

DataStat is pleased to be a part of the **2015-2016** Department of Vermont Health Access (DVHA) PCMH survey project. As the certified data vendor on this project, we will administer the survey to and collect data from the patients at your practice site.

There are 4 steps to this process:

- Create a new account OR confirm and log in to your existing DataStat File Transfer Center account if your practice/ organization participated last year. Please contact DataStat if your password needs to be reset.
- Send logo/signature file to DataStat OR confirm there was no change if your practice participated last year.
- Send test sample file to DataStat
- Send actual sample file to DataStat

For the project to be successful, we need each practice site to generate and submit sample frame files and materials to us in a consistent and timely manner. We want this submission process to go as smoothly as possible, so we have created this collection of training materials to help practice sites. Included in this packet you will find:

- A timeline of project milestones.
- Instructions on how to sign up for and use the DataStat Transfer Center, a file transfer website designed to securely transfer files between member users with the convenience of an ordinary web browser.
- Instructions on how to generate and submit your test and actual sample frame data files to DataStat.
- Sample frame data file layout specifications.
- An Excel template for the sample frame file (data file Excel template).
- Key Definitions from *Specifications for the CAHPS PCMH Survey 2014*.
- Instructions on submitting to DataStat site-specific logos and signatures to be used on the questionnaire and correspondence sent to your patients.
- An example of the materials sign-off form your site will receive from DataStat.

If you have any questions, concerns, or difficulty creating the test or sample file, please contact Francisco Lazo at 787-221-9594 or email VTPCMH@datastat.com.

2015-2016 Vermont PCMH - Project Milestones – W1

Dates	Tasks*
9/10/2015	DataStat sends practice sites DataStat File Transfer Center Invitations (for all the practices without existing accounts)
9/10/2015 - 9/18/2015	Practice sites activate or provide confirmation of existing 2014 - 2015 survey project DataStat File Transfer Center Accounts
9/10/2015	Practices start Logo/Signature submissions or provide confirmation that there is no change to 2014-2015 survey files
9/18/2015	DataStat sends logo and signature sign-off forms to practices that reported in 2014-2015
9/10/2015 – 10/2/2015	Practices generate test sample files
9/10/2015-10/5/2015**	BAA's completed and signed by practices (if required)
10/2/2015	Test sample submission deadline
10/2/2015	Logo/Signature submission/confirmation deadline. If practice logo/signature deadline is missed, practice name will be printed in black ink in place of logo and the name of your practice contact will be printed as the signature.
10/6/2015	Practices start generating actual sample
10/6/2015 - 10/13/2015	Sites send actual sample files to DataStat. If deadline is missed sites will be dropped from the project
10/6/2015	DataStat sends sites the Participation Materials Sign-Off form
10/13/2015	Sites sign-off on logos and signatures
11/4/2015	1 st questionnaire packet mailing
12/2/2015	2 nd questionnaire packet mailing

* Tasks and dates may change based on project needs, negotiated modifications, or unforeseen circumstances.

** Practices that require BAA's to be in place must execute one with DataStat before sending any patient identifying information.

Using the DataStat Transfer Center

The DataStat Transfer Center (DTC) is a file transfer website designed to securely transfer files between member users with the convenience of an ordinary web browser. This site utilizes 128-bit encryption through SSL, a public/private key cryptography system which is the current standard in web security. Third-party certificate is issued by Thawte and can be viewed at: <https://www.thawte.com/cgi/server/certdetails.exe?code=USDATA322>

The main login page for DTC can be accessed by typing the following address in your browser:

<https://www.datastat.com/tcenter>

It is important that the address begins with *https* rather than *http*, for this directs the browser to use SSL encryption. Using *http* will generate an error.

If you already have an account on the DTC from the 2014-2015 survey project, please confirm this via email and log in to the DTC and continue with the “Sending Files” part below. Please contact VTPCMH@datastat.com if your password needs to be reset.

In order to create an account at DTC, one must first be invited by an existing member. Once a person is invited, an email containing an **authorization number**, **authorizing email address**, and link to the “Create New Account” page will be sent to the recipient’s email address. This link can also be accessed from the main login page (see address above). Once an account is created, that user is brought to the Main Menu (<https://www.datastat.com/tcenter/main>), from where she may send and receive files as desired as well as access her configuration.

