group:
 - ▶ Provider Group Performance Profile Report, which is the Provider Group's affiliated physician results and comparisons to the results of the participating Provider Groups in the Doctor Survey. The participating Provider Group results shall be blinded – no participating Provider Group names shall be disclosed in this Profile. No patient-level information (or patient personal identifying information) shall be included in this report.
 - ▶ Physician-specific Performance Profile Reports, which is the personalized physician reports that compare the physician's results to the results of other physicians in that Provider Group, except that each report shall be identifiable only as to the physician to which it is provided, with other physicians' identities being de-identified. No patient-level information (or patient personal identifying information) shall be included in this report.
 - ▶ Electronic Data File Report, which is the physician-level results for the Provider Group's physicians only (Excel format). Report includes a database of all of the Provider Group's physician-level survey results. No patient-level information (or patient personal identifying information) shall be included in this report. The report includes reference normative results based on all of the participating provider groups.
9. Provider Group agrees to not publicly disclose any comparative participating Provider Group results.
10. These data confidentiality terms shall survive the termination or expiration of this Agreement.

Attachment I HIPAA Business Associate Agreement for the 2009 Patient Assessment Surveys (PAS)

To be downloaded from www.cchri.org, customized for the Provider Group, signed and mailed to CSS

This Addendum (the "Addendum") is entered into as of [\[Insert Date\]](#), 2008, as a result of the Pacific Business Group on Health-Survey Vendor Agreement (the "Survey Vendor Agreement") which agreement is between PBGH and the Survey Vendor (CSS or Center for the Study of Services).

This Addendum is by and between [\[insert name of Medical Group\]](#) ("Covered Entity") and Center for the Survey of Services ("Business Associate"). Covered Entity and Business Associate are sometimes referred to herein individually as a "Party" and collectively as the "Parties".

Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (defined below). Both Parties are committed to complying with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Regulation") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pub. L. No. 104-191. This Addendum sets forth the terms and conditions pursuant to which Protected Health Information that is provided by, or created or received by, Business Associate from or on behalf of Covered Entity will be handled by Business Associate and third parties during the term of the Agreement and after its termination. Appendix III, which is attached hereto and incorporated herein by reference, specifies the Protected Health Information of Covered Entity that is the subject of this Business Associate Agreement. The Parties agree as follows:

I. Definitions

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, and applicable regulations found at 45 C. F. R. sec. 160 et seq. Seq., hereinafter the "Privacy Rule".

II. Use of Protected Health Information

Except as otherwise stated in this Agreement, Business Associate may use or disclose Protected Health Information on behalf of Covered Entity solely to provide the services, or perform the functions, described in the Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

III. Rights and Responsibilities of the Parties

A. Responsibilities of Business Associate: *The Business Associate shall have the following responsibilities:*

1. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Survey Vendor Agreement or as Required By Law.
2. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
4. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by the Survey Vendor Agreement of which it becomes aware.
5. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
6. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a time and manner designated by the Covered Entity or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

7. Business Associate agrees to maintain for a period of six (6) years an accounting of all disclosures of PHI that are required to be maintained under § 164.528 of the HIPAA Regulations. Such accounting will include the date of the disclosure, the name of the recipient, a description of PHI disclosed and the purpose of the disclosure.
8. Business Associate agrees to provide to Covered Entity or, if agreed to by Covered Entity, an Individual, such information to be provided in a time and manner specified by the Covered Entity and such information to be provided to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

B. Responsibilities of Covered Entity: *The Covered Entity shall have the following responsibilities*

1. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
2. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
3. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.
4. Any notices required under this section shall be made promptly in writing to Business Associate.
5. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

IV. Term and Termination

A. Term. The Term of this Agreement shall be effective as of the Effective Date specified below, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

B. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
2. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
3. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

C. Future Confidentiality Upon Termination.

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information, or, if it is infeasible to return or destroy Protected Health Information, protections shall be extended to such information.

2. In the event Business Associate determines that return or destruction is not feasible for any reason, then the provisions of this Business Associate Agreement shall continue to apply for so long as such Protected Health Information is in Business Associate's possession.

IV. Miscellaneous

- A. Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- B. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule.
- C. Survival. The respective rights and obligations of Business Associate under Section III of this Agreement shall survive the termination of this Agreement.
- D. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- E. Interpretation. Any ambiguity in this Amendment shall be resolved to permit Physician to comply with the HIPAA Regulations.
- F. Conflict of Terms. Whenever the terms of the Agreement and this Amendment are in conflict, the terms of this Amendment shall control.
- G. Other Terms Remain in Force. Except as expressly modified by the terms of this Amendment, all of the terms and conditions set forth in the Agreement shall remain in full force and effect.
- H. Effective Date. This Amendment shall be effective on **[Insert Date]**.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date(s) set forth below.

