

PCF PEC Survey Fact Sheet

The PEC Survey Instrument

The Patient Experience of Care (PEC) Survey is required for all practice sites participating in the Primary Care First (PCF) model. As a reminder, Performance Year (PY) 2024 was the final PEC Survey for PCF practices in Cohort 1. To confirm whether your practice is in Cohort 1 or Cohort 2, please reference the [PCF Cohort Lookup](#) file. PY 2025 will be the final PEC Survey for PCF practices in Cohort 2. Positive patient experience reflects high-quality care. Positive patient experience is also associated with higher levels of patient adherence, improved clinical outcomes, and lower utilization of inpatient and emergency department services.

Why did CMS select a CAHPS survey?

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey was selected for the PCF PEC Survey given that it is a validated survey tool. CAHPS surveys are a family of surveys designed to collect data from patients and other consumers about their experiences with the care they receive from their health care providers. The [PCF PEC Survey](#) is based on a combination of questions from the [CAHPS Clinician & Groups Survey \(CG-CAHPS\)](#) v. 3.1 and CAHPS Patient-Centered Medical Home Item Set v. 3.0, with additional PCF-specific items.

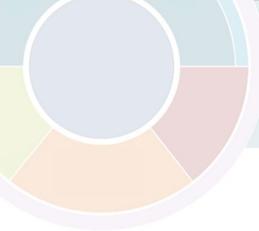
The CMS team regularly reviews reliability of the questions included in the survey as well as participant feedback.

Why is the CAHPS survey a patient *experience* survey and not a patient *satisfaction* survey?

Patient *experience* surveys ask patients specific, objective questions about the health care that occurred and to what extent certain providers exhibited certain behaviors. By comparison, *satisfaction* surveys ask patients to consider whether various aspects of their care met their expectations or what rating they would give. Satisfaction surveys are inherently subjective because every patient has different expectations and desires. Because the PCF PEC Survey is a patient experience survey, it gives a standardized and objective measure that allows for equitable comparisons between practices—critical in a situation involving payment decisions such as PCF and other quality programs.

How does the PEC Survey relate to PCF model goals?

The designers of the PCF questionnaire specifically included CAHPS questions that measure whether patients observe providers and practice sites engaging in behaviors connected to PCF objectives, such as use of a care team with 24/7 access to the patient's EHR and educating patients about how to get emergency care outside of practice hours.



(More information about each of the PEC Survey questions, and how to review the practice PEC Survey reports, can be found in the on-demand webinar, [Understanding and Using your PEC Survey Results](#). [↗](#))

What language(s) is the survey offered in?

The survey is available in English and Spanish. Vendors and practice sites are not permitted to translate the survey into other languages; only CMS-provided translations are permitted. Practice sites should inform their vendor of additional translation needs so that they may be shared with CMS. Sampled patients with language barriers may still participate in the survey (by mail or telephone) with assistance from a friend or family member who can serve as a translator. Practice site staff may not act as interpreters or translators.

Please see the [Introduction to the PCF PEC Survey webinar](#) [↗](#) for additional information about the PEC Survey.

Practice Responsibilities for the PEC Survey

Who conducts the PCF PEC Survey?

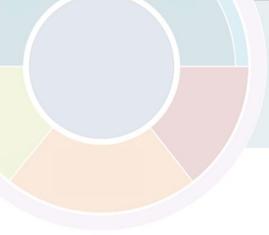
The PCF PEC Survey follows the same model as other CAHPS surveys, such as the CAHPS for MIPS (Merit-based Incentive Payment System) Survey, where providers contract with and pay approved survey vendors for the data collection and implementation of the survey.

Practices that participate in the PCF model must contract with a vendor from [this list of approved PCF PEC Survey vendors](#) [↗](#). Practices are responsible for all associated costs of the vendor. CMS has adopted standardized survey protocols and ensured that the approved vendors are trained to implement these protocols consistently. However, CMS does not dictate the pricing for the approved survey vendors and encourages practices to contact vendors for cost and service information as there may be differences among vendors. Practices interested in understanding survey requirements vs. optional “bells and whistles” can ask the vendor, or see the Vendor Quality Assurance Guidelines under the [Survey and Protocols tab](#) [↗](#) on the PCF PEC Survey website.

Do practices need to authorize a vendor every year?

If your practice will continue to use the same survey vendor that was used to administer the survey in the prior PY, you do not need to update the online vendor authorization form. However, you must update the online vendor authorization form if either of the following apply:

- Your practice is participating in data collection for the first time in PY 2025, or
- Your practice is switching to a different survey vendor to administer the survey for PY 2025.



