Section 5

# Data Coding and Preparation

# Data Coding and Preparation
## *Overview*

- Survey Status Codes
- Decision Rules and Coding Guidelines for Mail and Telephone Surveys
- Definition of a Completed Survey
- Computing the Response Rate

# Data Coding and Preparation
## *Final Survey Status Codes*

- The Primary Care First PEC Survey requires that vendors assign a final survey status code to each sampled case on XML data files submitted to the Data Center

- Vendors are free to use their own internal interim or pending status codes to track the status of work on a case before it is finalized

- Survey vendors must assign a final status code to each case to indicate the final result of work on case before submitting to CMS

- The CMS-approved final status codes can be found in the PCF Quality Assurance Guidelines (QAG)

# Data Coding and Preparation
## *Final Survey Status Codes (cont'd, 2 of 3)*

| Code | Description |
|------|-------------|
| 110 | Completed Mail Questionnaire |
| 120 | Completed Phone Interview |
| 130 | Partially Completed Mail Questionnaire |
| 140 | Partially Completed Phone Interview |
| 150 | Ineligible: Deceased |
| 160 | Ineligible: Does Not Meet Eligibility Criteria |
| 170 | Language Barrier |
| 180 | Ineligible: Mentally or Physically Incapacitated |
| 190 | Ineligible: Did Not Receive Care at Practice |

# Data Coding and Preparation
## *Final Survey Status Codes (cont'd, 3 of 3)*

| Code | Description |
|------|-------------|
| 200 | Excluded from Survey |
| 210 | Incomplete |
| 220 | Refusal |
| 230 | Hostile Refusal |
| 240 | Wrong, Disconnected, or No Telephone Number |
| 250 | No Response After Maximum Attempts |
| 260 | No Response To Mail Survey – RCF Patients |
| 270 | Pending (Use only in Interim Data Submissions) |

# Data Coding and Preparation
## *Vendor Review of Respondent Notes Included with Returned Questionnaires*

- Review all questionnaires returned for respondent notes and review the notes

- Comments and notes written in the questionnaire or on separate paper included with the questionnaire may indicate whether the respondent is eligible to participate in the survey

- Assign the applicable final status code if the note indicates that the sample patient is ineligible to participate in the survey

- If the patient sends important information, such as a medical bill with a check, vendors must mail it back to the patient

- White mail should not be sent to the PCF Practice site

# Data Coding and Preparation
## *Decision and Coding Rules for Multiple Responses*

- Only one answer choice is accepted for most questions

- If two or more answer choices are marked for a single-answer question:

  – Select the one that appears darkest, **OR**

  – Leave the response blank and code as "Missing" if it is not possible to determine the respondent's answer

If a response mark falls between two answer choices:
- Select the answer choice that is closest to the marked response; OR
- If the marked response is not clearly closer to one answer choice, code as "Missing"

**12.** Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

☐ Yes
☒ No

*Coding Guidance:*
**Use Yes**

**12.** Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

☐ Yes
☒
☐ No

*Coding Guidance:*
**Use M for Missing**

**62.** What is your race? Mark one or more.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Other

**63.** Did someone help you complete this survey?

- ☐ Yes
- ☐ No→ **Thank you. Please return the completed survey in the postage-paid envelope.**

**64.** How did that person help you? 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

> **Questions 62 and 64 are the only questions in the survey for which multiple responses are allowed.**

# Data Coding and Preparation
## *Decision and Coding Rules for Screening and Follow-up Questions*

- Screening questions: Q1, Q3, Q4, Q6, Q8, Q10, Q18, Q20, Q22, Q27, Q36 and Q38
  - Enter the response provided by the respondent regardless of whether the response agrees with the screener question
  - If the screener question is left blank, code it as "Missing"
- Survey vendors must not "clean" or correct skip pattern errors made by respondents

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

☐ Yes

☐ No → If No, go to 20

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

☐ Never

☐ Sometimes

☒ Usually

☐ Always

*Coding Guidance:*
**Code as M for Missing**

*Coding Guidance:*
**Code as 3 for Usually**

- Q6, Q8, Q10, Q12, Q20, Q22, Q26, Q29, Q38, Qs. 40–47, are follow-up questions:
  - If the follow-up question is blank because the respondent correctly followed the skip instruction beside the response option marked in the preceding screening question, assign the "not applicable" code (Code 88) to the response
  - If the follow-up question should have been answered but was left blank, assign Code M to indicate that the response is missing

For follow-up questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question.

22. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

☐ Yes

☒ No → If No, go to 26

**Coding Guidance:**
**Code as 2 for No**

23. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might want to take a medicine?

☒ Yes

☐ No

**Coding Guidance:**
**Code as 1 for Yes**

> If the follow-up question is correctly left blank because the answer marked for the preceding screener question was "No," code the question as "Not Applicable."

22. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

☐ Yes

☒ No → If No, go to 26

23. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might want to take a medicine?

☐ Yes

☐ No

*Coding Guidance:*
**Code as 2 for No**

*Coding Guidance:*
**Code as 88 for Not Applicable**

If the follow-up question is incorrectly left blank because the respondent skipped it, enter "Missing."

22. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

☒ Yes

☐ No → If No, go to 26

23. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might want to take a medicine?

