Supporting Statement for Evaluation and Development of Outcome Measures for Quality Assessment in Medicare Advantage and Special Needs Plans

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TABLE OF CONTENTS

I. Supporting Statement Part B

II. Attachments

Supporting Statement--Part B

Collection of Information Employing Statistical Methods

1. Respondent Universe and Respondent Selection

(1) For the transitions of care measure, up to six MAO contracts will be recruited by CMS for participation, with a goal of including one or more plan benefit packages within each contract to comprise a final sample of: two different size MA plans, two D-SNPs and two C-SNPs. A sample size of 50 hospital discharges is conservatively selected to give 80% power to detect a 30% absolute difference in satisfying a particular quality measure between any two plans, where the overall likelihood of satisfying a particular quality measure is conservatively assumed to be 50% and the rate of falsely detecting a quality difference where none actually exists (alpha) is set by convention at 5%. Although a larger sample size would give more precision in terms of estimating differences in quality of care between plans, it would also impose a greater burden on plans.

(2) For the measure of continuity between mental health provider and PCP, up to six MAO contracts will be recruited by CMS for participation, with a goal of including one or more plan benefit packages within each contract to comprise a final sample of: two different size MA plans, two D-SNPs and two C-SNPs. A sample size of 50 patients is conservatively selected to give 80% power to detect a 30% absolute difference in satisfying a particular quality measure between any two plans, where the overall likelihood of satisfying a particular quality measure is conservatively assumed to be 50% and the rate of falsely detecting a quality difference where none actually exists (alpha) is set by convention at 5%. Although a larger sample size would give more precision in terms of estimating differences in quality of care between plans, it would also impose a greater burden on plans.

(3) For measures informed by the amended CAHPS survey items: The sample size per MA contract for the national implementation of Medicare CAHPS is 800 eligible enrollees. An eligible enrollee is defined as:
Age 18 or older at the time of the sample draw,
Having six months of continuous enrollment in the plan,
And not residing in an institution.

We have assumed that these eligibility criteria will apply to the field test of the amended CAHPS survey. We intend to randomly select 230 beneficiaries from each of ten largely English-speaking MAO contracts for a total field test sample of 2,300 English-speaking respondents, and 250 beneficiaries from each of ten largely Spanish-speaking MAO contracts for a total field test sample of 2,500 Spanish-speaking beneficiaries.

Employing the MA & PDP CAHPS survey administration procedures described above we anticipate an average plan response rate of 41.6%. Thus, this CAHPS field test is anticipated to yield about 1000 English surveys and about 1000 Spanish surveys.

2. Data Collection Procedures

(1) For the transitions of care measure, plans will be prepared to identify a suitable sample, obtain medical records, and perform chart abstraction. According to specific instructions (Appendix 1.a), plans will identify a consecutive set of patients transitioning from the inpatient to the community setting after a hospitalization of at least three days. Hospital and PCP records for these patients will be abstracted. The abstraction will be completed by registered nurses, according to an abstraction form (Appendix 1.c) and accompanying guidance document (Appendix 1.d). The medical record abstraction process includes a re-abstraction of 10 patient cases (20%) for inter-rater reliability measurement. These 10 cases will be abstracted by two different nurses. Abstracted data will be entered into an Excel spreadsheet (Appendix 1.e) by the plans. The number of records obtained and abstracted and the time required by personnel to complete the data collection will be recorded by the plans (Appendix 1.f). All data will be returned by plans to CMS for further analysis by RAND.

(2) For the measure of continuity between mental health provider and PCP, plans will be prepared to identify a suitable sample, obtain medical records, and perform chart abstraction. According to specific instructions (Appendix 2.a), plans will identify consecutive patients with a new mental health provider visit for a mental health problem. Outpatient mental health provider and PCP records for these patients will be abstracted. The abstraction will be completed by registered nurses, according to an abstraction form (Appendix 2.c) and accompanying guidance document (Appendix 2.d). The medical record abstraction process includes a re-abstraction of 10 patient cases (20%) for inter-rater reliability measurement. These 10 cases will be abstracted by two different nurses. Abstracted data will be entered into an Excel spreadsheet (Appendix 2.e) by the plans. The number of records obtained and abstracted and the time required by personnel to complete the data collection will be recorded by the plans (Appendix 2.f). All data will be returned by plans to CMS for further analysis by RAND.

(3) For items to be added to the CAHPS survey, RAND's Survey Research Group (SRG) will administer the amended CAHPS according to the protocol used for national implementation of MA & PDP CAHPS. We anticipate a field period of 12 weeks to include the following steps:

A pre-notification letter from CMS will be sent to inform beneficiaries of the upcoming survey (Appendix 3.a);

One week later, an initial survey will be mailed. There are two versions of the survey, one in English (Appendix 3.b) and one that will be translated to Spanish (Appendix 3.c). Questions that have been added to the CAHPS for this data collection have been highlighted in the survey appended to this volume. While content differs slightly between survey versions (e.g. questions about caregiver strain are found only in the English version, and questions about language centered care are found only in the Spanish version), the overall number of questions being asked of English- and Spanish-speaking groups is similar;

Three weeks after the initial mailing, a second survey will be mailed to non-responders;

SRG will attempt to obtain a completed survey from remaining non-responders by telephone interview (five calls will be attempted on different days of the week at different times).

Data will be entered into an electronic file for analysis.

3. Response Rates and Non-Response

Each of the measures described in this collection request have undergone pilot testing. Results of pilot tests informed estimates of response rates for this collection. Findings from pilot tests also suggested revisions to instruments that are likely to make them more effective in subsequent collections.

The abstraction process for transitions of care and continuity between mental health provider and PCP measures includes a re-abstraction for 10 patient cases (20%) for inter-rater reliability measurement. When the sample is drawn and abstractor lists are assigned, each list will include a 20% sample of records that will be abstracted by two different abstractors. This is intended to ensure greater accuracy and to enhance the reliability of information gathered through medical record abstraction.

For items added to the CAHPS survey, we will follow CAHPS protocol. CAHPS protocol specifies telephone follow-up for non-responders.

4. Tests of Procedures or Methods

The measures for which information collection is being requested have already undergone pilot-testing. The purpose of this data collection is to test implementation and enhance the quality of these measures for future use by CMS.

5. Statistical and Data Collection Consultants

The data collection methods and instruments were designed and results will be analyzed by the RAND Corporation, a CMS contractor, under the leadership of:

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Data will be collected by plan benefit packages within MAO contracts that will be recruited for participation by CMS. These contracts and their plans are yet to be determined. Plans are likely

to contract with vendors to perform much of the efforts required. These vendors are yet to be determined.

II. Attachments

A. Collection Materials

Appendix 1.a

Transitions of Care: Hospital Discharge to Community

Instructions for Plans

Introduction

The importance of care transitions between clinical care venues, particularly between the hospital and home or nursing home, has rapidly gained recognition as a key element of quality of care. If care transitions are not handled properly, they can be a source of medical errors and adversely affect patient health. Medication management, diagnostic evaluation, treatment continuation and information such as preferences for aggressiveness of care must successfully traverse care venues.

This package includes instructions for the medical record data collection focusing on the quality of transitions of care for Medicare patients who have been hospitalized and are being discharged to the community. You will find instructions related to the following topics:

Quality measures
Medical record format issues
Identifying the patient sample
Medical record acquisition
Orientation of nurse abstractors
Inter-rater reliability (IRR) process
Submission of data

Quality Measures

The quality measures that serve as the focus of this data collection target the timely and complete exchange of essential information between the hospital and the primary care provider (PCP) and/or other post-discharge source of care. They also target the follow-through of recommended post-discharge appointments, tests, and therapies. The measures include 2 endorsed by the National Quality Forum (NQF) and 5 measures from the Assessing Care of Vulnerable Elders (ACOVE) measurement set. The measures fall in to 3 areas of hospital transition continuity: transition record continuity, PCP continuity, and follow-up care continuity. The specific quality measures include the following:

[NQF] Transition Record Continuity:

NQF #0647: Transition Record with Specified Elements Received by Discharged Patients
The percentage of patients discharged from an inpatient facility to home or any other site of self-care or their caregiver(s) who received a transition record at the time of discharge including at a minimum, all of the specified elements:

- Reason for admission
- Major procedures/tests and results
- Principal diagnosis
- Current medication list
- Studies pending at discharge
- Patient instructions
- Advance directive/surrogate or reason why not
- 24/7 contact information for stay-related emergencies
- Contact information for results of pending studies
- Plan for FU care (therapy, DME, support)
- MD/site designated for FU care

NQF #0648: Timely Transmission of Transition Record
The percentage of patients discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge via FAX, email, or mutual access to EHR. The transition record includes, at a minimum, all of the specified elements:

- Reason for admission
- Major procedures/tests and results
- Principal diagnosis
- Current medication list
- Studies pending at discharge
- Patient instructions
- Advance directive/surrogate or reason why not
- 24/7 contact information for stay-related emergencies
- Contact information for results of pending studies
- Plan for FU care (therapy, DME, support)
- MD/site designated for FU care

[ACOVE] PCP Continuity:

ACOVE Continuity #7: PCP Notification
IF a vulnerable elder is treated in an Emergency Department (ED) or admitted to the hospital, THEN there should be documentation (during the ED visit or within the first 2 days after admission) of communication with a continuity physician or that there is no continuity physician.

ACOVE Continuity #9: Post-Hospitalization Medications
If a vulnerable elder is discharged from a hospital to home and received a new chronic disease medication or a change in medication prior to discharge, THEN the outpatient medical record should document the medication change within 6 weeks of discharge.

[ACOVE] Follow-up Care Continuity:

ACOVE Continuity #10: Serum Level
IF a vulnerable elder is discharged from a hospital to home with a new medication that requires a serum medication level to be checked, THEN the medical record should document the medication level, that the medication was stopped, or that the level was not needed.

ACOVE Continuity #11: Post-Hospitalization Pending Tests
IF a vulnerable elder is discharged from a hospital to home or a nursing home and the transfer form or discharge summary indicate that a test result is pending, THEN the outpatient or nursing home medical record should include the test results within 6 weeks of hospital discharge or indicate that the result was followed-up elsewhere or why the results cannot be obtained.

ACOVE Continuity #12: Post-Hospitalization Appointments
IF a vulnerable elder is discharged from a hospital to home or a nursing home and the hospital medical record specified a follow-up appointment for a physician visit or a treatment, THEN the medical record should document that the visit/treatment took place, that is was postponed, or not needed.

Medical record format issues

Measuring quality of transitions of care is a complex and challenging process due to multiple providers of care and multiple settings involved. While continuity measurement may focus on patient survey (perception of care quality) or organizational self-assessment (organizational structure and culture), this exercise focuses on quality measured from medical record data. The focus is the patient discharged from an acute hospitalization back to the community. Continuity is imperative at this time to ensure that the patient's potential for return to his/her pre-hospitalization (or improved) state is facilitated and hospital-related complications are avoided (or minimized).

While post-hospitalization care may involve multiple providers and care sites, access to all of those records of care is not readily feasible. For this continuity measurement, only the hospital record and the PCP record are accessed. While other providers (including physician specialists) may be involved, good continuity should be reflected in the inclusion of essential continuity information found in the PCP record of care.

As providers continue to transition to an electronic health record (EHR), the concept of facilitated information sharing between providers is a goal. While some healthcare systems have mutual access EHRs (a single patient record to which all within-system providers have access), more often than not, multiple providers of care utilize variable formats for documentation that are not easily shared. Provider EHRs may be different versions of the same basic vendor product or different EHR products altogether. Other providers use "traditional" paper records or even a combination of paper and electronic documentation.

For this medical record abstraction, the plan will need to access both hospital and PCP records either through a hard copy or scanned copy of the record or, if an EHR, via remote access.

Identifying the patient sample

Patients will be identified from the time period between 6 and 9 months prior to date that the measure is implemented. From the date of implementation of this measure, identify the 3-month period between 6 and 9 months prior to this date. Identify consecutive patients during this period hospitalized for at least three days and discharged from the acute care hospital to the community setting. For each patient, identify the hospital and the primary care provider and record these on the log in Appendix 1.b.

Medical record acquisition

Once the sample has been identified, the relevant hospital and PCP records will need to be acquired or accessed. This may be done by the plan through a directed request for copies to the providers of interest or by the utilization of a record-access vendor.

The required records are:

Complete hospital record for the admission under study

PCP record covering all care from 9 months prior to the date of the implementation of the data collection (total of nine months of care). This time frame is required to allow time for recommended post-discharge care to occur and be documented.

