



CG-CAHPS for the Uninsured Guidelines

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Introduction

In order to gain an understanding of uninsured individuals' experiences with providers and office staff during the course of their care by PPS, the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey (version 3.0) will be a required tool for all performing provider systems (PPSs) participating in the New York Department of Health (DOH) Delivery System Reform Incentive Payment (DSRIP) program Project 2.d.i. The following guidelines have been developed to align with existing standards created by the Agency for Healthcare Research and Quality (AHRQ).¹

CG-CAHPS 3.0 Survey Overview

All PPSs are advised to use the entire 31-question [CG-CAHPS Survey \(version 3.0\)](#) when completing this measure. PPSs may choose to incorporate supplemental CG-CAHPS questions they deem helpful in their understanding of the uninsured, however any supplemental questions collected would not be required for submission nor considered during the scoring process.

Achievement values for this measure will be based on the ability to have the required volume of completed surveys. Performance reports will contain the PPS results for the following four composite measures, comprised of only ten individual questions taken from the CG-CAHPS Survey 3.0.² All other questions included in the survey outside of these ten will not be included in performance result summaries:

1. Composite: Access to care
 - **Q6:** In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
 - **Q8:** In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
 - **Q10:** In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
2. Composite: Provider communication
 - **Q11:** In the last 6 months, how often did this provider explain things in a way that was easy to understand?
 - **Q12:** In the last 6 months, how often did this provider listen carefully to you?
 - **Q14:** In the last 6 months, how often did this provider show respect for what you had to say?
 - **Q15:** In the last 6 months, how often did this provider spend enough time with you?
3. Composite: Helpful, courteous, and respectful office staff
 - **Q21:** In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
 - **Q22:** In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
4. Composite: Patient's rating of provider
 - **Q18:** Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

¹ <https://cahps.ahrq.gov/surveys-guidance/cg/instructions/index.html>

² [Delivery System Reform Incentive Payment \(DSRIP\): Measure Specification and Reporting Manual](#). New York State Department of Health. October 1, 2015.

Performance and Payment Methodology

All payments related to this measure will be based on a “pay for reporting” (P4R) methodology throughout the duration of the DSRIP demonstration (DY2-5). In order to qualify for the achievement values associated with this measure, PPSs are required to submit a minimum of 30 completed surveys. Surveys will be considered complete if:

- Respondents reply affirmatively to Question 1, “Our records show that you got care from the provider named below in the last 6 months, is that right?” and;
- Responses were recorded for at least one of the ten questions identified as a part of the four required composite measures.

Timeline

Surveys should be conducted annually for each measurement period. An annual survey may be used in one or two measurement periods. Survey results must be submitted in addition to all other Domain 1 reporting requirements for Project 2.d.i.

Table 1: Reporting and Payment Schedule

DY	DY Dates	Payments Periods	Measurement Period	Results Submission Due
DY1	4/1/2015 to 3/31/2016	Payment 1: Q2 (9/30/2015)	N/A	N/A
		Payment 2: Q4 (3/31/2016)	7/1/2014 to 6/30/2015	N/A
DY2	4/1/2016 to 3/31/2017	Payment 1: Q2 (9/30/2016)	7/1/2014 to 6/30/2015	N/A
		Payment 2: Q4 (3/31/2017)	7/1/2015 to 6/30/2016	DY2Q3
DY3	4/1/2017 to 3/31/2018	Payment 1: Q2 (9/30/2017)	7/1/2015 to 6/30/2016	
		Payment 2: Q4 (3/31/2018)	7/1/2016 to 6/30/2017	DY3Q3
DY4	4/1/2018 to 3/31/2019	Payment 1: Q2 (9/30/2018)	7/1/2016 to 6/30/2017	
		Payment 2: Q4 (3/31/2019)	7/1/2017 to 6/30/2018	DY4Q3
DY5	4/1/2019 to 3/31/2020	Payment 1: Q2 (9/30/2019)	7/1/2017 to 6/30/2018	
		Payment 2: Q4 (3/31/2020)	7/1/2018 to 6/30/2019	DY5Q3

Survey Administration

Defining Survey Population

The following patients will be considered eligible for inclusion in the survey sample population:

- Adults aged 18 years or older.
- Self-identified and provider-identified uninsured individuals.
- Patients who have had at least one qualifying visit (such as primary care or preventive care) within the PPS during the specified measurement period.

