



PRIMARY CARE FIRST: PATIENT EXPERIENCE OF CARE SURVEY (PECS) QUALITY ASSURANCE GUIDELINES FOR SURVEY VENDORS

Volume I, Version II
January 2022

ACKNOWLEDGMENTS

This manual was prepared under contract with the Centers for Medicare & Medicaid Services (CMS) by RTI International.



Table of Contents

| | |
|--|----|
| Acronyms..... | 7 |
| Chapter 1: Quality Assurance Guidelines and Technical Assistance for Primary Care First Patient Experience of Care Survey (PCF PEC Survey)..... | 9 |
| 1.1 Purpose of the Quality Assurance Guidelines | 9 |
| 1.2 Technical Assistance on PCF PECS | 9 |
| Chapter 2: Introduction and Overview..... | 11 |
| 2.1 About the Primary Care First Model Option | 11 |
| 2.2 About the PCF PEC Survey instrument..... | 11 |
| 2.3 About the PCF PEC Survey Administration | 12 |
| 2.4 What's New or Different? | 13 |
| Chapter 3: Roles and Responsibilities | 15 |
| 3.1 Overview..... | 15 |
| 3.2 CMS Responsibilities | 15 |
| 3.2.1 Provide Survey Vendor Training and Approve Vendors..... | 15 |
| 3.2.2 Provide Survey Administration Procedures, Technical Assistance, and Updated Information to Vendors..... | 15 |
| 3.2.3 Maintain and Distribute List of Approved PECS Vendors | 16 |
| 3.2.4 Provide Survey Vendors with Sample Files | 17 |
| 3.2.5 Review, Score, and Report Personalized Data to Practice Sites | 17 |
| 3.3 Survey Vendors..... | 18 |
| 3.3.1 Meet Minimum Business Requirements | 18 |
| 3.3.2 Register on the PCF PECS Web Portal and Submit Vendor Application | 18 |
| 3.3.3 Coordinate with Practice Sites..... | 19 |
| 3.3.4 Attend Training and Pass Training Certification..... | 20 |
| 3.3.5 Sign Business Associate Agreement and Adhere to Data Security Protocols | 21 |
| 3.3.6 Follow the PCF PEC Survey Quality Assurance Guidelines When Conducting Data Collection and Data Processing Activities | 21 |
| 3.3.7 Attest to the Accuracy of the Data Collection Process | 22 |
| 3.3.8 Submit Quality Assurance Plan | 22 |
| 3.3.9 Participate in Oversight Activities Conducted by the PCF PEC Survey Project Team..... | 23 |
| 3.4 Primary Care First Participating Practice Sites | 23 |
| 3.4.1 Authorize a Vendor to Conduct the Survey..... | 23 |
| 3.4.2 Roster Submission | 25 |
| 3.4.3 Notify Vendor of Residential Care/Assisted Living Facilities | 25 |



| | | |
|------------|--|----|
| 3.4.4 | Communicate With Patients About the Survey in Accordance with CMS Specifications | 26 |
| 3.4.5 | Administering PCF PEC Survey in Conjunction with Other Surveys | 28 |
| 3.4.6 | Execute Business Associate Agreement (BAA) with Survey Vendor | 28 |
| Chapter 4: | Sampling Protocol | 31 |
| 4.1 | Overview | 31 |
| 4.2 | CMS Prepares Sample Files | 31 |
| 4.3 | Vendors Download Sample for Practice Site(s) | 32 |
| 4.4 | Sample File Variables | 34 |
| 4.5 | Vendors Implement Sample File Download Quality Control Procedures | 40 |
| 4.6 | Vendors Prepare the Survey Sample for Each Practice Site | 41 |
| 4.6.1 | General Instructions | 41 |
| 4.6.2 | Identify Patients Residing in Facilities | 42 |
| 4.6.3 | Sampled Cases to Remove | 42 |
| 4.6.4 | Employ Address Standardization and Forwarding Address Techniques | 43 |
| Chapter 5: | Data Collection Protocol | 45 |
| 5.1 | Overview | 45 |
| 5.2 | Schedule of Mail with Telephone Follow-up Protocol | 47 |
| 5.3 | Support Survey Administration in Spanish | 48 |
| 5.4 | Facilitate Completions by Sample Member Helpers and Proxies | 49 |
| 5.5 | Administer Mail Protocol | 50 |
| 5.5.1 | Teaser Postcard | 50 |
| 5.5.2 | Questionnaire Mailout #1: Letter, Questionnaire, BRE, Envelopes, and Envelope for Sample Members Residing in Residential Care Facilities | 51 |
| 5.5.3 | Reminder Postcard | 55 |
| 5.5.4 | Questionnaire Mailout #2: Letter, Questionnaire, Envelopes, and Envelope for Sampling Members Residing in Residential Care Facilities | 56 |
| 5.5.5 | Incentives | 58 |
| 5.5.6 | Instructions About Adding Practice-Specific Questions | 58 |
| 5.5.7 | Perform Quality Control Measures on Mailings | 59 |
| 5.5.8 | Conduct Data Receipt of Questionnaires Returned by Mail | 60 |
| 5.5.9 | Process Data from Questionnaires Returned by Mail | 63 |
| 5.5.10 | Process White Mail | 64 |
| 5.5.11 | Store Data | 64 |
| 5.5.12 | Conduct Training for Staff in Mail Portion of Survey | 64 |
| 5.6 | Conduct Telephone Follow-up Protocol | 65 |
| 5.6.1 | Use a Batch Service to Obtain Sample Member Phone Numbers When Not Provided | 65 |
| 5.6.2 | Operate the Inbound Telephone and Email Help Desk | 66 |



| | | |
|--|---|-----|
| 5.6.3 | Use a Phone Interviewing System..... | 69 |
| 5.6.4 | Make Required Attempts to Reach Patient..... | 71 |
| 5.6.5 | Utilize Only Approved FAQs and Interview Phone Script..... | 74 |
| 5.6.6 | Assign Status Codes after Every Call..... | 75 |
| 5.6.7 | Utilize a Protocol for Distressed Sample Members/Respondents | 75 |
| 5.6.8 | Train Telephone Interviewers on All Telephone Follow-Up Protocols | 76 |
| 5.6.9 | Conduct Phone Monitoring and Oversight..... | 77 |
| 5.7 | Exceptions Request Procedure | 79 |
| 5.8 | Discrepancy Report Procedure | 79 |
| Chapter 6: Data Coding and Preparation | | 81 |
| 6.1 | Overview | 81 |
| 6.2 | Data Coding Guidelines | 81 |
| 6.2.1 | Coding When There is Ambiguity in Which Response is Marked | 81 |
| 6.2.2 | Coding Questions That are Not Answered | 81 |
| 6.3 | Data Preparation | 82 |
| 6.3.1 | Definition of Complete and Partial Complete Surveys | 83 |
| 6.3.2 | Handling Blank Questionnaires | 88 |
| 6.3.3 | Handling Duplicate Surveys by Mail and Phone | 89 |
| 6.4 | Survey Status Codes | 89 |
| 6.4.1 | Types of Refusals | 91 |
| Chapter 7: Data Submission | | 93 |
| 7.1 | Overview | 93 |
| 7.2 | From Which Practices is a Data Submission File Expected?..... | 93 |
| 7.3 | Data to Submit | 94 |
| 7.3.1 | Header Record..... | 94 |
| 7.3.2 | Patient Administrative Data Record..... | 94 |
| 7.3.3 | Patient Response Record | 95 |
| 7.4 | XML File Quality Control Procedures | 96 |
| 7.5 | Submission Procedures | 97 |
| 7.5.1 | File Naming Conventions | 98 |
| 7.5.2 | Validations Performed Upon Upload | 98 |
| 7.6 | Data Submission Reports..... | 99 |
| 7.6.1 | Reports for Survey Vendors | 99 |
| 7.6.2 | Reports for PCF Practice Sites..... | 99 |
| 7.7 | Resubmitting Files..... | 99 |
| 7.8 | Assistance with Data Files and Data Submissions | 100 |
| Chapter 8: Data Analysis and Reporting | | 101 |
| 8.1 | Overview | 101 |



| | | |
|---|---|-----|
| 8.2 | CMS Analysis of the PCF PEC Survey Data Set..... | 101 |
| 8.3 | CMS' Reports and Training Given to PCF Practice Sites | 101 |
| 8.4 | Survey Vendor Analysis and Reporting of PCF PEC Survey Data | 101 |
| Chapter 9: Data Confidentiality and Data Security | | 103 |
| 9.1 | Overview | 103 |
| 9.2 | Assuring Sample Patients of Confidentiality | 103 |
| 9.3 | Safeguarding Patient Data | 104 |
| 9.3.1 | Limit Access to Confidential Data to Authorized Staff..... | 104 |
| 9.3.2 | Physical Security of Patient Data..... | 104 |
| 9.3.3 | Electronic Security of Patient Data | 104 |
| 9.4 | Develop Procedures for Identifying and Handling Breaches of Confidential Data | 105 |
| 9.5 | Required Confidentiality Agreements | 106 |
| 9.5.1 | Business Associate Agreement with Practice | 106 |
| 9.5.2 | Vendor and Subcontractor Staff Confidentiality Agreement..... | 106 |
| Chapter 10: Oversight..... | | 107 |
| 10.1 | Overview | 107 |
| 10.2 | Oversight Activities and Timeline | 107 |
| 10.3 | Quality Assurance Plans (QAPs)..... | 108 |
| 10.3.1 | Submission by Vendors..... | 109 |
| 10.3.2 | Review by CMS and Resubmission of QAPs When Needed | 109 |
| 10.3.3 | Mail Templates and Telephone Survey Materials | 109 |
| 10.4 | Data Review..... | 110 |
| 10.5 | Telephone Interviewer Monitoring | 111 |
| 10.6 | Remote Site Visits | 112 |
| 10.7 | Corrective Action Plans | 114 |

Appendices

| | |
|-------------|---|
| Appendix A: | Minimum Business Requirements |
| Appendix B: | Vendor Application |
| Appendix C: | Teaser Postcard |
| Appendix D: | Mailout #1 |
| Appendix E: | Reminder Postcard |
| Appendix F: | Mailout #2 |
| Appendix G: | CATI Script English |
| Appendix H: | CATI Script Spanish |
| Appendix I: | Frequently Asked Questions from Sample Members for Use by Telephone Interviewing/Inbound Help Desk |
| Appendix J: | General Guidelines for Telephone Interviewers |



| | |
|-------------|--|
| Appendix K: | Exceptions Request Form |
| Appendix L: | Discrepancy Notification Form |
| Appendix M: | Poster |
| Appendix N: | Waiting Room FAQs |
| Appendix O: | Model Quality Assurance Plan Outline |
| Appendix P: | XML Data File Layout for Standard Record |

List of Figures

| | | |
|-------------|--|-----|
| Figure 5-1 | Mail with Telephone Follow-up Timing | 48 |
| Figure 5-2 | Summary of Proxy Use on PCF PEC Survey | 49 |
| Figure 5-3 | Teaser Postcard Timing..... | 50 |
| Figure 5-4 | First Questionnaire Timing | 51 |
| Figure 5-5 | Reminder Postcard Timing..... | 55 |
| Figure 5-6 | Second Questionnaire Timing..... | 56 |
| Figure 5-7 | Telephone Follow-up Timing..... | 65 |
| Figure 5-8 | Help Desk Timing | 66 |
| Figure 7-1 | Data Submissions Timing | 93 |
| Figure 10-1 | Quality Assurance Plans Timing | 108 |

List of Exhibits

| | | |
|--------------|---|-----|
| Exhibit 2-1 | New or Updated Information in this Manual | 13 |
| Exhibit 4-1 | Number of Patients CMS will sample, By Practice site Size Strata..... | 32 |
| Exhibit 4-2 | Variables Included in PCF PEC Survey Sample Files | 35 |
| Exhibit 5-1 | PCF PEC Survey Administration Schedule | 45 |
| Exhibit 5-2 | PCF PEC Survey Final Status Codes | 61 |
| Exhibit 6-1 | PCF PEC Survey Items and Survey Completeness Criteria..... | 84 |
| Exhibit 10-1 | PCF PEC Survey Oversight Timeline..... | 107 |



Acronyms

Acronym

Term

| | |
|-------|---|
| ACO | Accountable Care Organization |
| ATA | Applies to all |
| CAHPS | Consumer Assessment of Healthcare Providers and Systems |
| CATI | Computer Assisted Telephone Interviewing |
| CDA | Confidential Disclosure Agreement |
| CMS | Centers for Medicare and Medicaid Services |
| DUA | Data Use Agreement |
| PECS | Patient Experience of Care Survey |
| PHI | Protected health information |
| PII | Personally identifiable information |
| QAP | Quality Assurance Plan |
| SID | Sample Identification Number |



[This page was intentionally left blank]



Chapter 1: Quality Assurance Guidelines and Technical Assistance for Primary Care First Patient Experience of Care Survey (PCF PEC Survey)

1.1 Purpose of the Quality Assurance Guidelines

The Centers for Medicare & Medicaid Services (CMS) developed the Quality Assurance Guidelines for the Primary Care First Patient Experience of Care Survey (PCF PEC Survey) (CAHPS® with PCF supplemental items) to standardize the data collection process and to make sure the survey data collected across survey vendors are comparable. The information included in this document is intended primarily for survey vendors, though PCF practice sites may also find it of interest. Survey vendors on PCF PECS are required to adhere to all aspects of these Quality Assurance Guidelines.

1.2 Technical Assistance on PCF PECS

Survey vendors approved or interested in being approved for the PCF PEC Survey¹ may use the following resources to obtain information or technical support with any aspect of PCF PEC Survey:

pcfpecs@rti.org
833-997-2715

For general information, important news, updates and all materials to support implementation:

<https://pcfpecs.org> 

Primary care practice sites participating in the Primary Care First Model who have questions about survey administration, survey vendors, or the PCF model should contact PCF Support:

PCF@telligen.com
888-517-7753

Visit the Primary Care First website:

<https://innovation.cms.gov/innovation-models/primary-care-first-model-options>

¹ CAHPS® with PCF Supplemental Items



[This page was intentionally left blank]



Chapter 2: Introduction and Overview

2.1 *About the Primary Care First Model Option*

Primary Care First reflects a regionally-based, multi-payer approach to care delivery and payment. Primary Care First fosters practitioner independence by increasing flexibility for primary care, providing participating practitioners with the freedom to innovate their care delivery approach based on their unique patient population and resources. Primary Care First rewards participants with additional revenue for taking on limited risk based on easily understood, actionable outcomes.

In Primary Care First, CMS uses a focused set of clinical quality and patient experience measures to assess quality of care delivered at the practice site. A Primary Care First practice site must meet standards that reflect quality care in order to be eligible for a positive performance-based adjustment to their primary care revenue. These measures were selected to be actionable, clinically meaningful, and aligned with CMS's broader quality measurement strategy.

The Primary Care First model begins on January 1st of each year. The model is organized into performance years. The second performance year is January 1, 2022—December 31, 2022. CMS plans for at least five performance years. Each performance year begins January 1 and ends December 31.

One of practice sites' requirements as a PCF participant is an annual Patient Experience of Care Survey (PECS). CMS scores practice sites' performance on the PECS and benchmarks it against scores of all Model participants. The PECS score each year impacts practice sites' quality score and financial recoupment for that performance year. Because of this PECS requirement, PCF practice sites are required to select a CAHPS survey vendor to administer an annual patient experience of care survey on their behalf. Only CAHPS survey vendors who have been fully approved by CMS for mixed-mode surveys on a CMS program may apply for the PCF PEC Survey program. **Section 3.3.2, Register on the PCF PECS Web Portal and Submit Vendor Application** outlines the process vendors follow to initiate, attain and retain approval.

2.2 *About the PCF PEC Survey instrument*

The [CAHPS initiative](#) is a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, the RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service.

The PCF PEC Survey instrument is the CAHPS Clinician & Group Survey version 3.1 (known as CG-CAHPS 3.1) with additional PCF-specific questions. Some questions are about experience in the last 6 months with the practice site in general, and other questions are about experience



in the last 6 months with the primary care provider the patient saw most often at this practice site. In addition to the CG-CAHPS questions, PCF PEC Survey measures the extent to which patients experienced the practice site and provider demonstrating other desirable behaviors. These behaviors are called **care delivery functions** and they are important to PCF because they help achieve PCF Model goals such as improving patient health, raising patient engagement, and reducing unnecessary spending.

The survey measures patient experience of care across 5 domains:

1. **Getting Timely Care, Appointments, and Information.** This includes questions about making routine appointments, getting care right away, extended office hours, and getting answers to medical questions when the office is closed.
2. **How Well Providers Communicate.** Questions in this domain ask how the provider explained things, listened to the patient, knew about the patient's medical history, showed respect for what the patient had to say, and spent enough time with the patient.
3. **Patient's Rating of Provider.** This question asks the patient to use a number from 0-10 to rate their provider.
4. **Attention to Care from Other Providers.** This includes patient experience questions about receiving test results, how knowledgeable the provider seemed about care received from other specialists, if provider gave helped the patient manage care among different providers, and if the provider followed up with the patient after a hospital or emergency room visit.
5. **Support Patients Taking Care of Own Health.** Questions in this domain ask if the provider talked with the patient about health goals, common behavior health needs, about things that make it hard to take care of their health, and about decisions related to medication.

The questions and structure of the PCF PEC Survey is based on the instrument from CMS' Comprehensive Primary Care First (CPC+) model. CPC+ is a payment model which has been in use since 2017. It is considered a precursor to PCF.

Detailed information about CMS' scoring of the PCF PEC Survey is found in **Section 8.2, CMS Analysis of the PCF PEC Survey Data Set.**

2.3 About the PCF PEC Survey Administration

The PCF PEC Survey is an annual mixed-mode (i.e., mail with telephone follow-up) survey conducted each Fall with an all-payer, all-adult sample of patients from each participating PCF practice site. Practice sites provide their patient rosters to CMS, and CMS selects a sample for each practice site, commensurate with practice site size. Detailed information on sampling is found in **Chapter 4, Sampling Protocol** and information on data preparation and submission are found in **Chapters 6–7.**

In general, each year of PCF follows the same pattern, whereby practice sites' new performance year begins in January and PCF PEC Survey begins in the Fall. A general schedule and Performance Year 2022 schedule is presented in Table 5-1. The dates for each survey year will be updated and published on [the PCF PEC Survey web portal](#).

2.4 What's New or Different?

Exhibit 2-1 contains a list of the chapters in this document in which some of the more major changes in survey protocols and materials are described and where topics have been clarified. Survey vendors should note that this table only highlights chapters in which the more major changes are described. The PCF PEC Survey team strongly encourages vendors to read this entire manual because information in some chapters changed but is not described in the table below.

Exhibit 2-1
New or Updated Information in this Manual

| Chapter | Page | New or Additional Information |
|-----------|------|--|
| Global | NA | Dates changed to reflect the 2022 Performance Year |
| Global | NA | References to <i>Introduction to PCF PECS Webinar for Survey Vendors</i> replaced with references to self-guided introductory training. |
| Global | NA | Distinction between tasks for new applicants/conditionally approved vendors and returning/fully approved vendors who participated in PY 2021 data collection |
| Chapter 2 | 13 | What's new or different table highlighting changes |
| Chapter 2 | 17 | Updated requirements for conditionally and fully approved vendors to maintain their status |
| Chapter 3 | 25 | Updated practice responsibilities to include signing contract with authorized survey vendor |
| Chapter 3 | 29 | Business Associate Agreement requirements for practice sites have been updated to require an attestation during vendor authorization |
| Chapter 4 | 31 | Downloading sample from PCF PEC Survey website has been expanded to include more detail, website screenshots, and link to PDF instructions |
| Chapter 4 | 35 | Parts of Exhibit 4-2 have been updated with new variable names, formats, and lengths |
| Chapter 5 | 45 | Updated Exhibit 5-1 to reflect PY 2022 survey timing |
| Chapter 5 | 49 | Updated mail survey timing to reflect PY 2022 and updated formatting and printing guidelines |
| Chapter 5 | 50 | Updated postcard requirements to allow sample IDs to be included on postcards |



| Chapter | Page | New or Additional Information |
|------------|------|--|
| Chapter 5 | 65 | Updated recommendations for Help Desk email address |
| Chapter 6 | 67 | Updated requirements for white mail |
| Chapter 5 | 70 | Updated requirements for Help Desk training |
| Chapter 5 | 75 | Updated phone attempt definition |
| Chapter 5 | 78 | Clarified that vendors should use their own CATI front-end and back-end programming around the PCF PEC Survey instrument to ensure proper dispositioning of cases |
| Chapter 5 | 81 | Updated requirements for Help Desk monitoring |
| Chapter 6 | 89 | Updated to include descriptions for the types of refusals |
| Chapter 7 | 97 | Clarified that vendors should not submit provider name for Question 2 |
| Chapter 9 | 104 | Updates to requirements for electronic data security |
| Chapter 9 | 105 | Turnaround time for notification of a HIPAA breach has been changed from 3 business days to 24 hours |
| Chapter 9 | 108 | Data security requirements have been updated to include requirement that portable hard drives or flash drives are not permitted and electronic data should not be stored offsite |
| Chapter 10 | 107 | Updated Exhibit 10-1 to include PY 2022 oversight activities |
| Chapter 10 | 111 | Telephone interviewer recording section has been changed to telephone interviewer monitoring with specific instructions for submitting monitoring logs |
| Chapter 10 | 113 | Print proofs have been added as an oversight requirement for vendors who had quality issues in a previous Performance Year |
| Chapter 10 | 114 | Update to corrective action plan protocols |
| Appendix D | | Cover letter revised to update number of practices in PCF. Q1 and Q2 of questionnaire updated with telehealth language from CG CAHPS 3.1 |
| Appendix F | | Q1 and Q2 of questionnaire updated with telehealth language from CG CAHPS 3.1 |
| Appendix O | | Updated instructions for Help Desk and interviewer monitoring. Details on virtual monitoring should be included. Updated survey material submission dates |
| Appendix P | | XML Data File Layout for Standard Record included in Appendix P |



Chapter 3: Roles and Responsibilities

3.1 Overview

The purpose of this manual is to describe in detail the roles and responsibilities of approved CAHPS vendors administering the PCF PEC Survey. Many of these responsibilities involve transactions and interactions with practice sites, CMS, and RTI (CMS' contractor). Vendors will better understand their own responsibilities if they have an overview of the areas of responsibility of practice sites, CMS, and RTI. This section gives that overview.

3.2 CMS Responsibilities

3.2.1 Provide Survey Vendor Training and Approve Vendors

CMS (through its contractor, RTI International) will provide a self-paced **Introduction to the PCF PEC Survey Training**, via on-demand webinar. Successful completion of training and passing training certification are necessary steps in attaining status as a Fully Approved vendor.