When acquiring copies of records, remember to request complete copies of the record content for the time frame specified, including the following:

Hospital records:

Entire documentation for the ***specified hospitalization***

If EHR and content is selected for print, be sure to include all of the following:

- Emergency department (ED) record, if admitted through the ED
- Admitting history and physical exam
- MD orders
- Progress notes
- Specialist consults
- Telephone and message contacts with outside providers
- Operative and procedure reports
- Ancillary care (e.g., physical therapy, respiratory therapy)
- Lab tests
- X-rays, scans, and any other test results
- Nursing admission note
- Nursing notes and flow sheets
- Vital signs flow sheets
- Medication administration record
- Discharge planning notes
- Discharge summary/transition record sent to outside provider
- Discharge care and medication instructions given to the patient
- Medication reconciliation records

Outpatient records:

All documentation of care from all providers during the 9 ***month study period***

Include all of the following:

- Health maintenance summary records
- Problem lists
- Medication summary records
- Visit notes (office and home, if applicable)
- Consult reports
- Hospitalization documentation and summaries
- ED visit documentation
- Ancillary care (e.g., physical therapy, home care)
- Lab tests
- X-rays, scans, and any other test results
- Nurse care manager documentation
- Telephone and message contacts with patient
- Telephone and message contacts with other providers

A medical record tracking system should be established to track the status of the acquisition of the requested records (Appendix 1.b). Hospital and PCP records will need to be matched by patient ID for abstraction (if hard copies). Hospital and PCP records may be abstracted sequentially; that is, it is not necessary to have both records on hand during the abstraction. However, the hospital record needs to be abstracted **first.** It is anticipated that the abstraction of both the hospital and PCP records should take, on average, approximately 60 minutes per patient case.

Orientation of nurse abstractors

The medical record abstraction is designed to be completed by registered nurses. The content requires clinical judgment and therefore, nurse abstractors are required. Ideally, this abstraction would be completed by experienced nurse abstractors at the plan who are familiar with the records of care. If no abstractors are available, the task could be outsourced to a reputable vendor.

The Medical Record Abstraction Forms and related Guidelines are located in Appendices 1.c and 1.d of this document. It is suggested that the nurse abstractors review the abstraction form and guidelines in advance of abstraction and meet as a group with their supervisor to review the process and answer any outstanding questions.

Each abstractor will be assigned a list of Study IDs to complete. Each abstractor will maintain the log of Study IDs provided to him/her with the date the case was abstracted, or if not abstracted, the reason why not.

Medical record abstraction reliability

The medical record abstraction process includes a 20% sample for inter-rater reliability measurement. When the sample is drawn and abstractor lists are assigned, each list should include a 20% sample of patient cases that will be abstracted by two different abstractors. The total number of completed abstraction cases will be 10.

Submission of data

Abstraction data will be entered by the plan into an Excel template (Appendix 1.e) and submitted to CMS for analysis by RAND.

Time and effort expended by the plan to conduct the project should be documented in the Time and Resource Survey form located in Appendix 1.f.

Appendix 1.b: Table of Hospital to Community Discharges for Measurement

Patient Name	Study ID	Hospital record source	Date of admission	Date of discharge	PCP record source

Appendix 1.c: Abstraction Form

Study ID: _____

Plan ID: _____

Transitions of Care: Hospital Discharge to Community
Medical Record Abstraction Form

I. HOSPITAL RECORD:

1. **Type** of hospital record:

   Mutual access integrated EHR..... 1
   Other EHR (not mutual access)..... 2
   Combination EHR-paper..... 3
   Paper record..... 4

2. Hospital **admission**: i) Date: __ __ - __ __ - __ __ ii) Time: __ __ __ __ *(24-hour clock)*

3. Hospital **discharge**: i) Date: __ __ - __ __ - __ __ ii) Time: __ __ __ __ *(24-hour clock)*

4. **PCP Contact**

   Based on the HOSPITAL record, did a hospital provider communicate the hospitalization to the patient's PCP or was there evidence that the PCP was aware of the hospitalization ***within 48 hours of admission?***

   PCP admitted patient/sent patient to the ED for admission..... 1
   PCP noted as unknown to hospital staff/patient has no PCP..... 2
   Yes, contact with PCP/awareness within 48 hours..... 3
   No, but attempt(s) made to contact PCP within 48 hours..... 4
   Contact/attempt/awareness, but more than 48 hours after admission... 5
   No evidence of contact or attempt/No data..... 9

5. **Discharge Disposition**

   What was the patient's discharge disposition?

Home..... 1	***Continue to Q6***
Other (SNF/LTC, acute, ALF).....2	***STOP***
Deceased..... 6	***STOP***
Left AMA..... 7	***STOP***

6. **Transition Record to Patient**

   Does the **hospital record contain a copy** of a transition record/discharge instructions that was given to the patient/caregiver to take home at the time of discharge?

   Yes.....1
   No..... 9

7. **Transition Information to Patient**

Which of the following items were **included in the transition record/discharge instructions** given to the patient/caregiver at the time of discharge? Where applicable, if an item was not included in the transition record, indicate if the information was noted as reviewed with the patient. FU = Follow up

i) Information	ii) In printed list given to patient Yes	No	NA	iii) **If NO to ii):** Noted as reviewed with patient Yes	No	NA
Inpatient Care:						
a) Reason for the admission	1	2	--	--	--	--
b) Major procedures/tests performed:						
i) Surgery #1:_____	1	2	9	--	--	--
ii) Surgery #2:_____	1	2	9	--	--	--
iii) Test #1: _____	1	2	9	--	--	--
iv) Test #2:_____	1	2	9	--	--	--
c) Principal diagnosis at discharge	1	2	--	--	--	--
Post-discharge/Self-care:						
d) Discharge medication list	1	2	--	1	2	--
e) Studies pending or "None" noted	1	2	--	1	2	9
f) Patient self-care instructions (e.g., bed rest, No heavy lifting, change dressing daily)	1	2	--	1	2	--
Advance Care Plan:						
g) Advance care plan/surrogate OR reason why not available	1	2	--	1	2	--
Follow-up Information:						
h) 24/7 contact for emergencies related to inpatient stay	1	2	--	1	2	--
i) Contact for pending results 9	1	2	9	1	2	
j) Plan for FU treatment (e.g. home care, DME, physical therapy, home O_2)	1	2	9	1	2	9
k) Designated source for FU care --	1	2	--	1	2	

8. **Transition Medications PCP Reconciliation: Medications on Admission**

ii) Based on the admission information, list all medications (including dose and frequency) the patient was taking at the time of admission (up to 30).

iii) Based on the ***hospital record,*** indicate the status at discharge of each medication the patient was taking on admission. Change = Change in dosage/frequency; D/C = Discontinued; Same = Continue medication without change; ND=No data

iv) **COMPLETE THIS COLUMN LATER based on the PCP record.**
Based on the PCP record at the first follow-up visit after the hospital discharge, (excluding HOSPITAL-PCP mutual access EHR unless 1st PCP visit after discharge includes a medication list) indicate if each **listed medication** is accurately listed in the documentation for that visit. Exp = medication status is not accurately listed, but there is an explanation for this discrepancy.

i) Medications on ADMISSION	ii) Disposition at discharge: **Change**	**D/C**	**Same**	**ND**	**iii) In PCP RECORD: Yes**	**Exp**	**No/ND**
a) _____	1	2	3	9	1	2	9
b) _____	1	2	3	9	1	2	9
c) _____	1	2	3	9	1	2	9
d) _____	1	2	3	9	1	2	9
e) _____	1	2	3	9	1	2	9
f) _____	1	2	3	9	1	2	9
g) _____	1	2	3	9	1	2	9
h) _____	1	2	3	9	1	2	9
i) _____	1	2	3	9	1	2	9
j) _____	1	2	3	9	1	2	9
k) _____	1	2	3	9	1	2	9
l) _____	1	2	3	9	1	2	9
m) _____	1	2	3	9	1	2	9
n) _____	1	2	3	9	1	2	9
o) _____	1	2	3	9	1	2	9
p) _____	1	2	3	9	1	2	9

8. **Transition Medications PCP Reconciliation: Medications on Admission (cont'd)**

i) Medications on ADMISSION	ii) Disposition at discharge: Change	D/C	Same	ND	iii) In PCP RECORD: Yes	Exp	No/ND
q) _____	1	2	3	9	1	2	9
r) _____	1	2	3	9	1	2	9
s) _____	1	2	3	9	1	2	9
t) _____	1	2	3	9	1	2	9
u) _____	1	2	3	9	1	2	9
v) _____	1	2	3	9	1	2	9
w) _____	1	2	3	9	1	2	9
x) _____	1	2	3	9	1	2	9
y) _____	1	2	3	9	1	2	9
z) _____	1	2	3	9	1	2	9
aa) _____	1	2	3	9	1	2	9
bb) _____	1	2	3	9	1	2	9
cc) _____	1	2	3	9	1	2	9
dd) _____	1	2	3	9	1	2	9

9. Transition Medication PCP Reconciliation: New Medications

i) Based on the ***hospital record,*** list all NEW medications (i.e., medications NOT listed in Q8) at the time of discharge (up to 17).

ii) **COMPLETE THIS COLUMN LATER based on the PCP record.**
Based on the PCP record at the first follow-up visit after the hospital discharge, (excluding HOSPITAL-PCP mutual access EHR unless 1st PCP visit after discharge includes a medication list) indicate if each **NEW medication** is listed accurately in the documentation for that visit. Exp = medication status is not accurately listed, but there is an explanation for this discrepancy. **After completing column ii), GO TO Q14**

i) **NEW Medications at Discharge**	ii) **In PCP RECORD:** **Yes**	**Exp**	**No/ND**
a) _____	1	2	9
b) _____	1	2	9
c) _____	1	2	9
d) _____	1	2	9
e) _____	1	2	9
f) _____	1	2	9
g) _____	1	2	9
h) _____	1	2	9
i) _____	1	2	9
j) _____	1	2	9
k) _____	1	2	9
l) _____	1	2	9
m) _____	1	2	9
n) _____	1	2	9
o) _____	1	2	9
p) _____	1	2	9
q) _____	1	2	9

10. Allergy/Untoward Medication Reaction

During the hospitalization, did the patient have an allergic or other untoward reaction to any medication?

Yes.....1 ***Continue to Q10a)***
No.....9 ***Skip to Q11***

10a) Was the information about the adverse drug reaction included in the transition record/discharge summary **sent to the follow-up provider?**

Yes (mutual access EHR)..... 1
Yes, it was included in the transition record..... 2
Neither of the above/No data..... 3

11. Timeliness of Transmission of Transition Record/Discharge Summary

Was the transition record/discharge summary transmitted to the source of post-discharge follow-up care ***within 24 hours?*** (Transmission may be by email, FAX, or mutual access EHR)

Mutual access EHR..... 1
Yes, transmitted within 24 hours..... 2
Transmitted, but >24 hours..... 3
Transmitted, but time unknown..... 4
Transition record present, unknown if transmitted..... 5
No transition record found/No data..... 9

12. Physician of Follow-up

Based on the hospital record, who was indicated as the physician of follow-up after discharge?

Specialist and PCP.....1 } i) Specialty: _____
Specialist only.....2 } ***Continue to Q13***

PCP only..... 3 ***Continue to Q13***
No data..... 9 ***Skip to Q14***

13. Timing of Recommended Follow-up

Within how many days was the patient advised to make an appointment with or be seen by the follow-up provider(s) in Q12. No data = 99

i) PCP: ___ ___ days

ii) Specialist: ___ ___ days

14. Post-Hospitalization Appointments and Therapies

At the time of the hospital discharge, which of the following post-hospital appointments, therapies, or pending test results applied to this patient?

COMPLETE COLUMN iii) LATER based on the PCP record.
If ordered, complete column ii) from the PCP record as to whether or not the care occurred by the ordered time period. Exp= Explanation or justification why care was not needed or did not happen. **After completing column iii), GO TO Q19**

From **HOSPITAL RECORD:**			**If YES to ii), IN PCP RECORD:**			
	ii) Pending		iii) Results obtained			
i) Care	**Yes**	**No/ND**	**Yes**	**Exp**	**No**	**ND**
a) Pending test result #1 Specify:_____	1	9	1	2	3	9
b) Pending test result #2 Specify:_____	1	9	1	2	3	9
	i) Ordered		ii) Occurred by time ordered			
	Yes	**No/ND**	**Yes**	**Exp**	**No**	**ND**
c) Serum drug level Specify:_____	1	9	1	2	3	9
d) Therapy #1 Specify:_____	1	9	1	2	3	9
e) Therapy #2 Specify:_____	1	9	1	2	3	9
f) Test #1 Specify:_____	1	9	1	2	3	9
g) Test #2 Specify:_____	1	9	1	2	3	9
h) Consultation #1 Specify:_____	1	9	1	2	3	9
i) Consultation #2 Specify:_____	1	9	1	2	3	9
j) Other:_____	1	9	1	2	3	9
k) Other:_____	1	9	1	2	3	9

CONTINUE TO PCP RECORD

II. PCP RECORD:

15. Type of PCP record:

Mutual access integrated EHR..... 1
Other EHR (not mutual access)..... 2
Combination EHR-paper..... 3
Paper record..... 4

16. Initial Post Hospitalization Contact(s)

Based on the PCP record, give the types and first dates of the patient's follow-up contacts ***6 weeks*** after discharge. If a contact occurred, but the date is unknown, indicate if the contact occurred prior to the first post-discharge PCP visit.

i) Post-discharge care:	ii) Occurred Yes	ii) Occurred No/ND	iii) If YES to ii), Date	iv) If NO date in iii), prior to PCP visit? Yes	iv) If NO date in iii), prior to PCP visit? No/ND
a) PCP visit.....	1	9	__ __ - __ __ - __ __	--	--
b) Specialist visit Specify: _____	1	9	__ __ - __ __ - __ __	1	9
c) Case manager phone call....	1	9	__ __ - __ __ - __ __	1	9
d) Case manager home visit.....	1	9	__ __ - __ __ - __ __	1	9
e) Home care visit.....	1	9	__ __ - __ __ - __ __	1	9
f) ED visit.....	1	9	__ __ - __ __ - __ __	1	9
g) Hospitalization.....	1	9	__ __ - __ __ - __ __	1	9

17. Transition Record/Discharge Summary in PCP Record

Was the transition record/discharge summary found in the PCP record?

