



# MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP)

<b>Program:</b>	CBHC QEIP
<b>Performance Year:</b>	PY2 (2025)
<b>Measure:</b>	Patient Experience: Communication, Courtesy, Respect
<b>Deliverable:</b>	Patient Experience Survey Practices Questionnaire
<b>Submission Portal:</b>	OnBase
<b>Submission Due Date:</b>	February 27, 2026
<b>File Naming Convention:</b>	CBHCAbbreviation_PatientExperience_YYYYMMDD

## Summary

The Patient Experience Survey Practices Questionnaire is an annual Condition of Participation submission for the Patient Experience measure. This measure promotes and builds upon CBHC's existing patient experience survey practices.

The reporting template and submission instructions are included in this document. A CBHC TIN-billing entity shall submit one questionnaire report on behalf of its CBHC sites if there are multiple sites.

## Reporting Template

### Contact Information

<b>CBHC Organization:</b>	Add text
<b>Point of Contact Name:</b>	Add text
<b>Point of Contact Title:</b>	Add text
<b>Point of Contact Email Address:</b>	Add text

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via **OnBase** by **February 27, 2026**, with the following naming convention: **CBHCAbbreviation\_PatientExperience\_YYYYMMDD**. Please rename the file with the CBHC abbreviation and submission date. Note: Submission is a 2-step process; after uploading the deliverables onto OnBase, click "submit" to finalize the submission.

Please reach out to the MassHealth Health Equity Team at [health.equity@mass.gov](mailto:health.equity@mass.gov) with any questions.

### Introduction

In this PY2 Patient Experience Survey Practices Questionnaire, CBHCs will:

- share how patient experience feedback is utilized to monitor access and quality of care;
- analyze survey results and provide key insights derived from survey results;
- identify areas for improvement based on survey results; and
- strategize approaches to address identified areas for improvement.

### Questionnaire

1. Please include a copy/copies of **your CBHC's most recent patient experience/patient feedback survey instrument(s)**. This should include the questions and response options. You may include the content within this section of the document or upload it as additional files in the report container on OnBase.

2. From your patient experience survey instrument(s), please identify and provide **the top three questions** (and response options) in the survey that are **most important** to your organization based on strategic priorities and actionability. For each question, briefly **describe the rationale for your selection** in the table below.

Survey Question and Response Options	Rationale for Selection (250-word limit per row)

3. Does your CBHC set benchmarks or goals for performance/scoring on survey questions? (For example: Goal: 85% of respondents selected “Agree” or “Strongly Agree” to a Likert scale question such as “I would recommend this service to a friend or family member.”)

Response Option	Response (indicate with an “X”)
Yes	
No	

3a. If yes, please describe the goals/benchmarks that are set for each applicable question in the table below. Otherwise, write “Not Applicable.”

(Narrative reply):

Survey Question	Survey Question Response Options	Goals/Benchmarks
<i>Example: I would recommend this service to a friend or family member.</i>	<i>Example: Strongly Agree, Agree, neither agree nor disagree, Disagree, Strongly Disagree</i>	<i>Example: 85% of respondents select “Agree” or “Strongly Disagree”</i>

*Add rows as necessary*

4. From review of **recent patient experience survey results** for your CBHC, provide a brief interpretation and analysis. In your response, please 1) provide a brief description of the survey objective(s), 2) summarize key results from the survey, 3) share insights derived from results; and 4) specific areas identified from the survey results as opportunities for improvement. (500-word limit).

(Narrative reply):

4a. OPTIONAL: Provide a de-identified copy of the results. You may include the content within this section of the document or upload it as additional files in the report container on OnBase. This question is optional.

5. Describe the strategies (i.e., actions) your CBHC plans to employ to address identified areas for improvement, as described in Question 4. (250-word limit)

*(Narrative reply):*

6. OPTIONAL: Is there additional information about how your CBHC analyzes and acts upon patient experience feedback results that you would like to share with MassHealth and/or fellow CBHC organizations? Feel free to share your expertise and/or best practices around survey administration and survey feedback analysis here. (250-word limit). This question is optional.

*(Narrative reply):*

7. What topics would you like to discuss with your peer CBHCs in upcoming learning collaborative sessions? What would you like to learn more about from your peer CBHCs? (250-word limit).

*(Narrative reply):*