The stages of vendor approval² on PCF PEC Survey are as follows:

1. **Conditional approval.** In January 2022, CMS will invite vendors who are on the approved list of other CAHPS mixed-mode surveys as of December 1, 2021 to submit an application to PCF PEC Survey. All vendors whose PCF PEC Survey applications have been received by CMS (through their contractor RTI) on or before February 4, 2022 and have been found to be satisfactory will receive Conditional Approval.
2. **Full approval.** Vendors will receive Full Approval upon completion of two steps. First, survey vendors must successfully complete the Introduction to PCF PEC Survey training and pass the training certification. Second, a vendor must submit a Quality Assurance Plan (QAP—described in **Section 3.3.8, Submit Quality Assurance Plan** and **Section 10.3, Quality Assurance Plans**) for review by CMS (through their contractor RTI). Once the QAP has been deemed satisfactory, vendors will receive Full Approval.


CMS will also provide **PCF PEC Survey Update Training**, via live webinar, on an annual basis. Returning vendors must complete this training each year.

3.2.2 Provide Survey Administration Procedures, Technical Assistance, and Updated Information to Vendors

CMS (through its contractor, RTI International) will provide all survey administration materials and instructions. All updates will be provided promptly on the [PCF PEC Survey web portal](#). This web portal—to which all vendors will receive credentials—is the main communication channel through which vendors will access materials, updates, schedules, and transact files


² This process is only applicable to vendors who are applying to PCF PEC SURVEY for the first time or who have been asked to reapply. Fully approved vendors who participated in the PY 2021 data collection process will only be required to attend the PCF PEC SURVEY Update Training.




with CMS. Although CMS will send email notifications to survey vendors alerting them to updates, CMS recommends survey vendors accustom themselves to regularly checking the [PCF PECS web portal](#)  for updates.

Additionally, on an annual basis, CMS will publish (1) an updated version of these **Quality Assurance Guidelines** comprehensive of any mid-year changes, and (2) a description of changes from the prior version. CMS will publish this document before the annual **PCF PEC Survey Update Training**.

Throughout PCF PECS, CMS will also:

- Provide technical assistance to survey vendors via a toll-free telephone number, emails, and the [PCF PEC Survey web portal](#) , (see **Section 1.2, Technical Assistance on PCF PEC Survey**).
- Conduct oversight and quality assurance of survey vendors (described in **Chapter 10, Oversight**).

3.2.3 Maintain and Distribute List of Approved PECS Vendors

PCF outreach and onboarding materials communicated to practice sites that they are required to contract with a CMS-approved survey vendor to conduct the PCF PEC Survey. CMS supports practices in their requirement by assembling and maintaining an up-to-date list of PCF PEC Survey vendors who have Full Approval. CMS is also responsible for making this list available to practice sites at least 120 days in advance of when PCF practice sites must begin conducting PEC Survey, which is in May of each year. CMS will refresh the list annually in approximately May, and more frequently to account for any changes in vendor status. CMS will publicize this list, together with vendor contact information, on the communication portal specific to PCF practice sites and partners. The list will also be posted on the [PCF PEC Survey web portal](#) .

With respect to CMS' maintenance of the list of Approved Vendors, please note the following reasons a vendor could lose their approval status and be removed from the list:

Vendors without clients: Conditionally Approved and Fully Approved Vendors that do not obtain a contract with at least one practice site for that Performance Year's survey fielding cycle will lose their approved vendor status. If a vendor wishes to reinstate approval after it is removed, the vendor will need to reapply and meet all vendor requirements, including participation in and successful completion of the **Introduction to the PCF PEC Survey Webinar** training session.

Vendor withdrawals: Any PCF PEC Survey vendor, regardless of status, who wishes to be removed from the list should contact pcfpecs@rti.org with this request.

- If they have no active practice sites CMS will remove them from the list of approved vendors as soon as their request is received.

- If they have active practice sites CMS expects them to finish data collection activities of the current survey period for each client, process the data collected, and submit an XML data file for each practice site to CMS. RTI will continue to consider them an active vendor until the data submission period for the current performance year ends. As such, they will continue to receive emails sent to all survey vendors and are expected to check the website on a regular basis to review new posted announcements. This vendor's access to the private links on the website will remain in effect until after the data submission period deadline for the performance year ends. Consistent with the vendor's desire to no longer participate as a vendor in PCF PEC Survey, the vendor must inform their client practice site(s) of their decision in a timely manner so the client(s) can select and contract with another vendor for the upcoming performance years. CMS will remove withdrawing vendors from the list when the list is next updated.

Revoked approvals: CMS takes the quality and accuracy of the PCF PEC Survey seriously and implements a Vendor Oversight program (described in **Chapter 10, Oversight**) to ensure all surveys across vendors and practices are implemented according to PCF PEC Survey training sessions and the protocols in these **Quality Assurance Guidelines**. If quality problems are found with a vendor, CMS typically stipulates a vendor corrective action plan. CMS may revoke a vendor's approval status if the vendor has not fully implemented their corrective action plan.

CMS may also revoke vendors' approval if they do not maintain their minimum business requirements, if appropriate members of their staff and subcontractors do not attend required training sessions, and if they do not submit an up-to-date QAP annually.

3.2.4 Provide Survey Vendors with Sample Files

CMS will select the sample for each practice site. To do so, there is an annual requirement that practice sites submit to CMS a patient roster. After receiving rosters, CMS is responsible for quality control, deduplication, confirming patient eligibility, and selecting the sample for each practice site. See **Chapter 4, Sampling Protocol**, for detailed sampling specifications

The sample file for each PCF practice site will be available for download via a secure link on the [PCF PEC Survey web portal](#) (refer to **Exhibit 5-1, PCF PEC Survey Administration Schedule** for timelines). The sample file will be available for download to only the practice site's authorized vendor. When vendors are authorized for multiple practice sites, CMS will combine the appropriate practices' samples in a single file for survey vendor download.

3.2.5 Review, Score, and Report Personalized Data to Practice Sites

CMS will review all survey data submitted by vendors to identify discrepancies between data and status codes and locate inconsistent data, as described in **Section 10.4, Data Review**. Vendors may be consulted to explain, resolve, or repair problems.



CMS will calculate summary scores as the average of the 5 domain-specific measures (shown in **Section 2.1, About the Primary Care First Model Option**) and apply case-mix adjustments. After scoring is complete, CMS will prepare and disseminate to each practice site a personalized score report showing their results on all questions, compared to results of practice sites overall on PCF. This score report will include raw data as well as risk-adjusted, final performance scores, in a user-friendly format. Individual reports will be disseminated to practices after each survey.



3.3 Survey Vendors

To understand the two phases of Vendor Approval on PCF PEC Survey (Conditional Approval, Full Approval) please see **Section 3.2.3, Maintain and Distribute List of Approved PECS Vendors**.

3.3.1 Meet Minimum Business Requirements

Survey vendors seeking approval as a PCF PEC Survey vendor must have the capability and capacity to collect and process all survey-related data on the PCF PEC Survey following standardized procedures and guidelines. The business requirements that survey vendors must meet are described in **Appendix A**. Survey vendors must adhere to all minimum business requirements throughout PCF PEC Survey, or their approval status may be revoked by CMS (see **Section 3.2.3, Maintain and Distribute List of Approved PECS Vendors**).

3.3.2 Register on the PCF PECS Web Portal and Submit Vendor Application

- Potential survey vendors will first need to register on the [PCF PEC Survey web portal](#) , which is done by completing the Vendor Registration Form. This allows vendors to obtain their username and password.
- Potential survey vendors must then designate a staff member as the PCF PEC Survey Administrator who will serve as the vendor's main point of contact for the PCF PEC Survey.
- Potential survey vendors will then complete and submit the Vendor Application which is available on the [PCF PEC Survey web portal](#) . The submission deadline will be announced on the web portal and disseminated via email to all registered vendors.

After their applications have been reviewed by CMS, potential vendors will receive notification informing them if their application is acceptable. Vendors with acceptable applications receive Conditional Approval and may proceed with training and the balance of the steps to receive Full Approval (steps are explained in **Section 3.2.1, Provide Survey Vendor Training and Approve Vendors**).

Each year there will be a period when potential survey vendors who are not currently approved for PCF PEC Survey but who meet the minimum business requirements are invited to apply. Approved survey vendors do not re-apply unless they lose their approved status. Reasons for



losing the approval status are described in **Section 3.2.3, Maintain and Distribute List of Approved PECS Vendors**.

3.3.3 Coordinate with Practice Sites

- Survey vendors must enter into a formal contract with each client PCF practice site; CMS requires that each survey vendor have a written contract with each of its practice site clients.
- CMS will verify that each client PCF practice site has authorized the vendor to submit data on the practice site's behalf.
- When practice sites merge with another practice site, split off from a practice site, or withdraw from PCF it impacts survey vendors. CMS learns about these practice-site driven changes through regular PCF communication channels and will request that practice sites notify the impacted survey vendors. Note that CMS and their contractor RTI cannot be involved in business arrangements between vendors and practices. It is the responsibility of the practice to notify the vendor of any change in status or contract.
- Should survey vendors hear of such changes, CMS requests that survey vendors send email notification to pcfpecs@rti.org as well.
- Practice sites are required to update their Survey Vendor Authorization to account for switches to different survey vendors. Vendors are responsible for understanding the details of those practice-facing requirements. They are described in **Section 3.4.1, Authorize a Vendor to Conduct the Survey**, below.
- CMS provides survey vendors with a convenient report, the **Vendor Authorization Status Report**, which can be used to confirm that all of a vendor's PCF practice site clients have completed or updated their Vendor Authorization forms. Survey vendors should check their Vendor Authorization Status Report weekly in the weeks leading up to the deadline for vendor authorization to make sure that all of their PCF practice site clients, especially any new or ending clients, have completed or updated the online Vendor Authorization Form. When reviewing the Vendor Authorization Status Report, please make sure all the practice site IDs and practice site names match your written contract with the practice site, and ensure that the Vendor Authorization "authorization through" date encompasses the upcoming current survey administration. The Vendor Authorization Status Report is available at any time on the Vendor Dashboard. Survey vendors should ask their client practice sites for their PCF Practice IDs, which they can find on the PCF Portal or other PCF communications.
- When coordinating with practice sites, pay very close attention to Practice site address because **PCF defines a practice site as a physical location where care is delivered**. CMS will ensure that every practice site who joins PCF has a unique address and receives a unique Practice site ID.



It is common for multiple practice sites who share a system affiliation to join a model like PCF as a group. Their practice site names may be very similar to each other or even indistinguishable from one another, and often their physicians work in multiple locations. In some systems or physician groups, **the only** differentiating feature is the address.

From a client relations perspective, vendors may find it convenient to consolidate all contact with one person for all affiliated practice sites in a system or group. When doing so, vendors must bear in mind that each practice site address makes it a unique practice site, and therefore, Practice site ID. Practice site ID will carry through all aspects of the survey, starting from the practice site's roster to its sample which the vendor downloads, to the vendor's conduct of the survey, to the vendor's submission of survey results, and CMS' scoring of the practice site.

3.3.4 Attend Training and Pass Training Certification

Training dates and registration deadlines will be announced on the [PCF PEC Survey web portal](#) and disseminated via email to all registered vendors. The first performance year of a survey vendor's participation in PCF, the survey vendor must successfully complete the self-paced Introduction to the **PCF PEC Survey Webinar** training session. This includes:

- The survey vendor's designated PCF PEC Survey Administrator must also complete a Training Certification Form after completing the Introduction to the **PCF PEC Survey Webinar** training session.
- If the survey vendor is using a subcontractor and the subcontractor will be conducting a substantial component of the work on the PCF PEC Survey, the subcontractor's lead PCF PEC Survey staff member must complete the Introduction to the **PCF PEC Survey Webinar** training session and all vendor update training sessions.
- The survey vendor must ensure that all survey vendor staff and any subcontractors who work on the PCF PEC Survey are trained and follow the standard PCF PEC Survey protocols and guidelines.
- If update or refresher trainings are required, the survey vendor's designated PCF PEC Survey Administrator must also attend those and complete their Training Certification Forms.

Following completion of training and CMS approval of a QAP, the vendor receives full approval as a PCF PEC Survey vendor. See the description of approval stages in **Section 3.2.1, Provide Survey Vendor Training and Approve Vendors**. Once gaining full approval as a PCF PEC Survey vendor, vendors may begin to conduct the PCF PEC Survey for their client practice sites.

After the survey vendor's first year of participation in PCF PEC Survey, survey vendors will need to attend a **PCF PEC Survey Update Training Webinar** training session. Completing the full Introduction to the **PCF PEC Survey Webinar** training session is not required unless the survey



vendor has a new staff person serving as their Survey Administrator who has not previously completed the ***Introduction to the PCF PEC Survey Webinar*** training. Failure to complete any required training—either ***Introduction to the PCF PEC Survey***, or ***PCF PEC Survey Update Training***—may lead to CMS’ revocation of the vendor’s approval status (see ***Section 3.2.3, Maintain and distribute list of approved PECS vendors***).

3.3.5 Sign Business Associate Agreement and Adhere to Data Security Protocols

CMS requires PCF practice sites to execute a Business Associate Agreement (BAA) with their contracted survey vendor (see ***Section 3.4.6, Execute Business Associate Agreement with Survey Vendor***).

- Survey vendors must enter into a Business Associate Agreements with each client practice site. The BAA permits survey vendors access to PII, in sample files and any other practice files they receive. Survey vendors must ensure that:
 - Contacts on the BAA are correct and that all contact information is accurate.
 - Current BAAs are extended before their expiration date as needed.
 - All signatures, printed names, addresses and dates are complete.
- Survey vendors (and their subcontractors with PII access) must use systems, processes, and procedures to safeguard and protect the security of PCF PEC Survey data. These are described in ***Appendix A, Minimum Business Requirements*** and ***Chapter 9, Data Confidentiality and Data Security***.
- Note that the only electronic transactions containing personally identifiable (PII) data shall be encrypted and be for the purpose of:
 - Obtaining the practice site’s sample file from RTI
 - Printing the survey mailing materials
 - Conducting the telephone non-response follow-up
- Survey vendors (and their subcontractors with PII access) may not share information that could identify sample patients and their survey response data with anyone. The sample file cannot be shared with practice sites, even after the survey is complete.
- Survey vendors’ QAPs will need to include information regarding how data containing PII or protected health information (PHI) are transferred within the survey vendor’s organization and between the survey vendor and any subcontractors.
- Survey vendors (and their subcontractors with PII access) must have a disaster recovery plan in place.

3.3.6 Follow the PCF PEC Survey Quality Assurance Guidelines When Conducting Data Collection and Data Processing Activities

- Survey vendors will access a personalized link to the [PCF PEC Survey web portal](#) .



- Survey vendors must complete the attestation form at link and receive sample files to conduct the survey for client PCF practice sites.
- Survey vendors must administer the PCF PEC Survey in accordance with the protocols specified in **Chapters 4–9** of this manual and oversee the quality of work performed by staff and any subcontractors, if applicable.
- Survey vendors must prepare and submit data files to CMS (through their contractor, RTI) following the guidelines specified in **Chapters 6–7** of this manual.
- Survey vendors must review all data submission reports for PCF PEC Survey clients to ensure that data have been successfully uploaded and received by CMS.
- Survey vendors must follow guidelines in **Chapter 8, Data Analysis and Reporting**, when preparing reports for client practice sites.

3.3.7 Attest to the Accuracy of the Data Collection Process

- In submitting their QAP, survey vendors must attest to the accuracy of their organization's data collection processes and that data collection processes conform to the requirements outlined in this document.
- Survey vendors are prohibited from subcontracting the data submission task.
- Data collected in a manner that does not adhere to the PCF PEC Survey procedures or timeline may result in data which CMS cannot use in calculating and reporting the practice site's scores for the impacted performance period.

The Exceptions Request and Discrepancy Report processes exist to give survey vendors a way to document data collection that cannot adhere to procedures for extenuating circumstances. Prompt communication of these circumstances can prevent problems.

3.3.8 Submit Quality Assurance Plan

In the first year that a vendor is participating in PCF PEC Survey, before data collection begins and while they are considered conditionally approved, survey vendors must submit a Quality Assurance Plan (QAP) after training (see timeline in **Exhibit 5-1**). Submission deadlines for the QAP will be announced on the [PCF PEC Survey web portal](#) and disseminated via email to all conditionally approved vendors.

The main purposes of the QAP are to provide documentation of survey vendors' understanding, application and compliance with the **Quality Assurance Guidelines** and to serve as the organization-specific guide for administering the PCF PEC Survey, training project staff to conduct the survey, and conducting quality control and oversight activities.

CMS will distribute an Outline for a Model QAP (**Appendix O**) which survey vendors must follow. As shown in the outline, the QAP submission is divided into two parts, with the first submission requiring organizational information and a workplan, and the second submission



several months later requiring examples of mail and telephone materials CMS deems key to survey quality.

CMS reviews all QAPs and may follow up with survey vendors for clarification, resubmission and re-review as needed. Upon CMS' approval of the first submission of the QAP, the vendor is fully approved. This approval endures, unless the vendor loses their approval status due to one of the reasons listed in **Section 3.2.3, Maintain and Distribute List of Approved PECS Vendors**.

In subsequent years of the project, vendors must submit QAPs annually to maintain their Full Approval status. Survey vendors are also required to update and resubmit the QAP anytime there are key personnel or protocol changes. When submitting a revised or updated QAP, vendors should highlight any changes to their QAP from the prior submission. Updated QAPs must also address any corrections made by the vendor based on feedback during the oversight process. For complete information on QAPs, see **Section 10.3.2, Quality Assurance Plans**.

3.3.9 Participate in Oversight Activities Conducted by the PCF PEC Survey Project Team

Fully approved survey vendors, including their subcontractors, must be prepared to participate in all oversight activities, such as remote site visits and/or teleconference calls, as requested by CMS or RTI, to make sure correct survey protocols are followed. All materials relevant to survey administration are subject to review. (See **Chapter 10, Oversight** for more detailed information regarding oversight activities.) Maintaining status as a Fully Approved vendor is contingent upon receiving satisfactory reports during oversight activities.

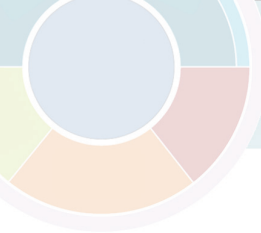
Note that the Vendor Application lists the participation requirements of oversight activities as well. All vendors who submitted their Vendor Application have already agreed to these requirements.

3.4 Primary Care First Participating Practice Sites³

3.4.1 Authorize a Vendor to Conduct the Survey




As stated in the PCF Practice site Onboarding materials and Participation Agreement, practice sites must contract with a CMS-approved PCF PEC Survey vendor to administer the annual PCF PEC Survey. Practice sites can find the list of approved survey vendors on PCF Connect and on the [PCF PEC Survey web portal](#). Practice sites are responsible for the costs of the survey administration.

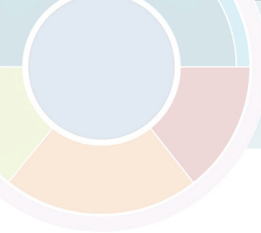
³ A summary of Practice Site Responsibilities for the PCF PEC Survey can also be found [here](#).



In order for CMS to know which vendor should receive the sample and submit data for which practice site, it is necessary to have this relationship carefully documented. This documentation is done through vendor authorization.

Practice sites are required to follow the below steps for vendor authorization:

- **Register on the [PCF PEC Survey web portal](#)** . Practice sites will first need to [register their practice](#) on the website and obtain their username and password. This will require [designating one of their staff members](#) as the PCF PEC Survey Administrator. He or she will serve as the practice site's main point of contact for the PCF PEC Survey. If desired, it can be the same person serving as the practice site's POC on the roster submission or on PCF in general. Also, this person can serve as the PCF PEC Survey Administrator for multiple practices if they wish to do so. This PCF PEC Survey web portal affords the PCF PEC Survey Administrator the convenience of performing the necessary practice functions—such as Survey Vendor Authorization and Business Associate Agreement upload (see **Section 3.4.6, Execute Business Associate Agreement**)—at one time for all practice sites for which they are responsible.
- **Sign a contract with a vendor to conduct the PCF PEC Survey.** Practice sites should review the list of approved vendors on the [PCF PECS web portal](#) . The list of vendors is updated annually each May. CMS has adopted standardized survey protocols that allow for varying survey costs 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. Practices are encouraged to contact vendors for cost and service information as there may be differences among vendors.
- **Authorize vendor.** The key role of this point of contact is related to the vendor authorization process. Once a contract has been signed with a vendor, practice sites need to authorize that vendor for the PCF PEC Survey. This is done by completing the survey vendor authorization tool on the [PCF PEC Survey web portal](#) . Practice sites select their survey vendor from a drop-down list and the start date when they authorize that vendor to conduct the survey and submit data on their behalf. There is no authorization end date; CMS will assume that this Authorization Form reflects the wishes of the practice site. If a practice wants to change vendors, they must indicate a new vendor and new start date for that vendor. CMS will not select and provide a patient sample for the practice site unless the vendor authorization form is completed. Please see this handy [Quick Link](#) for step-by-step instructions.
- **Update authorization if needed.** Once an authorization is submitted, it remains valid unless the practice site changes it. The practice site will need to do so if it switches vendors, withdraws from PCF, splits off from its practice to form another practice, or merges with another practice. *Note: A practice point of contact can update the Survey Vendor Authorization on behalf of multiple practices linked to the PCF PECS Survey Administrator (the linked practices are established in the Registration step).*

- 
- **Switch to a different vendor.** If a practice site decides to switch vendors, they should edit the Survey Vendor Authorization associated with the old vendor by selecting the new vendor's name and entering the date this new vendor is authorized to collect and submit data for the practice site. *Note: CMS does not recommend switching survey vendors once data collection has begun. Practices who switch vendors during data collection will have a truncated data collection timeline compared to other practices in the PCF Model. A new vendor may not be able to meet established PECS deadlines with a truncated data collection timeline and the practice risks a 0 PECS score, failing the Quality Gateway, and negative implications to Performance-Based Adjustment (PBA) for the Performance Year. CMS recommends practices make all vendor selections before sample is released or after survey vendors have submitted data.*
 - **Withdrawals, terminations, splits, and mergers.** If a practice site withdraws from PCF, is terminated from PCF, splits and forms two PCF practice sites, or merges two or more practice sites during the year, they should contact PCF Support for guidance regarding the timing of the PEC Survey requirements and the Quality Gateway. Depending on the timing of the change, the practice(s) may or may not be required to submit a patient roster, authorize a vendor, and/or complete data collection. Practice sites should follow standard PCF protocol for notifying PCF Support of mergers, splits or withdrawals. Practice sites do not need to notify pcfpecs@rti.org. *Note: CMS and their contractor RTI cannot be involved in business arrangements between vendors and practices. It is the responsibility of the practice to notify the vendor of any change in status or contract.*
 - **Review Data Submission Summary.** Practice sites should also review the Data Submission Summary on the dashboard to ensure that the survey vendor has submitted data on time and without data problems.