Mutual access EHR..... 1 ***Continue to Q17a)***
Transition record/discharge summary in medical record..... 2 ***Continue to Q17a)***
No, but provider acknowledges hospitalization in notes..... 3 ***Skip to Q18***
None of the above/No data..... 9 ***Skip to Q18***

17a) Is there evidence of when the transition record/discharge summary was received and/or acknowledged by the PCP?

Yes, mutual access EHR..... 1
No, but mutual access EHR..... 2
Yes, received/acknowledged within 48 hours of discharge..... 3
Received/acknowledged, but >48 hours..... 4
Received/acknowledged, but time unknown..... 5

18. **Content of Transition Record/Discharge Summary**

Which of the following elements were included in the transition record/discharge summary or otherwise noted in the PCP record notes at the first post-discharge visit or earlier?

TR/DS = Included in transition record/discharge summary;
Note = Included only in PCP record notes

	TR/DS	Note	No	NA	
Inpatient Care:					
a) Reason for admission	1	2	3	--	
b) Major procedures/tests performed:					
i) Surgery #1:_____	1	2	3	9	
ii) Surgery #2:_____	1	2	3	9	
iii) Test #1: _____	1	2	3	9	
iv) Test #2:_____	1	2	3	9	
c) Discharge diagnosis	1	2	3	--	
Post-discharge/Self-care:					
d) Discharge medication list	1	2	3	--	
e) Studies pending or "None" noted	1	2	3	--	
f) Patient self-care instructions (e.g., bed rest, no heavy lifting, change dressing daily)	1	2	3	--	
Advance Care Plan:					
g) Advance care plan/surrogate OR reason why not available	1	2	3	--	
Follow-up Information:					
h) 24/7 contact for emergencies related to inpatient stay	1	2	3	--	
i) Contact for pending results	1	2	3	9	
j) Plan for FU treatment (e.g. home care, DME, physical therapy, home O_2)	1	2	3	9	
k) Designated source FU care	1	2	3	--	

Instructions for completion of Q8-9:

[If the HOSPITAL -PCP record is a mutual access EHR
AND
1st PCP visit after discharge includes a medication list]

OR

HOSPITAL -PCP record is NOT a mutual access EHR,

GO BACK to Q8 and 9 and complete the column referring to acknowledgment of medications in the PCP/specialist medical record on first post-hospital visit.

Otherwise, continue to INSTRUCTIONS FOR COMPLETION OF Q14

INSTRUCTIONS FOR COMPLETION OF Q14:

GO BACK to Q14 and complete the column referring to follow-up activity/information for pending/ordered care found in the PCP record.

19. Case Manager

Is there evidence in the PCP record of patient involvement with a nurse case manager?

Yes.....	1	***Continue to Q20***
No/No data.....	9	***Skip to Q21***

20. Case Manager Activities

Based on the PCP record and in the *6 weeks* after discharge, which of the following activities was the nurse case manager noted to have been involved with? If applicable, note the first date of each activity.

i) Case Manager Activity	ii) Occurred **Yes**	**No**	**iii) If Yes to ii),** Date of first occurrence
a) Medication reconciliation and counseling.....	1	9	__ __ - __ __ - __ __
b) Self-care, education.....	1	9	__ __ - __ __ - __ __
c) Pending results acquisition.....	1	9	__ __ - __ __ - __ __
d) Other care appointment assistance.....	1	9	__ __ - __ __ - __ __
e) Follow-up plan.....	1	9	__ __ - __ __ - __ __
f) Advance care plan/surrogate discussion.....	1	9	__ __ - __ __ - __ __
g) Caregiver need assessment.....	1	9	__ __ - __ __ - __ __
h) Emergency contact.....	1	9	__ __ - __ __ - __ __
i) Other: _____	1	9	__ __ - __ __ - __ __
Case Manager Contact with:			
j) Specialist: _____	1	9	__ __ - __ __ - __ __
k) Specialist: _____	1	9	__ __ - __ __ - __ __
l) Laboratory.....	1	9	__ __ - __ __ - __ __
m) Testing facility for results.....	1	9	__ __ - __ __ - __ __
n) Physical/other therapist.....	1	9	__ __ - __ __ - __ __
o) Home care nurse.....	1	9	__ __ - __ __ - __ __
p) Emergency Department.....	1	9	__ __ - __ __ - __ __
q) Hospital (subsequent hospitalization).....	1	9	__ __ - __ __ - __ __
r) Social worker.....	1	9	__ __ - __ __ - __ __
s) DME provider.....	1	9	__ __ - __ __ - __ __
t) Other: _____	1	9	__ __ - __ __ - __ __

21. <u>Patient Death</u>

Did the patient die ***within 3 months*** of the hospital discharge?

Yes..... 1 ➔ i) Date of actual death: __ __ - __ __ - __ __
OR
ii) Date death acknowledged: __ __ - __ __ - __ __

No/No data..... 9

End of abstraction

Transitions of Care: Hospital Discharge to Community
Medical Record Abstraction Form Guidelines

I. HOSPITAL RECORD:

1. **Type of hospital record**: Indicate the type of record that applies to the hospital record you are abstracting. *Mutual access integrated EHR* refers to a centralized electronic health record that is utilized by the hospital and is also accessible to other providers, including at a minimum, the patient's primary care provider (PCP). If not a mutual access EHR, the hospital record may be an EHR that is not accessible to other providers, may be a combination of portions that are electronic and portions that are paper, or it may be a traditional paper record. Classify an EHR as such even if you are utilizing a printed copy of its contents for this abstraction.

2. **Hospital Admission:** Use this date and time as reference when answering Q4 (PCP Contact).

3. **Hospital Discharge:** Use this date and time as reference when answering Q11 (Timeliness of Transmission of Transition Record/Discharge Summary) and Q17 (Transition Record/Discharge Summary in PCP Record).

4. **PCP Contact:** Based on the hospital record, indicate if there is documentation that the PCP was contacted by the hospital staff (or an attempt was made) to alert the PCP of the patient's hospitalization within 48 hours of admission. If the PCP admitted the patient or sent the patient to the emergency room and that visit resulted in the admission, choose response 1. Choose response 2 only if the patient's PCP is not known to the hospital staff or the patient does not have a PCP. Otherwise, indicate the timeliness of the contact or contact attempt. If no evidence of contact or contact attempt is documented (and response 1 and 2 are not applicable), choose response 9.

5. **Discharge Disposition:** Indicate the patient's discharge disposition. If the patient was NOT discharged to home [e.g., was an acute transfer, sent to a skilled nursing facility (SNF) or to long-term care (LTC) or to an assisted living facility (ALF), died during the admission, or left against medical advice (AMA)], stop abstracting.

6. **Transition Record to Patient:** Indicate if the hospital record contains the transition record/discharge instructions that were given to the patient or patient's caregiver at the time of discharge. This may include more than one document, e.g., discharge instructions and a separate medication list.

7. **Transition Information to Patient:** Indicate in column ii) which of the listed types of information were included in the printed discharge records given to the patient. Some types of information may be not applicable, as when a patient had no surgery during the admission [item 7b) i) and ii)] or major tests such as imaging, cardiac catheterization [item 7b) iii) and iv)]. A patient may not need pending results information [item 7 i)] if there are no pending test results at discharge or follow-up treatment information (item 7 j)] if there is no order for follow-up treatment such as home care, physical therapy, etc. For items that were not included in the patient discharge information (response 2 or "No"), indicate, where applicable, if that information was noted as discussed with the patient (e.g., discharge medications).

8. **Transition Medications PCP Reconciliation: Medications on Admission:** Based on the hospital record admitting information (e.g., nursing admission assessment, admitting history and physical), list in column i) all the medications that the patient was taking at the time of admission. List regular and prn medications, over-the-counter medications, vitamins and herbal preparations and include the dosage and frequency of administration.

   In column ii) and for each listed medication, indicate the disposition for that drug at the time of hospital discharge. If the medication is to be continued after discharge and the dosage and frequency remain unchanged, choose response 3. If either dosage or frequency changed, choose response 1. If the medication was discontinued, choose response 2.

   Later in the abstraction (after Q14) when you are reviewing the PCP record, you will come back to Q8 to complete column iii). At that time and for each listed medication, indicate in column iii) if at the first PCP visit after discharge, the PCP record accurately listed the discharge medication. *Accurately listed* means the medication list at that visit included the correct drug, dose, and frequency for each continued medication (changed or same) and did NOT include medications that were discontinued. Choose response 2 (Exp) if the listing is not accurate, but there is documentation in the PCP record that explains or justifies this discrepancy [e.g., patient seen in an emergency department (ED) before first PCP visit and a medication change was made in the ED, or medication discontinued due to adverse effect].

9. **Transition Medications PCP Reconciliation: New Medications:** Based on the hospital record admitting and discharge information (e.g., nursing admission assessment, admitting history and physical, discharge medication list), list in column i) all NEW medications that were prescribed during the hospitalization and are to be continued after discharge. List regular and prn medications, over-the-counter medications, vitamins and herbal preparations and include the dosage and frequency of administration.

   Later in the abstraction [after Q14 and completing Q8 ii)] when you are reviewing the PCP record, you will come back to Q9 to complete column ii). At that time and for each listed medication, indicate in column ii) if at the first PCP visit after discharge, the PCP record accurately listed the NEW discharge medication. *Accurately listed* means the medication list at that visit included the correct drug, dose, and frequency for each NEW medication. Choose response 2 (Exp) if the listing is not accurate, but there is documentation in the PCP record that explains or justifies this discrepancy [e.g., patient seen in an emergency department (ED) before first PCP visit and a medication change was made in the ED, or medication discontinued due to adverse effect]. When you have completed column ii), you may proceed to complete Q14 based on the PCP record.

10. **Allergy/Untoward Medication Reaction:** Indicate if during the hospitalization, the patient experienced an allergic or otherwise untoward reaction to a medication. If so indicate in Q10a) if this information was included in the transition record/discharge summary that was sent to the post-discharge follow-up provider.

11. **Timeliness of Transmission of Transition Record/Discharge Summary:** Indicate if the transition record was sent to the PCP (and other source of care, if applicable) within 24 hours. If the patient record is a mutual access EHR, choose response 1. Otherwise, look for evidence in the hospital record that document was emailed or faxed to the PCP within 24 hours of the patient's discharge. If this information is not contained in the hospital record, you may possibly deduce whether or not this occurred from the PCP record. For example, if

the transition record is in the PCP record and it is stamped as received within 24 hours of discharge, you may choose response 2. Do not do this, however, unless it is definitely clear from the PCP record documentation that transmission occurred within 24 hours. If the document is in the PCP record but is stamped as received more than 24 hours after discharge, it will not be possible to know if the transition record was sent within 24 hours, but was not acknowledged and filed until after that time period or if the document was sent from the hospital more than 24 hours after discharge. Therefore, if a document is filed more than 24 hours after discharge and in the absence of any information about the time it was sent from the hospital, you would choose response 4 (transmitted, but time unknown).

12. **Physician of Follow-up:** Based on the hospital record, indicate the physician(s) noted as the source of follow-up care for the patient after discharge.

13. **Timing of Recommended Follow-up:** Indicate the number of days recommended at discharge for the timing of the post-discharge appointment or (in the absence of this) of when to call for an appointment for the PCP and, if applicable, specialist.

14. **Post-Hospitalization Appointments and Therapies:** Based on information in the hospital record at the time of discharge, indicate which of the listed types of care the patient was recommended or ordered to have. Items a) and b) refer to tests that were done during the admission with results that were still pending at the time of discharge. If this applies to the abstracted case, specify the test and choose response 1 in column ii). Later when you review the PCP record, you will record in column iii) whether or not the pending results were obtained, or if not, if an explanation or justification was documented for the lack of results. Items c)-k) refer to other types of care that may have been ordered. Similar to items a) and b), indicate in column ii) if the care was ordered. Later when you review the PCP record, you will record in column iii) whether or not the ordered care occurred in the prescribed time, or if not, if an explanation or justification was documented for the lack of care (e.g., order is for pacemaker consult when TSH is normal; record does not include evidence of pacemaker consult, but includes several TSH results that are out of the normal range). After completing column iii) based on the PCP record, you may return to Q19.

