DataStat is pleased to be a part of the **2017-2018** Department of Vermont Health Access (DVHA) PCMH survey project. As the certified data vendor on this project, we will administer the survey to and collect data from the patients at your practice site.

Each practice site has been assigned a Vermont Practice ID (called **VTID**). This is what both DataStat and the Blueprint for Health use to identify each practice. You will find your practice-specific **VTID** in the email you received. The **VTID** should be included in all correspondence to DataStat (including emails and voicemails) as well as in the name of any files send to DataStat (including sample and logo files). This allows us to keep track of materials and files in an organized manner and minimizes confusion. We work with over a hundred practices, and this helps the process run effectively and efficiently.

There are 3 steps in this process for your practice:

1. **Establish an account on the DataStat File Transfer Center.**
   o Please see the *Using the DataStat Transfer Center* section in this packet.
   o For new practices: you will need to create a new account.
   o For returning practices: you will need to confirm and log in to your existing account. Please contact DataStat if your password needs to be reset.
2. **Verify a logo and signature block to be used on mailing materials sent to your patients.**
   o Please see the *Site-Specific Logos and Signatures* section in this packet.
   o For new practices: you will need to send logo and signature files to DataStat.
   o For returning practices: you will need to confirm there was no change to the information we have on file from a previous year.
3. **Send sample files to DataStat.**
   o Please see the *Generating and Submitting Sample Frame Data Files* section of this packet.

This packet contains a collection of training materials to help practice sites generate and submit sample frame files and materials to us in a consistent and timely manner. We want this submission process to go as smoothly as possible, so please contact Allyson Samborn at (734) 994-0540 ext. 139 or email VTPCMH@datastat.com with any questions or concerns.

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Project Milestones

Dates	Tasks*
9/14/2017	*DataStat sends approval forms for practices with logo and signature information on file*
9/14/2017	*DataStat sends practice sites DataStat File Transfer Center invitations (for all the practices without existing accounts)*
9/18/2017	**Practice sites** generate **preliminary sample** files – **submission window opens**
9/18/2017	**Practice sites** send logo/signature files - **submission window opens**
9/25/2017	**Practice sites** activate or provide confirmation of existing 2016 survey project DataStat Transfer Center (DTC) Accounts
9/29/2017	**Practice sites** - **preliminary sample** submission deadline **– submission window closes**
9/29/2017	**Practice sites** – logo and signature file submission deadline **– submission window closes**
10/2/2017	*DataStat sends preliminary sample feedback to practice sites*
10/2/2017	**Practice sites** generate <u>**final**</u> **sample** files – **submission window opens**
10/9/2017	*DataStat sends logo and signature approval forms to practice sites*
10/13/2017	**Practice sites** send signed logo and signature approval form
10/13/2017	**Practice sites** – <u>**final**</u> **sample** submission deadline **– submission window closes**
10/18/2017	*DataStat sends <u>final</u> sample feedback to practice sites*
11/15/2017	1st questionnaire packet mailing
12/6/2017	2nd questionnaire packet mailing

* Tasks and dates may change based on project needs, negotiated modifications, or unforeseen circumstances. Please note that this data transfer is covered under your existing BAA with the Department of Vermont Health Access for participation as a Patient-Centered Medical Home with the Blueprint for Health. If you would like to view your executed BAA, please contact Candace Elmquist at candace.elmquist@vermont.gov.

Using the DataStat Transfer Center

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

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

https://www.datastat.com/tcenter

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

If you already have an account on the DTC from a previous survey project, please confirm this via email at VTPCMH@datastat.com. Please also use this email address to send any password reset requests.

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

Sites should have their DTC accounts set up or given written confirmation via email of an existing account by **9/25/2017.**

Sending Files

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

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

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

Generating and Submitting Sample Frame Data Files

Each participating practice site must submit a sample frame data file to DataStat for selection. To facilitate a smooth transfer, each practice site is asked to submit a preliminary sample data file prior to the final sample submission deadline. Practices will receive feedback on any preliminary samples submitted prior to the final sample submission deadline. The same process should be followed when generating both the preliminary sample and the final sample. For both samples please refer to the guidelines below. If the preliminary sample includes all eligible cases and is evaluated as accurate, DataStat will notify practices that no submission is required during the final sample submission window.

The method of submission is through the DataStat Transfer Center (DTC). **For privacy reasons, sample frame files <u>cannot</u> be submitted via e-mail**. To use the DTC, you must be invited to create an account unless you have an account from last year. DataStat will send out invitations around 9/14/2017. **Sites should have their DTC accounts set up or given written confirmation via email of an existing account by 9/25/2017.**

Specifications:
- <u>The measurement period</u> is defined as 3/18/2017-9/17/2017. All patients that had an eligible visit between 3/18/2017 and 9/17/2017 must be included in the sample frame file. Please see the *Sample Generation Guidelines* section for eligible visit requirements.

- **Preliminary sample** files may be submitted between **9/18/2017 and 9/29/2017.** All preliminary sample files must be received at DataStat by **9/29/2017**.