☐ Yes

☐ No

*Coding Guidance:*
**Code as 1 for Yes**

*Coding Guidance:*
**Code as M for Missing**

# Data Coding and Preparation
## *Don't Know and Refused – Mail and Telephone*

- Mail Survey:
  - "I don't know" or "Refused" should be coded as M for Missing
- Telephone Survey:
  - Use code "98" for "I don't know"
  - Use code "99" for refused
  - Don't Know or Refused for a screener question is treated as a "No" response for the skip pattern
  - The gated responses should be coded as "88" for Not Applicable

2. <u>If you know</u>, please write in the name of the primary care provider you have seen most often at this office in the last 6 months.

_____

The questions in this survey will refer to the provider named in Question 2 as "this provider." As you answer these questions, please think of the in-person, phone, and video visits you <u>had</u> with that person in the last 6 months.

**If the respondent provides a name, the response should be coded as 0.**

# Data Coding and Preparation
## *Decision and Coding Rules for Handling Returned Mail Surveys*

### From Patient or Proxy

Blank questionnaire and contains note indicating refusal or ineligibility: Stop all contact and assign a final status code

Blank questionnaire and **no** note, vendors proceed with:
1. Sending the second package if there is time, otherwise include in telephone follow-up
2. If second package is returned blank, include in telephone follow-up
3. All cases not finalized from mail must have telephone follow-up, including cases returned blank & undeliverable mail

### From USPS

If a viable address can be obtained, the vendor should send the second questionnaire package if there is time

If there is no time for a second mailing, the patient should be included in telephone follow-up

# Data Coding and Preparation
## *Handling Duplicate Surveys by Mail and Phone*

- Vendors must have processes to know if duplicate questionnaires are received/completed
  - Two mail questionnaires, or
  - Mail questionnaire and telephone interview
- In the event of duplicates, the vendor should retain the **most complete** survey
- If both are equally complete, the vendor should use the **first** survey

# Data Coding and Preparation
## *Definition of a Completed Survey and a Partially Completed Survey*

- Many "Applies to All" questions are screener items
  - If a respondent leaves the screener question blank, but answers the gated questions, the screener question does **not** count toward the number needed for completeness
  - The response to the gated question is counted as a response to Scored surveys items
- The multiple-response items (race & proxy) count as a single item for completeness

## Completed Survey

- Responses for 16 or more of the 32 Applies to All (ATA) items

- A response to at least 1 Scored survey item

## Partially Completed Survey

- Responses for fewer than 16 of the 32 Applies to All (ATA) items

- A response to at least 1 Scored survey item

**Chapter 6 of the Quality Assurance Guide lists the Applies to All and Scored Items.**

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

☐ Yes

☐ No → If No, go to 20

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

☐ Never

☐ Sometimes

☒ Usually

☐ Always

- Question 18 is an "Applies to All" question and is a gate question
- It is blank and the responses to subsequent questions will not affect how vendors calculate completeness

# Data Coding and Preparation
## *Definition of a Completed Survey and a Partially Complete Survey (cont'd, 4 of 4)*

**COUNT ATA**
Count the number of Applies to All (ATA) questions the respondent answered

If 16+ **+** If scored items = 1 or more **=** Complete

**COUNT SCORED ITEMS**
Respondent answered at least one scored item

If less than 16 ATA **+** If scored items = 1 or more **=** Partially Complete

# Data Coding and Preparation
## *Incomplete Surveys*

- INCOMPLETE: <50% of the Applies to All questions and 0 Scored questions
- INCOMPLETE: >50% of the Applies to All questions and 0 Scored questions
  - If no patient ineligibility, assign final status code 210 (Incomplete) for these surveys (mail and telephone surveys)
- For mail surveys, prioritize a Complete or Partially Complete final status code over a final status code of 190 (Ineligible: Did Not Receive Care at Practice)

# Data Coding and Preparation
## *Determining Completeness (Examples)*

| Survey | Count of ATA Responses | Count of Scored Item Responses | Completeness Outcome |
|:---:|:---:|:---:|:---:|
| 1 | 18 | 1 | Complete |
| 2 | 20 | 3 | Complete |
| 3 | 14 | 4 | Partially Complete |
| 4 | 3 | 1 | Partially Complete |
| 5 | 10 | 0 | Incomplete |
| 6 | 2 | 0 | Incomplete |
| 7 | 17 | 0 | Incomplete |

# Data Coding and Preparation
## *Computing a Response Rate*

- Vendors are not required to compute a response rate
- There are no penalties for low response rates
- Final status codes used to calculate response rates are shown in parentheses

$$\frac{\text{Total \# of Completed and Partially Completed Surveys (Codes 110 + 120 + 130 + 140)}}{\text{Total \# of Surveys Fielded} - \text{Total \# of Ineligible Surveys (Codes 150 + 160 + 170 + 180 + 190 + 200)}}$$

# Data Coding and Preparation
## *Computing a Response Rate (Example)*

- A vendor receives a sample of 200 patients
- At the conclusion of data collection there are 90 completed surveys and 13 partially completed surveys
- Thirteen cases had final status codes indicating the sample member is ineligible for the survey