3.4.2 Roster Submission

Each year, practice sites must submit the all-patient roster of patients for the PCF PEC Survey. This is submitted to PCF Support via the PCF Portal. More information about roster requirements can be found in **Section 4.1, CMS Prepares Sample Files**. CMS will communicate detailed roster-related instructions and schedules via **First Edition** and **PCF Connect**.

Practice sites should never submit their all-patient roster to their survey vendor.

3.4.3 Notify Vendor of Residential Care/Assisted Living Facilities

Patients residing in residential care facilities or assisted living facilities are eligible for PCF and therefore eligible for the PCF PEC Survey. However, experience from the predecessor project, CPC+, teaches us that reaching these patients by mail and telephone for a survey is challenging and these challenges hamper patient response rates. Staff at these patients' care facilities can experience significant burden from the telephone follow-up survey. CMS has developed an evidence-based protocol to mitigate these barriers when surveying these patients, which is described below.



Practice sites must communicate to their vendor the names and addresses of residential care facilities and assisted living facilities where patients in their practice site reside. It is preferable if all such facilities can be identified, but at a minimum the practice site must identify all such facilities where 5 or more of their patients reside. To identify facilities, the practice site may scan through their patient's addresses or may do a geographical search of nearby residential care/assisted living facilities.

The vendor will be responsible for identifying these patients residing at these facilities if they are sampled. The vendor will treat these patients differently in the survey. They receive a special envelope which is designed to catch the attention of facility staff and solicit proxy respondents. They also do not receive telephone follow-up due to the burden this causes facility staff.

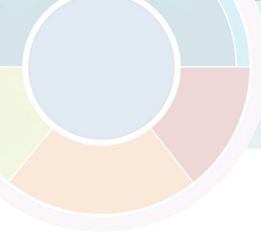
3.4.4 Communicate with Patients About the Survey in Accordance with CMS Specifications

Practice sites should be well-informed about the survey, communicate their support of it, and answer patient questions about the survey with confidence. These are key tools for attaining good response rates.

Note: All patient-facing survey materials refer to the survey as the Patient Experience of Care Survey and do not mention Primary Care First. Explaining the program and the practice site's participation is an unnecessary distraction for most patients.

Practice sites should adhere to the following specifications:

- **Hang the poster.** A CMS-developed poster (**Appendix M**) will be provided to practices. CMS recommends that practice sites download the poster and hang at least one poster in a well-visible area of their practice site beginning 6 months before the survey's first mailout (see timeline in **Exhibit 5-1, PCF PEC Survey Administration Schedule**). Once the practice contracts with a survey vendor, there is a customizable version of the poster available so that the practice may include the vendor's Help Desk contact information.
- **Print Waiting Room FAQs.** CMS-developed Waiting Room FAQs (**Appendix N**) will be given (in electronic format) to all practice sites and posted on PCF Connect. CMS recommends that practice sites print these and keep them in their waiting rooms beginning 6 months before the survey begins. They can be removed after the survey ends. Once the practice contracts with a survey vendor, there is a customizable version of the FAQs available so that the practice may include the vendor's Help Desk contact information.
- **Become familiar with Waiting Room FAQs.** It is common for patients who are contacted by the survey to seek assurance from their providers that the survey is legitimate. Therefore, practice site staff should be aware of the survey basics so they can respond to questions with confidence.

- 
- **Respond to patient questions and comments about the survey.** If a patient talks to practice staff about the survey, practice staff should adhere to the following rules regarding statements for patients.

The following are appropriate:

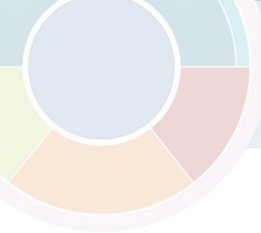
- Answering any question according to the response given in the Waiting Room FAQs.
- Telling patients that they may be asked to participate in the Patient Experience of Care survey from your practice site.
- Telling patients that the survey is legitimate.
- Telling patients that their response, while voluntary, is valued and paid attention to.
- Most importantly, express your support of the survey with statements such as, “We are supportive of the survey and want to hear feedback from our patients” or “We think the survey is important.”

Appropriate answers with respect to assuring patients of confidentiality:

- This survey is public health research. HIPAA allows the release of patient contact information for the purpose of public health research.
- This practice site has no way of knowing who responded to the survey. Patients’ answers on the survey, whether negative or positive, are valued.
- Their survey responses will never be reported with their name or other identifying information.
- All respondents’ survey responses will be reported in aggregate.
- They can skip or refuse to answer any question they do not feel comfortable with.
- Their participation in the study will not affect their care at this practice site or Medicare benefits that they currently receive or expect to receive in the future.

Practice sites must take care not to influence patients’ answers on the survey. Therefore, practice site staff **may not do** any of the following:

- Provide a copy of the PCF PEC Survey questionnaire or survey materials to their patients.
- Attempt to determine which patients were sampled. Vendors are strictly prohibited from sharing this information with practice sites both before and after the survey administration.
- Ask their patients if they would like to be included in the survey.
- Tell patients that the practice site or provider hopes or expects their patients will give them the best or highest rating.
- Imply that the practice site, its personnel or its agents will be rewarded or gain benefits for positive feedback.

- 
- Offer incentives of any kind to patients for participating (or not) in the PCF PEC Survey.
 - Include any messages or materials promoting the practice site in PCF PEC Survey materials, including mail survey cover letters, questionnaires, and telephone interview scripts.
 - Use the PCF PEC Survey to identify or ask about other patients who are looking for a primary care practice site
 - Translate the survey into the patient's language. (A translation provided by the patient's family member or friend is appropriate.)

3.4.5 Administering PCF PEC Survey in Conjunction with Other Surveys

Some practice sites may wish to conduct other patient experience of care or satisfaction surveys to support internal quality improvement activities. A formal survey, regardless of the data collection mode employed, is one in which the primary goal is to ask standardized questions of the practice site's patient population. In contrast, contacting patients to assess their care at any time or calling a patient to check on services received are both considered to be routine patient contacts, not surveys.

To avoid imposing on patients, CMS strongly encourages practice sites to refrain from conducting other patient surveys from 4 weeks prior to and during the period when the PCF PEC Survey is actively surveying. CMS-sponsored surveys are exempt from this guidance.

In addition, CMS strongly encourages practice sites to refrain from conducting census surveys. Census surveys ensure that some respondents are surveyed at least twice and will increase survey burden on respondents, thereby lowering response rates on PCF PEC Survey as well as on the practice site's other survey(s).

When conducting other surveys, practice sites must follow these rules:

- Do not ask patients any additional survey questions that are the same as or similar to those included in the PCF PEC Survey questionnaire. (This guidance does not apply to other CMS-sponsored surveys).

Other surveys can include questions that ask for more in-depth information as long as the questions are different from those included in the PCF PEC Survey.

3.4.6 Execute Business Associate Agreement (BAA) with Survey Vendor

HIPAA allows practices to release patient contact information to their agents for the purpose of public health research.


Survey vendors will be acting as agents of PCF practices. When a vendor is a Business Associate of a practice site, vendors inherit all of a practice's HIPAA requirements with regard to data use and safeguarding. Therefore, each practice site must execute a BAA with their survey



vendor. More information about Business Associates can be found here:

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/business-associates/index.html>.

An example BAA can be downloaded from here: <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>.

As part of the vendor authorization process, each practice site must attest to the existence of a BAA with their survey vendor on the [PCF PEC Survey web portal](#) . CMS will not release a practice site's sample to their survey vendor unless this step is completed. CMS reserves the right to request a copy of the executed BAA from the practice site or survey vendor at any time.

If at any time a practice site changes survey vendors, they must execute a new BAA with the new vendor and attest to the existence of a BAA as part of the vendor authorization process.



[This page was intentionally left blank]



Chapter 4: Sampling Protocol

4.1 Overview

CMS (through their contractor RTI) is responsible for selecting the patient sample for each PCF practice site. Vendors should be knowledgeable about patient eligibility and CMS' sample file cleaning, deduplicating, and sample selection procedures. This is described in **Section 3.2.4, Provide Survey Vendors with Sample Files**.

4.2 CMS Prepares Sample Files

CMS is responsible for creating the sample for each PCF practice site based on patient rosters supplied to CMS by the practice sites. The following are specifications practice sites follow when preparing the roster:

- All payers, self-pay, or no insurance
- Ages 18 and above
- All patients who had at least one visit. The visit window begins on January 1 of the Performance Year and ends whenever the practice site submits their roster.
 - For example, Performance Year 2 shows a typical schedule. The visit window begins January 1, 2022 and practice sites must submit their rosters between June 1 and June 30, 2022.
 - If the patient had any visit in the window, in-person or telehealth, they are eligible.
- Exclude as ineligible: patients who are deceased, who reside in nursing homes/skilled nursing facilities, and patients whose addresses are outside the US⁴.
- People who live in residential care/assisted living facilities are eligible.

Roster cleaning and quality control: Before CMS samples, it conducts extensive quality control on the rosters to ensure all data known to be invalid is removed and all known issues are corrected. Practice sites may be asked to repair and resubmit rosters to correct issues and inconsistencies. CMS removes patients whose addresses are outside of the 50 States and the District of Columbia, patients with insufficient information about their names (e.g., patients without a first name or last name or with initials only), insufficient contact information to attempt the survey (e.g., patients must have a complete address), and any ineligible patients (under age 18). CMS will also remove any patient flagged by the practice as deceased and “Do Not Contact.” CMS also searches for duplicated patients within a practice site and across practice sites. In the event of patients duplicated across practice sites, the patient is assigned to the

⁴ Practices may include patients living outside of the U.S. on their rosters; they will be removed before sampling.



practice site nearer to their home, but if both practice sites are near the patient's home the patient is assigned to the practice site with the more recent visit.


Sampling: When all cleaning and quality control is complete, CMS will select a systematic random sample of patients from each practice site, commensurate with practice site size, as shown in **Exhibit 4-1** below.



Exhibit 4-1
Number of Patients CMS will sample, By Practice site Size Strata

| Providers in Practice Site | Patients CMS will Sample | Target Number of Completed Surveys |
|----------------------------|--------------------------|------------------------------------|
| 1 | 296 | 105 |
| 2 | 350 | 124 |
| 3 | 450 | 159 |
| 4–9 | 500 | 177 |
| 10–13 | 550 | 195 |
| 14–19 | 650 | 230 |
| 20 or more | 800 | 284 |

If there is a practice site with an insufficient number of eligible patients to sample, CMS will select a census. The target number of completed surveys are based on a reliability criterion recommended by the CAHPS Consortium for quality reporting programs like PCF. Based on similar experience, we expect an average response rate of 35.5%, PCF-wide.

4.3 Vendors Download Sample for Practice Site(s)

Approximately 2 weeks before the data collection period begins, the sample files will be available to vendors to download via a secured link on the [PCF PEC Survey web portal](#) . An email will be sent to all fully approved survey vendors with clients alerting them that the sample for their PCF practice site clients is available to be downloaded with a link to the sample file and a password to open the encrypted file. Due to CMS rules regarding data security, only the registered vendor point of contact can receive this email notification. CMS will not release a sample file for a practice site until that practice site has authorized the vendor on the PCF PEC Survey web portal.

Survey vendors will be required to download the sample file within 2 business days after the sample files are made available on the [PCF PEC Survey web portal](#) . A schedule showing the vendor authorization date, sample file distribution date, the date by which survey vendors must download the sample file, and the data submission deadline will be posted on the [PCF PEC Survey web portal](#)  well in advance of the deadlines.

Once sample files are available, survey vendors will use their credentials to log into the secure links on the web portal and follow the download instructions that will be posted to retrieve their sample files.



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

The "Sample File Download" link can be found under the "Data Submission" tab.

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 Dashboard General Information Practice Sites Vendors 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.

Data Submission Deadlines

Example Sample File

Sample File Download

Data Submission Resources

Schema Validation Tool

Data Submission Tool

Data Submission Reports

Before downloading the sample files for the annual PCF PEC Survey, each survey vendor will be required to attest that it is taking responsibility for the sample file, which includes patient-level information for all sampled patients for each of the vendor's PCF practice site clients. Once the file is downloaded and securely saved, vendors should use the password that was sent to the Survey Administrator to open, decrypt, and review the sample file to verify that the file contains

a sample for each practice site that has authorized the vendor to administer the survey on its behalf.

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 Dashboard General Information Practice Sites Vendors Training Data Submission

Data Submission / Sample File Download

Sample File Download

Current File Available for Download

| Data Collection Period | Filename | Posted Date | Link |
|------------------------|------------------|-----------------------|------|
| PY2021 Survey | 001_20211_1.xlsx | 2/17/2021 11:24:23 AM | |

By checking the box below I attest to taking ownership of the sample file that contains the sample for all of the PCF PECS practice sites that have authorized our organization to collect and submit data for the PCF PEC Survey on their behalf for the survey period shown in the grid below. I attest that I have a formal contract and BAA with these PCF PECS practice sites and are fully authorized to download the sample file on our client's behalf. I also attest that I will use the patient-level data included in this sample file only to administer the PCF PEC Survey for our PCF PECS practice site clients.

☐ I agree

File Download History

| Data Collection Period | Downloaded By | Filename | Downloaded Date |
|------------------------|---------------|------------------|-----------------------|
| PY2021 Survey | Test Vendor | 001_20211_1.xlsx | 2/17/2021 11:29:23 AM |
| | Test Vendor | 001_20201_1.xlsx | 2/19/2020 11:29:21 AM |
| | Test Vendor | 001_20191_1.xlsx | 2/20/2019 11:29:19 AM |

Survey vendors will also receive a supplemental sample file:

- **Sample File Summary Report.** A report that corresponds with each vendor's sample file, showing the number of patients sampled for each of the practice sites that authorized that vendor to collect and submit PCF PEC Survey data on its behalf.

Detailed, step-by-step instructions on downloading sample files can be found in a [quick link](#) on the [PCF PEC Survey web portal](#).

4.4 Sample File Variables

The sample file to be downloaded by the survey vendor will be a Microsoft Excel spreadsheet containing contact information (information needed to administer the survey) for each sampled patient. The sample patient variables contained in each sample file are listed in **Exhibit 4-2**. If a survey vendor is authorized to administer the survey on behalf of multiple PCF practice sites, patient information for sampled patients from all of the PCF practice sites that have authorized the survey vendor will be included in one Excel file and will be sorted by "practiceid." An [example sample file](#) can also be found on the [PCF PEC Survey web portal](#).



Exhibit 4-2
Variables Included in PCF PEC Survey Sample Files

| Column Name | Field Length | Valid Codes | Field Contents |
|-------------------|--------------|--------------|---|
| VendorID | 3 | Numeric | Individual identification number assigned to each vendor |
| practiceid | 6 | Alphanumeric | The PCF practice site ID |
| practice | 100 | Alphanumeric | PCF Practice site Name |
| P_Street_Address1 | 64 | Alphanumeric | PCF Practice site Street Address 1 |
| P_Street_Address2 | 64 | Alphanumeric | PCF Practice site Street Address 2 |
| P_CITY | 64 | Alphanumeric | PCF Practice site City |
| P_STATE | 2 | Alphanumeric | PCF Practice site State |
| P_ZIP_Code | 5 | Alphanumeric | PCF Practice site ZIP Code |
| First_Name | 30 | Alphanumeric | Sample Patient's first name |
| Last_Name | 40 | Alphanumeric | Sample Patient's last name |
| Street_Address_1 | 50 | Alphanumeric | Patient's mailing address (Line 1—street address) |
| Street_Address_2 | 50 | Alphanumeric | Patient's mailing address (Line 2—street address) |
| CITY | 40 | Alphanumeric | Patient's mailing address—City |
| STATE | 2 | Alphanumeric | Patient's mailing address—State |
| ZIP_Code | 5 | Alphanumeric | Patient's mailing address—ZIP Code |
| Telephone_Number | 10 | Alphanumeric | Patient's telephone number |
| DOB | 10 | MM/DD/YYYY | Patient's date of birth |
| Sex | 2 | Alphanumeric | Gender Code: M = Male, F = Female, O = Other |
| Language | 1 | Numeric | 1 = Spanish 2 = Language other than English or Spanish. <i>If blank, patient is presumed to speak English.</i> |
| sampleid | 16 | Alphanumeric | The unique patient sample identification number assigned to the sample patient. <i>Must be maintained with the patient.</i> |



| Column Name | Field Length | Valid Codes | Field Contents |
|----------------------------|--------------|--------------|---|
| PRO_Names1to4 ⁵ | 120 | Alphanumeric | Provider 1 First Name Last Name, Provider 2 First Name Last Name, Provider 3 First Name Last Name, Provider 4 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. |
| PRO_Names5to8 | 120 | Alphanumeric | Provider 5 First Name Last Name, Provider 6 First Name Last Name, Provider 7 First Name Last Name, Provider 8 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names9to12 | 120 | Alphanumeric | Provider 9 First Name Last Name, Provider 10 First Name Last Name, Provider 11 First Name Last Name, Provider 12 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names13to16 | 120 | Alphanumeric | Provider 13 First Name Last Name, Provider 14 First Name Last Name, Provider 15 First Name Last Name, Provider 16 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names17to20 | 120 | Alphanumeric | Provider 17 First Name Last Name, Provider 18 First Name Last Name, Provider 19 First Name Last Name, Provider 20 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |

⁵ The list of provider names will be consistent within practices; it will not vary by sample member.



| Column Name | Field Length | Valid Codes | Field Contents |
|-----------------|--------------|--------------|---|
| PRO_Names21to24 | 120 | Alphanumeric | Provider 21 First Name Last Name, Provider 22 First Name Last Name, Provider 23 First Name Last Name, Provider 24 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names25to28 | 120 | Alphanumeric | Provider 25 First Name Last Name, Provider 26 First Name Last Name, Provider 27 First Name Last Name, Provider 28 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names29to32 | 120 | Alphanumeric | Provider 29 First Name Last Name, Provider 30 First Name Last Name, Provider 31 First Name Last Name, Provider 32 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names33to36 | 120 | Alphanumeric | Provider 33 First Name Last Name, Provider 34 First Name Last Name, Provider 35 First Name Last Name, Provider 36 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names37to40 | 120 | Alphanumeric | Provider 37 First Name Last Name, Provider 38 First Name Last Name, Provider 39 First Name Last Name, Provider 40 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |



| Column Name | Field Length | Valid Codes | Field Contents |
|-----------------|--------------|--------------|---|
| PRO_Names41to44 | 120 | Alphanumeric | Provider 41 First Name Last Name, Provider 42 First Name Last Name, Provider 43 First Name Last Name, Provider 44 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names45to48 | 120 | Alphanumeric | Provider 45 First Name Last Name, Provider 46 First Name Last Name, Provider 47 First Name Last Name, Provider 48 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names49to52 | 120 | Alphanumeric | Provider 49 First Name Last Name, Provider 50 First Name Last Name, Provider 51 First Name Last Name, Provider 52 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names53to56 | 120 | Alphanumeric | Provider 53 First Name Last Name, Provider 54 First Name Last Name, Provider 55 First Name Last Name, Provider 56 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names57to60 | 120 | Alphanumeric | Provider 57 First Name Last Name, Provider 58 First Name Last Name, Provider 59 First Name Last Name, Provider 60 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |



| Column Name | Field Length | Valid Codes | Field Contents |
|-----------------|--------------|--------------|---|
| PRO_Names61to64 | 120 | Alphanumeric | Provider 61 First Name Last Name, Provider 62 First Name Last Name, Provider 63 First Name Last Name, Provider 64 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names65to68 | 120 | Alphanumeric | Provider 65 First Name Last Name, Provider 66 First Name Last Name, Provider 67 First Name Last Name, Provider 68 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names69to72 | 120 | Alphanumeric | Provider 69 First Name Last Name, Provider 70 First Name Last Name, Provider 71 First Name Last Name, Provider 72 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names73to76 | 120 | Alphanumeric | Provider 73 First Name Last Name, Provider 74 First Name Last Name, Provider 75 First Name Last Name, Provider 76 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |
| PRO_Names77to80 | 120 | Alphanumeric | Provider 77 First Name Last Name, Provider 78 First Name Last Name, Provider 79 First Name Last Name, Provider 80 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |




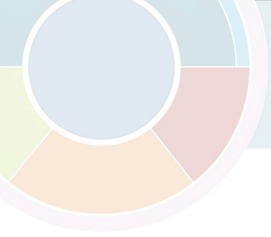
| Column Name | Field Length | Valid Codes | Field Contents |
|-----------------|--------------|--------------|---|
| PRO_Names81to84 | 120 | Alphanumeric | Provider 81 First Name Last Name, Provider 81 First Name Last Name, Provider 83 First Name Last Name, Provider 84 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space. Blank if none. |

4.5 *Vendors Implement Sample File Download Quality Control Procedures*

The following section includes both required and recommended steps for incorporating quality control on the receipt and processing of sample files provided by CMS.

Required Sample File Download Quality Control Procedures:

- Survey vendors must have the appropriate electronic equipment and software to securely download their PCF practice sites clients' sample files from the [PCF PEC Survey web portal](#) , in addition to ensuring controlled access to the data (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).
- Upon download of the sample file, survey vendors must open the file and verify that the file contains a sample for all their PCF practice site clients.
 - The sample file will contain the number of patients sampled for each practice site. If the file does not contain a sample for one or more of a survey vendor's practice site's clients, the vendor should check to make sure that the practice site has completed and submitted the online Vendor Authorization form, which authorizes the vendor to collect and submit PCF PEC Survey data on its behalf. If the practice site has not done so, the vendor and practice site should notify CMS immediately by contacting pcfpecs@rti.org. Remember that CMS will not distribute sample files to survey vendors unless the practice site has completed the vendor authorization form.
 - If you confirm that a PCF practice site has completed the vendor authorization, and you did not receive a sample file for that practice site, contact pcfpecs@rti.org soon as possible.
- If you received a sample file for a practice site that you will not be collecting data from because of nonpayment or other issues, please alert pcfpecs@rti.org immediately.



- Survey vendors must check the file to make sure that one or more patients were sampled for each of their practice site clients and that the number of patients for which sample information is provided matches the number of patients indicated as having been sampled on the **Sample File Summary Report**. Practice sites should also check that this number aligns with the number of anticipated sampled cases shown in **Section 4.2, CMS Prepares Sample Files**.
- Report any discrepancies or problems detected with the sample file to pcfpecs@rti.org, or by calling the PCF PEC Survey toll-free telephone number at **833-997-2715** within 24 hours.

Recommended Sample File Download Quality Control Procedures:

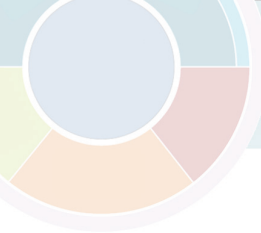
- Once downloaded, survey vendors are advised to store the sample files in an encrypted format at all times when not in use. We highly recommend that survey vendors only use unencrypted sample files when access to the patient information is required.
- Survey vendors will be required to download the sample file within 2 business days after the sample files are made available on the [PCF PEC Survey web portal](#). We strongly urge survey vendors to NOT wait until the final day to download their sample file. Downloading the sample file early ensures sufficient time to notify CMS (through their contractor, RTI) of any technical issues, problems or discrepancies in the sample file.

