

How to Upload Your Final Data

1. Log on to the [PCF PEC Survey portal](#).



Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items)
The official website for news and information about the PCF PEC Survey

Home General Information Vendors Survey and Protocols Training Data Submission

Welcome to the official site of the Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items)

The Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items) is designed to measure the experiences of people receiving care from Practice Sites participating in the Primary Care First (PCF) model. Beginning in 2021, the PCF PECS is conducted for PCF Practice Sites by survey vendors approved by the Centers for Medicare & Medicaid Services (CMS).

For more information on the background of the PCF PECS and participation requirements visit the [About PCF PECS](#) page. For information about how to become an approved PCF PECS vendor, please click on the [Vendor Application Process](#) link under the "General Information" tab above.

Viewers are encouraged to check this site, which is the official website for PCF PECS, regularly for updated information about PCF PECS.

For more information, please contact pcfpecs@rti.org or call 1-833-997-2715.

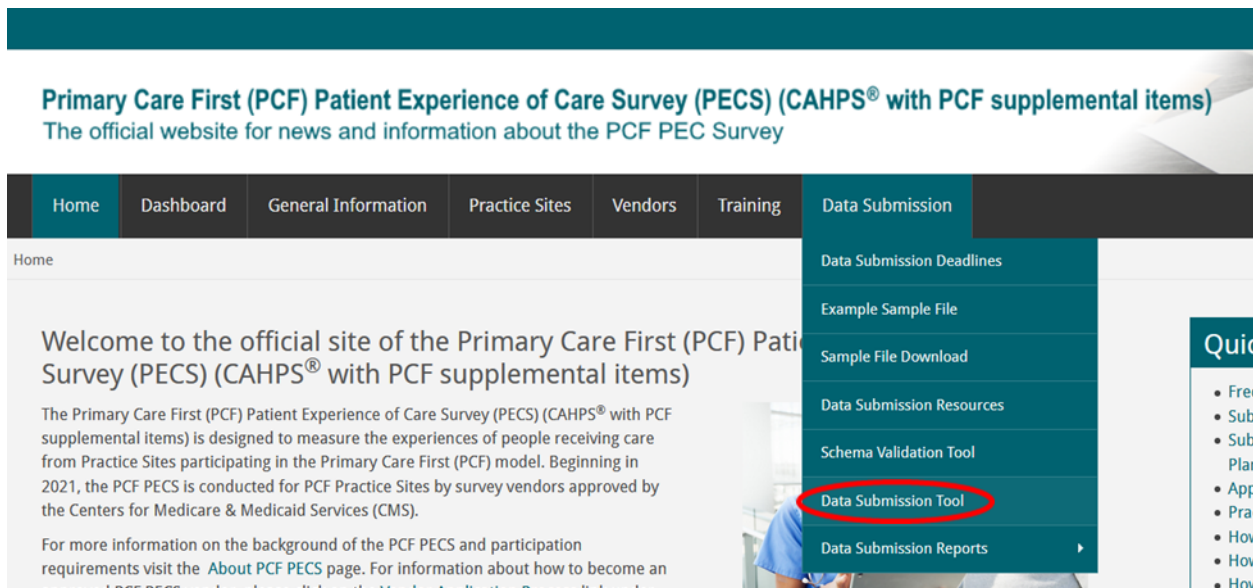
For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

Para información sobre esta encuesta o para hablar con alguien en español, por favor, comuníquese con el personal de coordinación de encuestas de PCF PECS por correo electrónico a la dirección pcfpecs@rti.org o puede llamar al número gratuito 1-833-997-2715.

Quick Links

- Approved Survey Vendors

2. Move your cursor over the Data Submission tab and select "Data Submission Tool."



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Home Dashboard General Information Practice Sites Vendors Training Data Submission

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Data Submission Deadlines
Example Sample File
Sample File Download
Data Submission Resources
Schema Validation Tool
Data Submission Tool
Data Submission Reports