**Total # of Completed and Partially Completed Surveys (n=103)**

---

**Total # of Surveys Fielded (n=200) – Total # of Ineligible Surveys (n=13)**

- The response rate is 103 / 187 or 55.08%

Section 6

# Data Submission

# Data Submission
## *Overview*

- File Specifications

- Data Preparation and Submission Procedures

- Quality Control

# Data Submission
## *Data Submissions Required*

- **2 Interim Data Submissions**
  - PCF PEC Survey Team will review and provide feedback
  - Vendors should use the XML Schema Validation Tool to identify any problems before data submission

- **1 Final Data Submission**
  - Vendors should use the XML Schema Validation Tool to identify any problems before data submission
  - PCF PEC Survey Team will review and provide feedback

# Data Submission
## *XML File Specifications*

- Vendors will submit de-identified PCF PEC Survey data as XML (Extensible Markup Language) files using the PCF PEC Survey website

- Vendors can download and review the required XML template from the PCF PEC Survey website, under the Data Submission menu

- Vendors will submit **one Standard XML file per Practice Site**

- An XML file should consist of three sections:
  - Header Record
  - Patient Administrative Data Record
  - Patient Response Record

# Data Submission
## *XML Header Record – Overview*

- All XML files **must** contain a Header Record
- The header record MUST contain the following data variables:
    - Data type (1st Interim, 2nd Interim, or Final Submission)
    - Practice Site Name
    - Practice Site ID
    - Performance Year
    - Number of Patients Sampled
    - Date data collection period began
    - Date data collection period ended
- All fields in the Header Record must have a valid entry and Patient Administrative Record

> **Chapter 7 of the Quality Assurance Guidelines (QAG) has detailed information about each of these data elements.**

# Data Submission
## *XML Patient Administrative Data Record*

- There **must** be a Patient Administrative Data Record for every patient in the sample

- Data variables in the Patient Administrative Data Record include:
  - Practice Site ID
  - Performance Year
  - Sample ID (SID) (as assigned by RTI to the patient)
  - Final Survey Status
  - Date Survey received or completed
  - Survey Language
  - Completion Mode

- If no survey has been received (Interim Submissions) or completed by the end of data collection (Final Submission), enter "88888888" for Date Completed and "X" for Survey Language and Completion Mode

# Data Submission
## *XML Patient Response Record*

- The Patient Response Record contains the recorded responses to each question in the questionnaire for an individual patient

- All data variables in the Patient Response Record are required (Missing/Don't Know option is provided)

- Please do not submit data for the open-ended response for Question 2
    - Q2- Provider Name, should be coded as "0" if the respondent provided a response on the mail or telephone version of the survey

- There must be a Patient Response Record for every sample case assigned one of the following final status codes:
    - 110 (Completed mail questionnaire)
    - 120 (Completed telephone questionnaire)
    - 130 (Partially completed mail questionnaire)
    - 140 (Partially completed telephone questionnaire)
    - 210 (Incomplete)

- Cases assigned to the following codes should also have a Patient Response Record if **any** questionnaire data were captured:
  - 150 (Ineligible: Deceased)
  - 160 (Ineligible: Does not meet eligibility criteria)
  - 170 (Language Barrier)
  - 180 (Ineligible: Mentally or physically incapacitated)
  - 190 (Ineligible: Did not receive care at practice site)
  - 220 (Refusal)
  - 230 (Hostile Refusal)

- Cases assigned the following codes most likely will not have any questionnaire data captured, and therefore will not need a Patient Response Report:
    - 200 (Excluded from survey)
    - 240 (Wrong, disconnected, or no telephone number)
    - 250 (No response after maximum attempts)
    - 260 (No response to mail survey – RCF patients)

# Data Submission
## *XML Patient Response Record – Interim Data Submissions*

- Many cases may not have obtained a final status code by the time either interim data submissions are due
  - Those cases can be assigned: 270 (Pending)
- No cases should be assigned a 270 (Pending) code on the final data submission

# Data Submission
## *Data Submission Procedures*
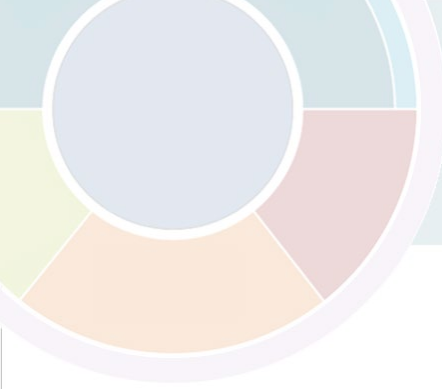
- Log into the PCF PEC Survey website
- Proceed to the Data Submission Tool via the Data Submission tab
- Survey vendors can upload:
  - a single XML file
  - multiple XML files, or
  - multiple XML files in one ZIP file
- Submit file(s) using the Upload button
- The system will run validation checks on each file as it is being uploaded and provide results via the Data Submission Report

# Data Submission
## *XML Data File Validation*

- XML files will be validated immediately upon upload. The validation program will:
  - check for valid vendor authorization
  - check for required sections
  - check for required data variables
  - check for duplicate sample IDs
  - check existing data variables against valid ranges