4.6 Vendors Prepare the Survey Sample for Each Practice Site

4.6.1 General Instructions

Survey vendors must follow the following instructions:

- **Maintain SID.** CMS will assign a unique sample identification (SID) number to each sampled patient and will include this in the sample file. Vendors must **not** change this number but can use an internal patient ID number. If an internal patient ID number is assigned to patients, the vendor must have a secure way to link the internal patient ID number assigned to each patient to the SID number assigned by CMS.
- **Ask practice site about their name and physical address.** Vendors should ask their client PCF practice site for the practice site's name and address that sample patients will recognize, and use that name in the survey cover letter, the mail survey questionnaire, and telephone script. If available, CMS will provide the practice dba name and mailing address on the sample files that vendors receive. It is possible the patient-recognizable name and address will differ from the name and address on the sample file, if the practice site has elected to use a legal or other name in the PCF model. Performing this check with practice site clients is also an excellent way to identify any typographical errors.
- **Updates from the practice site.** Survey vendors are permitted to ask practice sites to provide updated addresses and/or telephone numbers for all patients they treated during the sampling window, if the vendor has an appropriate agreement with the practice site



and if this will be transmitted through an encrypted file or secure link. ***To maintain and protect the identity of patients sampled, it is very important that survey vendors do not provide PCF practice sites with any information about patients included in the PCF PEC Survey.***

- In considering whether to request updated address and/or telephone numbers from the practice site, survey vendors should note that the sample file is created from information practice sites supply CMS from their EHR system. Most practice sites confirm patient addresses at each visit, and CMS typically finds the PECS addresses to be current.

4.6.2 Identify Patients Residing in Facilities

As described in **Section 3.3.3, Coordinate with Practice Sites**, CMS requires each practice site to give its survey vendor the names and addresses of residential care facilities/assisted living facilities where its patients live. In giving the specifics of this requirement, CMS tells practice sites it is preferable if all such facilities can be identified, but at a minimum the practice site must identify all such facilities where 5 or more of their patients reside. To identify facilities, CMS allows them to scan through their patients address or do a geographical search of nearby residential care/assisted living facilities.

It is the vendor's job to flag all patients on the sample file who live in one of these facilities. In searching for the practice site-identified names and addresses, survey vendors must consider that facility's addresses and names may not be in uniform format across patients on the sample file. For example, the facility's name may appear in Line 1 for some patients and Line 2 for other patients. The facility's street address may be spelled or abbreviated differently for different patients. Nevertheless, it is important for the vendor to identify facility cases because these patients have a different data collection protocol. In the mail portion, they receive a slightly different outgoing envelope, and they are not included in the telephone follow-up survey.

4.6.3 Sampled Cases to Remove

If a PCF PEC Survey patient is on the survey vendor's Do Not Contact List, based on a previous contact for another survey conducted by the survey vendor, the vendor should honor that patient's request. These sample patients should not be sent any PCF PEC Survey mailing materials (prenotification postcard, questionnaire packages, reminder postcard) or called during the telephone follow-up and should instead be assigned a final disposition code of 200—Excluded from Survey. This process of checking the survey vendor's Do Not Contact patients against the PCF PEC Survey sample file must be repeated each year before the PCF PEC Survey is administered, and any Do Not Contact patients should not be administered the PCF PEC Survey.

If a PCF PEC Survey patient is contacted and categorized as a hostile refusal on the PCF PEC Survey, the vendor should assign that patient a final disposition code of 230—Hostile Refusal. The vendor should store this information to ensure they do not contact that patient again in the



current or future survey administrations of the PCF PEC Survey. Hard and hostile refusals should be treated the same as they should both be added to the Do Not Contact list.

If the practice site switches to a different survey vendor, the first survey vendor must make CMS' contractor RTI aware of any accumulated PCF PEC Survey Hostile Refusals. RTI will ensure these patients are not sampled again for future rounds.

4.6.4 Employ Address Standardization and Forwarding Address Techniques

After the sample file is downloaded, survey vendors must verify each mailing address that is included in the sample file provided by CMS using a commercial address update and standardization service, such as the National Change of Address. When a new/forwarding address for a patient is known, the survey vendor should take advantage of that and send the mailing to the forwarding address.

As a reminder, the sample files received by vendors should contain no patient addresses which are US Territories, APO/FPO addresses, or outside the US, as any such addresses have been previously removed by CMS (see **Section 4.2, CMS Prepares Sample Files**). Should vendors discover any such addresses during address verification they should not include these patients in survey and give them a status code of 200—Excluded from Survey (see **Exhibit 5-2, PCF PEC Survey Final Status Codes**). If a sampled patient is found to have moved out of the country during data collection, they should be assigned a status code of 160—Ineligible.



[This page was intentionally left blank]

Chapter 5: Data Collection Protocol

5.1 Overview

All survey vendors will use a standardized mixed-mode data collection protocol consisting of mail with telephone follow-up, offered in both English and Spanish. The 12-week protocol calls for a pre-notification postcard, a survey mailing, reminder postcard, a second survey mailing to non-respondents, and a telephone follow-up of non-respondents using computer-assisted telephone interviewing. There are small changes to this protocol for patients who are identified as residing in residential care facilities. A patient-facing poster and FAQs in each practice site, and a patient-facing Help Desk operated by each survey vendor, are other required elements of this protocol. See **Figure 5-1** for the schedule showing timing of mailouts and the telephone follow-up over the 12-week period.

This protocol is designed to achieve as high a response rate as possible and ensures that data collection is consistent across participating PCF practice sites. The CPC+ PECS model, a precursor to PCF PEC Survey, used a similar protocol and attained an overall response rate above 35%, with some practice sites achieving a much higher rate. Survey vendors must make every reasonable effort to ensure optimal response rates and are expected to pursue contacts with potential respondents until the full data collection protocols has been completed.

Survey vendors must follow all required specifications for the mail with telephone follow up, and data scanning or key entry, described in this chapter. All materials described herein can be found on the [Survey and Protocols tab](#) of the [PCF PEC Survey web portal](#).

The schedule of activities for vendor approval, survey data collection and oversight for Performance Year 2 of the PCF PEC Survey schedule is shown **Exhibit 5-1**.

Exhibit 5-1
PCF PEC Survey Administration Schedule

| Activity | Performance Year 2 (January 1–December 31, 2022) Timing |
|--|---|
| New to PCF PEC Survey vendors receive conditional approval | February 17, 2022 |
| Self-Guided Introduction to PCF PEC Survey Vendor training slides published to PCF PEC Survey Website (new vendors only) | March 7, 2022 |
| PCF PEC Survey Vendor Update Training Webinar (returning vendors only) | March 9, 2022 |
| PCF Practice sites begin displaying poster and waiting room FAQs in prominent locations in site | March 14, 2022 |



| Activity | Performance Year 2 (January 1–December 31, 2022) Timing |
|---|---|
| Updated vendor list with conditionally approved vendors is available on PCF PECS website and PCF Connect | March 18, 2022 |
| QAP submission deadline – Returning vendors only (with track changes) | March 18, 2022 |
| Practices authorize a vendor for the PY22 PEC Survey ⁶ | March 21 – June 30, 2022 |
| QAP submission deadline – New vendors only | No later than March 25, 2022 |
| RTI reviews updated QAPs and provides feedback – Returning vendors only | No later than March 31, 2022 |
| QAP resubmission deadline - Returning vendors only | No later than April 8, 2022 |
| RTI reviews vendor QAPs and provides feedback – New vendors only | No later than April 8, 2022 |
| QAP resubmission deadline - New vendors only | No later than April 15, 2022 |
| Final vendor list is available on PCF PECS website and PCF Connect with list of fully approved vendors | May 19, 2022 |
| Deadline for PCF practice sites to authorize a PCF PEC Survey vendor | June 30, 2022 |
| Returning PCF PEC Survey vendors resubmit updated QAPs with completed templates of survey materials ⁷ | June 24, 2022 |
| New vendors resubmit approved QAP with completed templates of all mail and telephone survey materials | July 29, 2022 |
| Deadline for PCF practice sites to notify vendors of names and addresses of residential care facilities in their catchment area | August 1, 2022 |
| Deadline for PCF PEC Survey vendors to notify client practices of their toll-free number that must be updated on the poster | August 12, 2022 |
| Sample files are available for vendors to download from PCF PEC Survey website | September 9-14, 2022 |
| PCF PEC Survey vendors mail teaser postcard to all sampled patients | September 26, 2022 |
| PCF PEC Survey vendors begin operating inbound patient-facing help desk | September 27, 2022 |
| PCF PEC Survey vendors mail Questionnaire 1 to all sampled patients | October 3, 2022 |

⁶ Only PCF Practice Sites that will be switching to a different survey vendor and those that will be participating in PCF for the first time will need to complete the online Vendor Authorization form.

⁷ Only materials that have been updated for PY 2022 data collection need to be submitted. Materials that did not change from PY 2021 to PY 2022 do not need to be submitted.

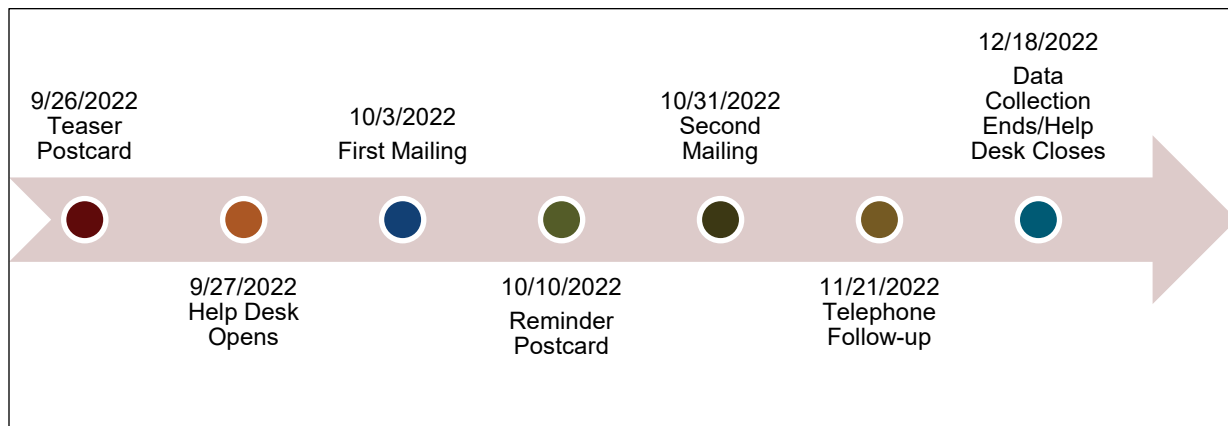


| Activity | Performance Year 2 (January 1–December 31, 2022) Timing |
|---|---|
| PCF PEC Survey vendors mail Thank you/reminder postcard to all sampled patients | October 10, 2022 |
| PCF PEC Survey vendors submit interim mail data file | October 24, 2022 |
| PCF PEC Survey vendors mail Questionnaire 2 to sampled patients who have not responded | October 31, 2022 |
| PCF PEC Survey vendors start telephone follow-up, among sampled patients who have not responded | November 21, 2022 |
| PCF PEC Survey vendors submit interim mail/CATI data file | November 29, 2022 |
| PCF PEC Survey vendors supply documentation of interviewer training, including HIPAA training | November 29, 2022 |
| PCF PEC Survey vendors end telephone follow-up and close Help Desk | December 18, 2022 |
| Last day to receive questionnaires by mail. PCF PEC Survey vendors must discard questionnaires received after this date | December 18, 2022 |
| PCF PEC Survey vendors submit patient data to RTI PECS team | January 17, 2023 |
| PCF PEC Survey practices may remove posters and Waiting Room FAQs | January 18, 2023 |
| PCF PEC Survey vendors submit interviewer monitoring documentation | January 31, 2023 |

5.2 Schedule of Mail with Telephone Follow-up Protocol

Figure 5-1 displays the data collection schedule for the mail with telephone follow-up protocol.

Figure 5-1
Mail with Telephone Follow-up Timing



5.3 Support Survey Administration in Spanish

All practice sites and vendors are required to offer survey administration in Spanish. CMS will provide all Spanish translations.

- The poster and Waiting Room FAQs are in both English and Spanish.
- Both **postcards** are in English but a line in Spanish states that if they prefer to receive the questionnaire in Spanish, they should call the toll-free number. Vendors must honor these requests and send a Spanish questionnaire.
- The **initial and non-response letters** have English on one side, Spanish on the other.
- The questionnaire is available in both English and Spanish.
- The **first questionnaire** must be sent in English to all patients. A line in Spanish states that if they prefer to receive the questionnaire in Spanish, they should call the toll-free number. Vendors must honor these requests and send a Spanish questionnaire, at a minimum for the 2nd questionnaire mailing. (If a practice site is comprised heavily of Spanish speakers and the survey vendor would like to send Spanish questionnaires for the first questionnaire, the survey vendor should contact pcfpecs@rti.org to discuss. Note the PCF model is not in operation in Puerto Rico.)
- The **second questionnaire** must be sent in Spanish to patients who are indicated as Spanish speakers on the sample file.
- Survey vendors must provide Spanish-speaking **Help Desk** personnel. Sufficient Spanish-speaking personnel, commensurate with the volume of Spanish speaking population of their client practices, must be provided.
- Survey vendors must provide Spanish-speaking **telephone interviewers** commensurate with the volume of Spanish-speaking population of their client practices.

- FAQs for telephone interviewers/Help Desk staff are provided in both English and Spanish.
- Vendors and practice sites are not permitted to translate the survey into other languages at this time. CMS may provide additional languages in upcoming years of PCF.

5.4 Facilitate Completions by Sample Member Helpers and Proxies

The survey instrument allows patients who are unable to complete the survey to have someone knowledgeable about their health care, such as a family member or friend, take the survey on their behalf (known as a “proxy”) or help the patient with the survey (known as a “helper”). Helpers and proxies typically help patients who are too ill to take the survey or who have physical or cognitive limitations. Note that **staff or clinicians at the practice site may not serve** as proxies or helpers.

As shown on the final question of the survey, helpers can:

- Read questions.
- Write down the answer the patient gave.
- Translate the questions into the patient’s language.
- Help in another ways.

See **Figure 5-2** below for a summary of when proxies are and are not permitted on the PCF PEC Survey.

Figure 5-2
Summary of Proxy Use on PCF PEC Survey

| Proxy Permitted | Proxy Not Permitted |
|---|--|
| <ul style="list-style-type: none"> • Physically or Mentally Incapable • Assisted Living/Group Home • Language Barrier other than Spanish | <ul style="list-style-type: none"> • Deceased • Under 18 years old • Unavailable/Out of Country • Institutionalized (Nursing Home/Jail/Prison) • Does not want to do survey |

To raise awareness of the proxy/helper option, the PCF PEC Survey letters, postcards, poster, FAQs and telephone scripts clearly state that someone can help the patient take the survey.

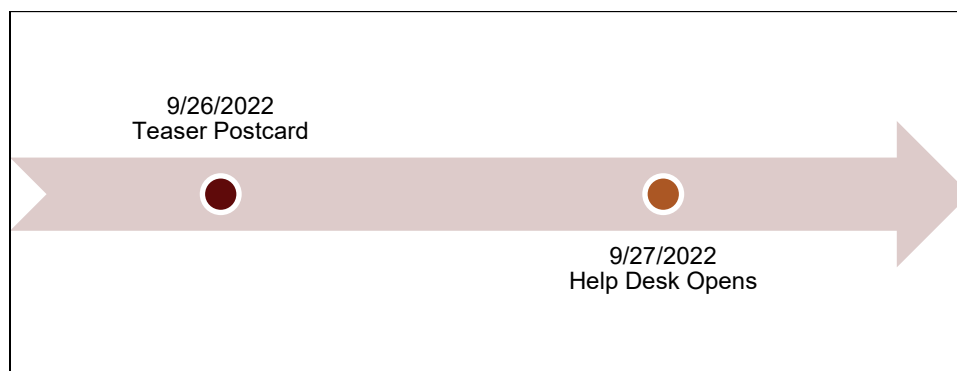
Survey vendors must ensure that telephone interviewers and Help Desk staff stay attuned to people declining survey participation because of the patient's health, disability, or language. These barriers can be overcome with a proxy or a helper, which should be encouraged and facilitated by survey vendor personnel.

5.5 Administer Mail Protocol

5.5.1 Teaser Postcard

The teaser postcard is a prenotification sent to all sampled patients. It provides information about the purpose of the survey and alerts patients (and their potential proxies/helpers) that they will be contacted within a few days and invited to participate in the survey.


Figure 5-3
Teaser Postcard Timing



5.5.1.1 Timing

The teaser postcard (**Appendix C**) is mailed approximately two weeks (**Figure 5-3**) after receipt of the sample file. Prior to mailing, the survey vendor is required to use a commercial address standardization (see **Section 4.6.4, Employ Address Standardization and Forwarding Address Techniques**) and ensure the mailing addresses reflect any updates or forwarding addresses from the commercial service.

5.5.1.2 Formatting and Printing

The teaser postcard can be downloaded from the [PCF PEC Survey web portal](#) .

- No text, image, or logos may be altered, added or removed except as follows:
 - On the side with the image and text, survey vendors must insert their own Help Desk email address and toll-free number.

- On the side with the address, on the row beneath Patient Experience of Care, survey vendors should put their own mailing address. The DHHS logo must not be modified in any way but vendors may choose to replace it with their own vendor logo.
- The printed size of the postcard must be at least 4.25" x 6", a two-sided postcard
- The minimum paper weight of the postcard is 79# card stock (meets a 7pt minimum caliper)
- Survey vendors may elect to print the image in color or black and white.
- Survey vendors may elect to use colored ink instead of black ink, or colored paper instead of white paper, provided good judgement is used for visible contrast and acuity.
- Updates from the Post Office such as Address Service and Change Service are optional.
- The SID, a barcode or other sample tracking number may be printed on the postcard.

5.5.1.3 Mailing

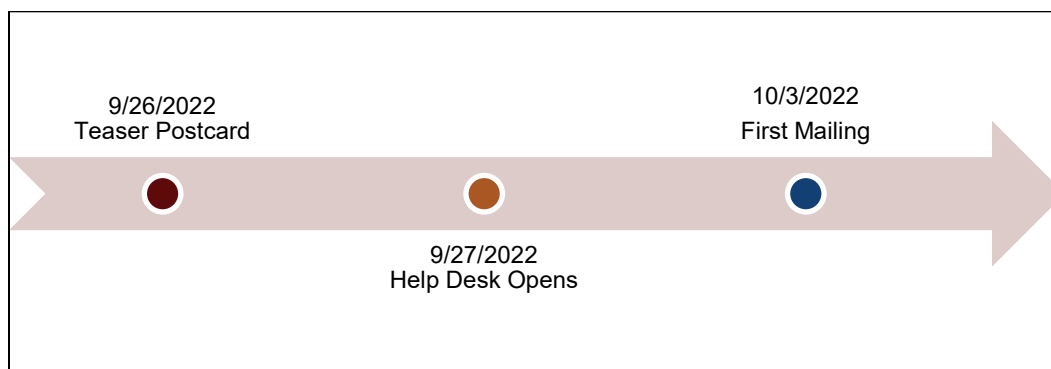
The teaser postcard is mailed first class. It may be stamped or bear permit-paid indicia.

5.5.2 Questionnaire Mailout #1: Letter, Questionnaire, BRE, Envelopes, and Envelope for Sample Members Residing in Residential Care Facilities

5.5.2.1 Timing

The first questionnaire mailing (**Appendix D**) is mailed approximately three weeks after receipt of the sample file (or one week after the teaser postcard) (see **Figure 5-4**).

Figure 5-4
First Questionnaire Timing




5.5.2.3 Required and Optional Formatting and Printing Guidelines


Letter:

- The letter must be printed on a separate sheet of paper and not attached to the survey.



- It must have English on one side, Spanish on other side.
- It must use text of letter from the [PCF PEC Survey web portal](#)  customized with survey vendor Help Desk information.
- The letter must contain salutation Dear before patient's full name.
- It must be printed using survey vendor logo and return address (or mail processing subcontractor's return address).
- The letter must be signed by a senior employee of the survey vendor and include the last date of each mailing.
- The letter must use a font size equal to or larger than Times New Roman 11 or Arial 11-point font.
- Survey vendors may elect to use colored ink instead of black ink, provided good judgement is used for visible contrast and acuity.
- The SID, a barcode or other sample tracking number may be printed on the letter.
- Optional: Survey vendors may use windowed envelopes as a quality measure to ensure that each envelope is associated with the correct letter.

Questionnaire:

The survey vendor is expected to download the survey from the [PCF PEC Survey web portal](#) . Survey vendors may make minor modifications to the format and layout of the surveys, but must adhere to the following specifications in formatting and producing the PCF PECS mail surveys:

- The image and full survey title must be placed on the cover.
- The name of the practice, office location, and Spanish sentence must be placed on the cover.
- A tracking ID linked to the Unique Sample ID must be printed on each survey. A barcode is also acceptable.
- The Tracking ID differentiates between first and second questionnaires.
- The instructions for completing must remain on the top of the first page of the survey.
- Question and answer category wording must not be changed.
- No changes are permitted to the order of the survey items.
- The "About You" items cannot be eliminated from the survey.
- No changes are permitted to the order of the answer categories.
- Question and answer categories must remain together in the same column and on the same page.



- The patient's name must not be printed on the survey.
- Response choices must be listed individually for each item. For example, when a series of items is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories **must be repeated with every item**. A matrix format which simply lists the answer categories across the top of the page and the items down the side of the page is not allowed.
- The survey vendor's or mail processing subcontractor's return address must be added to the bottom of the last page to ensure the survey is returned to the correct address in case the patient misplaces the enclosed return envelope.
- All surveys will be printed as booklets in black and white. However, survey vendors may opt to print the surveys in black and white with a highlight color.
- All surveys must be printed using a minimum font size equal to or larger than Arial 11 point
- There is no OMB Control Number to print on the cover of the survey. PCF PEC Survey is OMB-exempt.
- Optional: Survey vendors may consider the following formatting recommendations so that surveys are easy to read, thus improving the chances of receiving a completed survey:
 - Use circles or ovals instead of boxes for response items (adapting the survey instructions accordingly)
 - Use two-column format
 - 12-point font size
 - Wide margins (at least $\frac{3}{4}$ inches) so that the survey has sufficient white space to enhance readability
 - Survey vendors have the option to provide their toll-free number on the last page of the survey, with the survey vendor's or mail processing subcontractor's return address, in case the beneficiary has questions about the survey and misplaced the cover letter.
- It is permissible to place a code at the bottom of the mail survey to assist the survey vendor's customer service staff in identifying the survey type.
- Survey vendors may use pre-codes placed to the left of the response options as subscript or superscript. Pre-codes should not be displayed on 0–10 response scales.
- If a survey vendor's scanning software is unable to accept responses in pencil, vendors may instruct respondents to fill out the survey in blue or black ink.
- Each survey vendor must submit PDF copies of their English-language and Spanish-language PCF PEC Survey mail survey questionnaires as part of the vendor oversight process. Please see **Chapter 10, Oversight**, for more information.