- **Final sample** files may be submitted between **10/2/2017 and 10/13/2017.** All final sample files must be received at DataStat by **10/13/2017.**

- **Preliminary sample submission is strongly encouraged but optional. Final sample submission is required.** If this deadline is missed, the site will be dropped from the project. If you feel that your practice will have problems meeting this deadline, please contact us as soon as possible.

- **All submission files must include the VTID in the name of the file.** If possible, please also include an abbreviated clinic name and population type**.** For example, if the clinic name is Thornapple Health Clinic and it is a child patient file, please name the file VT123_child_Thornapple_PCMH.xlsx.

- If you are sending the file in Excel format, please follow the Excel document template that has been provided (template.xlsx). Please do not remove, move or add any columns to this template.

Sample Generation Guidelines

- <u>The measurement period</u> is defined as 3/18/2017-9/17/2017.

- All eligible patients that had a visit (scheduled or walk-in) with an eligible clinician within the measurement period must be included in the sample frame. Only clinicians who can be selected by a patient/family as a personal clinician are eligible for inclusion. Eligible clinicians include physicians, nurse practitioners and physician assistants who practice in the specialty of internal medicine, family medicine or pediatrics and serve as the personal, primary care clinician for their patients. Clinicians must have an active, unrestricted license as a doctor of medicine, doctor of osteopathy, naturopathic doctor, nurse practitioner or physician assistant. All eligible clinicians practicing together at a practice site must be included when identifying the CAHPS PCMH Survey eligible population. ***Note:*** *Specialists, nurse practitioners and physician assistants who do not have their own panel of patients or who do not practice in primary care are not typically eligible.*

- A practice is one or more clinicians who practice together and provide patient care at a single geographic location. The practice must provide primary care for all patients in its practice, not just for selected patients. Practicing together means that, for all the clinicians in a practice, the practice care team follows the same procedures and protocols. Medical records (paper and electronic) for all patients treated at the practice site are available to all clinicians and are shared by all clinicians, as appropriate. The same systems (paper based or electronic) and procedures support both clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, maintaining medical records and follow-up).

- A multi-site group is three or more practice sites using the same systems and processes including an electronic medical record system shared across all practice sites. A multi-site group must collect and report CAHPS PCMH Survey results separately by practice site.

- Patient eligibility is defined as, for adults, 18 years old or older as of September 17, 2017. For children, 17 years old or younger as of September 17, 2017. **For patients with more than one visit, use the most recent eligible visit.**

- DataStat would prefer adult and child sample frame data files be submitted separately, but combined files can be accepted if adult and child cases are clearly identified (see item #24 in the sample layout). If your practice is a pediatric practice you should only submit a child sample frame file. Internal medicine practices should only submit an adult sample frame file. Family medicine practices which have substantial pediatric and adult panels may submit both. Each sample frame file must consist of **100 patients or more**.

- Please use/ populate the **official practice name to be used in the survey** in the 'Practice Name' field as described in the data layout and specifications.

- Multiple sites may be submitted as separate files or a combined file. If the file is combined, cases must be clearly stratified by the 'Vermont Practice ID variable' (**VTID**).

- Files may be submitted in an Excel file or as a flat, ASCII, rectangular, fixed field width file with no delimiters. Either file type must follow the sample specifications and file layout included. If you are sending the file in Excel format, please follow the Excel document template that has been provided (template.xlsx).

- After preparing the sample file, please review 3 separate sections of the file (i.e. beginning, middle, end) to insure the correct patient names are aligned with the correct information, and that there has not been a sorting error.

- As soon as files are submitted, DataStat will check sample frame data files for accuracy and completeness. If data files are found to be inaccurate or incomplete, the practice site will need to resubmit the data file before the submission deadline.

- Please include the VTID in the name of the file. If possible please also include an abbreviated clinic name and population type. For example, if the clinic name is Thornapple Health Clinic and it is a child patient file please name the file VT123_child_Thornapple_PCMH.xlsx.

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

Each of the elements listed below should be included in the sample frame provided to the survey vendor. If sending an Excel file, the *Cell Data Format - Excel* column contains cell character Do Not Exceed values, Cell format types and format structure for files submitted in Excel. An Excel file template (template.xlsx) has been included as an attachment to the instruction packet email or is also available upon request. If sending a flat ASCII file, the columns and widths indicated in the *ASCII Field Position and Data Format* column describe a flat, ASCII, rectangular, fixed field width file with no delimiters.