# Data Submission
## *Key Points*

- Do not alter the XML template. This will create data upload errors
- Make sure to use the Data Submission Validation Tool available on the PCF PEC Survey website
  - This tool can be used as often as you'd like to test your file and identify problems to be fixed
- Clearly name your XML file
  - Include the Practice Site ID and Survey Year in the file name
  - Follow CMS' naming convention

> **Example file name:**
> VENDOR_Practice ID_Year.xml: RTI_ZZ1234_2022.xml

# Data Submission
## *Key Points (cont'd, 2 of 2)*

- Check the Data Submission Reports
- A file must pass all validation checks
- Recommend submission at least two days before the data submission deadlines to ensure files are accepted
- If you resubmit an XML file, the system will overwrite the data from the previously submitted file
  - **IMPORTANT**: Interim data files will not be saved. The data file for the final data submission should contain all survey data collected on all patients in the sample

# Data Submission
## *Data Submission Process*
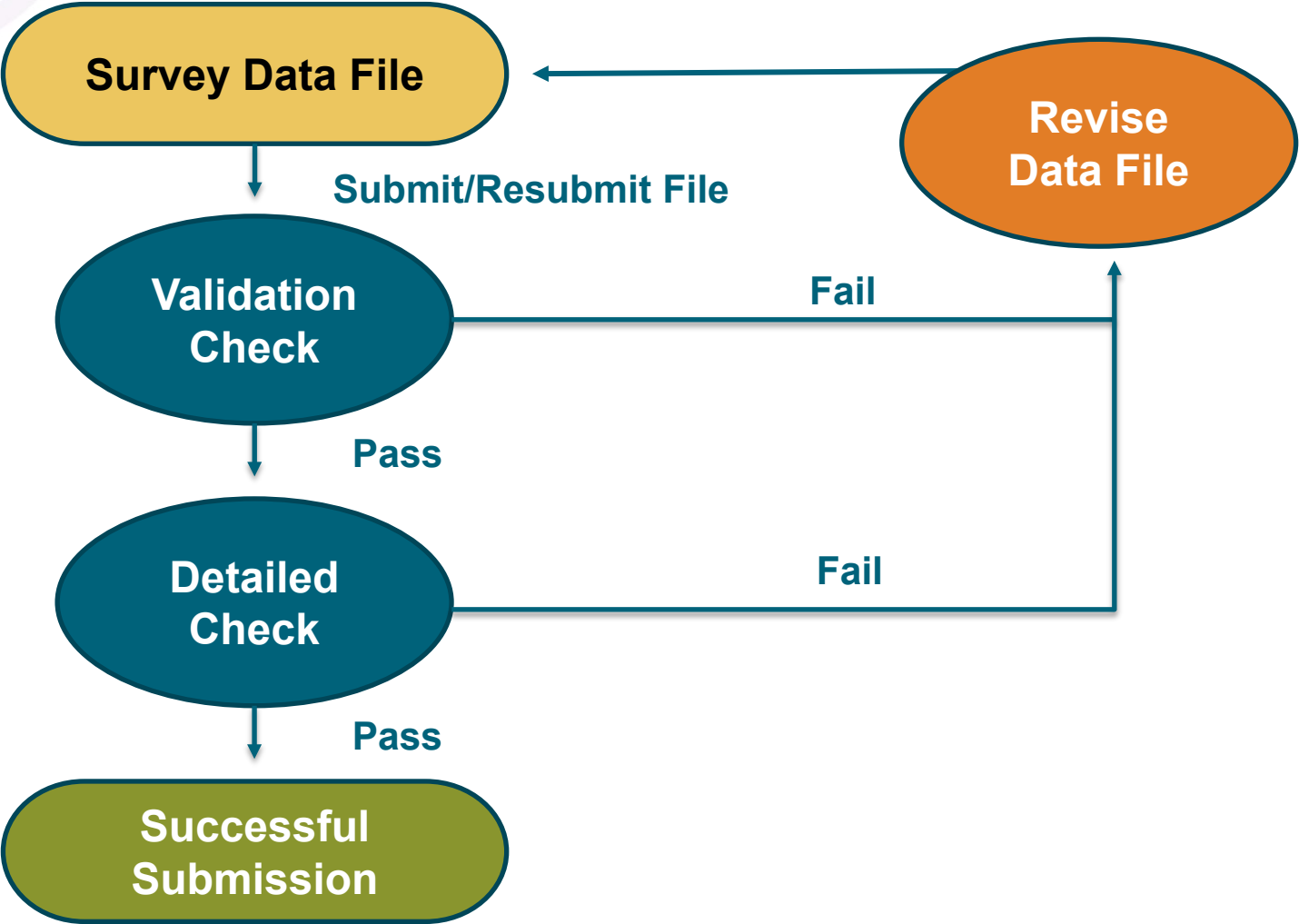
# Data Submission
## *Reasons Files May Be Rejected*

### Most Common Reasons that Files May be Rejected

- Values for some variables are out of range
- Data for some variables are left blank (a value must be entered for every variable, even if it is Missing)
- The XML file is not named properly
- The survey vendor attempts to submit the file after the data submission deadline