Sending Files

To send file(s), click **Upload File(s)**. You will then be prompted or allowed to browse for the filename. After you click “Send this File,” you will be prompted to enter a description and/or extended description for that file, although this is optional. At this point, you may also select to repeat the process with any additional files. Once all desired files are uploaded, you are prompted to verify the files/descriptions and select your desired recipients from a checklist.

Once you return to the file verification/recipient checklist screen, make sure that all desired recipients have a check in the box next to their name, then click *Continue*. At the next (and final) screen, you are prompted to verify the recipients. Click *Go Back* to add or remove files or recipients, or click *Submit* when everything is correct.

Once this is complete, a **batch** (identified by a **batch number**) is created which contains all of the uploaded files. A confirmation email is sent to you to verify that the batch is complete, and a notification is sent to each recipient with a list of the files and instructions to retrieve them. ***If you do not receive a confirmation email, the batch was probably not received!***

Submitting 2015-2016 Vermont PCMH Sample Files to DataStat – W1

Each participating practice site must submit a sample frame data file to DataStat for selection. To facilitate a smooth transfer, each practice site is asked to submit a test sample data file prior to the actual sample submission deadline. The same process should be followed when generating both the test sample and the actual sample. For both samples please refer to the guidelines below. This will ensure the test sample is a true representation of what the actual sample will be.

The method of submission is through the DataStat Transfer Center (DTC). **For privacy reasons, sample frame files cannot be submitted via e-mail.** To use the DTC, you must be invited to create an account unless you have an account from last year. DataStat will send out invitations around 9/10/2015. **Sites should have their DTC accounts set up or given written confirmation via email of an existing account by 9/18/2015.**

Deadlines:

- The measurement year is defined as 10/6/2014-10/5/2015.
- **Test sample** files must be generated between **9/10/2015 and 10/2/2015**.
- **Test sample** frame files must be received at DataStat by 10/2/2015.
- **Actual sample** files must be generated between **10/6/2015 and 10/13/2015**.
- **Actual sample frame files must be received at DataStat by 10/13/2015.** If this deadline is missed, the site will be dropped from this phase of the project. If you feel that your practice will have problems meeting this deadline please contact us as soon as possible.

Generation Guidelines

- The measurement period is defined as: 10/6/2014-10/5/2015
- All eligible patients that had a visit (scheduled or walk-in) with an eligible clinician within the measurement period must be included in the sample frame. For a description of an eligible clinician, please see the attached documentation *Key Definitions* from *Specifications for the CAHPS PCMH Survey 2014*.
- Patient eligibility is defined as, for adults, 18 years old or older as of October 6, 2015. For children, 17 years old or younger as of October 6, 2015. **For patients with more than one visit, use the most recent eligible visit.**
- DataStat would prefer adult and child sample frame data files be submitted separately, but combined files can be accepted if adult and child cases are clearly identified (see item #24 in the sample layout). If your practice is a pediatric practice you should only submit a child sample frame file. Internal medicine practices should only submit an adult sample frame file. Family medicine practices which have substantial pediatric and adult panels may submit both. Each sample frame file must consist of 100 patients or more.
- Multiple sites may be submitted as separate files or a combined file. If the file is combined, cases must be clearly stratified by the 'practice unique ID variable'. For combined submissions, a crosswalk of the variable 'practice unique ID' must be included (see item #25 in the sample layout).

- Files may be submitted in an Excel file or as a flat, ASCII, rectangular, fixed field width file with no delimiters. Either file type must follow the sample specifications and file layout included. If you are sending the file in Excel format, please follow the Excel document template that has been provided.
- After preparing the actual sample file, please review 3 separate sections of the file (i.e. beginning, middle, end) to insure the correct patient names are aligned with the correct information, and that there has not been a sorting error.
- As soon as files are submitted, DataStat will check sample frame data files for accuracy and completeness. If data files are found to be inaccurate or incomplete, the practice site will need to resubmit the data file before the submission deadline.
- Please include the clinic name or abbreviation and the population type in the name of the file that is submitted to DataStat. For example, if the clinic name is Thornapple Clinic and it is a child patient file please name the file Thornapple_child_PCMH.xlsx.