II. PCP RECORD

15. **Type of PCP record:** Indicate the type of record that applies to the PCP record you are abstracting. *Mutual access integrated EHR* refers to a centralized electronic health record that is utilized by the hospital and is also accessible to other providers, including at a minimum, the patient's primary care provider (PCP). If not a mutual access EHR, the PCP record may be an EHR that is not accessible to other providers, may be a combination of portions that are electronic and portions that are paper, or it may be a traditional paper record. Classify an EHR as such even if you are utilizing a printed copy of its contents for this abstraction.

16. **Initial Post-Hospitalization Contact(s):** Based on the PCP record, indicate which types of listed post-discharge care the patient experienced within the first six weeks after discharge. If the care occurred, list the date in column iii). If the date is unknown, indicate in column iv if the care occurred prior to the first post-discharge PCP visit.

17. **Transition Record/Discharge Summary in PCP Record:** Indicate if the PCP record contained the transition record /discharge summary from the studied hospitalization. If the patient record is a mutual access EHR that is utilized by the PCP, choose response 1. If the record is mutual access, indicate in Q17b) whether or not the PCP acknowledged receipt of

the transition record. If the record is NOT mutual access, indicate if there is an acknowledgement of the transition record within 48 hours of discharge. The acknowledgment must include a date stamp on the transition record or a note of its receipt within the 48 hour time window.

18. **Content of Transition Record/Discharge Summary:** Indicate which of the listed types of information were included in the transmitted transition record/discharge summary received by the PCP. Some types of information may be not applicable, as when a patient had no surgery during the admission [item 7b) i) and ii)] or major tests such as imaging, cardiac catheterization [item 7b) iii) and iv)]. A patient may not need pending results information [item 7 i)] if there are no pending test results at discharge or follow-up treatment information (item 7 j)] if there is no order for follow-up treatment such as home care, physical therapy, etc. For items that were not included in the discharge information, indicate, where applicable, if that information was noted in the PCPs notes.

    After completing Q18, follow the boxed instructions for completing the PCP portion of Q8, Q9, and Q14. After completion of these items, return to Q19.

19. **Case Manager:** Indicate if there is evidence that the patient's post-discharge care included involvement with a nurse care manager. This individual may be associated with the PCP practice, another practice, or another organization. Case manager contact may be in person or by telephone.

20. **Case Manager Activities:** Indicate in column ii) which of the listed activities occurred within the six weeks after discharge. Care types a)-i) refer to activities performed by the case manager with the patient. Care types j)-t) are contacts the case manager made with the listed entities while managing or facilitating the patient's post-discharge care. If a care type occurred, indicate in column iii) the date it occurred.

21. **Patient Death:** If the patient died in the three months after discharge, indicate this and the date of death (if known) or the date the death was acknowledged in the record of care where it was found.

Appendix 1.e: Data Entry Template, Transitions of Care

HOSPITAL RECORD									
		1.	2. Hospital admission		3. Hospital discharge		4.	5.	6.
Study ID	Plan ID	Type of hospital record	Date	Time	Date	Time	PCP Contact	Discharge Disposition	Transition Record to Patient
		1	2i	2ii	3i	3ii	4	5	6

7. Transition Information to Patient

a) Reason for the admission	b) Major procedures/tests performed								c) Principal diagnosis at discharge	d) Discharge medication list		e) Studies pending or None noted	
	Surgery #1		Surgery #2		Test #1		Test #2						
7a)-ii	7b)i)-i-spec	7b)i)-ii	7b)ii)-i-spec	7b)ii)-ii	7b)iii)-i-spec	7b)iii)-ii	7b)iv)-i-spec	7b)iv)-ii	7c)-ii	7d)-ii	7d)-iii	7e)-ii	7e)-iii

												8. Transition Medications Reconciliation: Medications on Admission					
												8a)			8b)		
f) Patient self-care instructions		g) Advance care plan/surrogate		h) 24/7 contact for emergencies		i) Contact for pending results		j) Plan for FU treatment		k) Designated source for FU care		i) Medication name	ii) Dispo at dischg	iii) In PCP record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
7f)-ii	7f)-iii	7g)-ii	7g)-iii	7h)-ii	7h)-iii	7i)-ii	7i)-iii	7j)-ii	7j)-iii	7k)-ii	7k)-iii	8a)-i	8a)-ii	8a)-iii	8b)-i	8b)-ii	8b)-iii

8c)			8d)			8e)			8f)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8c)-i	8c)-ii	8c)-iii	8d)-i	8d)-ii	8d)-iii	8e)-i	8e)-ii	8e)-iii	8f)-i	8f)-ii	8f)-iii

8g)			8h)			8i)			8j)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8g)-i	8g)-ii	8g)-iii	8h)-i	8h)-ii	8h)-iii	8i)-i	8i)-ii	8i)-iii	8j)-i	8j)-ii	8j)-iii

8k)			8l)			8m)			8n)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8k)-i	8k)-ii	8k)-iii	8l)-i	8l)-ii	8l)-iii	8m)-i	8m)-ii	8m)-iii	8n)-i	8n)-ii	8n)-iii

8o)			8p)			8q)			8r)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8o)-i	8o)-ii	8o)-iii	8p)-i	8p)-ii	8p)-iii	8q)-i	8q)-ii	8q)-iii	8r)-i	8r)-ii	8r)-iii

8s)			8t)			8u)			8v)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8s)-i	8s)-ii	8s)-iii	8t)-i	8t)-ii	8t)-iii	8u)-i	8u)-ii	8u)-iii	8v)-i	8v)-ii	8v)-iii

8w)			8x)			8y)			8z)		
i) Medication name	i) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8w)-i	8w)-i	8w)-iii	8x)-i	8x)-ii	8x)-iii	8y)-i	8y)-ii	8y)-iii	8z)-i	8z)-ii	8z)-iii

8aa)			8bb)			8cc)			8dd)		
i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record	i) Medication name	ii) Dispo at dischg	iii) In PCP Record
8aa)-i	8aa)-ii	8aa)-iii	8bb)-i	8bb)-ii	8bb)-iii	8cc)-i	8cc)-ii	8cc)-iii	8dd)-i	8dd)-ii	8dd)-iii

9. Transition Medication Reconciliation: New Medications											
9a)		9b)		9c)		9d)		9e)		9f)	
i) Medication name	ii) In PCP record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record
9a)-i	9a)-ii	9b)-i	9b)-ii	9c)-i	9c)-ii	9d)-i	9d)-ii	9e)-i	9e)-ii	9f)-i	9f)-ii

9g)		9h)		9i)		9j)		9k)		9l)	
i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record
9g)-i	9g)-ii	9h)-i	9h)-ii	9i)-i	9i)-ii	9j)-i	9j)-ii	9k)-i	9k)-ii	9l)-i	9l)-ii

9m)		9n)		9o)		9p)		9q)		9r)	
i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record
9m)-i	9m)-ii	9n)-i	9n)-ii	9o)-i	9o)-ii	9p)-i	9p)-ii	9q)-i	9q)-ii	9r)-i	9r)-ii

9s)		9t)		9u)		9v)		9w)		9x)	
i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record
9s)-i	9s)-ii	9t)-i	9t)-ii	9u)-i	9u)-ii	9v)-i	9v)-ii	9w)-i	9w)-ii	9x)-i	9x)-ii

9y)		9z)		9aa)		9bb)		9cc)		9dd)	
i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record	i) Medication name	ii) In PCP Record
9y)-i	9y)-ii	9z)-i	9z)-ii	9aa)-i	9aa)-ii	9bb)-i	9bb)-ii	9cc)-i	9cc)-ii	9dd)-i	9dd)-ii

10.		11.	12.		13.		14. Post-Hospitalization Appointments and Therapies					
Med Reaction		Timeliness transmsion TR Record/ Dschg Sum	Physician of F/up		Timing of Rec F/up		Pending test result #1			Pending test result #2		
Allergic reaction in hospital	Sent to follow-up provider		Who	Specialty	No. of days PCP	No. of days Specialist	Specify	Pending	In PCP Record	Specify	Pending	In PCP Record
10	10a)	11	12	12i)-Spec	13a)-i	13a)-ii	14a)-i	14a)-ii	14a)-iii	14b)-i	14b)-ii	14b)-iii

Serum drug level			Therapy #1			Therapy #2			Test #1		
Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record
14c)-i	14c)-ii	14c)-iii	14d)-i	14d)-ii	14d)-iii	14e)-i	14e)-ii	14e)-iii	14f)-i	14f)-ii	14f)-iii

Test #2			Consultation #1			Consultation #2			Other		
Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record	Specify	Ordered	In PCP Record
14g)-i	14g)-ii	14g)-iii	14h)-i	14h)-ii	14h)-iii	14i)-i	14i)-ii	14i)-iii	14j)-i	14j)-ii	14a)-iii

			PCP RECORD							
			15.	16. Initial Post Hospitalization Contact(s)						
Other										
Specify	Ordered	In PCP Record	Type of PCP record	a) PCP visit occurred	Date	If no date in iii, prior to PCP visit?	b) Specialist visit	Occurred	Date	If no date in iii, prior to PCP visit?
14k)-i	14k)-ii	14a)-iii	15	16a)-ii	16a)-iii	16a)-iv	16b)-i	16b)-ii	16b)-iii	16b)-iv

c) Case manager phone call	Date	If no date in iii, prior to PCP visit?	d) Case manager home visit	Date	If no date in iii, prior to PCP visit?	e) Home care visit	Date	If no date in iii, prior to PCP visit?	f) ED visit	Date	If no date in iii, prior to PCP visit?
16c)-ii	16c)-iii	16c)-iv	16d)-ii	16d)-iii	16d)-iv	16e)-ii	16e)-iii	16e)-iv	16f)-ii	16f)-iii	16f)-iv

					18. Content of Transition Record/Discharge Summary						
			17.		Inpatient Care:						
g) Hospitali-zation	Date	If no date in iii, prior to PCP visit?	Tr record/ Dischg Sum in PCP record	Ack by PCP	a) Reason for admission	b) Major procedures/tests performed					
						Surgery #1		Surgery #2		Test #1	
16g)-ii	16g)-iii	16g)-iv	17	17a)	18a)	18b)-i	Surgery spec	18b)-ii	Surgery spec	18b)-iii	Test spec

												19.
			Post-discharge/Self Care:				Follow-up information:					
Test #2		c) Discharge diagnosis	d) Discharge medication list	e) Studies pending or None noted	f) Patient self-care instructions	g) Advance care plan/ surrogate	h) 24/7 emergency contact	i) Contact for pending results	j) Plan for FU treatment	k) Designated source FU care	Case Manager
18b)-iv	Test spec	18c)	18d)	18e)	18f)	18g)	18h)	18i)	18j)	18k)	19

20. Case Manager Activities

a) Medication reconcil. and counseling		b) Self-care, education		c) Pending results acquisition		d) Other care apptment assistance		e) Follow-up plan		f) Advance care plan/ surrogate discussion		g) Caregiver need assessment	
Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence
20a)-ii	20a)-iii	20b)-ii	20b)-iii	20c)-ii	20c)-iii	20d)-ii	20d)-iii	20e)-ii	20e)-iii	20f)-ii	20f)-iii	20g)-ii	20g)-iii

h) Emergency contact		i) Other			j) Contact with specialist			k) Contact with specialist			l) Contact with laboratory	
Occurred	If Yes to ii), date of 1st occurrence	Specify	Occurred	If Yes to ii), date of 1st occurrence	Specify	Occurred	If Yes to ii), date of 1st occurrence	Specify	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence
20h)-ii	20h)-iii	20i)-i	20i)-ii	20i) -iii	20j)-i	20j)-ii	20j) -iii	20k)-i	20k)-ii	20k) -iii	20l)-ii	20l)-iii

m) Contact with testing facility for results		n) Contact with physical/other therapist		o) Contact with home care nurse		p) Contact with emergency dept		q) Contact with hospital (subsq. hospitalization)		r) Contact with social worker		s) Contact with DME provider	
Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence	Occurred	If Yes to ii), date of 1st occurrence
20m)-ii	20m)-iii	20n)-ii	20n)-iii	20o)-ii	20o)-iii	20p)-ii	20p)-iii	20q)-ii	20q)-iii	20r)-ii	20r)-iii	20s)-ii	20s)-iii

			21. Patient Death		
t) Other			Death within 3 mos of discharge	Date of actual death	OR Date death acknowlg'd
Specify	Occurred	If Yes to ii), date of 1st occurrence			
20t)-i	20t)-ii	20t) -iii	21	21i)	21ii)

Appendix 1.f: Resource and Time Survey, Transitions of Care

Task	Staff Type	Total Person hours	Other Resources Required	Other Resource Cost
Introduction call and other calls and correspondence				
Adapt identification criteria to available data				
Develop mechanism to identify transitioning patients				
Identify types of medical records at clinical sites to choose sample				
Identify patient sample				
Assign patient Study IDs				
Medical record acquisition: • Request system permission • Preparation of provider request letters • Filing of requests • Record rec'd records • Follow-up on not-received records **OR** Use of record acquisition vendor • Delivery of study records to abstractors **OR** Use of electronic access **OR** Combination of above				
Non-plan medical record acquisition efforts and costs				
Preparation of medical record abstraction list				
Reproduction of medical record abstraction tool				
Orientation of medical record abstractors				
Medical record abstraction (average per patient case)				
Data entry				

Appendix 2.a: Continuity between Mental Health Provider and Primary Care Provider

Mental Health (MH) Continuity

Instructions for Plans

Introduction

Substantial evidence shows that there is considerable unmet need in mental health care. Unmet need is present in screening, diagnosis and treatment, but a particular deficit exists in the integration of mental health treatment with the other aspects of medical care provided to the patient. This is a particular concern for MA plan and SNP enrollees, for whom mental health services may be a "carve out" that is separate from medical care. In this case, there is no consultant relationship between mental health specialists and primary care providers, and there are real and perceived barriers to transfer of information between mental health and primary care. The need to be aware of potential drug-drug interactions and disease-drug interactions, as well as the potential to monitor adherence and condition severity across providers, argues for a closer relationship between mental health and primary care. Furthermore, information about mental health conditions may be essential to choice of many medical therapies and their implementation.