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

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

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

19	Date of most recent office visit during the measurement period	In **MMDDYYYY** format with no slash separators. Single digit months and days must be preceded by a zero; i.e., April 8, 1965 would be 04081965.	Do Not Exceed: 8 Characters Cell Type: Text Cell Structure: Numeric **(date with no delimiters)**	Columns: 389 - 396 Width: 8 Type: Numeric
20	Parent/caretaker first name	*Optional.* *Please leave blanks if not including. DO NOT REMOVE THE FIELD*	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 397 - 421 Width: 25 Type: Alpha
21	Parent/caretaker middle initial	*Optional.* *Please leave blanks if not including. DO NOT REMOVE THE FIELD*	Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Alpha	Columns: 422 Width: 1 Type: Alpha
22	Parent/caretaker last name	*Optional.* *Please leave blanks if not including. DO NOT REMOVE THE FIELD*	Do Not Exceed: 25 Characters Cell Type: Text Cell Structure: Alpha	Columns: 423 - 447 Width: 25 Type: Alpha
23	Patient Visit Count	*Optional.* Total number of visits the patient had during the 6 months prior to the date the eligible population data file was generated (include visits with any eligible clinician). *Please leave blanks if not including. DO NOT REMOVE THE FIELD*	Do Not Exceed: 3 Characters Cell Type: Text Cell Structure: Numeric **(no delimiters, if needed precede by a zero)**	Columns: 448-450 Width: 3 Type: Numeric
24	Patient survey group	*Required for Adult and Child combined submissions only.* 1=Adult survey 2=Child survey *Please leave blanks if not including. DO NOT REMOVE THE FIELD* *	Do Not Exceed: 1 Character Cell Type: Text Cell Structure: Numeric	Columns: 451 Width: 1 Type: Numeric
25	Vermont Practice ID **(VTID)**		Do Not Exceed: 5 Characters Cell Type: Text Cell Structure: Numeric	Columns: 452-456 Width: 5 Type: Numeric

Site-Specific Logos and Signatures

File Submission	
File submission deadline:	**9/29/2017**
Submission Methods:	
DataStat Transfer Center Or Email: **VTPCMH@datastat.com**	

Approval Form Submission	
Approval form submission deadline:	**10/13/2017**
Submission Methods:	
Email: **VTPCMH@datastat.com** Fax: **(734) 663-9084**	

New and returning practice sites may submit a logo and signature block that will be printed on patient correspondence and questionnaires. Once logo and signature files have been submitted and processed, DataStat will send a logo/signature approval form to each practice. Those forms will need to be signed and returned to DataStat.

If you are a returning practice, we may have logo and signature information on file. If we have information on file, the logo/signature approval form will be sent to you in a separate email on **9/14/2017**.
If a new or updated logo or signature submission is required please adhere to the following guidelines.

 If you have any questions or concerns please contact Allyson Samborn at (734) 994-0540 ext. 139 or email VTPCMH@datastat.com.

Logo File Guidelines

Please adhere to the following guidelines when submitting logo files:

- Please send a black and white copy <u>and</u> a color copy of the logo (if available).
- The preferred formats are .gif, .tiff or .jpg.
- Images of 300 dpi are required but 600 dpi is preferred.
- Please include the Vermont Practice ID (**VTID)** in the file name.
- Please include a list of practices and VTIDs when submitting a file if it is to be used for multiple practices.
- Once logo files have been processed, DataStat will send a logo/signature approval form
- Email or DataStat Transfer Center delivery is preferred. If sending by email, send to **VTPCMH@datastat.com.**

Please return all approval forms, even if opting to use the same files that were submitted in the 2016 survey project. Please send completed approval forms by fax or email. If we have not received logo approval (new or returning) by **10/13/2017** then, in lieu of a logo, the practice name will be printed in black ink on the mail materials. Please note that this may be associated with a lower response rate due to potential authenticity concerns by your patients.

Signature File Guidelines

Please adhere to the following guidelines when sending the signature and title:

- Please send a black and white copy of the signature.
- The preferred electronic formats are .gif, .tiff or .jpg. We can also accept signatures that are in Microsoft Word documents.
- If sending a signature file, please include with all signature files the printed name of the executive, the executive's title and the complete name of the practice, as it should be printed on mail materials.
- Please include the Vermont Practice ID (**VTID)** in the file name.
- Please include a list of practices and VTIDs when submitting a file if it is to be used for multiple practices.
- Email or DataStat Transfer Center delivery is preferred. If sending by email, please send to **VTPCMH@datastat.com. Please include the printed name of the executive, the executive's title and the complete name of the practice, as it should be printed on mail materials.**
- Please use the *Signature Submission Form* in this packet if no electronic signature is available. Please complete the entire form including the executive name and title, practice name and Vermont Practice ID (VTID). The completed form should be returned as a scanned document.
- Once logo files have been processed, DataStat will send a logo/signature approval form

Please return all approval forms, even if opting to use the same files that were submitted in the 2016 survey project. Please send completed approval forms by fax or email. If we have not received signature approval (new or returning) by **10/13/2017** then, in lieu of a signature block, the practice name will be printed in black ink on the mail materials. Please note that this may be associated with a lower response rate due to potential authenticity concerns by your patients.

Signature Submission Form

- o Please provide 3 example signatures, one per box.
- o Please use a heavy black pen
- o **Signature should remain completely inside the box- do not run over the edges**
- o **Do not put the person's title/position/degrees inside the box!**

*Printed name of executive
signing mail materials:* _____

*Title of executive signing mail
materials:* _____

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

Vermont Practice ID (VTID) _____

Please send completed form to VTPCMH@datastat.com