The vendor authorization window for PY 2025 is March 10 – June 20, 2025. Practices will not be able to switch vendors after the vendor authorization deadline has passed and sampling has begun.

Why does CMS request a patient roster for the PEC Survey?

Complete and accurate patient roster information is very important to the success of the PEC Survey and helps maximize response rates. The PEC Survey is administered using mail data collection with a telephone follow-up. This type of patient sampling makes obtaining accurate patient address and telephone numbers especially critical in the rostering process. The address information practices provide within the patient roster is used for first attempts in getting your patients to complete the survey. The telephone numbers provided in the patient roster are also important, as this is how nonrespondents are contacted in the last few weeks of data collection. Accurate telephone numbers help practices get feedback from hard-to-reach populations.

Which patients should be included on the roster for the PEC Survey?

Practices are required to provide a patient roster for all active patients regardless of insurance, not just Medicare beneficiaries. Patient rosters should include all patients who have received care since January 1st of the current performance year.

Roster instructions, templates, and [an on-demand webinar](#) are made available to practices and Health IT/Electronic Health Record vendors in the spring. Please note that to ensure the timeliness of information and maximize response rates, we ask that you create your patient roster as close as possible to the time of submission, and not earlier than May 1st of each year. Practices receive communication about these materials and deadlines via the Primary Care 'First Edition' Newsletter and Connect.

Why does the survey ask about the past 6 months when the patient rosters ask for a list of patients since January 1st?

To be as inclusive as possible on the patient rosters, CMS asks practices to list all patients with a visit since January. This is intended to help CMS obtain a sampling frame of active patients at the practice. The 6-month lookback period is a standard part of the CG-CAHPS 3.0/3.1 and

PEC Survey Schedule for Practices

March – December:

Display PEC Survey posters

March – Mid-June:

Register on the [PCF PECS website](#), log in with your credentials, and [register your practice sites on the website](#)

March – Mid-June:

Sign a contract with a CMS-approved survey vendor

March – Mid-June:

[Authorize your survey vendor on the PECS website](#). Practices may also switch vendors during this period.

Mid-May – June:

Submit an all-patient roster for your practice in the PCF Portal.

June:

Receive PCF PEC Score Supplemental Reports from previous performance years

September:

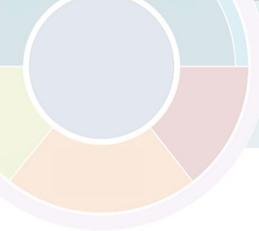
Send a [message about the PCF PEC Survey](#) to patients

November:

Resend a [message about the PCF PEC Survey](#) to patients

September – December:

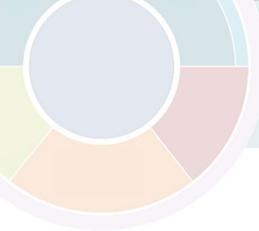
PEC Survey data collection period



CAHPS Patient-Centered Medical Home v. 3.0 questionnaire item sets and aids in respondent recall.

Every year, CMS evaluates ways to improve patient engagement. By using the resources provided below and taking a few important steps, your practice can increase your patients' awareness of the PCF PEC Survey and subsequently increase participation.

- ✓ **Send a message to patients in the fall** to let your patients know the survey will be coming and you would appreciate their participation. Please use [the language provided by CMS](#). Practices may send this message via patient portal or by other channels of communication, such as mail or video. We encourage practices to send the portal message in September before data collection begins and again in mid-November before telephone follow-up.
- ✓ **Display the PEC Survey poster at your practice.** Your practice must display at least one PCF PEC Survey poster in a highly visible area of your practice. The poster lists important PEC Survey information in 12 languages and has space to include your vendor's contact information. [Small versions](#) and [large versions](#) of the poster are available on PCF Connect. (The small version can also be used as a handout.)
- ✓ **Distribute the [PEC Survey FAQs](#) at your practice.** Print and distribute the PEC Survey FAQs, available in both English and Spanish on PCF Connect. Space is available to include your vendor's contact information.
- ✓ **Answer patient questions and express support for the survey.** Your practice staff should be aware of the PCF PEC Survey so they can confidently reassure patients the survey is legitimate and confidential. If a patient talks to practice staff about the survey, practice staff should answer questions according to the response given in the Waiting Room FAQs and assure patients of confidentiality.
- ✓ **Notify your PEC Survey vendor of residential care/assisted living facilities in your area.** Selected patients in these facilities will receive a special envelope and will not receive telephone calls due to the burden that it causes facility staff.
- ✓ **Confirm your practice name and address for your vendor.** Work with your PEC Survey vendor to ensure that the practice name and address that are printed on the survey are familiar to your patients. Lack of familiarity with a practice name or mailing address can lead to lower response rates.