Envelopes:

- Outgoing windowed envelopes are available for download at the [PCF PEC Survey web portal](#).
- Outgoing envelopes must include the PCF PEC Survey image and the survey vendor's return address. The survey vendor's logo is optional. If there is a mail processing subcontractor's return address that should be used instead of the survey vendor's.
- The outgoing envelopes have been formatted for 9x12; however, there is not a size requirement as long as all other requirements are met.
- Envelopes may be printed in black and white or color.
- Survey vendors may not alter the PCF PEC Survey image.
- Each outgoing package must include a pre-paid Business Reply Envelope (BRE) addressed to the survey vendor or to the mail processing subcontractor.
- Special outgoing envelopes for patients living in residential care facilities are also available for download on the [PCF PEC Survey web portal](#) and must be printed with the following messages on the front:

Please ensure the resident or their loved one sees this survey about visits to their primary care provider.

If the resident no longer resides at this location, please let us know by returning this mailing to sender or calling the Help Desk toll-free at [insert survey vendor's Toll Free Number].

5.5.2.4 Mailing

Survey vendors must follow these procedures when mailing out the first questionnaire:

- Perform address validation to check for missing or incorrect information.
- Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and their contractor, RTI.
- Mail materials must be addressed to the sampled patient using the address given in the sample file (unless the survey vendor obtains an updated mailing address).
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the questionnaire package using first class postage or indicia.

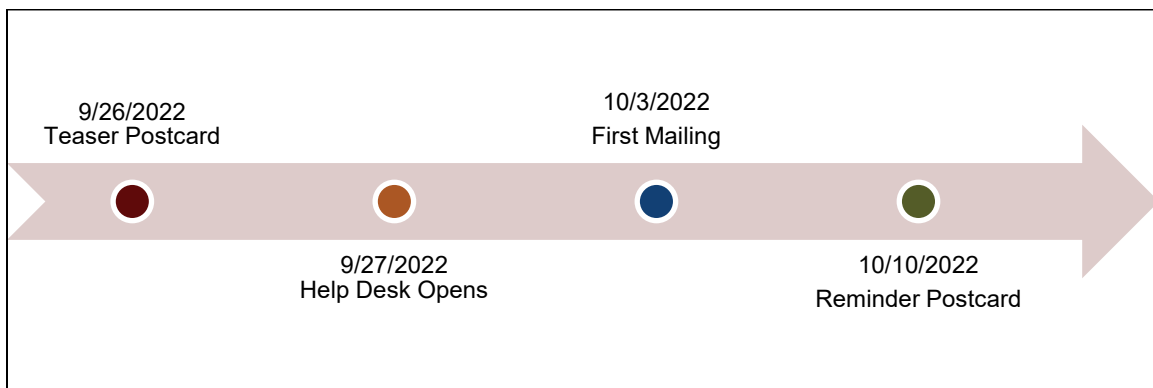
5.5.3 Reminder Postcard

The reminder postcard (**Appendix E**) is sent to all sampled patients. It serves as a Thank You note to patients who have completed their survey and reminds all other patients to complete their survey or contact the Help Desk with any questions.

5.5.3.1 Timing

As shown in **Figure 5-5**, the reminder postcard is mailed one week after Questionnaire 1 is mailed. It should not be mailed sooner, or it could arrive before the questionnaire arrives.

Figure 5-5
Reminder Postcard Timing



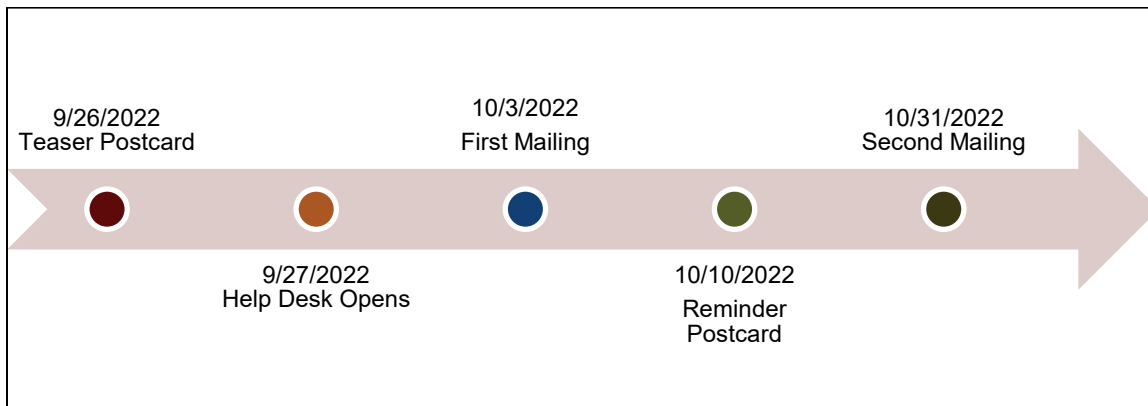
5.5.3.2 Formatting and Printing

The reminder postcard can be downloaded from the [PCF PECS web portal](#).

The formatting and printing requirements of the teaser postcard apply to the reminder postcard.

5.5.4 Questionnaire Mailout #2: Letter, Questionnaire, Envelopes, and Envelope for Sampling Members Residing in Residential Care Facilities

Figure 5-6
Second Questionnaire Timing



5.5.4.1 Timing

The second questionnaire mailing (**Appendix F**) is mailed approximately six weeks after receipt of the questionnaire mailout #1 is mailed (**see Figure 5-6**). Vendors must not send the 2nd mailout to:

1. Patients who returned a questionnaire indicating refusal or ineligibility.
2. Patients who returned a questionnaire that has some questions answered and passes the threshold of partial complete.
3. Patients who returned a questionnaire that passes the threshold of complete.
4. Patients who contacted the Help Desk and indicated their refusal or ineligibility.

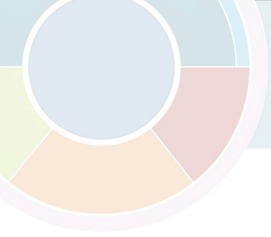
All other patients (nonresponse, blank and incomplete) should receive a second mailing. Vendors should generate the patient list for the 2nd questionnaire sample file as close as possible to the 2nd questionnaire mailout date, to allow time to for these four groups of patients to accumulate. The list should not be prepared farther in advance than two weeks.

Reducing potential patient confusion and burden from unnecessary mailouts is very important for the PCF PEC Survey.

5.5.4.2 Required and Optional Formatting and Printing Guidelines


Letter:

The survey vendor is expected to download the letter from the [PCF PEC Survey web portal](#). The text for the second letter is different from the text for the first letter. The text for the second letter must be used, as it explains that the patient is receiving a second copy of the




questionnaire, which they can disregard if they have already returned their first questionnaire. When sending the letter with the 2nd questionnaire, survey vendors should use the same general formatting that they used for the 1st letter. Required and optional formatting guidelines are described in **Section 5.5.2.2, Required and Optional Formatting and Printing Guidelines**.

Questionnaire:

The survey vendor is expected to download the survey from the [PCF PEC Survey web portal](#) . The questionnaires for the first and second mailouts are identical. All required and optional formatting questionnaire guidelines detailed for the Questionnaire Mailout #1 in **Section 5.5.2.2, Required and Optional Formatting and Printing Guidelines** apply to the questionnaire sent in Questionnaire Mailout #2.

Envelopes:

The survey vendor is expected to download the envelope from the [PCF PEC Survey web portal](#) . The envelope for the survey for the second mailout differs from the envelope of the survey for the first mailout and must be used. It has a note acknowledging this a second copy of the questionnaire patients previously received and that patients can disregard it if they already completed their questionnaire. **This note is very important for patients to see on the envelope.**

Apart from that, all required and optional formatting questionnaire guidelines detailed for the Questionnaire Mailout #1 in **Section 5.5.2.2, Required and Optional Formatting and Printing Guidelines** apply to the questionnaire sent in Questionnaire Mailout #2. The special envelope messages for patients in residential care facilities also apply.

5.5.4.3 Mailing

Survey vendors must follow these procedures on all mailouts:

- Perform address validation to check for missing or incorrect information.
- Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and their contractor, RTI.
- Mail materials must be addressed to the sampled patient using the address given in the sample file (unless the survey vendor obtains an updated mailing address).
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the questionnaire package using first class postage or indicia.




5.5.5 Incentives

CMS does not allow practice sites or survey vendors to offer incentives of any kind to patients or proxy respondents.

5.5.6 Instructions About Adding Practice-Specific Questions

Should practice sites wish to add practice-specific questions on their PCF PEC Survey questionnaire, the following guidelines must be followed:

- The maximum number of practice-specific questions that can be added is 10.
- All added questions must be placed after the final PCF question (question #55, help with non-medical needs) and before the About You section.
- The practice-specific questions cannot be used with the intention of marketing or promoting services by the practice or related organizations.
- The practice-specific questions cannot ask patients why they responded a certain way to a PCF PEC Survey question.
- If the practice-specific question asks patients to write comments in their own words, the wording of the question must make it clear that their comments will be shared with the staff at the practice. For example, “Is there anything else about your experience that you would like us to share with the practice named on the cover of the questionnaire,” would be appropriate. Survey vendors must have a process of reviewing data from comment questions and redacting personally identifiable information before data delivery/report delivery to the practice site.
- Survey vendors and/or practice sites are responsible for translating the practice-specific questions into Spanish.
- Survey vendors must not include responses to the practice-specific questions on the PCF PEC Survey data files that will be uploaded to the [PCF PEC Survey web portal](#) . Nevertheless, the patient confidentiality safeguards survey vendors must uphold in reporting PCF PEC Survey data to their practices (described in **Section 8.4, Survey Vendor Analysis and Reporting of PCF PEC Survey Data**) apply to data from these additional practice-specific questions as well. Note that:
- Survey vendors may not append identifying information from the sample file to data from practice-specific questions. This applies to both closed ended and comment questions.
- All other rules in **Section 8.4** apply as well.

Survey vendors do not need to obtain CMS’ approval of the practice-specific added questions before adding them to the survey. *However, CMS recommends avoiding sensitive questions or lengthy additions because of the potential to reduce expected response rates.*



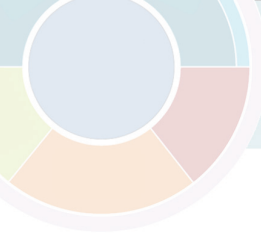
5.5.7 Perform Quality Control Measures on Mailings

Required quality control measures

- As stated in **Section 4.6.4**, survey vendors must employ an address update and standardization service on each sample patients' mailing address that is included in the sample file provided by CMS. A commercial address update service that fixes address formatting errors (promoting timely delivery) and accesses Address Forwarding requests, such as NCOA or the U.S. Postal Service Zip+4 software, are recommended. Survey vendors are permitted to ask the client practice sites to provide updated address information for all patients they treated during the sampling window, if the vendor has an appropriate agreement with the practice sites. Survey vendors cannot, however, give a list of the sampled patients to the practices to request this information.
- Survey vendors must prepare and maintain written documentation that all staff members involved with the mail survey implementation, including support staff and subcontractors, were properly trained on the survey specifications and protocols.
- Check a minimum of 10 percent of all printed materials (questionnaires, postcards, letters) to ensure the quality of the printing—that is, make sure that there is no smearing, misaligned pages, missing/duplicate pages, stray marks on pages, or bleed-throughs (which can impact or cause problems when scanning the data from completed questionnaires).
- Check a sample of cases for each practice to make sure that the name and address printed on letters (and the outside of the envelope if window envelopes are not used) matches the name and address included in the sample file the vendor downloaded from the [PCF PEC Survey web portal](#).
- Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the questionnaire.
- Survey vendors must check to make sure that the number of questionnaire packages to be mailed matches the number of sampled cases.
- All staff involved in the mail phase, including support staff, must be thoroughly trained on the survey specifications, protocols and equipment. This includes contents of the questionnaire package, requirements for the visual review and 10 percent quality checks of the packages. A copy of relevant chapters of this manual should be made available to all staff as needed.

Recommended quality control measures:

- Survey vendors are advised to “seed” each mailing (postcards and questionnaires). That is, include the name and address of designated survey vendor staff member in each mailing file to have the survey materials sent to that staff member. Once the survey materials are received, the vendor’s staff should review and assess the completeness of



the questionnaire package and timeliness of package delivery. Note: do not include the vendor's seeded names in the telephone non-response follow-up or data submission files.

5.5.8 Conduct Data Receipt of Questionnaires Returned by Mail

The following guidelines are provided for receiving and tracking returned questionnaires. Survey vendors can choose whether to enter data via an optical scanning program or manually key data into a data entry program. Requirements for data receipt for each type of data entry system are provided below, in **Section 5.5.9, Process Data from Questionnaires Returned by Mail**.

Data receipt requirements:

- The date the questionnaire was received must be entered into the data record created for each case.
- Questionnaires received must be logged into the tracking system in a timely manner to ensure that they are taken out of the cases being rolled over to the next data collection activity. Specifically, there must be no backlog of returned questionnaires when the sample file for the 2nd questionnaire mailing is created, or the sample file for the telephone non-response mailing is created.
- Once telephone follow-up begins, questionnaires that are returned must be processed in the tracking system in a timely manner. Patients given any final status code (including complete, refusal or ineligible) should be removed as soon as possible (within 24-48 hours) from the telephone follow-up system to avoid calling patients who have already responded.
- Questionnaires must be visually reviewed prior to scanning for notes/comments. Notes can indicate whether the patient is deceased, for example, or otherwise ineligible. Survey vendors must assign the proper status code (see **Exhibit 5-2, Final Status Codes**).
- Patients who were already deceased **when their survey was received at their address** are ineligible. A proxy is not allowed for a deceased patient. If a mail survey is received by the survey vendor as completed but the survey vendor learns later that the sample patient is deceased (via a letter or telephone call received after the completed mail survey is received), the survey vendor should process and include the data if there is no indication that the survey was completed by someone else (based on the responses to Qs. 63–64) and the case meets the completeness criteria.
- In the event two surveys are received from the same patient (either two mail questionnaires or one mail questionnaire and one telephone interview), retain the survey with the more complete data. If both surveys are equally complete, the survey vendor should use the first one received.
- Survey vendors must properly and promptly dispose of all questionnaires which arrive after the data collection cutoff; they should not be stored for 3 years like the rest of the questionnaires. Their data should not be captured or reported to CMS or practices. The vendor must assign the appropriate final non-complete status code to the case.
- A PCF PEC Survey final status code (**Exhibit 5-2**) must be assigned to each case.

Exhibit 5-2
PCF PEC Survey Final Status Codes

| Code | Description |
|------|--|
| 110 | Completed Mail Questionnaire For this code to be assigned, the respondent must have met the criteria described in “Definition of a Fully Completed Questionnaire” see Section 6.3.1, Definition of Complete and Partial Complete Surveys . Note patients may meet these criteria even if their answer to Q1 is “No” and/or their answer to Q3 is “None.” |
| 120 | Completed Phone Interview For this code to be assigned, the respondent must have met the criteria for described in “Definition of a Fully Completed Questionnaire” see Section 6.3.1, Definition of Complete and Partial Complete Surveys . |
| 130 | Partially Completed Mail Questionnaire For this code to be assigned, the respondent must have met the criteria for described in “Definition of a Partially Completed Questionnaire” see Section 6.3.1, Definition of Complete and Partial Complete Surveys). Note patients may meet these criteria even if their answer to Q1 is “No” and/or their answer to Q3 is “None.” |
| 140 | Partially Completed Phone Interview For this code to be assigned, the respondent must have met the criteria for described in “Definition of a Partially Completed Questionnaire” see Section 6.3.1, Definition of Complete and Partial Complete Surveys . |
| 150 | Ineligible: Deceased Assign this code if the sample patient is reported as deceased at the time of the survey. |
| 160 | Ineligible: Does Not Meet Eligibility Criteria Assign this code to either mail or telephone survey cases if it is determined during the data collection period that the sample patient does not meet the eligibility criteria for being included in the survey. <ul style="list-style-type: none"> • The sample patient is under age 18. • The sample patient resides in a nursing home or other skilled nursing facility or other long-term facility, such as a jail or prison. • The sample patient is determined to no longer live in the U.S. after data collection is initiated. |
| 170 | Language Barrier Assign this code to sample patients who do not speak English or Spanish and do not have a proxy who can translate the survey into the patient’s language. |
| 180 | Ineligible: Mentally or Physically Incapacitated Assign this code if it is determined that the sample patient is unable to complete the survey because he or she is mentally or physically incapable and there is not a helper or a proxy who can help the patient complete the survey. |



| Code | Description |
|------|--|
| 190 | Ineligible: Did Not Receive Care at Practice Assign this code to sampled patients who report in Q1 that they did not receive care from this provider's office in the last 6 months, or who reported in Q3 that they had 0 visits in the last 6 months. Do not use this code if the sampled case otherwise met the partially complete or fully complete criteria. |
| 200 | Excluded from Survey Sampled patient was determined to be ineligible for survey after sampling but before data collection was initiated. Includes any sampled cases on the survey vendor's Do Not Contact list. |
| 210 | Incomplete Assign this code if the sample patient responds to some questions but not enough to meet the either completeness criteria. Appropriate for mail surveys that are mostly blank and telephone breakoffs. |
| 220 | Refusal Assign this code if the respondent said "No thank you" and hung up, or disengaged before interviewer could rebut or provide additional information. These can also be considered soft refusals. |
| 230 | Hostile Refusal Assign this code if the sample patient indicates either in writing or verbally that he or she does not wish to participate in the survey. This code includes both hard and hostile refusals. |
| 240 | Wrong, Disconnected, or No Telephone Number This code should be assigned if it is determined that the telephone number the survey vendor has for the sample patient is bad (disconnected, does not belong to the sample patient) and no new telephone number is available. This can also be assigned if no phone number was provided for the sample member. |
| 250 | No Response After Maximum Attempts This code should be assigned when the contact information for the sample patient is assumed to be viable, but the sample patient does not respond to the survey/cannot be reached during the data collection period. |
| 260 | No Response To Mail Survey—RCF Patients This code should be assigned to patients who are flagged as residential care facility patients and for whom no other final code (ineligible, complete, refusal) has been recorded. |
| 270 | Pending (Use only in Interim Data Submissions) This code should be assigned to patients who have not yet had all contact attempts and may still complete between interim data submission(s) and final data submission. |



5.5.9 Process Data from Questionnaires Returned by Mail

Vendors may process data using an optical scanning process or data entry. The following program requirements and quality control measures are required for both.

Requirements for the program:

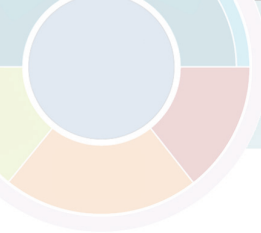
- The scanning program or data entry program, whichever is used, must not permit out-of-range or invalid responses.
- The program must either alert staff to any duplicate questionnaires entered, or prevent duplicate questionnaires from being entered.
- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, the scanning or data entry process, whichever is used, should select the response that is closest to the marked response.
- If two responses are checked for the same question, the scanning or data entry process should select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.
- If a mark is between two answer choices but is not clearly closer to one answer choice, the scanning or data entry process should code as “missing.”
- If a response is missing, the scanning or data entry process should leave the response blank and code as “missing.”
- Although they can be scanned or data entered, survey vendors must not include responses to any practice-specific questions on the data files submitted to CMS.
- Detailed specifications and decision rules for coding are found in **Chapter 6, Data Coding and Preparation**.

Mandatory quality control measures for optical scanning:

- A sample of questionnaires (minimum of 10 percent) must be rescanned and compared with the original scanned image of the questionnaire as a quality control measure. Any discrepancies must be reconciled by a supervisor.
- The survey responses marked in a sample of questionnaires (minimum of 10 percent) must be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.

Mandatory quality control measures for data entry:

- Survey vendors must have a process in place to validate data entered in order to ensure that data entered accurately capture the responses on the original survey. A different staff member should re-key minimum of 10 percent of the surveys, and the results of the two



keyers should be compared. Any differences should be reconciled. As necessary, keyers must be trained to improve keying accuracy.

5.5.10 Process White Mail

Patients and family members occasionally send notes or other items (e.g., literature, other surveys, medical bills) along with or instead of their questionnaires. The items sent most often are notes explaining the patient is deceased, refuses, or describing their experience with this provider. These notes also include those written on the survey, envelope, or postcard itself as well as information affixed by the post office.

Survey vendors must update the patient's status code based on information received and must store the information received for documentation purposes. It should be stored for three years.

In the unlikely event the patient has sent important information, such as a medical bill with a check, survey vendors must mail it back to the patient.

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

5.5.11 Store Data

Survey vendors must store returned paper surveys or scanned images of paper surveys in a secure and environmentally controlled location for a minimum of three years. This does not apply to surveys received after the cutoff date for returned mail surveys. Do not scan, key-enter, or store these surveys.

5.5.12 Conduct Training for Staff in Mail Portion of Survey

All staff involved in the mailout and data processing phase of survey implementation, including support staff and subcontractor staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this manual should be made available to all staff as needed. Staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

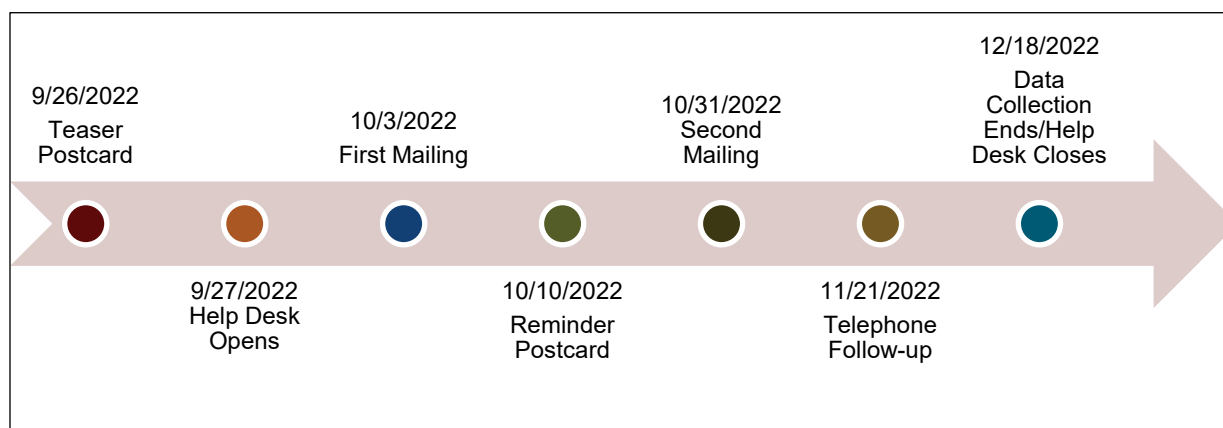
- Use of relevant equipment and software (case management systems for entering questionnaire receipts, scanning equipment, data entry programs).
- PCF PEC Survey protocols specific to their role (for example, contents of questionnaire package, requirements for visually reviewing questionnaires prior to scanning for notes/comments, how to document or enter returned questionnaires into the tracking system).
- Decision rules and coding guidelines for returned questionnaires (see **Section 6.3, Data Preparation**).
- Proper handling of hardcopy and electronic data, including data storage requirements (see **Section 9.3, Safeguarding Patient Data**).