# Data Submission
## *Understanding Data Submission Reports: Overview*
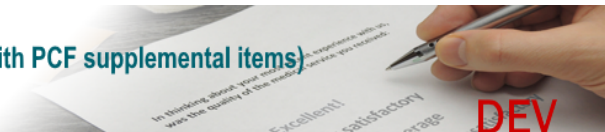
- Reports for Survey Vendors
    - Data Submission Summary Report
    - Survey Vendor Authorization Report
- Reports for Practice Sites
    - Data Submission Summary Report

# Data Submission
## *Reports for Survey Vendors: Data Submission Summary Report*

# Data Submission
## *Reports for Survey Vendors: Error Messages*

| Error | Error message |
|---|---|
| XML file not properly formatted | Rejects file immediately |
| Missing values for required variables | Report will list each variable with missing values |
| Invalid values | Report will list any value that is outside of the allowed range |
| Duplicate records | Report will list any sample ID that is duplicated for given practice site |
| Missing response record values | Report will list any missing values |
| Patient response record does not pass the completeness test | Report will list any sample ID that does not pass the completeness test |

# Data Submission
## *Reports for Survey Vendors: Survey Vendor Authorization Report*

# Data Submission
## *Report for Practice Sites:*
## *Data Submission Summary Report*

# Data Submission *Data Collection Quality Control Guidelines – Mail*

**Required** Mail Data Processing and Submission Quality Control Measures:

- A sample of completed questionnaires (10% minimum) must be rescanned and compared with the original scanned image of the questionnaire

- All keyed questionnaires must be 100% reentered by a different staff member

- A minimum of 5% of completed surveys must be reviewed to ensure that the coding rules were followed correctly

**Recommended** Mail Data Processing and Submission Quality Control Measures:

- Develop a way to measure error rates of both data receipt staff (recognizing marginal notes and passing these on to someone for review), data entry or scanning operators, and coders
  - Vendors should work with their staff to minimize error rates

# Data Submission
## *Telephone Quality Control Guidelines*

**Required** Telephone Survey Data Processing and Submission Quality Control Measures:

- Survey vendors must compare the survey responses for a sample of cases included on the XML data files directly with the survey responses that were entered on the CATI system file to ensure that the responses match

# Data Submission *Telephone Quality Control Guidelines (cont'd, 2 of 2)*

**Recommended** Telephone Data Processing and Submission Quality Control Measures:

- Survey vendors should generate and review frequencies of cases at the various pending and final status codes

# Data Submission
## *XML File Quality Control Guidelines*

**Required** XML Quality Control Measures:

- Use the XML Schema Validation tool to conduct initial quality control on the XML file

  – The Schema Validation tool is available on the PCF PEC Survey website under the Data Submission Menu

- Make sure information is included on the XML file for every sample patient included on the sample file provided by the PCF PEC Survey Team

- Make sure that the SID numbers included in the Patient Administrative Record on the XML file match the same set of SID numbers that were included on the sample file

**Required** XML Quality Control Measures (cont.):

- Make sure patient survey response data are matched to the correct patient

- Make sure the appropriate final code is assigned based on the results of the completeness criteria check

- Compare the variables included in the Patient Survey Response section on the XML file to the hardcopy questionnaire (for mail) or to the CATI file (for telephone) on a sample of cases

**Required** XML Quality Control Measures (cont.):

- Make sure questions that are appropriately skipped are correctly coded "88" for "Not Applicable/Legitimate Skip," rather than "M" for missing

**Recommended** XML Quality Control Measures:

- Conduct a final check of the final status codes assigned to all sampled cases on the Patient Administrative Record

- Generate response distributions (also referred to as frequencies) and compare the survey response record with the data on the hardcopy mail questionnaire or the CATI file to look for anomalies or outliers and for unusual patterns of missing data

# Data Submission
## *Systems Quality Control*

- Vendors are strongly urged to check all systems, computer programs, and equipment (including optical scanners) used to administer the PCF PEC Survey on a regular basis to ensure that all are working properly and as intended
  - Vendors should also check to make sure that the scanning parameters or settings are large enough to scan response options that are not directly inside the circle or box for the response option, and that the scanner is sensitive enough to pick up marked responses that might be lighter than some others
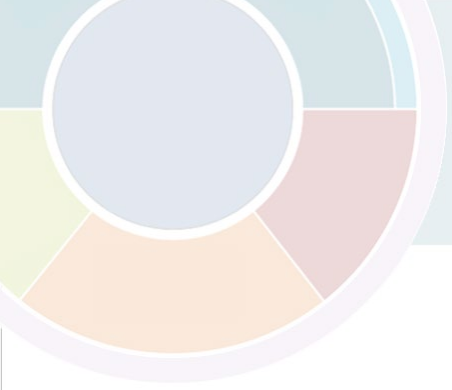
Section 7

# Data Analysis and Reporting

# Data Analysis and Reporting
## *Overview*

- Overview
- CMS Analysis of the Primary Care First Patient Experience of Care Survey Data set
    - Domain scores
    - Case-mix adjustment
    - Domain-level reliability
    - Quality Gateway
- CMS' reports and training given to Practice Sites
- Survey Vendor Analysis and Reporting