2015 - 2016 Vermont CAHPS PCMH Sample Frame Data File Elements - Excel File or ASCII File Layout

Each of the elements listed below should be included in the sample frame provided to the survey vendor. If sending an Excel file, the Cell Data Format - Excel column contains cell character Do Not Exceed values, Cell format types and format structure for files submitted in Excel. An Excel file template has been included as an attachment to the instruction packet email or is also available upon request. *If your file does not match these descriptions, it is critical that the practice deliver a detailed dataset description including the order of variables and relevant coding schemes. If sending a flat ASCII file, the columns and widths indicated in the ASCII Field Position and Data Format column describe a flat, ASCII, rectangular, fixed field width file with no delimiters.*

If a field is blank (such as add2), leave it blank. Do NOT remove the field or put N/A, Missing OR Null.

#	Required Data Element	Specifications and Value Labels	Cell Data Format - Excel	ASCII Field Position and Data Format
1	Practice name	Name of practice to be used in survey materials and scripts. Provide practice name MOST recognizable to patients.	Do Not Exceed: 60 Characters Cell Type: Text Cell Structure: Alpha-Numeric	Columns: 1-60 Width: 60 Type: Alpha-Numeric
2	Patient first name	First name only. Exclude middle name and middle initial.	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 61 - 85 Width: 25 Type: Alpha
3	Patient middle initial	Middle initial only. Exclude first and last name.	Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Alpha	Columns: 86 Width: 1 Type: Alpha
4	Patient last name	Last name only. Exclude middle initial and first name.	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 87 - 111 Width: 25 Type: Alpha
5	Patient gender	1=Male 2=Female 9=Missing/not available	Do Not Exceed: 1 Character Cell Type: Text Cell Structure:	Columns: 112 Width: 1 Type: Numeric
6	Patient date of birth	In MMDDYYYY format with no slash separators. Single digit months and days must be preceded by a zero; i.e., April 8, 1965 would be 04081965.	Do Not Exceed: 8 Characters Cell Type: Text Cell Structure: Numeric (date with no delimiters)	Columns: 113 - 120 Width: 8 Type: Numeric
7	Patient mailing address 1	Used to generate cover letters and mail questionnaires. Put simple street address here. For example: 100 Main St.	Do Not Exceed: 50 Characters Cell Type: Text Cell Structure: Alpha-Numeric	Columns: 121 - 170 Width: 50 Type: Alpha-Numeric
8	Patient mailing address 2	Use as necessary for apartment number, apartment complex name or other long addresses; otherwise leave blank. <i>DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 50 Characters Cell Type: Text Cell Structure: Alpha-Numeric	Columns: 171 - 220 Width: 50 Type: Alpha-Numeric

9	Patient - City		Do Not Exceed: 30 Characters Cell Type: Text Cell Structure: Alpha	Columns: 221 - 250 Width: 30 Type: Alpha
10	Patient - State	2-character postal service state code.	Do Not Exceed: 2 Characters Cell Type: Text Cell Structure: Alpha	Columns: 251 - 252 Width: 2 Type: Alpha
11	Patient - Zip Code (5 digit)	5-digit zip code. Use leading zero if appropriate.	Do Not Exceed: 5 Characters Cell Type: Text Cell Structure: Numeric	Columns: 253 - 257 Width: 5 Type: Numeric
12	Patient telephone number	Home phone number. Area code and phone number with no punctuation , e.g. 7342256162. Members without phone numbers should still be included in the sampling list. If there is no phone number, leave this field blank. <i>DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 10 Characters Cell Type: Text Cell Structure: Numeric (no delimiters)	Columns: 258 - 267 Width: 10 Type: Numeric
13	Patient email address	<i>Optional, please leave blanks if not including. DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 50 Characters Cell Type: Text Cell Structure: Alpha-Numeric	Columns: 268 - 317 Width: 50 Type: Alpha-Numeric
14	Clinician first name	Name of the clinician who provided care at the patient's most recent visit during the measurement period. This clinician need not be the patient's regular clinician or primary care provider.	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 318 - 342 Width: 25 Type: Alpha
15	Clinician middle initial		Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Alpha	Columns: 343 Width: 1 Type: Alpha
16	Clinician last name		Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 344 - 368 Width: 25 Type: Alpha
17	Clinician credentials	For example: MD, PA, RN	Do Not Exceed: 10 Characters Cell Type: Text Cell Structure: Alpha-Numeric	Columns: 369 - 378 Width: 10 Type: Alpha-Numeric
18	Clinician Nation Provider Identifier (NPI)		Do Not Exceed: 10 Characters Cell Type: Text Cell Structure: Numeric (no delimiters)	Columns: 379 - 388 Width: 10 Type: Numeric