If any of these mailout or data staff are also involved in providing patient support via the toll-free Help Desk, they should also be trained on the accurate responses to FAQs, how to look up information about the caller, and the rights of survey respondents. They should receive training on appropriate sections of this manual, which include **Section 5.6.2, Operate the Inbound Telephone and Email Help Desk**, and Waiting Room FAQs in **Appendix N**.

5.6 Conduct Telephone Follow-up Protocol

This section describes the protocol that survey vendors must follow for the telephone follow-up phase of the mixed-mode survey administration of the PCF PEC Survey. This phase requires the use of computer assisted telephone interviewing (CATI) system. Phone interviews may not be completed manually using paper/pencil surveys and then key-entered after the interview.

Figure 5-7
Telephone Follow-up Timing



As shown in **Figure 5-7, PCF PEC Survey Administration Schedule**, survey vendors must begin the telephone-follow up phase of the survey four weeks after Questionnaire 2 is mailed. Survey vendors are not allowed to administer the phone survey before the specified timeline unless a patient calls the Help Desk and requests to complete the survey by phone.

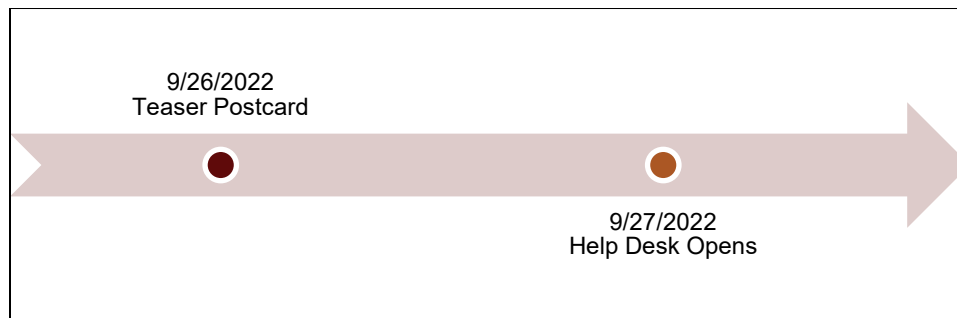
5.6.1 Use a Batch Service to Obtain Sample Member Phone Numbers When Not Provided

CMS will provide phone numbers, where feasible, as part of the sample. The source of the sample files are the records maintained by PCF Practice Sites. Survey vendors must attempt to obtain phone numbers for the subset of patients in the sample for which a phone number was not provided. Survey vendors shall use a secondary source, such as phone matching services or software, directory assistance, and other phone directory applications. Vendors should take steps to ensure the telephone numbers provided by the service are associated with the patient in the sample file.

In the event of many blank or invalid patient telephone numbers on the sample file, survey vendors may want to consider if the practice site's more recent telephone records of patients have improved since the practice site gave the patient information to CMS. If there is reason to expect a reduction in blank or invalid telephone numbers, or an increase in telephone number accuracy, the survey vendor can request the practice site provide them with a file with all their patients with appointments since January 1 of the performance year. Vendors can use information from this practice-supplied file to update the contact information on the CMS-supplied sample file. An appropriate Data Use Agreement between the practice site and the vendor must exist before transfer of this patient information. Vendors may not give information to PCF Practice site identifying which patients are in the sample.

5.6.2 Operate the Inbound Telephone and Email Help Desk

Figure 5-8
Help Desk Timing



Survey vendors must operate a Help Desk to answer questions from sampled patients or family members who call or email with questions about the PCF PEC Survey. The Help Desk is the public face of the PCF PEC Survey and, in some instances, is the only personal interaction a patient will have during the entire data collection period. The Help Desk must be operational on the first day after the teaser postcards are mailed (see **Figure 5-8**). After business hours, and when all Help Desk personnel are busy on other calls, the number must be serviced by a voicemail system. Survey vendors must check voicemail messages hourly during business and each morning, and return them as soon as possible, at the most within 1 business day. These timelines must be mentioned in the voicemail greeting. Consistent with patient-facing communications, the greeting on the voicemail system should not mention PCF or Primary Care First, as patients generally are unaware their practice is in a program called PCF. Similarly, the use of PCF or Primary Care First is not recommended in the Help Desk email address. A more generic email address such as patientsurvey@surveyvendor.com is recommended.

Help Desk staff should have access to a sample look-up file that permits them to look up the patient using different search parameters (at a minimum, name and SID). Callers may contact the Help Desk when they receive the teaser postcard or reminder postcard. The Help Desk may



also receive calls from patients who see the poster or waiting room FAQs. Note that these patients may not be in the selected sample.

Experience from CPC+ suggests that the volume of calls received is approximately 1.75 percent of the patient sample. Volume can be higher or lower for individual practice sites. It is also higher immediately after mailings and during the telephone survey phase when patients are calling back after receiving calls from interviewers. Sufficient Help Desk personnel, including Spanish-speaking personnel, should be trained and staffed on the Help Desk commensurate with the expected volume. All Help Desk personnel must be fully trained to assist patients with the mail survey, including walking patients through completing the survey and answering questions about eligibility and respondent rights. Help Desk staff should also be fully trained on the survey vendor's CATI system. In addition, Help Desk personnel should be familiar with ***Frequently Asked Questions from Sample Members, for Use by Telephone Interviewing/Inbound Help Desk (Appendix I)*** so they can answer questions with ease and confidence. A separate Help Desk training and reference manual is recommended. Patients may request a telephone interview when they call the Help Desk; vendors must have a procedure in place to handle such requests, even before the telephone follow-up begins. The PCF PECS team recommends that the vendor's process include the ability to complete the telephone survey upon request during the initial call if possible.

The Help Desk email address should be checked at least twice a day. Experienced Help Desk personnel should respond to all email inquiries within 1 business day, if not sooner. Survey vendors will need to describe their process for email responses in their QAPs.

During months of the year when the inbound Help Desk is not operational, such as before the teaser postcard is mailed or after the survey period ends for that performance year, the survey vendor must indicate the survey status to people who call the Help Desk and/or send email. The "closed" greeting should:

- Thank the caller for their interest in the survey.
- State that the survey has ended (or provide the start date of the survey).
- Give the date the survey will resume for the coming year if appropriate.
- Invite them to leave a voicemail message should they have questions.

See examples below:

"Thank you for contacting the PCF PECS Help Desk for [VENDOR NAME]. Survey data collection will begin in October 2022. If you have any questions, please leave a message and someone will return your call within one business day."

"Thank you for contacting the PCF PECS Help Desk for [VENDOR NAME]. Survey data collection for 2022 has ended and is expected to resume in the fall of 2023. If you have any questions, please leave a message and someone will return your call within one business day."



An automatic-reply email message should similarly convey these points and invite people who have questions to leave a voicemail message.

Experience from CPC+ shows the volume of people who contact Help Desk before the survey opens or after it closes is very low. Nevertheless, survey vendors are responsible for checking voicemail messages and answering callers' questions during this time. If survey vendors have any questions, they should obtain guidance from the PCF PECS Team by emailing pcfpecs@rti.org or by calling **833-997-2715**.

5.6.2.1 Use the Provider Name Lookup

Experience from the predecessor model CPC+ has shown that a common concern among people when they call the Help Desk is lack of recognition of the practice name and address on their survey as a place where they received care. The practice name provided on the sample file for printing on the survey is the "dba" name rather than the legal name, and the address is the physical location, not the business mailing address. However, this lack of recognition is often due to the fact that people **remember the name of the provider, rather than the name of the practice**. For that reason, Help Desk and telephone interviewing personnel must use the names of the medical staff supplied in the sample file to help patients (or their proxies/helpers) recall the name of a provider who cared for them and explain that this provider is located at the practice. The following is an example of appropriate language which can be used for this purpose (also included in the telephone script, **Appendices G** and **H**):

Thanks for explaining that. Sometimes primary care practices use an official name that is unfamiliar to patients. (PAUSE). Which doctors or other providers did you see in the last 6 months? I can look them up on my list of medical staff at this practice. (IF PATIENT WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Note that the medical staff provided on the sample file include all clinicians licensed to see patients in appointments, and is inclusive of MDs, DOs, Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists (CNS) who have a primary specialty designation of Family, Adult, General Practice, Internal, Hospice and Palliative, or Geriatric Medicine and are listed on the PCF practitioner roster. The number of medical staff at each practice site varies widely.

5.6.2.2 Notify Practice Sites of Contact Information for Inbound Help Desk

As explained in **Section 3.4.4, Communicate with Patients About the Survey**, CMS provides practices with a Poster and Waiting Room FAQs (**Appendices M, N**, respectively) and requires them to display these beginning in March of each year, which corresponds to 6 months prior to survey start. There are non-customizable versions of the poster and FAQs, and customizable versions upon which the survey vendor's Help Desk contact information can be printed. **Survey vendors must notify their client practice sites of the telephone number and email address of their Help Desk as soon as the number is operational.**



*Note: the requirement on the practice's part to place the Help Desk contact information on the posters and waiting room FAQs as soon as it is available does not alter the timeline for Help Desk operations shown in **Exhibit 5-1**. CMS does not require the Help Desk to operate before the teaser postcard is sent.*

5.6.3 Use a Phone Interviewing System

CATI has been shown to facilitate interviews, decrease the time needed to collect and edit data, reduce interviewer error, improve data quality (by customizing the flow of the survey based on the answers given as well as information already known about the participant), and remove the need for data entry after data collection. CATI requires a phone interviewer to follow a script programmed into a software application. (The English and Spanish telephone scripts for PCF PEC Survey are provided in **Appendices G–H**.) When contact is made with a respondent, the interviewer reads the survey items that appear on the computer screen and records the respondent's answers directly into the computer.

Survey vendors may use the CATI system of their choice, but the system must:

- Be linked electronically to the survey management system to allow tracking of the sampled patient through the survey administration process.
- Save data from partially-completed interviews and allow interviewers and respondents to later resume the partial interview beginning with the first unanswered question.
- Ensure patients are called at different times of the day and across multiple days of the week.
- Be linked to the calling system so that the number of calls made can be tracked, appointments set, and follow-up calls made at appropriate times.
- Allow the appropriate pending and final disposition codes to be easily accessible for all cases.

Survey vendors are responsible for programming the script and specifications for the CATI application, including programming so that the CATI system appropriately follows the survey's skip patterns. Survey vendors are also responsible for making sure there are adequate resources to complete the phone phase within the data collection protocol timeline. Survey vendors are responsible for programming their own front-end and back-end screens as required to facilitate the proper disposition of cases.

Survey vendors' CATI systems must support the following required functions on the PCF PECS telephone survey, described in **Section 5.6.3, Use a Phone Interviewing System**.



5.6.3.1 Removal of Completed/Finalized Mail Surveys from the Telephone Survey

Survey vendors must use their survey management system to identify sampled patients who have returned their completed survey, are ineligible, or have refused the survey. This information can come through the mail survey receipt process or can come if the patient calls the Help Desk. These patients must be removed from the CATI calling lists promptly, as calling them unnecessarily is burdensome to the patient. CATI calling lists must be refreshed every 24–48 hours to remove all patient cases which are already complete or final.

5.6.3.2 Removal of Patients Living in Residential Care Facilities/Assisted Living

As described in **Section 4.6.2, Identify Patients Residing in Facilities**, survey vendors must flag patients on the sample file who live in residential care/assisted living. Such patients are eligible, however due to the challenges of surveying them they receive a different data collection protocol. They receive a slightly different outgoing envelope and are not included in the phone follow-up. When the telephone follow-up survey begins, survey vendors must follow a process to ensure such patients are not called due to the additional burden this places on facility staff. Call-in interviews from facility patients, and telephone interviews with proxy respondents on behalf of facility patients, are permissible. Again, these patients are eligible, the goal is simply to avoid burdening facility staff by calling a central number repeatedly during the telephone follow-up.

Note: patients who reside in nursing homes/skilled nursing facilities are **not** eligible. If any are encountered the appropriate ineligible status code should be chosen.

5.6.3.3 Predictive or Automatic Dialers

Predictive or automatic dialers are permitted, as long as they are compliant with FTC and FCC regulations, and as long as respondents can easily interact with a live interviewer. For more information about FTC and FCC regulations, please visit <https://www.ftc.gov> and <https://www.fcc.gov>.

5.6.3.4 Auto-dialing of Cell Phone Numbers

FCC regulations prohibit auto-dialing of cell phone numbers. Therefore, cell phone numbers need to be identified in advance to allow the vendor to treat cell phone numbers in a way that complies with FCC regulations. It is vendors' responsibility to familiarize themselves with all applicable state and federal laws and abide by those accordingly in regard to calling cell phone numbers.

5.6.3.5 Outgoing Caller-ID

Survey vendors must set an outgoing caller-ID text on the calls generated from their telephone survey. The recommended text is "Patient Survey." Survey vendors may not use the name of



the practice, Centers for Medicare and Medicaid Services, Department of Health and Human Services, Primary Care First, or any abbreviated version of these in their caller-ID text.

Many patients elect to use their phone to “call back” or “redial” the number that dialed them. Therefore, CMS recommends that the callback number pulsed out by the system leads to a telephone interviewer and/or Help Desk at the survey vendor.

5.6.3.6 Calling Times

Survey vendors must not place calls earlier than 9 AM respondent time on weekdays and 11 AM respondent time on weekends, and not later than 8 PM on weekdays and 7PM on weekends.

The time zone of the sampled patient must be determined from the patient’s state, or in some cases zip code, not their area code.

5.6.3.7 Take Measures to Prevent Calls from Being Filtered as Spam

When a large volume of calls in a short period of time originates from one phone number, phone companies and service providers can flag the calls as spam. The company or service provider can identify these calls for their subscribers as “Likely Spam” or block delivery of these calls to their subscribers.

Survey vendors must conduct tests prior to survey launch to determine whether PCF PEC Survey calls are likely to be flagged as spam. If they are, the survey vendor must implement measure(s) to prevent this flagging, such as distributing the calls across different numbers of origination and not re-using numbers. Survey vendors will need to describe this in their Quality Assurance Plan (for more information, see **Chapter 10, Oversight**).

5.6.3.8 Take Measures to Complete “Breakoff” Interviews

If a respondent ends the interview before completing all questions, the survey vendor should attempt to recontact the respondent to obtain data for the questions in the un-administered portion of the survey. The one exception to this is if the respondent indicated to the interviewer that they no longer wanted to participate.

The CATI system must support a systematic way of identifying these “breakoff” interviews so interviewers can re-call respondents in a timely manner. CMS also requires that the CATI systems of PCF PEC Survey vendors save data from partially-completed interviews and allow interviewers and respondents resume the partial interview beginning at the first unanswered question (as described in **Section 5.6.3, Use a Phone Interviewing System**), above.

5.6.4 Make Required Attempts to Reach Patient

Survey vendors must attempt to reach every patient identified for phone follow-up. As explained above in **Section 5.6.3.1, Removal of Completed/Finalized Mail Surveys From the**



Telephone Surveys, patients identified for phone follow-up are all sampled patients except those with complete surveys or whose status is refused or ineligible. Survey vendors must make a maximum of 6 telephone contact attempts for each patient identified for the telephone survey until the patient completes the interview, refuses to participate or is found ineligible. After six attempts by phone have been made, no further attempts are to be made.

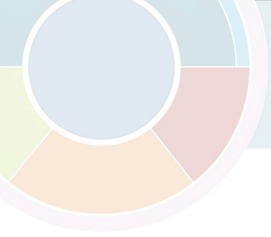
A phone attempt is defined as an attempt to reach the respondent by phone at different times of day, on different days of the week, and during different weeks over the follow-up period. All call attempts cannot occur in a single week, but must occur over no fewer than two weeks in the 4-week phone follow-up period. It is permitted to call the patient back one time after the sixth attempt if the patient or his/her proxy establishes a firm callback date and time.

A call is considered a phone attempt if it meets one of the following criteria:

- The phone must ring at least six times with no answer.
- The interviewer reaches a member of the patient's household and is told that the patient isn't available to come to the phone. The interviewer will attempt to schedule a callback date/time and attempt to determine if the patient needs a helper or proxy to complete the interview.
- The interviewer reaches the patient but is asked to call back at a more convenient time.
- The interviewer gets a busy signal during each of three consecutive phone dialings (if possible, the dialings must be made at approximately 20-minute intervals).
- The interviewer obtains an answering machine or privacy manager. The interviewer should leave a voicemail message on the 2nd and 4th dials (see **Section 5.6.4.1 Voicemail Messages**).
- There is a message that the phone number has been disconnected or is out of service (see below "When to code numbers as ***Permanently Out of Service***").
- There is a fast busy signal (see below "When to code numbers as ***Permanently Out of Service***").

Other requirements for attempting to contact patients:

- If an interviewer receives a new telephone number for the sampled patient, the 6 attempts should start over with the new phone number. A total of 6 call attempts must be made on the new phone number, if there is enough time left in the data collection period.
- If a sample patient is reached but is unable to speak with the telephone interviewer at that time, if he or she requests that a telephone interviewer call back at a different date/time (for either a callback or scheduled appointment), an effort must be made to recontact the respondent on that requested date/time.



- Survey vendors must maintain a call log that keeps track of the date and time phone calls were made for each sample patient and apply the appropriate final disposition code to the case. Ideally, this should be done within the CATI system.
- The use of incentives of any kind is not permitted.
- If a respondent begins but cannot complete the interview on the same call, the interviewer should resume the interview at the last unanswered question when the respondent is recontacted (this is a requirement of the CATI software, per **Section 5.6.3.8, Take Measures to Complete “Breakoff” Interviews**).
- If a PCF PEC Survey sample patient is on the survey vendor's Do Not Contact List, based on a previous contact in another survey conducted by the survey vendor, or is a Hostile Refusal from a prior performance year of PCF PEC Survey, the vendor should honor that patient's request. Such cases should be coded as a refusal. As such, PCF PEC Survey vendors must determine a way by which to designate and identify sample patients who permanently refuse to participate in the current survey period and all future PCF PEC Survey periods. Vendors are encouraged to use their internal records to cross reference patients on the sample file with patients on the survey vendor's Do not Contact List and PCF PEC hostile refusals from previous performance years. These sample patients should not be sent any survey materials (i.e., the prenotification letter, the questionnaire package), should not be contacted to complete the phone interview, and should instead be assigned a final disposition code of Refusal.

When to code numbers as Permanently Out of Service:

- If the interviewer receives a recorded message indicating the telephone number is “temporarily out of service,” the interviewer should redial the telephone number 3 to 5 days after the initial call was made. If the second call attempt again results in the same recorded message, the interviewer should call the telephone number a third time, 5 days after the second call attempt was made. If the third call attempt again results in the same recorded message, the vendor should apply the appropriate final disposition code to the case.
- If the interviewer gets a fast-busy signal, the interviewer should redial the telephone number immediately after receiving the fast busy signal. If the interviewer again receives the same fast busy signal, the interviewer should call the telephone number again on a different day of the week and at a different time of day than the initial calls. If the third call attempt again results in the same fast busy signal, the vendor should apply the appropriate final disposition code to the case.

5.6.4.1 Voicemail Messages

Voicemail messages should be left on the 2nd and 4th dials. CMS recommends the following voicemail messages:



2nd dial


Hello, my name is *** and I am trying to reach [NAME] about the Patient Experience of Care Survey. This survey asks for your feedback on your experience of care with your primary care provider and we would like to hear from you. The survey is sponsored by the Department of Health and Human Services and you may remember receiving it in the mail. We have not heard from you and would like to complete the survey over the phone with you at your convenience. Please call us toll-free at [1-INSERT VENDOR'S TOLL-FREE NUMBER]. Again, that's [1-VENDOR'S TOLL-FREE NUMBER]. Thank you so much.

4th dial

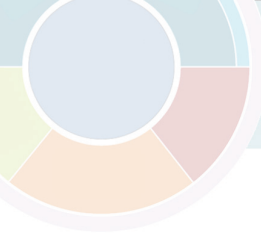
Hello, my name is *** and I am trying to reach [NAME] about the Patient Experience of Care Survey, sponsored by the Department of Health and Human Services. Your feedback on your experience of care with your primary care provider is very important. The survey is ending soon, and we would really like to hear from you. Please call us toll-free at [1-INSERT VENDOR'S TOLL-FREE NUMBER]. Again, that's [INSERT VENDOR'S TOLL-FREE NUMBER]. Thank you so much.

This voicemail message protocol, which aligns with industry best practices, was tested on CPC+ PECS and contributed to the 35% response rate achieved on that survey. In this climate of robocalls and scam calls, the voicemail message helps identify the survey to respondents and associate the calls with the mail they received—creating legitimacy for the survey. Note that the recommended voicemail scripts do not contain any PII.


5.6.5 Utilize Only Approved FAQs and Interview Phone Script

Survey vendors must use the standardized telephone script, provided by CMS in English and Spanish in **Appendices G** and **H**, when administering the survey by telephone. These scripts begin with an interviewer introduction, the informed consent process, and an as-needed procedure to follow if the respondent does not recognize the name of the practice. The process telephone interviewers follow in this regard mirrors the process followed by Help Desk personnel that is described in **Section 5.6.2.1, Use the Provider Name Lookup**. The text of the phone script was developed by CMS and must not be modified. Survey vendors are not permitted to translate the phone script into other languages. The CATI scripts are available for download at [the PCF PEC Survey web portal](#) . It is expected that survey vendors will have their own “front-end” and “back-end” programming screens and logic required to correctly disposition cases.

The PCF PEC Survey telephone interview contains 64 questions. Questions 1 to 55 are considered the “core” PCF PEC Survey questions and must be placed at the beginning of the interview. Questions 56 to 64 are the “About You” PCF PEC Survey questions. If a practice has elected to add practice-specific questions to the survey, they must be administered either between the “core” and the “About You” section, or after the “About You” section.



*Note: Each survey vendor must submit screenshots from the English-language and Spanish-language PCF PEC Phone Survey as part of the vendor oversight process. Please see **Section 10, Oversight**, for more information.*

Telephone interviewers and help desk personnel must use the approved FAQs (**Appendix I**) when answering patient questions. Staff should be familiar with these questions and answers (and the FAQs should be posted in workstations) so they can respond to patients fluidly and confidently. The Help Desk and Telephone Interviewer FAQs (English and Spanish) should be downloaded from [the PCF PEC Survey web portal](#) .