Individuals will be considered eligible if the above conditions are met regardless of the reason for the visit, the duration of the patient-provider relationship or if the patient received care through another PPS during the sampling period.

Surveyed individuals should complete only one survey per measurement period regardless of the number of visits. Given the uniqueness of the uninsured population, PPSs should take care to avoid completing duplicative surveys. All PPSs are required to attest to the accuracy of survey results and that a good faith effort was made to reduce the duplicate administration of surveys.

Method

PPSs are not required, but may choose to work with a CAHPS vendor in administering the survey. Surveys and any accompanying materials can be offered through mail, by phone, or in person and should be available in both Spanish and English. Administration methods should remain consistent across demonstration years to avoid introducing biases into results. Additionally, survey administration should include safeguards against influencing survey participants; such safeguards could include a secured single survey collection receptacle or ensuring a private space is available for onsite completion.

A sample cover letter to accompany the survey which outlines the intent of the program is included in Appendix A.

Survey Privacy Policy

PPSs are required to adhere to standard C&G CAHPS administration procedures in order to maintain confidentiality throughout the survey process. One significant difference however in the administration of this survey is related to the sharing of results. PPSs should not share individual survey responses or provider-specific results based on low volume survey results back to those providers. Low numbers of responses may limit the ability to protect the anonymity of respondents. PPSs may share their total and aggregated results with providers, but should not include any results at the individual practice level.

PPSs are further expected to adhere to State and Federal laws as applicable to the handling and protection of personally identifiable health information (PHI).

Requirements for PPS results submission

All PPS C&G CAHPS files must be submitted annually along with third quarter reports following the measurement period.

Blank surveys should be pre-populated with practice site address and provider ID to enable accurate reporting of individual results by PPS. PPSs must submit a final member level dataset in the MAPP portal. A detailed file format is available in Attachment B of this document.

Appendix A: Survey Cover Letter

PRACTICE SITE NAME
PRACTICE SITE ADDRESS

**Si usted prefiere leer esta carta en Español,
por favor vea la página de atrás.**

Dear Patient,

Your provider wants to know how you feel about the health care you received within the last six months. You were chosen at random to complete this survey. Most people find that it takes less than 15 minutes to answer the questions. The information you give will:

- Help us find out if you are able to get the health care you need,
- Help us improve the health care you receive,
- Tell us about your feelings about the care given by doctors and their offices.

To get the most helpful results, we need to get answers from everyone who is asked to complete the survey. All the answers you provide will be kept private. By filling out the survey, you will help to improve health care for people within your community.

We hope you use this chance to tell us about your health care, and thank you for helping to make health care in New York State better for everyone!

Thank you,

PRACTICE NAME

Appendix B: File Format

File Layout

- Data file must be in flat format. Fields should be left justified and blank filled for the column width.
- All fields are required.