# Questions About Data Analysis and Reporting

**PCF@telligen.com**

*Toll-Free Number*
**888-517-7753**
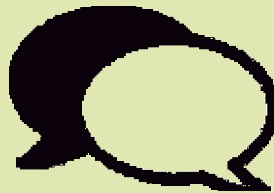
***PCF Connect***

***Payment Methodology Paper***

# Data Analysis and Reporting
## *Overview*

## Analysis and Reporting

| Analysis Data Set | Domain Scores | Case-Mix Adjustment | Domain-Level Reliability | Quality Gateway |
|---|---|---|---|---|
| Complete and Partially Complete surveys | Scored survey questions are translated into 5 domain-specific measures | Adjusts for respondent characteristics outside of the practice site's control like age and education | Assesses reliability for each domain | One of the minimum thresholds to meet or exceed for a positive PBA |

# Data Analysis and Reporting
## *Create Domain Scores*

Get Timely Care, Appointments, and Information

How Well Providers Communicate

Support Patients Taking Care of Own Health

Attention to Care from Other Providers

Patient's Rating of Provider

# Data Analysis and Reporting
## *Create Domain Scores (cont'd, 2 of 2)*

- Transform each scored survey question into numeric values assigned to responses for one of the five domains

- The domain-specific measures are calculated from the contributing survey questions, and the PEC Survey Summary Score is calculated as the average of the 5 PEC Survey domain-specific measures

# Data Analysis and Reporting
## *Conduct Case-Mix Adjustment*

- CMS adjusts for characteristics outside of the practice site's control
- Example: older respondents, those with less education, and those with better health give more positive ratings and reports about their care
- CMS uses case-mix adjustment to ensure comparisons between practice sites reflect true differences in quality performance and not differences in the populations served
- CMS uses the CAHPS Analysis Program (version 4.1c) for this adjustment
- The case-mix adjusted domain scores at the practice-level let CMS make valid comparisons of quality performance
- PCF PEC Survey adjusts for 6 respondent characteristics

## PCF PEC Survey Adjusters

| Age | Gender | Education |
|---|---|---|
| Self-Reported Physical Health | Proxy Responses | Survey Mode |
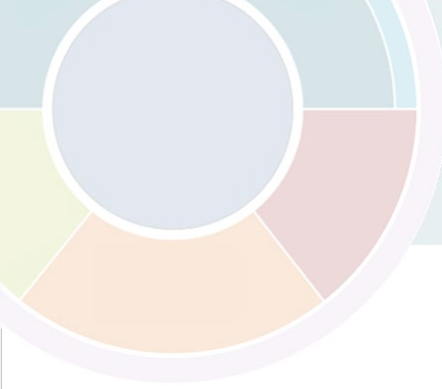
# Data Analysis and Reporting
## *Calculate Domain-Level Reliability*

- CMS calculates reliability for each of the 5 domains
- Reliability is the percentage of variation in scores that is attributed to actual differences in sites rather than sampling variability
- Reliability scores closer to one indicate minimal sampling variability while scores closers to zero mean we are unable to detect true differences
- Domains with scores below 0.60 are considered to have low reliability
- Factors that affect reliability include responses to screener questions, variation of response within a practice, and variation between sites on survey items

# Data Analysis and Reporting
## *Quality Gateway*

- The PEC Survey is one of several measures in the Quality Gateway

- The Quality Gateway is a performance threshold based on a set of clinical quality and patient experience measures

- PCF practice sites must meet or exceed benchmarks to be eligible for a positive Performance Based Adjustment

- Details about the benchmarks for a specific performance year can be found in the Payment and Attribution Methodologies Paper

- All practices share the identical PEC Survey requirement

- Vendors should direct practices with questions about scoring and benchmarks to PCF Support ([pcf@telligen.com](mailto:pcf@telligen.com) or 1-888-517-7753)

# Data Analysis and Reporting
## *CMS' Reports and Training Given to Practice Sites*

- CMS prepares personalized, easy to understand score reports for each practice site

- These are delivered in Q2 (April-June)

- The report reflects all Complete and Partially Complete surveys for that practice site

- The 5 domains and the PEC Survey Summary Score are presented
  - Raw data
  - Risk-adjusted
  - Final performance scores
  - Comparisons to the region-level and overall PCF level

- CMS also provides support based on the PEC Survey scores and other quality measures

# Data Analysis and Reporting
## *CMS' Reports and Training Given to Practice Sites (cont'd, 2 of 2)*

### Example of the CMS Official PEC Survey Report

| Scored Survey Questions | | | |
|---|---|---|---|
| | Your Practice | Average Rate in Your Region | Average Rate Across PCF |
| **PEC Summary Score** | **80.40** | **79.53** | **81.26** |
| Total Number of Respondents | 144 | 146 | 142 |
| **Getting Timely Appts, Care, and Info** | | | |
| **Domain Score - Risk Adjusted Performance Rate** | **82.09** | **80.57** | **83.60** |
| Number of Non-Missing Respondents | 132 | 134 | 130 |
| Q5. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed? | | | |
| Raw Score | 3.47 | 3.44 | 3.51 |
| Risk Adjusted Performance Rate | 82.40 | 81.25 | 83.54 |
| Top-box (Always) Percentage | 0.63 | 0.61 | 0.66 |
| Number of Non-Missing Respondents | 70 | 71 | 68 |