5.6.6 Assign Status Codes after Every Call

As stated above in **Section 5.6.3, Use a Phone Interviewing System**, one of the requirements of the phone interviewing system is to ensure status codes are easily accessible for all cases. The survey vendor must have a process such that telephone interviewers assign a status code after every call. Survey vendors should use their internal status codes, including those native to their system, to capture outcomes from calls. These internal codes should guide internal review and tracking. However, after the completion of data collection each sampled patient must be assigned a final survey status code from **Exhibit 5-2**. Guidelines for this may be found in **Section 6.4, Survey Status Codes**.

Survey vendors who intend to use “power dialing” or automatic dispositioning of cases by their phone interviewing system or dialer system must include a description of the quality assurance checks they will perform on their programming in their Quality Assurance Plan. These checks should provide assurances that the survey vendor’s system will assign the correct interim disposition to non-contact cases.

Survey vendors must include internal interim disposition codes with a crosswalk to final disposition codes in their Quality Assurance Plan deliverable.

5.6.7 Utilize a Protocol for Distressed Sample Members/Respondents

A distressed respondent protocol provides assistance if the situation indicates that the respondent’s health and safety are in jeopardy. Best interviewing practices recommend having a protocol in place for handling distressed respondents. Survey vendors must develop a distressed respondent protocol, to be incorporated into all telephone interviewers and help desk training. Distressed respondent protocols balance respondents’ rights to confidentiality and privacy with guidance about when and how to help those needing assistance.

Each approved PCF PEC Survey vendor must have procedures in place for handling distressed respondent situations and to follow those procedures. It is also important to note that respondents can be upset and distressed, without being in immediate danger. The PCF PEC Survey Team cannot provide specific guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects IRB for guidance. In addition, professional associations for



researchers, such as the American Association for Public Opinion Research (AAPOR), might be able to provide guidance regarding this issue. The following is an excerpt from AAPOR's website that lists resources for the protection of human subjects:

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations).
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule).
- Federal OHRP.
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions).
- University of Minnesota Web-Based Instruction on Informed Consent.

More information about the protection of human subjects is available at AAPOR's website at <https://www.aapor.org> ⁸.

5.6.8 Train Telephone Interviewers on All Telephone Follow-Up Protocols

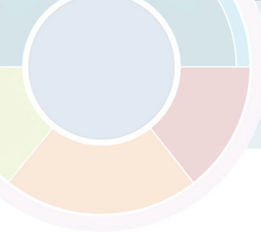
Interviewer training is essential to ensure that interviewers follow the protocols and procedures, and that survey data are collected accurately and efficiently. Properly trained interviewers are thoroughly familiar with the phone survey protocol and procedures, skilled in general interviewing techniques including enlisting cooperation and refusal avoidance.

Survey vendors must provide training for all telephone interviewing and customer support staff prior to beginning telephone survey data collection activities. If the survey vendor subcontracts with another firm to conduct phone interviewers, the survey vendor is responsible for attending/participating in the subcontractor's interviewer training to make sure the subcontractor complies with the protocols, procedures, and telephone interviewer guidelines (**Appendix J**) established for the PCF PEC Survey.

Telephone interviewer and Help Desk staff training must include training interviewers to:

- Establish rapport with the respondent.
- Effectively communicate the content and purpose of the interview to sample patients.
- Administer the interview in a standardized format, which includes reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards.
- Use effective neutral probing techniques (see **Appendix J**).

⁸ The AAPOR website at <https://www.aapor.org/Standards-Ethics/Institutional-Review-Boards/Additional-IRB-Resources.aspx>, February 2015.

- 
- Use the list of frequently asked questions by sample patients and suggested answers to those questions (see **Appendix I**) so that they can answer questions with accuracy.

Survey vendors should also provide telephone survey supervisors with an understanding of effective quality control procedures to monitor and supervise interviewers.

Survey vendors must conduct an interviewer certification process—oral, written, or both—for each interviewer and Help Desk personnel prior to permitting the interviewer or staff member to make or take calls on the PCF PEC Survey. The certification should be designed to assess the staff members' level of knowledge and comfort with the PCF PEC Survey Questionnaire and ability to respond to sample patients' questions about the survey. Documentation of training and certification of all telephone interviewers and Help Desk staff and outcomes will be subject to review by CMS.

5.6.9 Conduct Phone Monitoring and Oversight

Required oversight measures:

- Survey vendors must prepare and maintain written documentation that all telephone interviewing and Help Desk staff members have been properly trained prior to the beginning of telephone data collection. Copies of interviewer certification exam scores must be retained as well. Documentation must be maintained for any retraining required and will be subject to review during oversight visits.
- Phone monitoring program: Phone interviewers must be adequately supervised and monitored throughout the phone data collection period to ensure telephone interviewers follow established protocols and procedures. Each survey vendor must put into place a phone monitoring and evaluation program during the phone component of the data collection protocol.
- The monitoring and evaluation program must include, but is not limited to, the following oversight activities:
 - Survey vendors must randomly monitor a minimum of 10 percent of all interviewer-conducted calls (including completes and non-completes) through silent monitoring of interviewers using the electronic phone interviewing system software or an alternative system. This monitoring must be conducted across all interviewers, times of the day, and days of the week and include the following types of calls:
 - Completed interviews
 - Non-contact cases (ring-no answer, answering machines, disconnects, busy)
 - Ineligible respondent cases
 - Soft or hard refusal cases
 - Language barrier cases

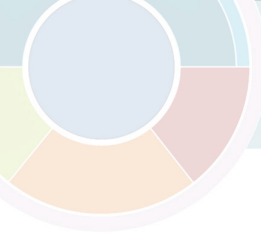


- Appointment setting cases (i.e., call back requests)
- Survey vendors must maintain proper documentation of monitoring sessions in the form of logs, system generated reports, or individually completed monitoring forms for monitored interviewers. At a minimum, the documentation must include the date of the monitoring session, the monitor's name or ID number, and the number of calls monitored per session.
- Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor's interviewers across all times of day and days of the week, give the subcontractor feedback regarding interviewer performance, and make sure the subcontractor's interviewers correct any areas that need improvement
- If a survey vendor uses a subcontractor for phone interviewing, the subcontractor and survey vendor combined must silently monitor a minimum of 10 percent of all interviewer-conducted calls (including completes and non-completes).
- Interviewers who consistently fail to follow the phone script verbatim, fail to employ proper probes, fail to remain objective and courteous, or who are difficult to understand or have difficulty in using the computer, must be identified and retrained or, if necessary, replaced.
- Survey vendors must monitor inbound Help Desk calls through silent monitoring of interviewers using the electronic phone interviewing system software or an alternative system. Survey vendors must also review Help Desk email responses for appropriate language and tone. Help Desk staff who fail to follow procedures must be identified and retrained, or if necessary, replaced.
- Monitoring staff or supervisors must be fully trained on the administration of the PCF PEC Survey.

There are federal and state laws and regulations relating to the monitoring/recording of telephone calls. In certain states, consent must be obtained from **every party** or conversation if it involves more than two people ("two-party consent"). When calling sample patients who reside in these states, survey vendors must not begin either monitoring or recording the telephone calls until *after* the interviewer has read the following statement: "This call may be monitored or recorded for quality improvement purposes."⁹ All survey vendors must identify and adhere to all federal and state laws and regulations in those states in which they will be administering the PCF PEC Survey.

- Survey vendors must establish and communicate clear telephone interviewing quality control guidelines for their staff to follow. These guidelines must be used to conduct the monitoring and feedback process and must include clear explanations of the


⁹ The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Florida, Illinois, Maryland, Massachusetts, Montana, New Hampshire, Pennsylvania, and Washington.




consequences of not following protocols, including actions such as removal from the project or termination of employment.

Recommended oversight measures:

- Supervisory staff monitoring telephone interviewers should use the CATI system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.
- Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.
- Interviewers should be given the opportunity to correct deficiencies in their administration through additional practice or retraining; however, interviewers who receive consistently poor monitoring scores should be removed from the project.
- We recommend that survey vendors conduct regular quality control meetings with telephone interviewers and Help Desk staff to obtain feedback on issues related to telephone survey administration or handling inbound calls.
- It is recommended that monitoring staff and supervisors receive the same or a similar training to telephone interviewers.


A PCF PEC Survey Monitoring Form is available for download on [the PCF PEC Survey web portal](#) . Vendors may use their own forms; this form is available as an optional template.

5.7 Exceptions Request Procedure

To request an exception to the PCF PEC Survey protocols, a survey vendor must access and submit an Exceptions Request Form via the [PCF PEC Survey web portal](#) . The vendor's request is then forwarded to CMS, through their contractor, RTI. The Exceptions Request Form will allow the survey vendor to request a planned deviation from the standard PCF PEC Survey protocols. The Exceptions Request Form allows a survey vendor to include multiple PCF practice sites for which it collects data, as necessary. Specific instructions on how to complete the form are located on the form. The Exceptions Request Form is shown in **Appendix K**.

Survey vendors should be aware that the CMS will not grant any requests to use a mode of data collection that is different from the mail with telephone follow-up, including Internet or web survey, and interactive voice recognition data collection modes.

5.8 Discrepancy Report Procedure

To notify CMS of an unplanned deviation from the PCF PEC Survey protocols, a survey vendor must access and submit a Discrepancy Notification Report via the [PCF PEC Survey web portal](#) . The survey vendor must submit the report **within 24 hours after the discovery of the discrepancy**. Instructions on how to complete the Discrepancy Notification Report are located on the online form itself. The Discrepancy Notification Report is shown in **Appendix L**.



Examples of instances requiring a Discrepancy Notification Report include the following:

- The survey vendor is unable to mail the teaser postcard within 14 days after downloading the sample file.
- A questionnaire package was not mailed to all sample patients.
- Patients in residential care facilities were called by telephone interviewers.
- A variable was incorrectly coded and submitted on the XML file.

Report Review Process:

CMS, through its contractor RTI, will review Discrepancy Notification Reports and evaluate the impact of the discrepancy on the scored data of the affected practices. Some discrepancies may have no impact on scores, such as miscoding of a variable in the XML file that is not used in scoring. Other discrepancies can have profound implications, such as if the 2nd questionnaire package were mailed late for all patients, as this would impact response rate. Depending on the impact, a footnote may be added to the affected practices' scored data. The PCF PEC Survey Team will notify the survey vendor about any required additional information needed to either document or correct the discrepancy.



Chapter 6: Data Coding and Preparation

6.1 Overview

The PCF PEC Survey guidelines for data coding have been developed to address situations in which survey responses are ambiguous, missing, or provided incorrectly. The guidelines for data preparations ensure a consistent approach across vendors with respect to categorizing the status of all sample members and the submission of PCF PEC Survey data. Survey vendors must use the following guidelines to ensure valid and consistent coding of these situations.

6.2 Data Coding Guidelines

6.2.1 Coding When There is Ambiguity in Which Response is Marked

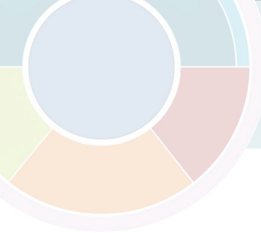
To ensure uniformity in data coding of mail surveys, survey vendors must use the following decision rules to resolve common ambiguous situations when scanning or key-entering mail surveys.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.
- If a mark falls equidistant between two response options, then code the value of the item as “M”.
- If a value is missing, code as “M”. Survey vendors **must not impute** a response.
- When more than one response option is marked but the respondent has made their intent clear, such as by adding a note, arrowing or circling to the correct response, or striking out an old response, survey vendors should code the survey with the respondent’s **clearly intended** response. If the respondent’s intent is not clear, code the value as “M.”
 - Exception:
 - Questions 62 and 64 have the instructions to “mark one or more” (for example, items on race and help received on the survey) and may have multiple responses. For these items, enter all responses that the respondent selected.

6.2.2 Coding Questions That are Not Answered

Mail:

- Report all answers as marked by the respondent, even if the respondent does not correctly follow mail survey skip patterns.
- If a screener item is left blank, code it as “M”.
- Survey vendors **must not “clean” or correct skip pattern** errors on surveys. All answers marked by the respondent should be submitted.

- 
- Survey item data from gated questions where the screener was skipped, or where the screener was answered in such a way that the patient screened out, **are counted** as a response when considering if the patient has answered any scoreable items. See ***Section 6.3.1, Definition of Complete and Partial Complete Surveys.***
 - Gated items inappropriately skipped should be coded as “M” as well.
 - Gated items appropriately skipped should be coded as “88,” which has the meaning Not Applicable.
 - Although the respondent may write “Don’t Know” or “Refuse” on the questionnaire, there are no codes for these on mail surveys. These should be coded as “M” regardless of whether they are screener or gated questions.

Telephone:

- In instances where the respondent answers “I don’t know” or refuses to answer, the response codes of “98” for Don’t Know and “99” for Refused are to be submitted in the data.
- Should the respondent give an answer of “I don’t know” or refusal to a screener, the skip pattern should follow the path that a “No” response would follow. The gated responses are to be coded as “88,” which has the meaning Not Applicable.
- Appropriately skipped gated items should be coded as “88” as well.

6.3 Data Preparation

As will be explained in ***Chapter 7, Data Submission***, survey vendors are responsible for reporting on the survey status of **every sampled patient** using one of the status codes listed in ***Exhibit 5-2, PCF PEC Survey Final Status Codes***. They are also responsible for submitting response information for every sample member who provided any questionnaire data, even if such data is incomplete.

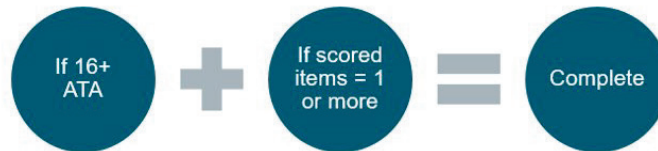
This section contains specifications that explain which patient response records are to be considered a complete or partial complete. This section also contains guidance on how to handle, and assign status codes for, atypical situations arising with returned survey data.

6.3.1 Definition of Complete and Partial Complete Surveys

Definition: A survey is a **complete** if responses are available for at least 16 of the 32 Applies To All (ATA) items and for at least one scored survey item. A survey is **partially complete** if responses are available for fewer than 16 of the 32 ATA items and at least one scored survey item.

- **COUNT ATA**

- Count the number of Applies to All (ATA) questions the respondent answered.



- **COUNT SCORED ITEMS**

- Respondent answered at least 1 Scored item.

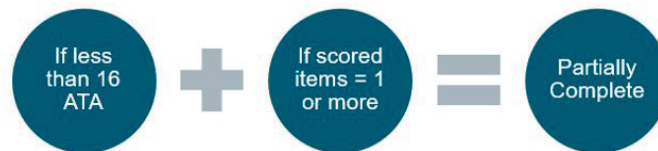


Exhibit 6-1 lists all items in the PCF PEC Survey and delineates if each is an ATA item and/or scored. Note that many of the ATA items are screener items. If the respondent leaves the screener item unanswered but answers the gated questions, the screener item does not count towards the number of ATA items answered (i.e., does not count towards reaching 16 of the 32). However, the response to the gated question is counted as a response to a scored survey item and a patient response record must be submitted from this patient.

The multi-answer race and proxy items count as a single item regardless of how many responses are chosen.

Patients who pass the complete threshold shall receive a final status code of 110 (Completed Mail), or 120 (Completed Phone); Patients who do not pass the complete threshold but pass only the partial threshold shall receive a final status code of 130 (Partially Completed Mail) or 140 (Partially Completed Phone). On mail cases, it is possible that a patient could pass the partial or complete threshold even after answering “No” to Q1 and/or “Zero” Q3 and vendors must still prioritize the passing of the threshold and give the final status code of 110 or 130. This would not be possible on phone cases because the CATI system would correctly follow the skip patterns if patients answered “No” to Q1 or “Zero” to Q3.



Exhibit 6-1
PCF PEC Survey Items and Survey Completeness Criteria

| Survey Item # | Full PCF PEC Survey Question Text | ATA Item [Yes/No] | Scored Item [Yes/No] |
|---------------|---|-------------------|----------------------|
| Q1 | Our records show that in the last 6 months you got care from a primary care provider who works at the office location listed on the front cover (you may know this provider's office by another name). Is that right? | Yes | No |
| Q2 | <u>If you know</u> , please write in the name of the primary care provider you have seen the most often at this office in the last 6 months. | No | No |
| Q3 | In the last 6 months, how many times did you visit this provider to get care for yourself? | Yes | No |
| Q4 | In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away? | Yes | No |
| 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? | No | Yes |
| Q6 | In the last 6 months, did you make any appointments for a check-up or routine care with this provider? | Yes | No |
| Q7 | In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? | No | Yes |
| Q8 | In the last 6 months, did you contact this provider's office with a medical question during regular office hours? | Yes | No |
| Q9 | In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? | No | Yes |
| Q10 | In the last 6 months, did you contact this provider's office with a medical question after regular office hours? | Yes | No |
| Q11 | In the last 6 months, when you contacted this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? | No | No |
| Q12 | Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? | Yes | No |
| Q13 | In the last 6 months, how often did this provider explain things in a way that was easy to understand? | Yes | Yes |
| Q14 | In the last 6 months, how often did this provider listen carefully to you? | Yes | Yes |



| Survey Item # | Full PCF PEC Survey Question Text | ATA Item [Yes/No] | Scored Item [Yes/No] |
|---------------|--|-------------------|----------------------|
| Q15 | In the last 6 months, how often did this provider seem to know the important information about your medical history? | Yes | Yes |
| Q16 | In the last 6 months, how often did this provider show respect for what you had to say? | Yes | Yes |
| Q17 | In the last 6 months, how often did this provider spend enough time with you? | Yes | Yes |
| Q18 | In the last 6 months, did you ask this provider's office a medical question using email, a patient portal, or a web portal? | No | No |
| Q19 | In the last 6 months, when you asked this provider's office a question using email, patient portal, or web portal, how often were all of the questions in your message answered? | No | No |
| Q20 | In the last 6 months, did this provider order a blood test, x-ray, or other test for you? | Yes | No |
| Q21 | 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? | No | Yes |
| Q22 | In the last 6 months, did you take any prescription medicine? | Yes | No |
| Q23 | In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking? | No | Yes |
| Q24 | In the last 6 months, did you and this provider talk about starting or stopping a prescription medication? | Yes | No |
| Q25 | When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might want to take a medicine? | No | No |
| Q26 | When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might not want to take a medicine? | No | No |
| Q27 | When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? | No | No |
| Q28 | Using any number from 0 to 10, where 0 is the worst number and 10 is the best provider possible, what number would you use to rate this provider? | Yes | Yes |
| Q29 | Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, or doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem? | Yes | No |
| Q30 | In the last 6 months, how often did the provider named in Question 2 seem informed and up-to-date about the care you got from specialists? | No | Yes |



| Survey Item # | Full PCF PEC Survey Question Text | ATA Item [Yes/No] | Scored Item [Yes/No] |
|---------------|---|-------------------|----------------------|
| Q31 | In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services? | No | No |
| Q32 | In the last 6 months, did you get the help you needed from this provider's office to manage your care among different providers and services? | No | No |
| Q33 | In the last 6 months, did someone from this provider's office talk with you about specific goals for your health? | Yes | Yes |
| Q34 | In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health? | Yes | Yes |
| Q35 | In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? | Yes | No |
| Q36 | In the last 6 months, how often did the clerks and receptionists at this provider's office treat you with courtesy and respect? | Yes | No |
| Q37 | Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays? | No | No |
| Q38 | In the last 6 months, did you need care from this provider's office during extended hours, such as early mornings, nights, weekends or holidays? | No | No |
| Q39 | In the last 6 months, how often were you able to get the care you needed from this provider's office during extended hours, such as early mornings, nights, weekends or holidays? | No | No |
| Q40 | In the last 6 months, have you been a patient in a hospital overnight or longer? | No | No |
| Q41 | Within 3 days after your most recent hospital stay, did someone from the provider's office named on the front cover contact you to follow-up on your hospital stay? | No | No |
| Q42 | In the last 6 months, have you gone to an emergency room or emergency department for care? | No | No |
| Q43 | Within one week after your most recent emergency room or emergency department visit, did someone from the provider's office named on the front cover contact you to follow up on the visit? | No | No |
| Q44 | In the last 6 months, did someone from this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? | Yes | No |
| Q45 | In the last 6 months, was there a period of time when you felt sad, empty, or depressed? | No | No |



| Survey Item # | Full PCF PEC Survey Question Text | ATA Item [Yes/No] | Scored Item [Yes/No] |
|---------------|---|-------------------|----------------------|
| Q46 | In the last 6 months, did someone from this provider's office help when you felt sad, empty, or depressed? | No | No |
| Q47 | In the last 6 months, did someone from this provider's office talk with you about things in your life that worry you or cause you stress? | Yes | No |
| Q48 | In the last 6 months, was there a period of time when things in your life worried you or caused you stress? | No | No |
| Q49 | In the last 6 months, did someone from this provider's office help during a period of time when things in your life worried you or caused you stress? | No | No |
| Q50 | In the last 6 months, did someone from this provider's office ask you about alcohol use or drug use? | Yes | No |
| Q51 | In the last 6 months, was there a period of time when you had a problem with alcohol use or drug use? | No | No |
| Q52 | In the last 6 months, did someone from this provider's office help with your alcohol use or drug use? | No | No |
| Q53 | In the last 6 months, did someone from this provider's office ask you about any nonmedical needs, such as food, housing, or transportation? | No | No |
| Q54 | In the last 6 months, was there a period of time when you had any nonmedical needs, such as food, housing or transportation? | No | No |
| Q55 | In the last 6 months, did someone from this provider's office help you get nonmedical needs, such as food, housing, or transportation? | No | No |
| Q56 | In general, how would you rate your overall health? | Yes | No |
| Q57 | In general, how would you rate your overall mental or emotional health? | Yes | No |
| Q58 | What is your age? | Yes | No |
| Q59 | Are you male or female? | Yes | No |
| Q60 | What is the highest grade or level of school that you have completed? | Yes | No |
| Q61 | Are you Hispanic or Latino origin or descent? | Yes | No |
| Q62 | What is your race? Mark one or more. | Yes | No |
| Q63 | Did someone help you complete this survey? | Yes | No |
| Q64 | How did that person help you? Mark one or more. | No | No |



6.3.2 Handling Blank Questionnaires

Receipt of a questionnaire by mail that passes the completed or partially completed threshold removes the need for the survey vendor to send additional mailings or include the patient in the telephone non-response follow-up. Receipt of a blank questionnaire, however, does not eliminate this need. This section provides specifications for blank questionnaires.

In handling questionnaires that are returned blank, survey vendors should differentiate between mail questionnaires that are returned blank by the sample patient or their family/friend, versus those returned because the United States Postal Service could not deliver the mail, versus those on which a message is included about survey status.