This data collection focuses on medical record documentation from two sources: the primary care provider (PCP) and the mental health (MH) provider.

This package includes instructions for the medical record data collection focusing on the continuity of MH care for Medicare beneficiaries who have a PCP and who recently initiated MH services from a MH provider. You will find instructions related to the following topics:

Quality measures
Medical record format issues
Identifying the patient sample
Medical record acquisition
Orientation of nurse abstractors
Inter-rater reliability (IRR) process
Submission of data

Quality Measures

Despite the essential nature of continuity between mental health care and general medical care and evidence of deficits in this area, little has been done to measure the quality of care in this area. The quality measures that are the basis of this data collection stem from two measures from the Assessing Care of Vulnerable Elders (ACOVE) measurement set. These focus on

medication, consultant, and emergency/acute care treatment continuity. The specific quality measures include the following:

(New) Percentage of patients who newly see a mental health professional for a mental health disorder and also see a primary care physician for whom there is communication between these clinicians within three months of the first mental health provider visit.

ACOVE Continuity #3: Medication Continuity
IF a vulnerable elder is under the outpatient care of ≥ 2 physicians, and one physician prescribed a new chronic disease medication or a change in prescribed medication, THEN the non-prescribing physician should acknowledge the medication change at the next visit.

ACOVE Continuity #7: Communication with PCP
IF a vulnerable elder is treated at an emergency department or admitted to a hospital, THEN there should be documentation (during the ER visit or within the first 2 days after admission) of communication with a continuity physician, of an attempt to reach a continuity physician, or that there is no continuity physician.

In addition to addressing the quality measures noted above, the data collection includes documentation of details of the nature of communications between providers and any specific continuity problems identified by the PCP and/or MH provider.

Medical record format issues

The focus of this data collection is the patient who recently initiated MH services from a MH provider. As providers continue to transition to an electronic health record (EHR), the concept of facilitated information sharing between providers is a goal. While some healthcare systems have mutual access EHRs (a single patient record to which all within-system providers have access), more often than not, multiple providers of care utilize variable formats for documentation that are not easily shared. Provider EHRs may be different versions of the same basic vendor product or different EHR products altogether. Other providers use “traditional” paper records or even a combination of paper and electronic documentation. Usually, even within systems with wide access to records across the spectrum of care, mental health records are not usually accessible to primary care physicians and other medical care providers. For this medical record abstraction, access to both the PCP and MH provider records is necessary either through a hard copy or scanned copy of the record or, if an EHR, via remote access.

Identifying the patient sample

Administrative data are needed for a two year period: Year 1 is needed to ensure that the patient was not seen by a mental health professional during the prior year and year 2 is the time period in which the patient is first seen by a mental health provider and medical records are reviewed for evidence of communication between the mental health provider and the PCP. Patients are eligible if they have (1) been enrolled in the plan for two consecutive years, (2) have an outpatient claim for a visit with a mental health provider for a mental health problem during the first 9 months of year 2 (the first visit is the “index mental health visit”), (3) have no mental health provider claims during year 1, and (4) have a claim for a visit with a primary care

provider during year 2. Diagnosis codes are included in Appendix 2.g. A primary or secondary diagnosis code should be counted as evidence of a visit. Medical records will be requested for consecutive eligible patients during this period. Enter each patient including the names of their mental health provider and primary care provider into the log in Appendix 2.b.

Medical record acquisition

Once the patient sample has been identified, the relevant PCP and MH provider records will need to be acquired or accessed. This may be done by the plan through a directed request for copies to the providers of interest or by the utilization of a record-access vendor.

The required records are:

MH provider record for year 2 (this will cover only the portion of year 2 since the index mental health provider visit).

PCP record for all of year 2.

When acquiring copies of records, remember to request complete copies of the record content for the time frame specified, including the following:

PCP and MH provider records:

All documentation of care during the specified study period

Include all of the following:

- Health maintenance summary records
- Problem lists
- Medication summary records
- Visit notes (office and home, if applicable)
- Consult reports
- Hospitalization documentation and summaries
- ED visit documentation
- Ancillary care (e.g., physical therapy, home care)
- Lab tests
- X-rays, scans, and any other test results
- Nurse care manager documentation
- Telephone and message contacts with patient
- Telephone and message contacts with other providers

A medical record tracking system should be established to track the status of the acquisition of the requested records. PCP and MH provider records will need to be matched by patient ID for abstraction (if hard copies). PCP and MH provider records need to be abstracted concurrently; that is, it is necessary to have *both* records on hand during the abstraction. It is anticipated that the abstraction of both the PCP and MH provider records should take, on average, 30 minutes per patient.

Orientation of nurse abstractors

The medical record abstraction is designed to be completed by registered nurses. The content requires clinical judgment and therefore, nurse abstractors are required. Ideally, this abstraction would be completed by experienced nurse abstractors at the plan who are familiar with the records of care. If no abstractors are available, the task could be outsourced to a reputable vendor.

The Medical Record Abstraction Form and related Guidelines are located in Appendices 2.c and 2.d, respectively. It is suggested that the nurse abstractors review the abstraction form and guidelines prior to abstraction and meet as a group with their supervisor to review the process and answer any outstanding questions.

Each abstractor will be assigned a list of Study IDs to complete. Each abstractor will maintain the log of Study IDs provided to him/her with the date the case was abstracted, or if not abstracted, the reason why not.

Medical record abstraction reliability

The medical record abstraction process includes a 20% sample for inter-rater reliability measurement. When the sample is drawn and abstractor lists are assigned, each list should include a 20% sample of patient cases that will be abstracted by two different abstractors. The total number of completed abstraction cases will be 10.

Submission of data

Abstraction data will be entered by the plan into an Excel template (Appendix 2.e) and submitted to CMS for analysis by RAND.

Time and effort expended by the plan to conduct the study should be documented in the Time and Resource Survey form located in Appendix 2.f.

Appendix 2.b: Table of Patients for Mental Health Continuity Measurement

Patient Name	Study ID	Mental Health provider record source	Primary care provider record source

Appendix 2.c: Abstraction Form

Study ID: _____

Plan ID: _____

Continuity of Mental Health (MH) Care
Medical Record Abstraction Form

1. Initiation of MH Care

Date during the study period when patient initiated care with MH provider: __ __ - __ __ - __ __

2. PCP Care

Did the patient have at least 1 PCP visit after the initiation of MH care?

Yes..... 1 ***Continue to Q2a)***
No/No data..... 9 ***STOP***

2a) Enter the number of PCP visits and MH visits during the study period.

i) Number of **PCP visits** in the study period: __ __

ii) Number of **MH visits** in the study period: __ __

3. Medical Record(s)

Did the PCP and MH provider use a mutual access EHR or separate (paper and/or EHR) records?

Mutual access EHR.....1
Separate records (paper and/or EHR)..... 2

4. PCP Awareness of MH Provider

During the study period, is there any indication (e.g., notes, consult reports) that the PCP was aware of a second source of care from a mental health (MH) provider. If so, indicate the date this awareness was first noted.

PCP referred patient to the MH provider..... 1
PCP notes/consults indicate awareness.....2 ➔ i) Date 1st noted: __ __ - __ __ - __ __
PCP NOT aware/No data.....9

4a) Did any provider record indicate that the patient refused to consent to the provision of information to the PCP about his/her mental health care?

Noted in:	(i) **Yes**	**No/ND**	(ii) **If YES to i), date first noted**
a) PCP record	o	o	__ __ - __ __ - __ __
b) MH record	o	o	__ __ - __ __ - __ __

5. MH Hospitalizations/Emergency Care

During the study period and based on the MH provider record, was the patient seen in an emergency department (ED) or hospitalized for a *mental health related reason?*

Yes..... 1 ***Continue to Q6***
No/No data..... 9 **Skip to Q7**

6. PCP Awareness of Hospitalizations/ED Care

Provide the following information for the first 3 hospitalizations or ED visits that were mental health related.

i) Indicate whether this service was a hospitalization or ED care

ii) **Based on the MH record,** list the date of admission (if hospitalization) or date of service (if ED care). If the exact date is not known, enter the information that is known (e.g., hospitalized for depression in August of 2010 = 08-__ __-10). If the date is "1 month ago," enter a date approximating that time

iii) List the respective date of discharge for any MH hospitalizations listed in i). If the exact date is not known, enter the information that is known (e.g., hospitalized for depression in August of 2010 = 08-__ __-10). If the date is "1 month ago," enter a date approximating that time. If the care was in the ED, leave this blank.

iv) **Based on the PCP record,** indicate if the PCP documented an awareness of the hospitalization/ED care in the PCP record notes

v) If the MH hospitalization/ED care was acknowledged by the PCP, indicate the date during the study period the PCP first noted it

	i) Care		ii) Visit or admission date	iii) If hospitalization, discharge date	**FROM THE PCP RECORD:** iv) PCP aware		v) If YES to iv), date first noted by PCP
	Hosp	**ED**			**Yes**	**No/ND**	
#1	1	2	__ __ - __ __ - __ __	__ __ - __ __ - __ __	1	9	__ __ - __ __ - __ __
#2	1	2	__ __ - __ __ - __ __	__ __ - __ __ - __ __	1	9	__ __ - __ __ - __ __
#3	1	2	__ __ - __ __ - __ __	__ __ - __ __ - __ __	1	9	__ __ - __ __ - __ __

7. Psychotropic Medications Prescribed by MH Provider

Provide the following information for the designated visits. See Psychotropic Medication List in guidelines. Exp = Explanation or justification for discrepancy.

A. FIRST PCP visit *after initiation* of MH care:

i) Date of first PCP visit after MH care: __ __ - __ __ - __ __ ii) Date of MH visit ***just prior to*** PCP visit in i): __ __ - __ __ - __ __

iii) Psychotropic Medication	iv) In PCP med list? Yes	Exp	No/ND	v) If YES to iv), correct daily dosage? Yes	Exp	No/ND	
a) _____	1	2	9	1	2	9	
b) _____	1	2	9	1	2	9	
c) _____	1	2	9	1	2	9	☐ **If NO psychotropic medications, check here and skip to Q7, Part B.**
d _____	1	2	9	1	2	9	
e) _____	1	2	9	1	2	9	
f) _____	1	2	9	1	2	9	

B. PCP visit *after the last MH visit* in the study period:

vi) Date of PCP visit: __ __ - __ __ - __ __ vii) Date of MH visit ***just prior to*** PCP visit in vi): __ __ - __ __ - __ __

a) _____	1	2	9	1	2	9	
b) _____	1	2	9	1	2	9	
c) _____	1	2	9	1	2	9	☐ **If NO psychotropic medications, check here and skip to Q8**
d _____	1	2	9	1	2	9	
e) _____	1	2	9	1	2	9	
f) _____	1	2	9	1	2	9	

8. **Provider Communication**

Indicate if the PCP and MH providers communicated during the study period with each other or with others regarding the patient's MH care. If so, indicate the date, the type of communication, and the type of provider targeted.
For ***type of communication***: TC = telephone call communication with target provider; Att/plan = telephone call attempt OR note of plan to contact target provider; Consult report = printed consult report in the target provider record.
For ***target provider***: PCP = primary care provider; Spec = MD specialist; Other = other provider; MH = MH provider

A. Communication FROM MH PROVIDER: **Check here if NONE and skip to Q8, part B.➔** ☐

i) Date	ii) Type of communication			iii) Target provider			**iv) If Spec or Other in iii), specify specialty/other provider type**
	TC	**Att/plan**	**Consult report**	**PCP**	**Spec**	**Other**	
#1 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#2 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#3 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#4 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#5 __ __ - __ __ - __ __	1	2	3	1	2	3	_____

B. Communication FROM PCP: **Check here if NONE and skip to Q9 ➔** ☐

				MH	**Spec**	**Other**	
#6 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#7 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#8 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#9 __ __ - __ __ - __ __	1	2	3	1	2	3	_____
#10 __ __ - __ __ - __ __	1	2	3	1	2	3	_____

9. MH Provider: Noted Continuity Problem

During the study period, did the **MH provider** record include documentation of a continuity-of-care concern?