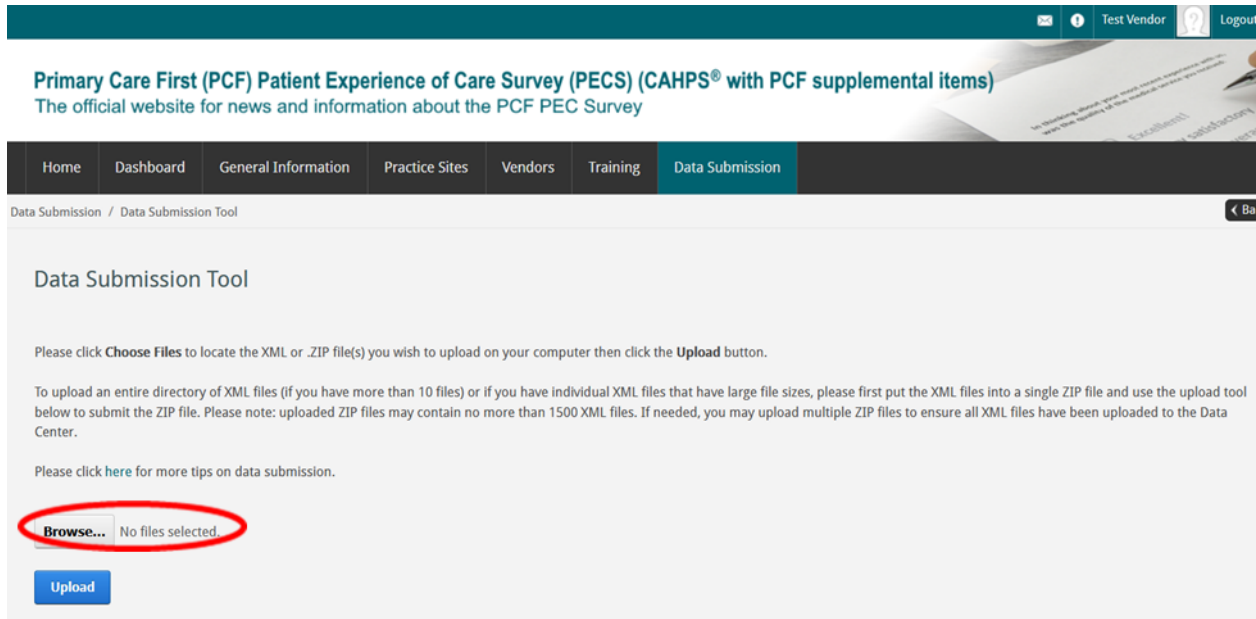
Quick Links

- Frec
- Sub
- Sub
- Plar
- App
- Pra
- Hov
- Hov
- Hov

3. Click the “Browse” button to search for and select the file to upload.

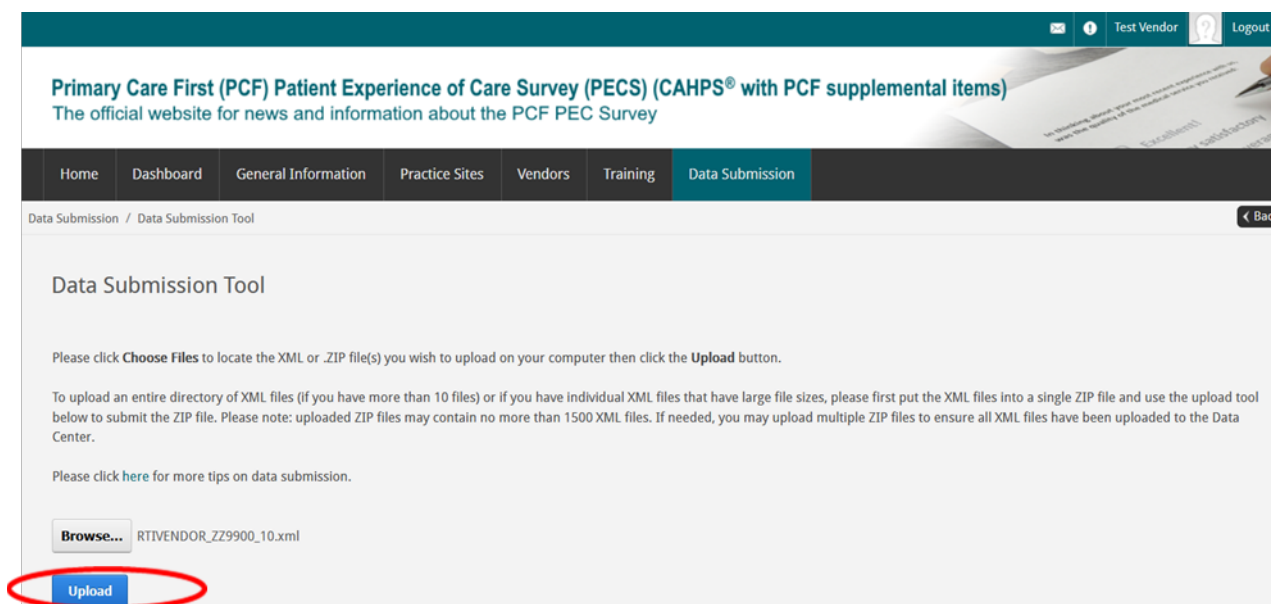
*Note: It is preferred that files include the name of the vendor in the file name. Example:
RTI_ZZ9900_2021.xml*

Note: Survey vendors can select either a single XML file or a single ZIP file that contains 1 XML file each from multiple practice sites. Do not include more than 1,500 XML files in a single zip file.



The screenshot shows the 'Data Submission Tool' interface. At the top, there is a navigation bar with links for Home, Dashboard, General Information, Practice Sites, Vendors, Training, and Data Submission. Below this is a header section for the 'Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items)'. The main content area contains instructions for uploading XML or ZIP files. A 'Browse...' button is highlighted with a red circle, and the text 'No files selected' is displayed next to it. An 'Upload' button is also visible below the instructions.

4. After selecting the file to be uploaded, click “Upload” to submit the file.



The screenshot shows the 'Data Submission Tool' interface after a file has been selected. The 'Browse...' button now displays the filename 'RTIVENDOR_ZZ9900_10.xml'. The 'Upload' button is highlighted with a red circle, indicating the next step in the process. The rest of the interface, including the navigation bar and header, remains the same.

5. To write over the already-submitted file, click the “Upload another XML file(s)” button on the same screen. **Only one XML or one zip file can be submitted. All subsequent data will overwrite any previously submitted data.**

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[Home](#)[Dashboard](#)[General Information](#)[Practice Sites](#)[Vendors](#)[Training](#)[Data Submission](#)

Data Submission / Data Submission Tool

Data Submission Tool

Upload another XML file(s)

Validation Results Report
Vendor: RTI
CCN #: ZZ9900, Survey Year: 2021, Patients Sampled: 10
File: RTIVENDOR_ZZ9900_10_AMF - Copy (2).xml
Message 1010: File Passed all XML Format checks.
Schema Validation: VALID
Data Validation Checks: VALID

Batch ID: 67