Do Not:

- ✗ Provide a copy of the questionnaire or survey materials to patients.
- ✗ Discuss or share specific survey questions with patients.
- ✗ Attempt to influence patients' answers.
- ✗ Translate the survey into the patient's language. (A translation provided by the patient's family member or friend is appropriate.)

Please refer to the [Responsibilities of Practice Sites](#) Quick Link or Section 3.4 of the Vendor Quality Assurance Guidelines under the [Survey and Protocols tab on the PCF PEC Survey website](#) for additional information about the PEC Survey.

PEC Survey Administration

Who will receive the survey?

The PEC Survey will be administered to a random sample of patients from your practice site. CMS will select a systematic random sample of patients commensurate with your practice site size to be surveyed. The patient sample is designed to be representative of all rostered patients and large enough to yield sufficient completed surveys to achieve an acceptable level of reliability.

Read more about all-patient rosters in the [PCF Patient Survey Roster Instructions and FAQs](#).

When does data collection for the PCF PEC Survey take place?

Data collection occurs in the fall of each performance year.

What are the data collection modes offered for the PCF PEC Survey?

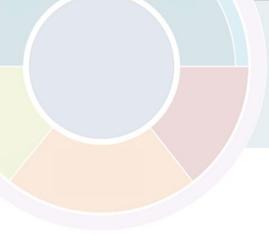
The PCF PEC Survey is an annual survey conducted once per year. Sampled patients will receive up to 2 mail surveys and 6 telephone calls over the 12-week data collection period.

How long does the survey take?

The PCF PEC Survey takes about 20 minutes.

What does the survey look like?

All survey materials sent to patients will use the Department of Health and Human Services (HHS) logo on the envelopes and letterhead. This is intended to bolster the survey's legitimacy in the eyes of patients, so that they are less likely to mistake it for junk mail and more likely to participate. Copies of the mail survey (English and Spanish) can be found on the [Survey and Protocols tab](#) of the PCF PEC Survey website and in the [PCF Connect Library](#).



What if a patient needs assistance responding to the survey?

Someone like a family member or friend can help patients respond to the survey by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. If the patient can't respond because of poor health, mental or physical limitations, or a language barrier, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf. This information is shared throughout all of the survey materials—the survey cover letters, the postcards, the poster, and the FAQs. The outside of the survey envelope also has a statement printed on it: "If needed, someone like a family member or friend can assist you with this survey." Please visit the [PCF Connect Library](#) or the [Survey and Protocols tab](#) on the PEC Survey website to view all PEC Survey materials.

What if a selected patient does not want to participate?

The PCF PEC Survey, like any legitimate research survey, allows respondents to skip or refuse to answer any questions that they don't know the answer to or don't feel comfortable answering. Participation in the survey is completely voluntary, which is clearly stated in the survey cover letter and in the informed consent script of the telephone interview, which all interviewers are required to read verbatim. No patients are required to participate or answer any questions.

Is patient information kept confidential?

CMS holds patient privacy as a top priority and all patient information will be kept private and confidential. Practice sites share patient names and other sensitive information with CMS and its contractors for the purposes of the PEC Survey. Health Insurance Portability and Accountability Act (HIPAA) covers all CMS contractors. The contractors work on behalf of the agency, and thus have the same rights and responsibilities under HIPAA and other privacy laws and regulations as CMS. All survey staff have signed confidentiality agreements, and all identifying patient information will be destroyed after the survey ends.

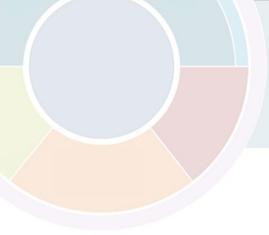
PEC Survey Scoring

What is the minimum required response rate for the PCF PEC Survey?

There is no required minimum response rate for Performance-based Adjustment (PBA) scoring, but the survey vendor does send the survey to a large number of patients, so that even if the response rate is low, each practice can be expected to meet a minimum number of responses. The target number of completed surveys is based on a reliability criterion recommended by the CAHPS Consortium for quality reporting programs like PCF. If a practice does not meet the reliability threshold, CMS will use the responses that were received, and the scores will be calculated based on those responses.