# Data Analysis and Reporting
## *Requirements for Survey Vendors*

Include disclaimer that vendor reports are not official CMS results

Provide clear explanation and context for numbers

Suppress data with fewer than 11 responses

Obtain CMS approval to append sample file to survey data

Protect respondent identity

No patient names to practice sites

Open-ended results cannot identify patients

Contact the PCF PEC Survey Team for guidance

- CMS-calculated results for the PCF PEC Survey and the practice-level report CMS releases in Q2 are the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring

- Required disclaimer for reports and dashboards:
  - "VENDOR results are not official CMS results and are for PRACTICE's internal quality improvement purposes only. Official PCF PEC Survey Supplemental reports will be released from CMS in Q2. There is no required minimum response rate for scoring. The PEC Survey benchmark is calculated concurrently with annual PCF practice performance and based on overall PCF practice performance"
  - Minimum 14-point font size

- Clear explanation and context for numbers
  - Use CMS definitions or explain how they differ (for example, top-box scoring)

- See Section 8.4 of the Quality Assurance Guidelines for a full overview of the requirements

- Survey vendors may provide PCF practice sites with survey data or information from their practice as long as the survey vendor suppresses any display of data that includes cell sizes with fewer than 11 observations
  - No information based on fewer than 11 respondents can be released. This means no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms
  - No number smaller than 11 should appear in any material provided to client practice sites
  - When suppressing the number of observations in cells because they have fewer than 11 observations, the survey vendor must not report row and column totals as this would allow the cell value to be derived

- Survey vendors must have CMS approval to append data from the sample file to the survey data
- For example, if survey vendor wants to report on survey responses, or survey response rate by the variables on or derived from the sample file, the vendor must submit to CMS a specific list of the items to be merged as well as an analytic plan that explains how the data will be used
- The survey vendor may not append data until written approval from CMS is received
- CMS will not approve requests if the appending allows identification of the sample member or patient

- Survey vendors are not permitted to provide practices with patient identifying information, as this would violate the guarantee of confidentiality that CMS provides all survey respondents

- Survey respondents cannot give permission for their name to be shared with the practice, even if they wish to do so

- Added practice-specific questions may collect open ended comments or service information that could identify the patient. When reporting on the results of these practice specific questions, survey vendors must do so in a way that the patient cannot be identified
    - See Section 5.5.6, Instructions About Adding Practice-Specific Questions for more details

# Data Analysis and Reporting
## *Requirements for Survey Vendors (cont'd, 6 of 6)*

- Survey vendors should contact the PCF PEC Survey Team for additional guidance if they are not clear as to whether certain types of survey response data can be shared with a PCF practice site
- It is recommended that survey vendors wait until their final data submission has been officially approved by the PCF PEC Survey Team before releasing any reports to PCF PEC Survey practice sites
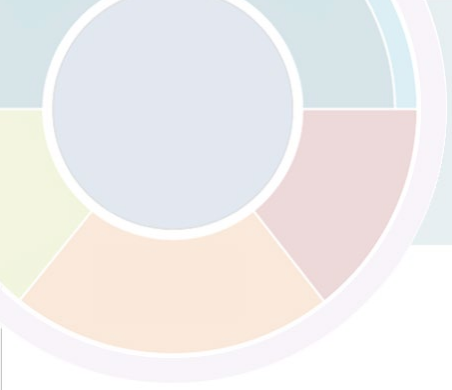
Section 8

# Data Confidentiality and Data Security

# Data Confidentiality and Data Security
## *Overview*

- Assuring Sample Patients' Confidentiality

- Safeguarding Patient Data

- Develop Procedures for Identifying and Handling Breaches of Confidential Data

- Completing Required Confidentiality Agreements

# Data Confidentiality and Data Security
## *Assuring Sample Patients of Confidentiality*

- Patients are more willing to participate when they feel confident that their identity is confidential and not disclosed to practices

- Several steps are taken to ensure this confidence from sample members

- Telephone scripts and letters for sampled patient's state:
  - Answers are confidential
  - Will not be shared with their provider
  - Will not affect health care benefits
  - Introductory statements in the telephone interview reference protection under the Privacy Act

- Help Desk and Telephone Interviewing staff are trained to provide information to sampled patients concerned about confidentiality

# Data Confidentiality and Data Security
## *Safeguarding Patient Data*

- HIPAA training requirements are required for all approved survey vendors and their subcontractors

- Identifying information associated with a patient should be considered private and must be protected

- Data must be handled in a way to ensure that the patient information is kept confidential and that only authorized personnel have access to it

- Survey vendors are not permitted to share any patient identifying information with any individual or organization, including their practice clients

# Data Confidentiality and Data Security
## *Safeguarding Patient Data* *(cont'd, 2 of 2)*

### 1 Limit Access to Confidential Data to Authorized Staff

*Action Steps*
- Consider which staff need access
- Ensure only those staff have access

### 2 Physical Security of Patient Data

*Action Steps*
- Store paper copies in a secure location
- Never remove paper copies
- Store and lock paper copies for 3 years