Yes.....1 ***Continue to Q9a)***
No/No data.....9 ***Skip to Q10***

9a) Indicate the type of concern(s) noted and enter the date it was first noted to be a problem.

	A. Continuity concern:	**Yes**	**No/ND**	**B. If YES, date noted**
i)	Polypharmacy/duplicative drugs.....	1	9	__ __ - __ __ - __ __
ii)	Drug interaction.....	1	9	__ __ - __ __ - __ __
iii)	Inappropriate urgent care/ED use.....	1	9	__ __ - __ __ - __ __
iv)	Ambulatory-sensitive hospitalization.....	1	9	__ __ - __ __ - __ __
v)	Limited care access due to insurance coverage issues.....	1	9	__ __ - __ __ - __ __
vi)	Limited care access due to personal issues (e.g., lack of transportation, finances).....	1	9	__ __ - __ __ - __ __
vii)	Failure of information sharing between providers.....	1	9	__ __ - __ __ - __ __
viii)	Lack of completeness/consistency/timeliness of information sharing.....	1	9	__ __ - __ __ - __ __
ix)	Poor provider-patient communication.....	1	9	__ __ - __ __ - __ __
x)	Appointment/follow-up confusion.....	1	9	__ __ - __ __ - __ __
xi)	Unsolved caregiver need.....	1	9	__ __ - __ __ - __ __
xii)	Unsolved basic need (e.g., food, shelter).....	1	9	__ __ - __ __ - __ __
xiii)	Missed or incomplete recommended care/ treatment/testing.....	1	9	__ __ - __ __ - __ __
xiv)	Other: _____	1	9	__ __ - __ __ - __ __

10. PCP: Noted Continuity Problem

During the study period, did the **PCP** record include documentation of a continuity-of-care concern?

Yes.....1 ***Continue to Q10a)***
No/No data.....9 ***STOP***

10a) Indicate the type of concern(s) noted and the date it was first noted to be a problem.

A. Continuity concern:		**Yes**	**No/ND**	**B. If YES, date noted**
i)	Polypharmacy/duplicative drugs.....	1	9	__ __ - __ __ - __ __
ii)	Drug interaction.....	1	9	__ __ - __ __ - __ __
iii)	Inappropriate urgent care/ED use.....	1	9	__ __ - __ __ - __ __
iv)	Ambulatory sensitive hospitalization.....	1	9	__ __ - __ __ - __ __
v)	Limited care access due to insurance coverage issues.....	1	9	__ __ - __ __ - __ __
vi)	Limited care access due to personal issues (e.g., lack of transportation, finances).....	1	9	__ __ - __ __ - __ __
vii)	Failure of information sharing between providers.....	1	9	__ __ - __ __ - __ __
viii)	Lack of completeness/consistency/timeliness of information sharing.....	1	9	__ __ - __ __ - __ __
ix)	Poor provider-patient communication.....	1	9	__ __ - __ __ - __ __
x)	Appointment/follow-up confusion.....	1	9	__ __ - __ __ - __ __
xi)	Unsolved caregiver need.....	1	9	__ __ - __ __ - __ __
xii)	Unsolved basic need (e.g., food, shelter).....	1	9	__ __ - __ __ - __ __
xiii)	Missed or incomplete recommended care/ treatment/testing.....	1	9	__ __ - __ __ - __ __
xiv)	Other: _____	1	9	__ __ - __ __ - __ __

Mental Health (MH) Continuity
Medical Record Abstraction Form Guidelines

1. **Initiation of MH Care**: Indicate the date when the new MH services began. The patient may have had prior MH services with this provider. But the focus of this abstraction is the most recent initiation of care after a period of at least 12 months of no care for the MH problem with the same provider, or the current episode of care represents a new MH problem or exacerbation. This date should match the onset of MH services date specified on your list of study patients for abstraction. If it does not, check with your supervisor to investigate the available information to identify the correct date. This represents the start of the study period. The end of the study period will be identified for you by the person in your organization who drew the patient sample. The study period for patients in the sample will vary from as little as 3 months to as long as 12 months, depending on the occurrence of the initiating MH visit.

2. **PCP Care:** Indicate if the patient had at least 1 PCP visit during the study period. If not, stop abstracting. If at least 1 PCP visit occurred, indicate in Q2a) the total number of PCP and MH visits that occurred during the study period.

3. **Medical Record(s):** Indicate if the source of abstraction is a mutual access EHR or not. A mutual access EHR is a single, centralized EHR that both the PCP and the MH provider access and use to document the patient's care.

4. **PCP Awareness of MH Provider:** Indicate if at any time during the study period the PCP documented an awareness that the patient was also under the care of the MH provider. This awareness could be the fact that the PCP referred the patient to the MH provider. It could also be a note by the PCP or some other documentation that makes this awareness clear (e.g., "patient seeing psychiatrist," "patient states his depression medications were revised yesterday and he is doing much better now"). For either response 1 or 2, enter the date the PCP first acknowledged the MH provider care. In section a) indicate if any provider record documents a patient refusal to allow the sharing of his/her mental health care with the PCP, and if so, the date this was first noted.

5. **MH Hospitalizations/Emergency Care:** Based on the MH provider record, indicate if any mental health related hospitalizations or emergency department (ED) visits occurred during the study period. This should include hospitalizations that may have been initiated for a non-mental health reason, but included a mental health issue during the hospital stay.

6. **PCP Awareness of Hospitalizations/ED Care:** Enter the admission and discharge dates of any MH hospitalizations and/or service dates of any MH ED visits (up to 3) that were noted in the MH provider's record.

   Based on the PCP record, complete columns iv) and v), where applicable, to indicate if the PCP record reflected the PCP's awareness of the MH hospitalization/ ED visit. If so, indicate the date of the PCP's first awareness in column v).

7. **Psychotropic Medications:** The focus of this question is whether or not medication continuity occurred between successive MH and PCP visits. In Part A, **identify the first PCP visit that occurred during the study period that was also after the initiation of the MH care.** Depending on when the MH care began, this PCP visit may or may not be the first one during the study period. But is should be the first one that occurred once MH care was started. Enter this date in i). Then, identify the MH visit that occurred just prior to the PCP visit listed in i). Enter this date in ii). Then, based on the MH provider record, list in iii) all (up to 6) psychotropic medications that the patient was taking at the end of this MH visit. Enter both the name of the drug as well as the dose and frequency of the medication. Psychotropic medications include antidepressants, antipsychotic agents, antianxiety agents, sedatives, and hypnotics. See the medication list at the end of this document. If there are >6 medications, list the medications that are taken regularly before listing prn medications. Then, based on the PCP record and the visit noted in i), indicate in column iv) if each listed medication was listed in the current medication list in the PCP record at the beginning of that visit. Use code "2" (Exp) if the medication is not listed, but there is an explanation or justification noted in the record for this discrepancy (e.g., "discontinued fluoxetine due to side effects," "was seen in ED yesterday and meds discontinued"). If a medication was listed in the current medication list, indicate in v) if the daily dosing information was accurate. It is not necessary that the frequency be specified as long as the daily dosage is correct. If no dosage information is provided, use code "9."

8. **Provider Communication:** This item summarizes the evidence from the abstracted records of any planned or actual communication between the PCP and the MH providers, as well as contact with other specialists and non-physician health providers with regard to the patient's *mental health* care. Do not include contacts for issues related to problems that are not mental health related.

   In part A, list the dates of all such planned or actual communication by the MH provider. In column ii), indicate the type of communication and in column iii), note the target provider. "Other" could include providers such as case managers, social workers, benefits managers, etc. If the target provider was a physician specialist or non-physician provider, specify the type in column iv). If there were no communication plans or attempts of any kind by the MH provider, check the box provided and skip to Part B of this question.

   In part B, list the dates of all such planned or actual communication by the PCP. In column ii), indicate the type of communication and in column iii), note the target provider. "Other" could include providers such as case managers, social workers, benefits managers, etc. If the target provider was a physician specialist or non-physician provider, specify the type in column iv). If there were no communication plans or attempts of any kind on the part of the PCP, check the box provided and skip to Q7.

9. **MH Provider: Noted Continuity Problem:** Based on the MH provider record, indicate if at any time during the study period the MH provider documented a concern related to continuity of care or a failure of continuity of care. This type of problem could include any issue of risk to the patient that was caused by or exacerbated by a failure of care coordination. The list of concerns in Part A of Q9a)

lists several examples of these problems. If a continuity problem is noted that does not fit any of the listed categories, enter it in line xiv) and specify the problem. Examples of continuity problems include things like the patient have multiple prescriptions for the same drug from several providers, duplicative medications, lack of clarity about which provider he/she should see next, noncompliance of care based on confusion or lack of resources, etc. These concerns can be about any aspects of care, not just those that are directly related to mental health care, since continuity problems can affect all aspects of a patient's care.

10. **PCP Noted Continuity Problem:** Based on the PCP record, indicate if at any time during the study period the PCP documented a concern related to continuity of care or a failure of continuity of care. This type of problem could include any issue of risk to the patient that was caused by or exacerbated by a failure of care coordination. The list of concerns in Part A of Q10a) lists several examples of these problems. If a continuity problem is noted that does not fit any of the listed categories, enter it in line xiv) and specify the problem. Examples of continuity problems include things like the patient have multiple prescriptions for the same drug from several providers, duplicative medications, lack of clarity about which provider he/she should see next, noncompliance of care based on confusion or lack of resources, etc. These concerns can be about any aspects of care, not just those that are directly related to mental health care, since continuity problems can affect all aspects of a patient's care.

Psychotropic Medication List

Abilify
Alprazolam
Alurate
Ambien
Amitriptyline
Amobarbital
Amoxapine
Amytal
Anafranil
Aplenzin
Aprobarbital
Aquachloral Supprettes
Aricept
Aripiprazole
Asenpine
Atarax
Ativan
Atomoxetine
Aventyl
Bupropion
BuSpar
Buspirone
Butabarbital
Butisol
Celexa
Chloral hydrate
Chlorazepate
Chlordiazepoxide
Chlorpromazine
Citalopram
Clomipramine
Clozapine
Cognex
Compro
Cymbalta
Desipramine
Desvenlafaxine
Dexmedetomidine
Diastat AcuDial
Diazepam
Donepezil
Doral
Doxepin
Duloxetine
Edluar
Effexor
Equanil
Escitalopram

Eskalith
Estazolam
Eszopicone
Etrafon
Exelon
Fanapt
FazaClo
Fluoxetine
Fluphenazine
Fluvoxamine
Galantamine
Geodon
Halcion
Haldol
Haloperidol
Hydroxyzine
Iloperidone
Imipramine
Intermezzo
Invega
Isocarboxazid
Klonopin
Largon
Latuda
Lexapro
Limbitrol
Lithium
Lithonate
Lithotabs
Lorazepam
Loxapine
Loxitane
Luminal
Lunesta
Lurasidone
Luvox
Maprotiline
Marplan
Mebaral
Memantine
Mephobarbital
Meprobamate
Milnacipran
Miltown
Mirtazapine
Namenda
Nardil
Navane
Nefazodone
Nembutal
Niravam

Norpramin
Nortriptyline
Olanzapine
Oleptro
Orap
Oxazepam
Paliperidone
Pamelor
Paral
Paraldehyde
Parnate
Paroxetine
Paxil
Pentobarbital
Perphenazine
Phenelzine
Phenobarbital
Pimozide
Precedex
Pristiq
Prochorperazine
Propiomazine
ProSom
Protriptyline
Prozac
Quazepam
Quetiapine
Ramelteon
Razadyne
Remeron
Restoril
Revastigmine
Risperdol
Risperidone
Rozerem
Saphris
Savella
Secobarbital
Seconal
Selfemra
Serafem
Serax
Seroquel
Sertraline
Sinequan
Solfoton
Somnote
Sonata
Strattera
Surmontil
Symbyax

Tacrine
Temazepam
Thioridazine
Thiothixene
Tofranil
Tranxene
Tranylcypromine
Trazodone
Triavil
Triazolam
Trifluoperazine
Trimipramine
Tuinal
Valium
Venlafaxine
Viibryd
Vilazodone
Vistaril
Vivactil
Wellbutrin
Xanax
Zaleplon
Ziprasidone
Zoloft
Zolpidem
Zolpimist
Zyban
Zyprexa

Appendix 2.e: Data Entry Template, Mental Health Continuity

		1.	2. PCP Care			3.	4. PCP-MH Awareness		4a. Communication refusal				5.
Study id	Plan id	Date MH care initiated	PCP visit after initiation of MH care	No. of PCP visits in study period	No. of MH visits in study period	Medical Record(s) type	PCP aware of care from MH provider	If 2, enter date first noted	in PCP record	Date noted	in MH record	Date noted	MH Hospital-izations / Emergency Care
		1	2	2a)i)	2a)ii)	3	4	4i)	4a.ai)	4a.aii)	4a.bi)	4b.bii)	5