How does survey response rate impact the PEC Survey Summary Score?

Practice response rate does not affect the PEC Survey Summary Score. However, a high response rate means that your vendor has heard from a wide variety of patients served by your



practice. The PEC Survey Summary Score reflects how responding patients reported their experience of care on the survey.

How does CMS use the PEC Survey data to determine Performance-based Adjustment (PBA) scoring?

CMS transforms each survey response into PEC Survey domain-specific scores using numeric values assigned to responses for a given measure. The PEC Survey Summary Score is calculated as the average of the 5 PEC Survey domain-specific measures, and is case-mix adjusted based on age, gender, education, self-reported physical health, proxy response, and survey mode (paper survey vs. telephone interview). The distribution of PCF practice PEC Survey Summary Scores, on a 0 to 100 continuous scale, is assessed to arrive at a final benchmark. A practice's PEC Survey Summary Score must meet or exceed the benchmark to be eligible to pass the Quality Gateway.

How are practices benchmarked for the PEC Survey?

The Performance Year 2024 PEC Survey benchmark was informed by historical PCF practice performance (Performance Years 2021, 2022, and 2023) and is set at a threshold that CMS believes remains both motivational and achievable. To inform the benchmark for Performance Year 2025, practice surveys were scored using version 5.0 of the CAHPS Analysis Program. The domain-specific scores enable CMS to analyze case-mix-adjusted CAHPS survey data at the practice site level to make valid comparisons of performance (AHRQ, 2012). CMS will continue to assess PEC Survey performance before and after calendar year 2025 and may revise the PEC Survey benchmarks to preserve equity.

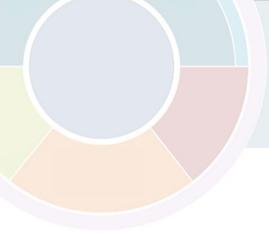
Are the results of the PEC Survey publicly reported?

Individual practice results of the PEC Survey are not publicly reported. CMS makes additional PCF model-level results publicly available on the [CMMI PCF website](#). These results include PCF region-level average PEC Survey Summary Score and region-level average domain performance. Practice-level data in this report indicates what benchmark decile each practice's PEC Survey Summary Score fell within. If you would like more information on how PEC Survey scores are calculated, or benchmark PEC Survey scoring, please reference section 4.1.1.3 Patient Experience of Care Survey Measurement of the [Payment and Attribution Methodologies resource](#). [↗](#)

Using Your PEC Survey Results to Improve Patient Care

The following resources are available for practices interested in using your PEC Survey results to identify areas of the patient experience in which your practice is performing well and where it needs improvement:

- **PCF PEC Survey Reports:** Available in the [PCF Practice Portal](#) for all Cohort 1 and Cohort 2 practices that participated in the PEC Survey. These detailed reports are released in Q2 for the previous performance year.



- [Understanding and Using Your PEC Survey Results On-Demand Webinar](#): Overview of every PEC Survey Report section and details on how your practice may implement changes based on your results.
- [PEC Survey Reports and Scoring Fact Sheet](#)
- [Introduction to the PCF PEC Survey On-Demand Webinar](#): Overview of survey protocols, instrument, and the role of the PEC Survey in the PCF model.

Patient feedback is an important tool for measuring quality of care—CMS appreciates your efforts to evaluate and improve your patients’ health care experience!

Note that survey vendors may also provide additional reports to their practice clients. However, **vendor results are not official CMS results and are for a practice’s internal quality improvement purposes only**. CMS-calculated results are considered as the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring.

Where Can I Learn More?

For more detail about the PCF PEC Survey, visit the [PCF PEC Survey Website](#).

The purpose of this fact sheet is to provide a basic overview of the PCF PEC Survey. For detailed PEC Survey measure specifications information, please review the [PCF Payment and Attribution Methodologies paper](#). If you have any further questions, please contact PCF Support at pcf@telligen.com or 888-517-7753.

[Understanding and Using Your PEC Survey Results Webinar](#)

[Introduction to PCF PEC Survey On-Demand Webinar](#)

[Patient Roster On-Demand Webinar](#)

[PEC Survey Reports and Scoring Fact Sheet](#)

[Payment and Attribution Methodologies Paper](#)

[PCF PEC Survey Website](#)

[Responsibilities for PCF Practice Sites](#)