19	Date of most recent office visit during the measurement period	In MMDDYYYY format with no slash separators. Single digit months and days must be preceded by a zero; i.e., April 8, 1965 would be 04081965.	Do Not Exceed: 8 Characters Cell Type: Text Cell Structure: Numeric (date with no delimiters)	Columns: 389 - 396 Width: 8 Type: Numeric
20	Parent/caretaker first name	<i>Optional.</i> Provide for child survey only if mailing materials to be addressed to parent or caretaker. <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 397 - 421 Width: 25 Type: Alpha
21	Parent/caretaker middle initial	<i>Optional.</i> Provide for child survey only if mailing materials to be addressed to parent or caretaker. <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Alpha	Columns: 422 Width: 1 Type: Alpha
22	Parent/caretaker last name	<i>Optional.</i> Provide for child survey only if mailing materials to be addressed to parent or caretaker. <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 423 - 447 Width: 25 Type: Alpha
23	Patient Visit Count	<i>Optional.</i> Total number of visits the patient had during the 12 months prior to the date the eligible population data file was generated (include visits with any eligible clinician). <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD</i>	Do Not Exceed: 3 Characters Cell Type: Text Cell Structure: Numeric (no delimiters, if needed precede by a zero)	Columns: 448-450 Width: 3 Type: Numeric
24	Patient survey group	<i>Required for Adult and Child combined submissions only.</i> 1=Adult survey 2=Child survey <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD *</i>	Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Numeric	Columns: 451 Width: 1 Type: Numeric
25	Practice unique ID	<i>Required for multi-practice sample frames only.</i> Please include a crosswalk for this variable. Example: 01=Main St, 02=St. John's,03=Madison Heights. <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD*</i>	Do Not Exceed: 2 Characters Cell Type: Text Cell Structure: Numeric	Columns: 452-453 Width: 2 Type: Numeric
26	Indicate if Spanish language materials are required (if known) for the Respondent	<i>Optional.</i> 01= Spanish Language Materials Required 02=NO Spanish Language Materials Required 03=Unknown/not available <i>Please leave blanks if not including. DO NOT REMOVE THE FIELD*</i>	Do Not Exceed: 2 Characters Cell Type: Text Cell Structure: Numeric	Columns: 454-455 Width: 2 Type: Numeric

HEDIS Reporting

1. HEDIS Reporting

CAHPS PCMH Survey results are collected and reported at the practice level. Because results are collected and reported separately for adult and child populations, each practice is eligible to report one or both of two HEDIS measures:

1. CAHPS PCMH Survey, Adult Version
2. CAHPS PCMH Survey, Child Version.

2. Defining the HEDIS Reporting Entity

To determine how many CAHPS PCMH Surveys to administer, the practice must define itself using criteria specified by NCQA and described below.

If the practice is seeking NCQA Recognition, or is already NCQA Recognized, CAHPS PCMH Survey results must be representative of the recognized entity.

If the practice is not seeking NCQA Recognition, it must define itself using the criteria below. If the practice cannot determine the HEDIS reporting entity, contact the NCQA Policy Department via the PCS system at www.ncqa.org/pcs for assistance.

3. Defining the Practice

A **practice** is one or more clinicians who practice together and provide patient care at a single geographic location. The practice must provide primary care for all patients in its practice, not just for selected patients.

Practicing together means that, for all the clinicians in a practice:

- The practice care team follows the same procedures and protocols.
- Medical records (paper and electronic) for all patients treated at the practice site are available to all clinicians and are shared by all clinicians, as appropriate.
- The same systems (paper based or electronic) and procedures support both clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, maintaining medical records and follow-up).

A rehabilitation facility or hospital may not define itself as a practice; however, hospital-based primary care practices and residency clinics are eligible to be defined as practices.

4. Multi-Site Group

A **multi-site group** is three or more practice sites using the same systems and processes including an electronic medical record system shared across all practice sites.

A multi-site group must collect and report CAHPS PCMH Survey results separately by practice site.

5. Identifying Eligible Practice Clinicians

Only clinicians who can be selected by a patient/family as a personal clinician are eligible for inclusion. Eligible clinicians 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. Clinicians must have an active, unrestricted license as a doctor of medicine, doctor of osteopathy, nurse practitioner or physician assistant. All eligible clinicians practicing together at a practice site must be included when identifying the CAHPS PCMH Survey eligible population.