6. PCP Awareness of Hospitalizations/ED Care															
Hospitalization #1					Hospitalization #2					Hospitalization #3					
Care	Visit or admission date	If hospital, discharge date	PCP aware	If yes to iv) date first noted by PCP	Care	Visit or admission date	If hospital, discharge date	PCP aware	If yes to iv) date first noted by PCP	Care	Visit or admission date	If hospital, discharge date	PCP aware	If yes to iv) date first noted by PCP
6i)#1	6ii)#1	6iii)#1	6iv)#1	6v)#1	6i)#2	6ii)#2	6iii)#2	6iv)#2	6v)#2	6i)#3	6ii)#3	6iii)#3	6iv)#3	6v)#3

7. Psychotropic Medications Prescribed by MH Provider

A. First PCP visit *after initiation* of MH care

Date of 1st PCP visit *after* MH care	Date of MH visit *just prior to* PCP visit in i)	NO psych meds	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?
7Ai)	7Aii)	7Ax	7Aiii)a)	7Aiv)a)	7Av)a)	7Aiii)b)	7Aiv)b)	7Av)b)	7Aiii)c)	7Aiv)c)	7Av)c)

Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?
7Aiii)d)	7Aiv)d)	7Av)d)	7Aiii)e)	7Aiv)e)	7Av)e)	7Aiii)f)	7Aiv)f)	7Av)f)

B. PCP visit *after the last MH visit* in the study period											
Date of PCP visit	Date of MH visit *just prior to* PCP visit in vi)	NO psych meds	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?
7Bvi)	7Bvii)	7Bx	7Biii)a)	7Biv)a)	7Bv)a)	7Biii)b)	7Biv)b)	7Bv)b)	7Biii)c)	7Biv)c)	7Bv)c)

Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?	Psychotropic Medication specification	in PCP med list?	If YES to iv), correct daily dosage?
7Biii)d)	7Biv)d)	7Bv)d)	7Biii)e)	7Biv)e)	7Bv)e)	7Biii)f)	7Biv)f)	7Bv)f)

8A. Provider Communication - Communication FROM MH PROVIDER

	Communication #1				Communication #2				Communication #3			
NONE	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type
8Ax	8Ai)#1	8Aii)#1	8Aiii)#1	8Aiv)#1	8Ai)#2	8Aii)#2	8Aiii)#2	8Aiv)#2	8Ai)#3	8Aii)#3	8Aiii)#3	8Aiv)#3

Communication #4				Communication #5			
Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type
8Ai)#4	8Aii)#4	8Aiii)#4	8Aiv)#4	8Ai)#5	8Aii)#5	8Aiii)#5	8Aiv)#5

8B. Provider Communication - Communication FROM PCP

	Communication #6				Communication #7				Communication #8			
NONE	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type
8Bx	8Bi)#1	8Bii)#1	8Biii)#1	8Biv)#1	8Bi)#2	8Bii)#2	8Biii)#2	8Biv)#2	8Bi)#3	8Bii)#3	8Biii)#3	8Biv)#3

Communication #9				Communication #10				9.
Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	Date	Type	Target Provider	If Spec or Other in iii) specify specialty or other provider type	MH Provider: Noted Continuity Problem
8Bi)#4	8Bii)#4	8Biii)#4	8Biv)#4	8Bi)#5	8Bii)#5	8Biii)#5	8Biv)#5	9

9a) Type of continuity concerns noted and date first noted to be a problem											
i)		ii)		iii)		iv)		v)		vi)	
Polypharm/duplicative drugs	If YES, date noted	Drug interaction	If YES, date noted	Inapprop. urgent care/ED use	If YES, date noted	Ambulatory-sensitive hospital	If YES, date noted	Limited care access - insurance issues	If YES, date noted	Limited care access - personal issues	If YES, date noted
9a)i)-A	9a)i)-B	9a)ii)-A	9a)ii)-B	9a)iii)-A	9a)iii)-B	9a)iv)-A	9a)iv)-B	9a)v)-A	9a)v)-B	9a)vi)-A	9a)vi)-B

				10a) Type of continuity concerns noted and date first noted to be a problem							
xiv)			10.	i)		ii)		iii)		iv)	
Other	Other continuity concern: specify	If YES, date noted	PCP: Noted Continuity Problem	Polypharm/ duplicative drugs	If YES, date noted	Drug interaction	If YES, date noted	Inapprop. urgent care/ED use	If YES, date noted	Ambulatory-sensitive hospital	If YES, date noted
9a)xiv)-A	9a)xiv)-A	9a)xiv)-B	10	10a)i)-A	10a)i)-B	10a)ii)-A	10a)ii)-B	10a)iii)-A	10a)iii)-B	10a)iv)-A	10a)iv)-B

				10a) Type of continuity concerns noted and date first noted to be a problem							
xiv)			10.	i)		ii)		iii)		iv)	
Other	Other continuity concern: specify	If YES, date noted	PCP: Noted Continuity Problem	Polypharm/ duplicative drugs	If YES, date noted	Drug interaction	If YES, date noted	Inapprop. urgent care/ED use	If YES, date noted	Ambulatory-sensitive hospital	If YES, date noted
9a)xiv)-A	9a)xiv)-A	9a)xiv)-B	10	10a)i)-A	10a)i)-B	10a)ii)-A	10a)ii)-B	10a)iii)-A	10a)iii)-B	10a)iv)-A	10a)iv)-B

v)		vi)		vii)		viii)		ix)		x)		xi)	
Limited care access - insurance issues	If YES, date noted	Limited care access - personal issues	If YES, date noted	Failure of info sharing between providers	If YES, date noted	Lack of completeness/consistency/ timeliness	If YES, date noted	Poor provider-patient communication	If YES, date noted	Appt./ follow-up confusion	If YES, date noted	Unsolved caregiver need	If YES, date noted
10a)v)-A	10a)v)-B	10a)vi)-A	10a)vi)-B	10a)vii)-A	10a)vii)-B	10a)viii)-A	10a)viii)-B	10a)ix)-A	10a)ix)-B	10a)x)-A	10a)x)-B	10a)xi)-A	10a)xi)-B

xii)		xiii)		xiv)		
Unsolved basic need	If YES, date noted	Missed or incomplete rec. care/ treatment/ testing	If YES, date noted	Other	Other continuity concern: specify	If YES, date noted
10a)xii)-A	10a)xii)-B	10a)xiii)-A	10a)xiii)-B	10a)xiv)-A	10a)xiv)-A	10a)xiv)-B

Appendix 2.f: Resource and Time Survey

Mental Health Continuity

Task	Staff Type	Total Person hours	Other Resources Required	Other Resource Cost
Introduction call and other calls and correspondence				
Adapt identification criteria to available data				
Identify patient sample				
Assign patient Study IDs				
Medical record acquisition process: • Preparation of provider request letters • Filing of requests • Record log of received records • Follow-up on not-received records **OR** Use of record acquisition vendor • Delivery of study records to abstractors				
Preparation of medical record abstraction list				
Reproduction of medical record abstraction tool				
Orientation of medical record abstractors				
Medical record abstraction (average per patient case)				
Data entry				
Preparation of CD				

Appendix 2.g: Diagnosis Codes

The mental health ICD-9 codes in the table below are taken to indicate a visit for a mental health disorder if used as a primary or secondary code for a visit with a mental health provider

MENTAL HEALTH DISORDERS (EXCLUDING INTOXICATION/SUBSTANCE ABUSE)

ICD9	LABEL
290.0	senile dementia uncomp
290.10	presenile dementia
290.11	presenile delirium
290.12	presenile delusion
290.13	presenile depression
290.20	senile delusion
290.21	senile depressive
290.3	senile delirium
290.40	vascular dementia,uncomp
290.41	vasc dementia w delirium
290.42	vasc dementia w delusion
290.43	vasc dementia w depressn
290.8	senile psychosis nec
290.9	senile psychot cond nos
293.0	delirium d/t other cond
293.1	subacute delirium
293.81	psy dis w delus oth dis
293.82	psy dis w halluc oth dis
293.83	mood disorder other dis
293.84	anxiety disorder oth dis
293.89	transient mental dis nec
293.9	transient mental dis nos
294.0	amnestic disord oth dis
294.10	dementia w/o behav dist
294.11	dementia w behavior dist
294.8	mental disor nec oth dis
294.9	mental disor nos oth dis
295.00	simpl schizophren-unspec
295.01	simpl schizophren-subchr
295.02	simple schizophren-chr
295.03	simp schiz-subchr/exacer
295.04	simpl schizo-chr/exacerb
295.05	simpl schizophren-remiss
295.10	hebephrenia-unspec
295.11	hebephrenia-subchronic
295.12	hebephrenia-chronic
295.13	hebephren-subchr/exacerb
295.14	hebephrenia-chr/exacerb
295.15	hebephrenia-remission
295.20	catatonia-unspec
295.21	catatonia-subchronic
295.22	catatonia-chronic
295.23	catatonia-subchr/exacerb

ICD9	LABEL (continued)
295.24	catatonia-chr/exacerb
295.25	catatonia-remission
295.30	paranoid schizo-unspec
295.31	paranoid schizo-subchr
295.32	paranoid schizo-chronic
295.33	paran schizo-subchr/exac
295.34	paran schizo-chr/exacerb
295.35	paranoid schizo-remiss
295.40	schizophreniform dis nos
295.41	schizophrenic dis-subchr
295.42	schizophren dis-chronic
295.43	schizo dis-subchr/exacer
295.44	schizophr dis-chr/exacer
295.45	schizophrenic dis-remiss
295.50	latent schizophren-unsp
295.51	lat schizophren-subchr
295.52	latent schizophren-chr
295.53	lat schizo-subchr/exacer
295.54	latent schizo-chr/exacer
295.55	lat schizophren-remiss
295.60	schizophr dis resid nos
295.61	schizoph dis resid-subch
295.62	schizophr dis resid-chr
295.63	schizo resid subchr/exac
295.64	schizoph resid-chro/exac
295.65	schizoph dis resid-remis
295.70	schizoaffective dis nos
295.71	schizoaffectv dis-subchr
295.72	schizoaffective dis-chr
295.73	schizoaff dis-subch/exac
295.74	schizoafftv dis-chr/exac
295.75	schizoaffectve dis-remis
295.80	schizophrenia nec-unspec
295.81	schizophrenia nec-subchr
295.82	schizophrenia nec-chr
295.83	schizo nec-subchr/exacer
295.84	schizo nec-chr/exacerb
295.85	schizophrenia nec-remiss
295.90	schizophrenia nos-unspec
295.91	schizophrenia nos-subchr
295.92	schizophrenia nos-chr
295.93	schizo nos-subchr/exacer
295.94	schizo nos-chr/exacerb
295.95	schizophrenia nos-remiss
296.00	bipol i single manic nos
296.01	bipol i single manc-mild
296.02	bipol i single manic-mod
296.03	bipol i sing-sev w/o psy
296.04	bipo i sin man-sev w psy

ICD9	LABEL (continued)
296.05	bipol i sing man rem nos
296.06	bipol i single manic rem
296.10	recur manic dis-unspec
296.11	recur manic dis-mild
296.12	recur manic dis-mod
296.13	recur manic dis-severe
296.14	recur manic-sev w psycho
296.15	recur manic-part remiss
296.16	recur manic-full remiss
296.20	depress psychosis-unspec
296.21	depress psychosis-mild
296.22	depressive psychosis-mod
296.23	depress psychosis-severe
296.24	depr psychos-sev w psych
296.25	depr psychos-part remiss
296.26	depr psychos-full remiss
296.30	recurr depr psychos-unsp
296.31	recurr depr psychos-mild
296.32	recurr depr psychos-mod
296.33	recur depr psych-severe
296.34	rec depr psych-psychotic
296.35	recur depr psyc-part rem
296.36	recur depr psyc-full rem
296.40	bipol i currnt manic nos
296.41	bipol i curnt manic-mild
296.42	bipol i currnt manic-mod
296.43	bipol i manc-sev w/o psy
296.44	bipol i manic-sev w psy
296.45	bipol i cur man part rem
296.46	bipol i cur man full rem
296.50	bipol i cur depres nos
296.51	bipol i cur depress-mild
296.52	bipol i cur depress-mod
296.53	bipol i curr dep w/o psy
296.54	bipol i currnt dep w psy
296.55	bipol i cur dep rem nos
296.56	bipol i currnt dep remis

Appendix 3.a: Draft Cover Letter to Introduce the Amended CAHPS Survey

DRAFT COVER LETTER

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare to learn more about the care and services you receive. Your name was selected at random by CMS from among Medicare enrollees. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us serve you better.

If you changed your Medicare plan for 2011 please answer the questions in the survey thinking about your experiences in the last six months of 2010. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and RAND Survey Research Group, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices, so we hope you will choose to help us.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please don't hesitate to call XXXXX with RAND Survey Research Group toll-free at XXX-XXX-XXXX, Monday through Friday, between 9:00 a.m. and 5:00 p.m. Pacific time.

Thank you in advance for your participation.

