**Date:** September 15, 2025

**Title:** RFP # 20251338246 Patient Experience and CAHPS Survey

**Subject:** Addendum #2 Questions and Answers

1. Patient Volumes and Providers by Department (shown on Pages 11-13 in the attached document). Could you please confirm if we should use this information for our scope, or if there are updated volumes we should be using?
   1. Patient Volumes below for each survey area for FYTD (11/12 months)

Provider totals have remained generally the same as previously provided.

1. Additionally, with the rollout of PIX CAHPS, I am hoping to confirm how many CCNS that would be for behavioral health that you would need to submit for. For other CAHPS surveys, we have the following scoped:

HCAHPS - 2 CCNS ,17% response rate, 400 completes/year/CCN

OAS CAHPS, 2 CCNS, 25% response rate, 350-400 completes/year/CCN

1. PIX - same as HCAHPS/OAS CAHPS - 2 CCNs, 25% response rate, 350-400 completes/year/CCN. We do not have Home Health CAHPS.
2. Are there specific patient volumes we should use for pricing? We have that data based on what we are doing currently in the partnership.
   1. 3# of Visits/Stays/Encounters FYTD (10/1/2024 - 8/31/2025)
   2. Medical Practice (Community Health - face to face and tele): 54,913
   3. Emergency Dept: 12,166
   4. Inpatient (HCAHPS): 2,269
   5. OAS CAHPS: 2,913
   6. Behavioral Health Outpatient (Clinics - face to face and tele): 5,079
   7. Behavioral Health Inpatient (PIX): 5,604
   8. Behavioral Health ED (custom survey): 1,412
   9. Outpatient Ancillary Services: 300,000
   10. Urgent Care: 3,617

All corrections, changes, additions, revisions, and/or clarifications in this Addendum #2 to the

RFP are hereby made a part of the RFQ/RFP #20251338246 Patient Experience and CAHPS Survey.

All Respondents to the RFQ/RFP shall acknowledge receipt and acceptance of this Addendum #1 by

signing in the space provided and submitting the signed Addendum #2 with the RFQ/RFP.

Proposals submitted without an executed copy of this Addendum #2 attached may be considered

informal and may be rejected.

Received, acknowledged, and conditions agreed to on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 202\_, by:

Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are questions pertaining to this addendum please contact \_\_\_\_\_\_\_\_\_\_\_\_\_ [Bid\_submissions@jpshealth.org](mailto:Bid_submissions@jpshealth.org)