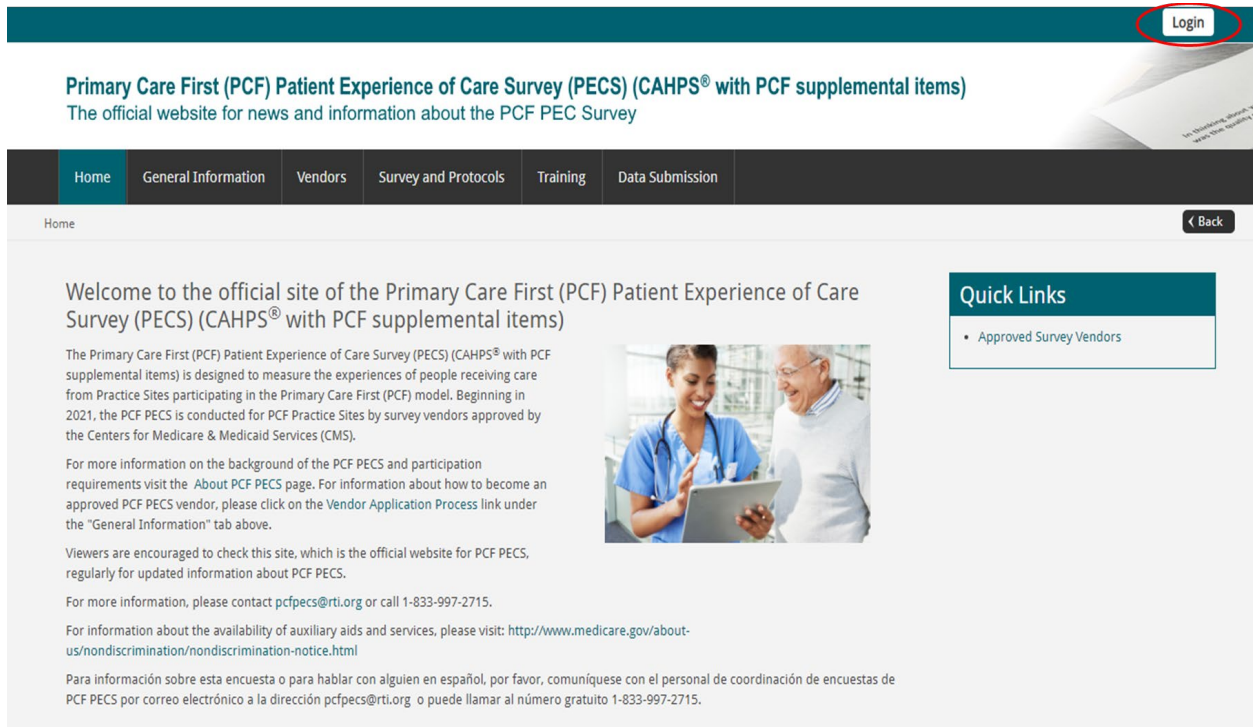


Submitting your Revised Quality Assurance Plan

How to submit your QAP on the PCF PECS Website:

1. Visit <https://pcfpecs.org/> and click “Login”



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

Home ← Back

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.

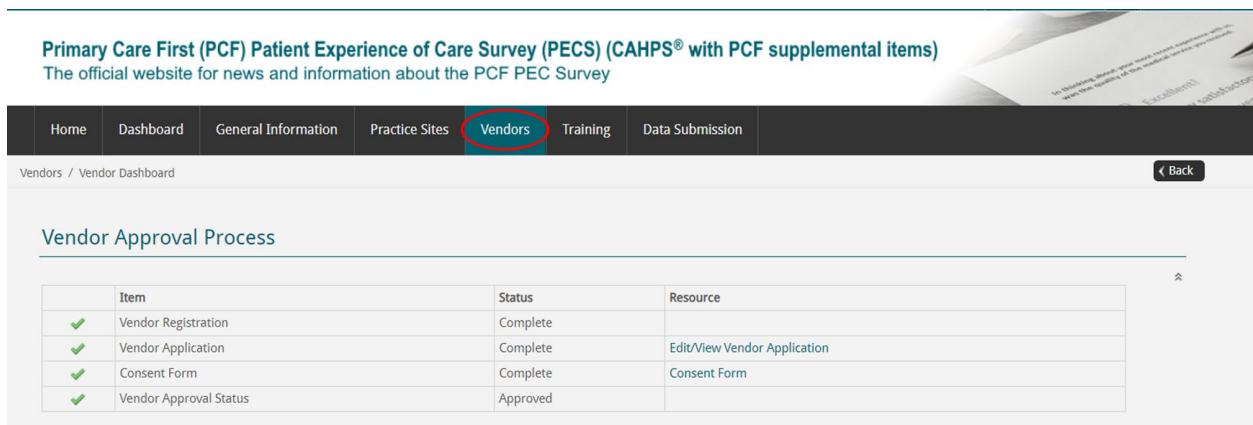
For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

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 “Vendors” tab in the top menu bar.



Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items)
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Home Dashboard General Information Practice Sites **Vendors** Training Data Submission

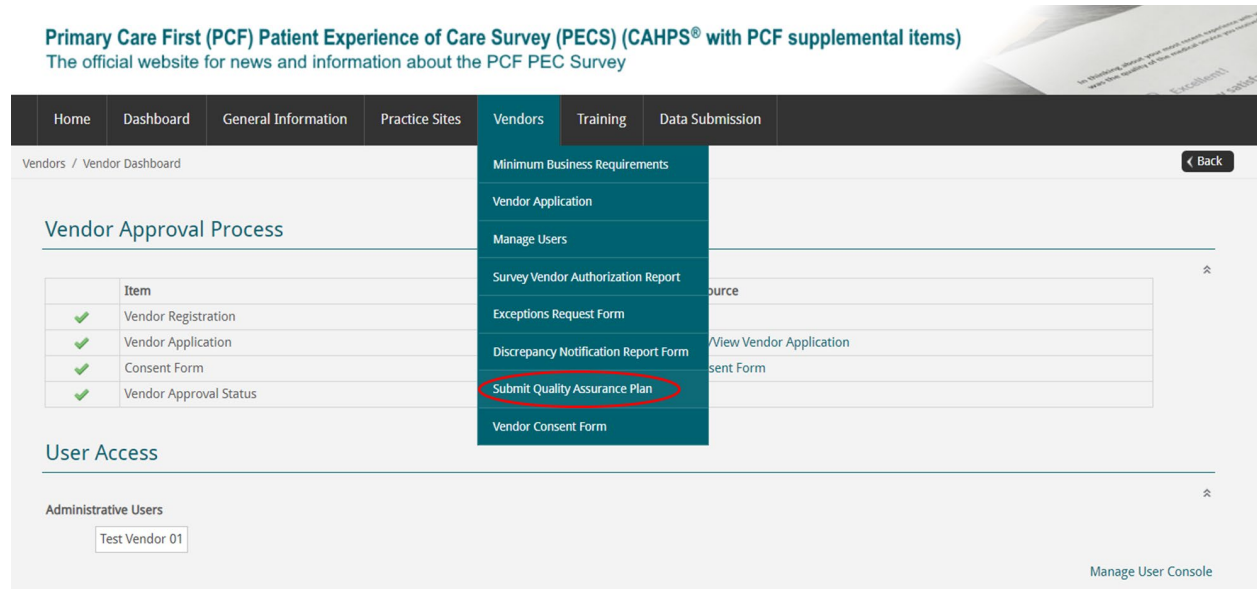
Vendors / Vendor Dashboard ← Back

Vendor Approval Process

Item	Status	Resource
✓ Vendor Registration	Complete	
✓ Vendor Application	Complete	Edit/View Vendor Application
✓ Consent Form	Complete	Consent Form
✓ Vendor Approval Status	Approved	

3. Then click on “Submit Quality Assurance Plan”.

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Vendors / Vendor Dashboard

Vendor Approval Process

Item	
✓	Vendor Registration
✓	Vendor Application
✓	Consent Form
✓	Vendor Approval Status

User Access

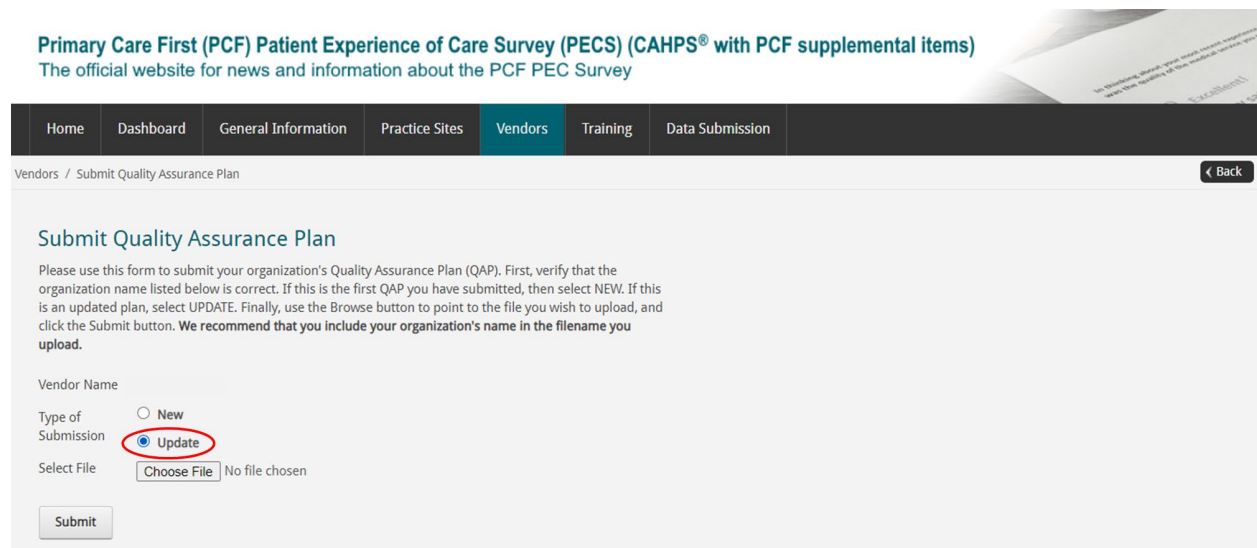
Administrative Users

Test Vendor 01

Manage User Console

4. Select the radio button that says “Update”.

Primary Care First (PCF) Patient Experience of Care Survey (PECS) (CAHPS® with PCF supplemental items)
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Vendors / Submit Quality Assurance Plan

Submit Quality Assurance Plan

Please use this form to submit your organization's Quality Assurance Plan (QAP). First, verify that the organization name listed below is correct. If this is the first QAP you have submitted, then select NEW. If this is an updated plan, select UPDATE. Finally, use the Browse button to point to the file you wish to upload, and click the Submit button. We recommend that you include your organization's name in the filename you upload.

Vendor Name

Type of Submission New Update

Select File No file chosen

5. Beside the box that says "Choose File" you will see the file name of the document that you selected. If this is the correct file, click "Submit".

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Vendors / Submit Quality Assurance Plan Back

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Vendor Name

Type of Submission New Update

Select File [Vendor Name] QAP.docx