Sincerely,

Walter Stone
CMS Privacy Officer

Appendix 3.b: Amended CAHPS Survey (English-language version) containing Cultural Competence, Physical Activity, Healthy Eating, and Caregiver Strain Items

[ENGLISH VERSION]

"Medicare Satisfaction Survey"
2012 Medicare Advantage Plan Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

☒ Yes

Be sure to read <u>all</u> the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. **Do you wear a hearing aid now?**
   - ☐ Yes
   - ☒ No →**If No, Go to Question 3**

2. **How long have you been wearing a hearing aid?**
   - ☐ Less than one year
   - ☐ 1 to 3 years
   - ☐ More than 3 years
   - ☐ I don't wear a hearing aid

3. **In the last 6 months, did you have any headaches?**
   - ☐ Yes
   - ☒ No

1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right?

   ☐ Yes →**If Yes, Go to Question 3**
   ☐ No

2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

   _____

Your Health Care in the Last 6 Months

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

   ☐ Yes
   ☐ No →**If No, Go to Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

   ☐ Yes
   ☐ No →**If No, Go to Question 7**

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

   ☐ None →**If None, Go to Question 9**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- ☐ Yes
- ☐ No → **If No, Go to Question 12**

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- ☐ Less than 1 hour
- ☐ 1 to 3 hours
- ☐ More than 3 hours but less than 6 hours
- ☐ More than 6 hours
- ☐ I did not ask for a return call
- ☐ I did not get a return call
- ☐ I was told to go to the Emergency Room

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?

- ☐ Yes
- ☐ No → **If No, Go to Question 15**

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ☐ Yes
- ☐ No → **If No, Go to Question 33**

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None → **If None, Go to Question 33**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

22. In the last 6 months, how often was your personal doctor sensitive to your personal beliefs or values?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- ☐ Yes
- ☐ No → **If No, Go to Question 27**

25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- ☐ Never → **If Never, Go to Question 27**
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No → **If No, Go to Question 29**

28. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

☐ Yes
☐ No → **If No, Go to Question 33**

30. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

☐ Yes
☐ No → **If No, Go to Question 33**

31. In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

32. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months?

☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Somewhat satisfied
☐ Very satisfied

33. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

☐ Yes
☐ No

Your Health Plan

34. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- ☐ Yes
- ☐ No → **If No, Go to Question 36**

35. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

36. In the last 6 months, did you try to get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No → **If No, Go to Question 39**

37. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

38. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

39. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No → **If No, Go to Question 41**

40. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

41. In the last 6 months, did your health plan give you information on what foods to eat to have a healthy diet or healthy eating habits?

- ☐ Yes
- ☐ No
- ☐ Don't know

42. In the last 6 months, did your health plan give you information on exercise and healthy activities?

- ☐ Yes
- ☐ No
- ☐ Don't know

43. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

Your Medicare Rights

44. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- ☐ Yes
- ☐ No → **If No, Go to Question 47**

45. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
- ☐ No → **If No, Go to Question 47**
- ☐ Don't know → **If Don't know, Go to Question 47**

46. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- ☐ Tell you that you can file an appeal
- ☐ Offer to send you forms that you need in order to file an appeal
- ☐ Suggest how to resolve your complaint
- ☐ Listen to your complaint but did not help to resolve it
- ☐ Discourage you from taking action
- ☐ Do none of these things

47. In the last 6 months, have you called or written your health plan with a complaint or problem?

- ☐ Yes
- ☐ No → **If No, Go to Question 51**

48. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- ☐ Very dissatisfied Somewhat
- ☐ dissatisfied Neither
- ☐ dissatisfied nor satisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

49. How long did it take for your health plan to settle your complaint?

- ☐ Same day
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 or more weeks
- ☐ I am still waiting for it to be settled

50. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled

Caregiving

51. Where do you live?

- ☐ Independent house, apartment, condominium or mobile home
- ☐ Assisted living apartment or board-and-care home
- ☐ Nursing home → **If Nursing Home, Go to Question 57**
- ☐ Other → **If Other, Go to 57**

Many people help care for someone in their home. This might be helping someone who has a health problem or disability with things like dressing, housework, taking medications, or managing money. It could also mean taking care of a grandchild who lives with you.

52. Do you currently provide care for someone else in your home?

- ☐ Yes
- ☐ No → **If No, Go to Question 57**

Concerning your providing care, please indicate if you agree or disagree with the following statements:

53. It is a physical strain to provide care.

- ☐ Yes, on a regular basis
- ☐ Yes, sometimes
- ☐ No

54. It is emotionally stressful to provide care.

- ☐ Yes, on a regular basis
- ☐ Yes, sometimes
- ☐ No

55. Providing care interrupts my activities.

- ☐ Yes, on a regular basis
- ☐ Yes, sometimes
- ☐ No

56. I feel completely overwhelmed providing care.

- ☐ Yes, on a regular basis
- ☐ Yes, sometimes
- ☐ No

About You

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

59. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No →**If No, Go to Question 62**

60. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

61. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No →**If No, Go to Question 63**

62. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

63. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

64. Do you have insurance that pays part or all of the cost of your prescription medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know

65. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

66. Has a doctor ever told you that you had any of the following conditions?

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. A stroke?	☐	☐
d. Cancer, other than skin cancer?	☐	☐
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

67. Have you had a flu shot since September 1, 2012?

- ☐ Yes
- ☐ No
- ☐ Don't know

68. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

69. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all →**If Not at all, Go to Question 71**
- ☐ Don't know →**If Don't know, Go to Question 71**

70. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

71. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 or older

72. Are you male or female?

- ☐ Male
- ☐ Female

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

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

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

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

75. What is your race? Please mark one or more.

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

76. Did someone help you complete this survey?

- ☐ Yes
- ☐ No →**If No, Go to Question 78**

77. How did that person help you? Please mark one or more.

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

78. Do you live alone?

- ☐ Yes, I live alone
- ☐ No, I live with others

79. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- ☐ Yes
- ☐ No

IF you answered YES to Q52 (You provide care for someone else in your home), please CONTINUE TO THE NEXT PAGE and complete the Modified Caregiver Strain Index

Modified Caregiver Strain Index

Directions: Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

(Please check 1 box for each statement)

	Yes, on a regular basis	Yes, sometimes	No
My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)	☐	☐	☐
Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help)	☐	☐	☐
Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required)	☐	☐	☐
Caregiving is confining (For example: helping restricts free time or I cannot go visiting)	☐	☐	☐
There have been family adjustments (For example: helping has disrupted my routine; there is no privacy)	☐	☐	☐
There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)	☐	☐	☐
There have been other demands on my time (For example: other family members need me)	☐	☐	☐

	Yes, on a regular basis	Yes, sometimes	No
There have been emotional adjustments (For example: severe arguments about caregiving)	☐	☐	☐
Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things)	☐	☐	☐
It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be)	☐	☐	☐
There have been work adjustments (For example: I have to take time off for caregiving duties)	☐	☐	☐
Caregiving is a financial strain	☐	☐	☐
I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)	☐	☐	☐

Thank you.

Please return the completed survey in the postage-paid envelope.

[SURVEY VENDOR ADDRESS]

Contract Name:_____

Appendix 3.c: Amended CAHPS Survey (version to be translated into Spanish) containing Language Centered Care, Cultural Competence, Physical Activity, and Healthy Eating Items

[NOTE TO REVIEWER: THIS SURVEY WILL BE TRANSLATED AND FIELDED IN SPANISH.]

"Medicare Satisfaction Survey"
2012 Medicare Advantage Plan Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

Answer all the questions by putting an "X" in the box to the left of your answer, like this:

☒ Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. **Do you wear a hearing aid now?**
   - ☐ Yes
   - ☒ No →**If No, Go to Question 3**

2. **How long have you been wearing a hearing aid?**
   - ☐ Less than one year
   - ☐ 1 to 3 years
   - ☐ More than 3 years
   - ☐ I don't wear a hearing aid

3. **In the last 6 months, did you have any headaches?**
   - ☐ Yes
   - ☒ No

1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right?

   ☐ Yes →**If Yes, Go to Question 3**
   ☐ No

2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

   _____

Your Health Care in the Last 6 Months

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

   ☐ Yes
   ☐ No →**If No, Go to Question 5**

4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

   ☐ Yes
   ☐ No →**If No, Go to Question 7**

6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

   ☐ None →**If None, Go to Question 9**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- ☐ Yes
- ☐ No → **If No, Go to Question 12**

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- ☐ Less than 1 hour
- ☐ 1 to 3 hours
- ☐ More than 3 hours but less than 6 hours
- ☐ More than 6 hours
- ☐ I did not ask for a return call
- ☐ I did not get a return call
- ☐ I was told to go to the Emergency Room

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?

- ☐ Yes
- ☐ No → **If No, Go to Question 15**

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ☐ Yes
- ☐ No → **If No, Go to Question 33**

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None → **If None, Go to Question 33**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

22. In the last 6 months, how often was your personal doctor sensitive to your personal beliefs or values?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- ☐ Yes
- ☐ No → **If No, Go to Question 27**

25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- ☐ Never → **If Never, Go to Question 27**
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No →**If No, Go to Question 29**

28. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from your personal doctor's office, telephone interpreters, friends, or family members. In the last 6 months, was there any time when you needed an interpreter at your personal doctor's office?

- ☐ Yes
- ☐ No → **If No, go to Question 35**

30. In the last 6 months, did anyone at your personal doctor's office tell you that you had a right to interpreter services free of charge?

- ☐ Yes
- ☐ No

31. In the last 6 months, was there any time when you needed an interpreter and did not get one at your personal doctor's office?

- ☐ Yes
- ☐ No

32. In the last 6 months, how often did you use an interpreter provided by your personal doctor's office to help you talk with your personal doctor?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 6 months, how often did you use a friend or family member as interpreter when you talked with your personal doctor?

- ☐ Never →**If Never, Go to Question 35**
- ☐ Sometimes
- ☐ Usually
- ☐ Always

34. In the last 6 months, did you use a friend or family member as an interpreter because that was what you preferred?

- ☐ Yes
- ☐ No

35. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- ☐ Yes
- ☐ No → **If No, Go to Question 39**

36. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- ☐ Yes
- ☐ No → **If No, Go to Question 39**

37. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

38. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

39. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

- ☐ Yes
- ☐ No

Getting Health Care From Specialists

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- ☐ Yes
- ☐ No → **If No, Go to Question 45**

41. In the last 6 months, how often was it easy to get appointments with specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

42. How many specialists have you seen in the last 6 months?

- ☐ None → **If None, Go to Question 45**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

43. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

44. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not have a personal doctor
- ☐ I did not visit my personal doctor in the last 6 months

Your Health Plan

45. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- ☐ Yes
- ☐ No →**If No, Go to Question 47**

46. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

47. In the last 6 months, did you try to get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No →**If No, Go to Question 50**

48. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

49. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

50. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No →**If No, Go to Question 52**

51. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

52. In the last 6 months, did your health plan give you information on what foods to eat to have a healthy diet or healthy eating habits?

- ☐ Yes
- ☐ No
- ☐ Don't know

53. In the last 6 months, did your health plan give you information on exercise and healthy activities?

- ☐ Yes
- ☐ No
- ☐ Don't know

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

Your Medicare Rights

55. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- ☐ Yes
- ☐ No → **If No, Go to Question 58**

56. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
- ☐ No → **If No, Go to Question 58**
- ☐ Don't know → **If Don't know, Go to Question 58**

57. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- ☐ Tell you that you can file an appeal
- ☐ Offer to send you forms that you need in order to file an appeal
- ☐ Suggest how to resolve your complaint
- ☐ Listen to your complaint but did not help to resolve it
- ☐ Discourage you from taking action
- ☐ Do none of these things

58. In the last 6 months, have you called or written your health plan with a complaint or problem?

- ☐ Yes
- ☐ No → **If No, Go to Question 62**

59. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

60. How long did it take for your health plan to settle your complaint?

- ☐ Same day
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 or more weeks
- ☐ I am still waiting for it to be settled

61. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled

About You

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

64. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No →**If No, Go to Question 68**

65. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

66. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No →**If No, Go to Question 69**

67. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

68. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

69. Do you have insurance that pays part or all of the cost of your prescription medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know

70. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

71. Has a doctor ever told you that you had any of the following conditions?

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. A stroke?	☐	☐
d. Cancer, other than skin cancer?	☐	☐
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

72. Have you had a flu shot since September 1, 2012?

- ☐ Yes
- ☐ No
- ☐ Don't know

73. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

74. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all →**If Not at all, Go to Question 76**
- ☐ Don't know →**If Don't know, Go to Question 76**

75. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

76. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 or older

77. Are you male or female?

- ☐ Male
- ☐ Female

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

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

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

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

80. What is your race? Please mark one or more.

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

81. Did someone help you complete this survey?

- ☐ Yes
- ☐ No →**If No, Go to Question 83**

82. How did that person help you? Please mark one or more.

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

83. Do you live alone?

- ☐ Yes, I live alone
- ☐ No, I live with others

84. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- ☐ Yes
- ☐ No

Thank you.

Please return the completed survey in the postage-paid envelope.

[SURVEY VENDOR ADDRESS]

Contract Name:_____

B. Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average [Insert Time (hours or minutes)] per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

III. Record of Information Collection Clearances

[Insert Record of Information Collection Clearances]