### 3 Electronic Security of Patient Data

*Action Steps*
- Protect electronic data from confidentiality breaches
- Do not transfer data via email
- Web portal files contain de-identified data only
- Electronic data should not be stored offsite
- Secured and stored for 3 years
- Disaster recovery plan for survey data

# Data Confidentiality and Data Security
## *Develop Procedures for Identifying and Handling Breaches of Confidential Data*

- Required to develop protocols for identifying a breach in security with PCF Survey data
  - Includes unauthorized individuals gaining access to or distributing confidential data
- Plans must include:
  - A system to notify the PCF PEC Survey Team within 24 hours of learning of a security breach
  - Means to detect the level of risk represented by the breach in security
  - Means to take corrective action against the individual who created the breach
  - Means of notifying any persons affected by the breach, including sample patients, if necessary

# Data Confidentiality and Data Security
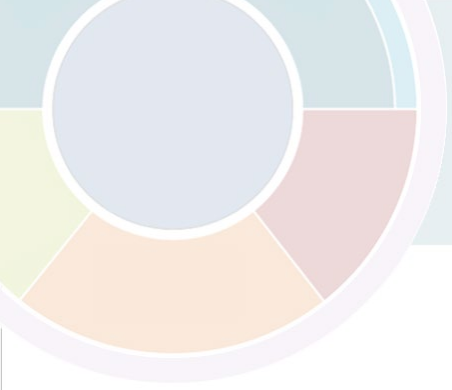## *Required Confidentiality Agreements*

### Business Associate Agreement with Practice

- Become Business Associates of their client practices
- Follow all applicable HIPAA guidelines regarding privacy and security of practice-generated PII

### Vendor and Subcontractor Staff Confidentiality Agreement

- Receive HIPAA-appropriate training before receiving access to patient data
- Includes telephone interviewers, supervisors, Help Desk staff, coders, fulfillment, programming staff, etc.
- Sign and retain electronic and hard copies of the affidavits

Section 9

# Oversight

# Oversight
## *Part 1: QA Timeline and QAP*

- Oversight Activities and Timeline
- QA Timeline
- Quality Assurance Plans (QAPs)

# Oversight
## *Oversight Activities*

CMS

RTI

Ensure Vendor Compliance

Review Survey Administration Materials

# Oversight
## *Quality Assurance Plan (QAP)*

**Documents survey administration procedures**

**Used to train subcontractors and staff**

**Needed to obtain "Fully Approved" status**

**Organization Background and Staff Experience**

**Work Plan**

**Questionnaire and Materials**

**Survey Implementation Plan**

**Data Security, Confidentiality, and Privacy Plan**

# Oversight
## *QAP Materials*

### Required for Revised Submission

**Mail**

- Teaser postcard
- Questionnaire #1
- Reminder postcard
- Questionnaire #2
- Spanish Questionnaire

**Telephone**

- CATI Screenshots or test link

# Oversight
## Part 2: Review and Site Visits

- Data Review
- Telephone Interviewer Monitoring and Documentation
- Remote Site Visits
- Corrective Action Plans

# Oversight
## *Data Review*

**1** Interim File

- Uncovering and explaining problems
- Vendor's revisions

**2** Final File

- Repair of problems
- Prompt resubmission

# Oversight
## *Telephone Interviewer Monitoring and Documentation*

- Remote one to two-hour monitoring sessions of live calls with each vendor organization or their CATI subcontractor(s)
- Evaluating interviewers on:
  - Politeness to the respondent
  - Voice clarity
  - Proper use of FAQs to answer questions
  - Accuracy in reading questions
  - Appropriate speed
  - Proper interviewing procedures
- Vendors required to submit documentation confirming that they have met the 10% monitoring requirement to the PCF PEC Survey Website

# Oversight
## *Virtual Site Visits*

**Concerns surfacing during the vendor application process**

**Quality issues surfacing during the oversight process**

## Ensuring Compliance

**Major or numerous quality issues arising during survey implementation**

**As a follow-up after a prior site visit, issue, or Corrective Action Plan**

**Team**



**Agenda and Materials**

**Virtual Site Visits**



**Confidential Disclosure Agreement**



**Post-Site Visit**

# Oversight
## *What if a Vendor Does Not Follow PCF PEC Survey Protocols?*

- RTI may:
  - Notify the vendor that they are being placed on a **Corrective Action Plan**
  - Notify the vendor that:
    - their data submissions and oversight deliverables will be given heightened scrutiny, and
    - they will be given the opportunity to supply additional quality-related documentation. If their performance is found to be unsatisfactory after these opportunities, they will be placed on a **Corrective Action Plan**
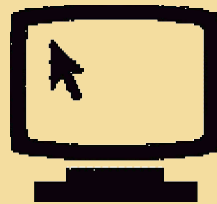- Vendors must meet all deadlines

# Training Certification

**Final Reminder**

All conditionally approved PCF PEC Survey Administrators for vendors must log onto the PCF PEC Survey website and complete the Training Certification.

**Please complete the Training Session Evaluation Form before disconnecting from this webinar session.**

# Questions

**pcfpecs.org**

**Toll-Free Number**
**833-997-2715**

**pcfpecs@rti.org**

**Quality Assurance Guidelines**