Column Placement	Variable Description	Value Labels	Details/Comments
1-10	Unique Record ID	10 Characters	10 digit, numeric field
11-40	PPS Name	30 Characters	PPS name consistent with MAPP reporting tool.
41-70	Practice Site Address	30 Characters	Name, address 1, address 2, city, state, zip.
71-80	Provider NPI or ID	10 Characters	National Provider Identifier or a Unique ID for each provider. Resident doctors can be submitted using 'res' in the Provider ID followed by 7 alphanumeric characters (i.e. res9A64944).
81	Survey Disposition Code	1 = Mail 2 = On Site at Provider Office 3 = Phone or Other	
82-89	Survey Received Date	mmddyyyy 99999999 = Missing	8 digit date field (do not include dashes or slashes)
90	Q1. Our records show that you got care from the provider named below in the last 6 months. Is that right?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
91	Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
92	Q3. How long have you been going to this provider?	1 = Less than 6 months 2 = At least 6 months but less than 1 year 3 = At least 1 year but less than 3 years 4 = At least 3 years but less than 5 years 5 = 5 years or more 8 = Multiple mark 9 = Missing	
93	Q4. In the last 6 months, how many times did you visit this provider to get care for yourself?	1 = None 2 = 1 time 3 = 2 4 = 3 5 = 4 6 = 5 to 9 7 = 10 or more times 8 = Multiple mark	

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Column Placement	Variable Description	Value Labels	Details/Comments
		9 = Missing	
94	Q5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
95	Q6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
96	Q7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
97	Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
98	Q9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	1 = Yes 2 = No 8 = Multiple Mark 9 = Missing	
99	Q10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
100	Q11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
101	Q12. In the last 6 months, how often did this provider listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	

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Column Placement	Variable Description	Value Labels	Details/Comments
102	Q13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
103	Q14. In the last 6 months, how often did this provider show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
104	Q15. In the last 6 months, how often did this provider spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
105	Q16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	1 = Yes 2 = No 8 = Multiple Mark 9 = Missing	
106	Q17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
107-108	Q18. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	00 = 0 Worst provider possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best provider possible 88 = Multiple Mark 99 = Missing	
109	Q19. In the last 6 months, did you take any prescription medicine?	1 = Yes 2 = No 8 = Multiple Mark 9 = Missing	

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Column Placement	Variable Description	Value Labels	Details/Comments
110	Q20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
111	Q21. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
112	Q22. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 8 = Multiple mark 9 = Missing	
113	Q23. In general, how would you rate your overall health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple Mark 9 = Missing	
114	Q24. In general, how would you rate your overall mental or emotional health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple Mark 9 = Missing	
115	Q25. What is your age?	1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older 8 = Multiple Mark 9 = Missing	
116	Q26. Are you male or female?	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	

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Column Placement	Variable Description	Value Labels	Details/Comments
117	Q27. What is the highest grade or level of school that you have completed?	1 = 8 th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 8 = Multiple Mark 9 = Missing	
118	Q28. Are you of Hispanic or Latino origin or decent?	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 8 = Multiple Mark 9 = Missing	
119	Q29a. What is your race? Mark one or more. White	0 = Not Selected 1 = Selected	
120	Q29b. What is your race? Mark one or more. Black or African American	0 = Not Selected 1 = Selected	
121	Q29c. What is your race? Mark one or more. Asian	0 = Not Selected 1 = Selected	
122	Q29d. What is your race? Mark one or more. Native Hawaiian or Other Pacific Islander	0 = Not Selected 1 = Selected	
123	Q29e. What is your race? Mark one or more. American Indian or Alaska Native	0 = Not Selected 1 = Selected	
124	Q29f. What is your race? Mark one or more. Other	0 = Not Selected 1 = Selected	
125	Q30. Did someone help you complete this survey?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	
126	Q31a. How did that person help you? Mark one or more. Read the questions to me	0 = Not Selected 1 = Selected	

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Column Placement	Variable Description	Value Labels	Details/Comments
127	Q31b. How did that person help you? Mark one or more. Wrote down the answers I gave	0 = Not Selected 1 = Selected	
128	Q31c. How did that person help you? Mark one or more. Answered the questions for me	0 = Not Selected 1 = Selected	
129	Q31d. How did that person help you? Mark one or more. Translated the questions into my language	0 = Not Selected 1 = Selected	
130	Q31e. How did that person help you? Mark one or more. Helped in some other way	0 = Not Selected 1 = Selected	