Note: Specialists, nurse practitioners and physician assistants who do not have their own panel of patients or who do not practice in primary care are not typically eligible.

6. Measurement Period

The **measurement period** is the 12 months prior to the date when the practice generates the eligible population file.

The eligible population includes patients who had a visit during the measurement period. The practice defines the measurement period based on the date when it creates the eligible population file.

Survey questions ask about patients' experience "in the last 12 months." To maximize the overlap between the measurement period and the "last 12 months":

- The practice generates the eligible population within 1 month of the end of the measurement period.
- The survey vendor begins survey administration within 1 month of when the eligible population file is generated.

Sending 2015 -2016 Vermont PCMH Survey Logos and Signatures – W1

Logo File

Practice sites may send a logo that will be printed in black ink on all correspondence and questionnaires. If no logo is received or confirmation is provided indicating there has been no change to the files used in the 2014-2015 project by 10/2/2015, then in lieu of a logo, the practice name will be printed in black ink on the mail materials. **If you choose to use the same files that were submitted in the 2014-2015 survey project please send confirmation over email.**

Please adhere to the following guidelines when sending the logo:

- Please send a black/white copy and a color copy of the logo.
- The preferred formats are .gif, .tiff or .jpg.
- Images of 300 dpi are required but 600 dpi is preferred.
- Please include a list of practices when submitting the file if the logo is to be used for multiple practices.

Email or DataStat Transfer Center delivery is preferred. If sending by email, send to **VTPCMH@datastat.com**.

Signature File

Practice sites should send an executive signature to be used on all correspondence. Please adhere to the following guidelines when sending the signature and title:

- Please send a black/white copy of the signature.
- The preferred electronic formats are .gif, .tiff or .jpg. We can also accept signatures that are in Microsoft Word documents.
- Please use the form on the following page if no electronic signature is available. You can deliver the completed form as a scanned document.
- Please include with the signature the printed name of the executive, the executive's title and the complete name of the practice, as it should be printed on mail materials.
- Please include a list of practices when submitting the file if the signature is to be used for multiple practices.

Email or DataStat Transfer Center delivery is preferred. If sending by email, please send to **VTPCMH@datastat.com**. Please include the printed name of the executive, the executive's title and the complete name of the practice, as it should be printed on mail materials.

If you have any questions or concerns please contact Francisco Lazo at 787-221-9594 or email VTPCMH@datastat.com.

Signature Submission Form

- Please provide 3 example signatures, one per box.
- For best scanning, use a heavy black pen
- **Signature should remain completely inside the box- do not run over the edges**
- **Do not put the person's title/position/degrees inside the box!**
- Once signatures are captured and form is complete please email to:
VTPCMH@datastat.com

***Printed name of executive
signing mail materials:***

***Title of executive signing mail
materials:***

***Complete practice name as it
should appear on mail
materials:***



2015 - 2016 Vermont PCMH CAHPS Adult and Child Survey Project
Participant materials sign-off – W1

Practice Site: [PRACTICE SITE NAME]

Shown below are your practice’s name, logo and executive signature, name, and title that will be used on the questionnaire and correspondence. Please indicate at the bottom of this sheet whether or not each of these items may be used or if an update is required.

- Please indicate below which items may be used.
- If any of the items need to be corrected, please contact DataStat immediately.
- Sign and Date below and return to DataStat (email or fax).
- This form should be submitted to DataStat by 10/13/2015.

Practice name as it will appear on the cover letter:
[Practice Name Will Appear Here]

Logo as it will appear on survey and cover letter:
[Practice Logo Will Appear Here]

Executive signature, name and title as it will appear on the cover letter:
[Executive Signature, Name, and Title Will Appear Here]

I have reviewed and found the following pieces of information to be appropriate for use in the 2015 - 2016 Vermont PCMH CAHPS Adult / Child Survey Project:

- | | | |
|------------------------|---------|----------------|
| 1. Practice name | ___ use | ___ do not use |
| 2. Logo | ___ use | ___ do not use |
| 3. Executive name | ___ use | ___ do not use |
| 4. Executive signature | ___ use | ___ do not use |
| 5. Executive title | ___ use | ___ do not use |

Please return this form by
10/13/2015
EMAIL: VTPCMH@datastat.com
FAX: (734) 663 – 9084
Attn: Francisco Lazo

signature

date