Center for the Study of Services

[Insert Medical Group Name]

By: Paul Kallaur

By: _____

Its: Healthcare Research Director

Its: _____

Date: _____

Date: _____

Please submit a signed copy of this agreement to:

Jeff Burkeen
Center for the Study of Services
1625 K ST NW, 8th Floor
Washington, DC 20006
202-454-3005

Attachment J
Schedule of Informational Calls

<p>Registration Period Informational call to answer questions about survey options, process and pricing</p>	<p>September 17: 10:00-11:00 PST Call Number: 1-800-615-2820 Passcode: 415-615-6321#</p>
<p>Data Submission Period Informational calls on PAS data submission process (review data specifications and file submissions)</p>	<p>October 22: 1:00-2:30 PST Call Number: 1-800-615-2820 Passcode: 415-615-6321#</p> <p>November 5: 1:00-2:30 PST Call Number: 1-800-615-2820 Passcode: 415-615-6321#</p> <p>November 19: 1:00-2:30 PST Call Number: 1-800-615-2820 Passcode: 415-615-6321#</p>

Attachment K: 2009 PAS Fee Schedule

Group Survey	
Group Size*	2009 Group Fees
Under 30,000 enrollees (commercial HMO and POS enrollees)	\$4,575
30,000 – 100,000 enrollees	\$5,600
Over 100,000 enrollees	\$6,650

*Groups electing to have subunits of their group surveyed will pay the “fee” based on the size of each subunit.

Group Alternative Language Surveying	
Option 1: Double Stuff Survey Packets for Entire Sample of Patients Survey mailings “double stuffed” to include written survey materials in both English and one alternative language (among the above listed options). The double stuffing will occur for the entire group sample of 900 patients.*	\$1640 per reporting unit
Option 2: Double Stuff Survey Packets for Patients of Selected Physicians Survey mailings “double stuffed” to include written survey materials in both English and one alternative language (among the above listed options). The double stuffing will occur only for patients associated with the providers selected for double-stuffing.*	\$1.82 per patient receiving double-stuffing
Follow up phone interviews in Spanish	No additional cost
Follow up phone interviews in Chinese, Korean, or Vietnamese	\$1000 per reporting unit

Group Survey Oversample (for low response rate groups only)	
Per additional patient sampled	\$1.77 X No additional patients
Follow up phone interviews with non-respondents	\$15.16 per non-respondent patient (from add on sample)

Doctor Survey	
Fixed fee for each reporting unit	\$1900
(A) Per practitioner fee for a sample size of 100	\$204 X No. of Docs Surveyed
(B) Per practitioner fee for a sample size of 135	\$265 X No. of Docs Surveyed

Doctor Survey Alternative Language	
Survey mailings “double stuffed” to include written survey materials in both English and one alternative language among the above listed options. (The Child Survey is not available in Chinese, Korean, or Vietnamese.)	\$182 X No. of doctors with sample size of 100 \$246 X No. of doctors with sample size of 135

After Hours Survey	
Physician offices contacted via phone to assess after hours protocols being followed. * Please note that the After Hours Survey option is checked by default this year during registration. If you choose for your group to not participate in the survey, please un-check this option.	No additional charge

Attachment K

2009 PAS Project Timeline

Task	Date
PAS Registration Information sent to Groups	September 2
PAS Registration Site Live	September 8
Informational call to answer questions about survey options, process and pricing	September 17
Web site with medical group logos and signatures "live"	September 8 (once registered)
Online Survey on Coding Practices and Physician Specialties "live"	September 8 (once registered)
★ Group registration deadline	September 26
Data Specifications and Data Checking tool available	September 26
★ Submit/confirm organizational logos and signatures	October 13
★ Complete Online Survey on Coding Practices and Physician Specialties	October 13
Informational calls on PAS data submission process, data quality (QA) reports and Doctor Survey physician lists	Oct. 22 / Nov. 5 / Nov. 19
★ Use Data Checking Tool (via downloadable tool)	November 1 – November 28
★ Data Submissions Due	November 1 – November 28
Groups receive: <ul style="list-style-type: none"> ▪ All: Data quality reports ▪ Doctor Survey participants: physician visit counts 	No later than December 2 nd
★ Data corrections due	December 8
★ Doctor Survey participants approve doctor lists using online verification via CSS website	December 15
Sample finalized by vendor	December 22
Group Survey 1 st wave survey mailed	January 22, 2009
Doctor Survey 1 st wave survey mailed	February 5, 2009
PBGH Invoice #1: 100% Group Survey and 50% Doctor Survey Fees	January 23
★ Fees for Invoice #1 Due (100% Group Survey and 50% Doctor Survey)	February 20
Group 2 nd wave survey mailed	February 20
Doctor 2 nd wave survey mailed	March 12
Phone follow-up for Group Survey begins	March 12
Survey fielding ends	April 16
P4P results sent to groups	May 18
Group Survey reports sent to groups	June 22
Doctor Survey reports sent to groups	July 7
PBGH Invoice #2 for Remaining 50% of Doctor Survey Fees	July 9
★ Fees for Doctor Survey Invoice #2 Due	August 3

★Denotes action item for the medical group