- Returns from the United States Postal Service typically contain messages specifying the reason for non-delivery. If a viable address can be obtained, the survey vendor should send the second questionnaire package to the sample patient, provided there is still time to do so. If there is not time to do so, the patient is to be included in the telephone follow-up effort.
- Returns by the sample patient or their family typically arrive in the business reply envelope.
 - If the questionnaire contains a note indicating a refusal from the patient or family member, or indicating a reason that makes the patient ineligible, the survey vendor must stop all contact with this patient and assign the appropriate final status code. Depending on the note, assign either an ineligible code: 150 (Deceased), 160 (Ineligible—Does not Meet Eligibility Criteria), 170 (Language Barrier), 180 (Mentally or Physically Incapacitated) or 190 (Ineligible—Did Not Receive Care At Practice), or the Refusal code 220 (Refusal) or 230 (Hostile Refusal).
 - If the questionnaire contains no note indicating a refusal or ineligibility, the following instructions apply.
 1. If the first questionnaire is returned blank, the survey vendor should send the second questionnaire package to that sample patient, provided there is still time to do so. If there is not time to do so, the patient is to be included in the telephone follow-up effort.
 2. If the second questionnaire is returned blank, the survey vendor is to include the patient in the telephone follow-up effort.
 3. Note that all cases that **are not finalized** as a result of the mail survey component must be assigned for telephone follow-up, including both cases that are returned blank and undeliverable mail.



6.3.3 Handling Duplicate Surveys by Mail and Phone

As noted in Section **5.5.9, *Process Data from Questionnaires Returned by Mail***, survey vendors must have a mechanism through which they are alerted to duplicate mail questionnaires. In addition, they must have a mechanism to determine if a sampled patient has answered the survey through a paper questionnaire as well as by telephone.

In the event of duplicates, the survey with the more complete data is retained. If both surveys are equally complete, the first survey received is retained. Data from unused surveys are not submitted to CMS.

6.4 Survey Status Codes

Maintaining up-to-date survey status codes is a key part of the PCF PEC Survey administration process. Typically, status codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each sampled patient at the end of data collection). **Survey vendors should use their internal interim status codes for tracking purposes and should not report such codes to CMS.** However, they must include internal interim status codes with a crosswalk to PCF PEC Survey final status codes in their QAP.

As will be explained in **Chapter 7, Data Submission**, PCF PEC Survey requires two interim data submissions prior to the final data submission. When submitting data files, either interim or final, each patient must be assigned a status code from **Exhibit 5-2, PCF PEC Survey Final Status Codes**. At the time of the interim data submissions, many sampled cases will still be pending. **For interim submissions only**, survey vendors must submit a non-final status code of 270 (Pending) for those cases that have not yet completed or been assigned another final status code. For the final data submission, only final status codes may be assigned. Use the following guidelines.

- If a patient or proxy responded and passed the complete threshold, assign 110 (Completed Mail) or 120 (Completed Phone). The date of phone completion or receipt of the paper survey must also be submitted.
- If the patient or proxy responded and passed the partial threshold only, assign 130 (Partial Mail) or 140 (Partial Phone). The date of phone completion or receipt of the mail survey must also be submitted.
- If the answer to Q1 was “No” or the answer to Q3 was “zero” and the case did not pass the partial or complete threshold, assign 190 (Ineligible: Did Not Receive Care at Practice). This applies to both telephone and mail cases.
- If the patient or a proxy has not formally answered Q1 or Q3 but has notified the Help Desk, or noted on their returned mail questionnaire, that they did not receive care at the practice in the last 6 months, assign 190 as well.



- Assign 150 (Ineligible: Deceased) when learning of a patient who is deceased at the time of the survey. Also assign 150 upon hearing that a proxy completed the survey on behalf of a deceased patient. However, if a patient dies after completing the survey or obtaining another final status code such as 190, do not change the final code; the original code should remain.
- Assign 160 (Ineligible: Does Not Meet Eligibility Criteria) to either mail or telephone survey cases if it is determined that the sample patient is under age 18 or resides in a nursing home or other skilled nursing facility or other long-term facility, such as a jail or prison.
- Assign 170 (Language barrier) to sample patients who do not speak English or Spanish and do not have a proxy who can translate the survey into the patient's language.
- Assign 180 (Ineligible: Mentally or Physically Incapacitated) if it is determined that the sample patient is unable to complete the survey because he or she is mentally or physically incapable and there is not a helper or a proxy who can help the patient complete the survey.
- Assign 200 (Excluded from Survey) if the sampled patient was determined to be ineligible for survey after sampling but before data collection was initiated. Includes any sampled cases on the survey vendor's Do Not Contact list.
- Assign 210 (Incomplete) if the sample patient responded to some questions but not enough to meet either completeness criteria, did not screen out, and there is no evidence of the patient's ineligibility. This code is appropriate for telephone breakoffs as well as mostly blank questionnaires returned where we were not able to obtain more data via the telephone follow-up.
- Assign 220 (Refusal) if the respondent said "No thank you" and hung up, or disengaged before interviewer could rebut or provide additional information. These can also be considered soft refusals.
- Assign 230 (Hostile Refusal) if the sample patient indicates either in writing or verbally that he or she does not wish to participate in the survey. This code includes both hard and hostile refusals.
- Assign 240 (Wrong, Disconnected, or No Telephone Number) upon finding evidence that the telephone number the survey vendor has for the sample patient is disconnected, non-working, out of order/service, or does not belong to the sample patient and no new telephone number is available. (See "When to code numbers as permanently out of service in **Section 5.6.4, Make Required Attempts to Reach Patient**"). 240 can also be assigned if no phone number was provided for the sample member.
- Assign 250 (No Response After Maximum Attempts) if there is no evidence that the sample patient's address or telephone number is unviable, but the sample patient has not responded after all questionnaire mailings or telephone attempts have been implemented.



- Assign 260 (No Response To Mail Survey – RCF Patients) to patients flagged as residential care facility patients and for whom no other final code (ineligible, complete, refusal) from the mail survey has been recorded.
- If a questionnaire was returned after the data collection cutoff, it is to be discarded and disregarded (see **Section 5.5.8, Conduct Data Receipt of Questionnaires Returned by Mail**). These patients should not have a patient response record, and the final status code of the sampled patient should be a reflection of the patient's status prior to this late arrival (i.e., 250, 240, etc.).
- Use code 270 for sample patients whose survey status is pending at the time of the interim data submissions. In the final submission, no patients may have code 270.

6.4.1 Types of Refusals

Refusals can be broken into three categories based on how firmly the sample member refused.

- Soft: Respondent may have said “No thank you” and hung up or disengaged before interviewer could rebut or provide additional information.
- Hard: Respondent clearly stated they don't want to participate, asked to be removed from future studies, or said they don't do surveys in general.
- Hostile: Respondent was clearly upset, angry, and possibly got loud when asked to participate or upon answering the call.

Soft refusals should be assigned code 220. Hard and hostile refusals should both be assigned code 230. Survey vendors may wish to differentiate between hard and hostile refusals for training and quality control monitoring purposes.



[This page was intentionally left blank]

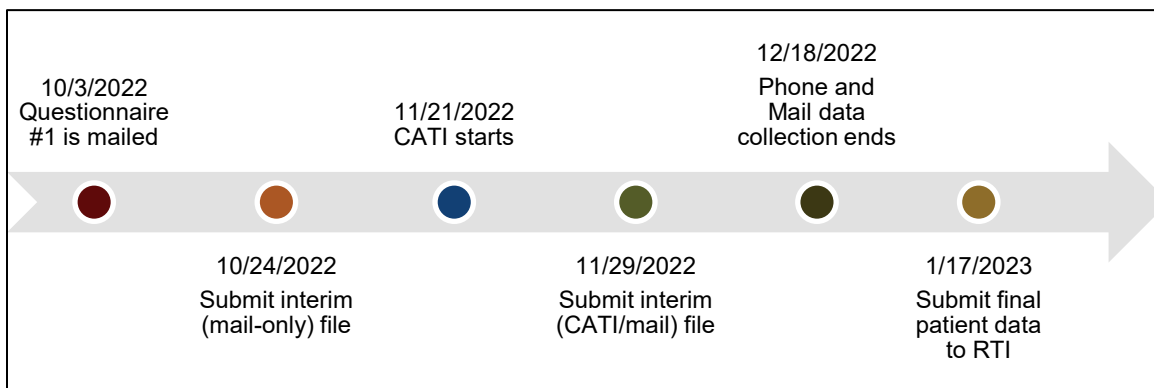
Chapter 7: Data Submission

7.1 Overview

This section contains information about submitting PCF PEC Survey data files to CMS' contractor, RTI. CMS requires that all survey vendors submit two interim and one final data submission for all of their associated practice sites. The interim data submissions will allow RTI to conduct quality control review and provide early feedback to vendors if errors are detected. Interim data submissions are for quality control purposes only and do not satisfy the final data submission requirement. All interim and final data submission deadlines are shown in **Figure 7-1**. Survey vendors should routinely check the PCF PEC Survey web portal for updated information. Survey vendors must submit files by 7:59 PM ET by the date associated with each submission deadline.

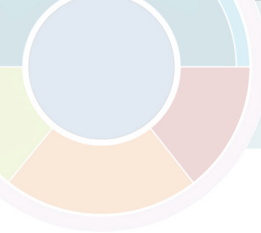
This section describes the file specifications, validations performed on the file, and reports designed to help survey vendors pinpoint errors, if any, in their submissions. Any differences between submitting interim and final files are also explained.

Figure 7-1
Data Submissions Timing



7.2 From Which Practices is a Data Submission File Expected?

CMS expects a data submission from every active PCF practice site and expects this submission to be supplied by each practice site's authorized survey vendor. CMS provides survey vendors with a convenient report, the Vendor Authorization Status Report, which gives transparency into all PCF practice sites who have authorized them. If there is any reason—such as vendor switches, practice closure, merger with another practice or leaving the PCF program—that this list does not reflect *exactly* those practice sites the vendor will be conducting a survey and submitting data for, the vendor should contact the [PCF PEC Survey Helpdesk](#) as soon as possible. **Failure to conduct the PCF PEC Survey and submit data will result in the practice forfeiting part of its quality payment from the PCF Model.**



Note that CMS and their contractor RTI cannot be involved in business arrangements between vendors and practices. It is the responsibility of the practice to notify the vendor of any change in status or contract.

7.3 Data to Submit

PCF PEC Survey vendors will upload PCF PEC Survey data using XML (extensible markup language) data files. Each XML file will consist of three sections: a Header Record, a Patient Administrative Data Record, and the Patient Response Record.

Vendors will submit one XML file per practice site. Each XML file must contain one header record, a patient administrative record for every sampled patient, and a patient response record for every patient with questionnaire data. This applies to both interim and final file submissions. The XML File Layout can be found in **Appendix P** and is available on the PCF PEC Survey web portal on the Data Submission tab.

7.3.1 Header Record

The Header Record contains the identifying information for the PCF practice for which data are included on the file, sampling information, the Performance Year, and the dates that data collection began and ended for the survey period. The fields are:

1. Data Type. 1st interim, 2nd interim, or Final submission.
2. Practice Name
3. Practice ID
4. Performance Year
5. Number of Patients Sampled. Number should include any patients ultimately coded 200 and should exclude any vendor seeded sample.
6. Date data collection period began. Use the official mail date of the teaser postcard, even if for this practice there is a late postcard (which must be documented by a Discrepancy Notification Report (see section **5.7, Exceptions Request Procedure** and **5.8, Discrepancy Report Procedure**). The official begin date shall also be used when submitting interim files.
7. Date data collection period ended. Use the official period end date for this Performance Year survey, even if for this practice there is a late end date. The official end date shall also be used when submitting interim files.

All fields in the Header Record must have a valid entry.

7.3.2 Patient Administrative Data Record

The second part of the XML file contains data about each patient who was sampled, including both respondents and nonrespondents. In this section of the file, some of the information provided in the Header Record is repeated, including the practice site's ID and Performance Year. All other information included in this section of the file is about the patient. **There must be**



a Patient Administrative Data Record for every patient sampled, even for the interim submissions. The Sample ID (SID) number assigned to each patient must be included. *Only de-identified data will be submitted; however, the unique SID number that was assigned to the sampled patient by RTI must be included on the file.*

Final Survey Status codes will be required even for interim data submissions. For interim data submissions ONLY, use 270 (Pending) for those cases that may not yet had all contact attempts and may still complete between interim data submission and final data submission.

The fields in the patient administrative record are:

1. Practice ID
2. Performance Year
3. Sample ID (SID) (as assigned by RTI to the patient)
4. Final Survey Status (must be one of the codes in **Exhibit 5-2**. Follow instructions in **Section 6.4, Survey Status Codes**).
5. Date Survey received or completed. For cases meeting the definition of full or partial complete, provide mail receipt date (for mail surveys) or date interview completed (for telephone surveys). For cases not meeting the definition of full or partial complete but do have response data, use the mail receipt date (for mail surveys) or interview/breakoff date (for telephone surveys). Use 88888888 for patients who have no response data, on Interim and Final submissions.
6. Survey Language (use 1 if English, 2 if Spanish, X if no response record).
7. Completion Mode (use 1 if mail, 2 if phone interview, X if no response record). On the interim mail-only submission (1st interim submission), all cases shall be coded as either 1 or X. On the 2nd interim submission, cases could be 1, 2, or X.

A valid value must be entered for each variable in the Patient Administrative Data Record.

7.3.3 Patient Response Record

The third part of the XML file is the patient response record, which must contain the responses to the PCF PEC Survey from every patient with any survey data.

The patient response record contains one field for every item in the PCF PEC Survey.

Acceptable data values include all values from the survey item's code frame as well as M for "Missing", 88 for "Not applicable" or Legitimate Skip, 98 for "Don't Know" for phone only, and 99 for "Refused" for phone only. Two survey items have multiple fields. Question 62 ("What is your race? Mark one or more.") contains six fields, one for each possible choice which can be selected. Similarly, Question 64 ("How did that person help you? Mark one more more.") contains 5 fields, one for each possible choice which can be selected.

Please **do not** submit data for the open-end response for Question 2 ("If you know, please write in the name of the primary care provider you have seen most often at this office in the last 6



months”). Question 2 should be recoded as “0” if the respondent provided a response on the mail or CATI version of the survey.

As mentioned previously, the following exceptions are to be excluded from the patient response record:

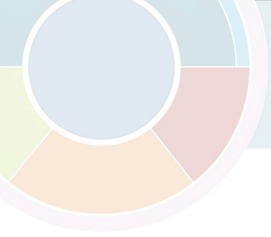
- Seeded cases.
- Patients whose surveys arrived or whose phone interview was completed after the end of the data collection period (as stated in **Section 5.5.8, Conduct Data Receipt of Questionnaires Returned By Mail**).
- Patients who the vendor becomes aware were completed by a proxy and were deceased at the time their survey was completed (as stated in **Section 6.4, Survey Status Codes**).
- Where there are duplicate questionnaires for the same patient, or a mail questionnaire and a phone interview, submit data for only one following the rules in **Section 6.3.3, Handling Duplicate Questionnaires**. Vendors must ensure they exclude the un-chosen duplicate from the patient response record.
- Data from any practice-specific added questions (as stated in Section 5.5.6, Instructions About Adding Practice-Specific Questions).
- Review these rules in Section 6.2, Data Coding Guidelines.

7.4 XML File Quality Control Procedures

Before submitting XML files—either interim or final—to the PCF PEC Survey web portal, vendors must follow all required quality control procedures. CMS also advises following the recommended quality control procedures.

Survey vendors are required to do the following:

- Use the XML Schema Validation tool to conduct initial quality control on their XML files. The web-based XML Schema Validation Tool is available on the PCF PEC Survey web portal under the “Data Submission” tab. It contains all of the validation checks that are applied when the XML file is uploaded (see **Section 7.5.2, Validations Performed Upon Upload**), so using the Schema Validation tool to identify file problems allows vendor an opportunity to correct them before submission. The XML Schema Validation Tool also checks that data element ranges in all records fall within acceptable ranges.
- Ensure that there is information included in the Patient Administrative Section of the XML file for every sample patient who was included on the sample file that the survey vendor downloaded for this particular survey year. For example, if 296 patients were sampled for the Performance Year 1 survey, a record for each of those 296 sample patients must be included on the administrative data record that the survey vendor submits.




- Check to make sure that the SID numbers included on the XML file match the same set of SID numbers that were included on the sample file that was downloaded from the PCF PEC Survey web portal. Survey vendors must also conduct quality control checks to make sure that survey response data are matched to the correct patient.
- Confirm the completeness criteria on all surveys and reconciling case statuses before submission. Specifically:
 1. Patients with final status codes 110 or 120 must have response data which passed the complete criteria, while patients with final status codes of 130 or 140 must have response data which passed the partial complete criteria. The reverse is true as well: patients who have passed the completeness criteria must be given a status of 110 or 120 if complete or 130 or 140 if partially complete.
 2. Patients with final status code of 190 (Ineligible: Did Not Receive Care at Practice) should have screened out according to Q1 or Q3 and should not meet either completion criteria. The reverse is also true: patients who have screened out according to Q1 or Q3 and did not meet the completion criteria must be given a status of 190. Note that these patients will typically have data in the “About You” questions. Remember that if the patient meets completion criteria despite their answer to Q1 or Q3 suggesting screen-out, their status codes should be 110, 120, 130, or 140.
 3. Patients who do not fall into either category 1 or 2 but do have some questionnaire data must also be submitted. For the final data submission, these patients will typically have a status code of 210, Incomplete, though other status codes may be possible.
- Compare a sample of cases on the XML file to the matching hardcopy questionnaire or original CATI data file, to ensure that the data on the XML file are accurate.

The following are recommended:

- To determine whether there is a potential data problem or to identify a problem with computer programs, vendors are strongly encouraged to generate response distributions (also referred to as frequencies) and compare them to survey response coding from the hardcopy mail questionnaire (if the survey was completed by mail) or the CATI file (for interviews completed by phone). Look for anomalies or outliers and for unusual patterns of missing data. When preparing XML files, survey vendors should make sure that they are assigning the not applicable code (88) and the code for missing response (M) correctly.

7.5 Submission Procedures

To submit PCF PEC Survey data files, survey vendors must access the secure portion of the [PCF PEC Survey web portal](#)  by logging in with their unique password and user ID.



The steps in data submission are summarized as follows:

1. Log on to the PCF PEC Survey web portal; when logged on, the system will display the vendor's dashboard.
2. Click the *Data Submission Tool* dropdown link under *Data Submission*. The data submission tool page will display.
3. Click the "Browse" button to select the file to upload. The Browse button permits users to locate and directly upload a file that has been saved in their own computer system. Survey vendors can select either a single XML file or a single ZIP file that contains 1 XML files each from multiple practice sites. Do not include more than 1,500 XML files in a single zip file.
4. After selecting the file to be uploaded, click "Upload XML" to submit the file.
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.**

This information can also be found on the PCF PEC Survey web portal under the quick links ["How to Upload Your Interim Data"](#) and ["How to Upload Your Final Data."](#)

7.5.1 File Naming Conventions

When creating a practice site's XML data file, include the practice's PCF Practice ID and performance year as part of the following example. This will make it easy for you keep the files organized, especially when you have multiple practice sites with whom you have contracted and may be including all their XMLs in a single zip file. An example of an XML file name:

VENDOR_Practice ID_Year.xml: RTI_ZZ1234_2022.xml

7.5.2 Validations Performed Upon Upload

When survey vendors upload PCF PEC Survey interim or final data files to the PCF PEC Survey web portal, the XML file will undergo several validation checks. The first check will determine whether the practice site ID is consistent between the header record and the patient administrative record, and if that practice site ID is in alignment (according to the survey vendor authorization) with the vendor ID submitting the XML file. The next validation checks will determine the quality and completeness of the data. If the file fails any of the validation checks, the survey vendor will receive an error message within seconds after a file error is detected noting that the file upload failed, giving details on why the file failed to upload. For example, the message might indicate that there is no authorization from the practice site for the survey vendor to submit data on its behalf or that the number of patient records listed in the header record does not match the number of sample patients for which data are provided in the patient administrative data record section of the file.



If a file did not pass the upload validations, none of the data on the file are accepted and stored. Survey vendors must review data submission reports (discussed in the following section) and correct any data errors on the XML file and resubmit the file.

Specific instructions can be found in the Quick Link titled "[Using the Online Validation Tool for Data Submission Files \(XML\)](#)" on the PCF PEC Survey website.

7.6 Data Submission Reports

CMS, through its contractor RTI, will generate and provide via the PCF PEC Survey web portal a number of reports to indicate the status of data submissions and the quality of the data submitted. Reports will be generated for both PCF PEC Survey vendors and PCF Practice Sites.

7.6.1 Reports for Survey Vendors

The most important of these is tied to the data submission and file review process—the *Data Submission History Report*. This displays all practices associated with the vendor, whether data from each practice has been submitted and accepted, and other key figures about each practice such as number of completes and response rate. Another important report is the *Survey Vendor Authorization Report*, which allows the survey vendor to view all PCF practice sites that have authorized the survey vendor to collect and submit data on their behalf.

7.6.2 Reports for PCF Practice Sites

The *Data Submission History Report* provides a means by which a practice sites can monitor its vendor's data submission activities.

7.7 Resubmitting Files

There is no limit to the number of times survey vendors can resubmit an interim data file for a practice site. The web portal will accept interim submissions from shortly before the interim deadline and remain open to vendors until the interim submission deadline. We recommend survey vendors submit after each practice site passes the initial validation and all checks in the Schema Validation tool.

Once the final submission option opens, survey vendors may submit a final file as many times as they would like, prior to the data submission deadline.

However, survey vendors must keep in mind that each time a data file (interim or final) for a practice site is submitted, it overwrites any data for that same practice site that were previously submitted for that performance year. **When the submission deadline for interim or final submission arrives, the last successful submission is the one which CMS accepts.**



CMS will not accept final data files that are submitted after the data submission deadline; therefore, we strongly encourage survey vendors to submit their data files well in advance of the data submission deadline.

7.8 Assistance with Data Files and Data Submissions

Survey vendors that need assistance with the XML file should contact RTI's PCF PEC Survey Team for technical assistance at the number **1-833-997-2715** or by sending an email to pcfpecs@rti.org.



Chapter 8: Data Analysis and Reporting

8.1 Overview

This section briefly explains CMS' scoring of the PCF PEC Survey data and explains the data analyses that survey vendors may conduct for the PCF practice site clients.

8.2 CMS Analysis of the PCF PEC Survey Data Set

CMS' responsibilities (described briefly in **Section 3.2.5, Review, Score, and Report Personalized Data to Practice Sites**) include scoring the PCF PEC Survey data and providing practice sites a report with their official survey results. Should a practice site have any questions about the scoring, domains, or Quality Gateway beyond the basics covered in this **Quality Assurance Guide**, they should contact [PCF Support](#) or consult the [PCF Payment and Attribution Methodologies Paper](#). CMS transforms each scored survey question into numeric values assigned to responses for one of the five domains (described in **Section 2.1, About the Primary Care First Model Option**). The 5 domain-specific measures are calculated from the contributing survey questions, and the PECS Summary Score is calculated as the average of the 5 PECS domain-specific measures. The PECS Summary Score is then case-mix adjusted. The practices are then ranked based on their PECS Summary Score on a continuous 0–100 scale to establish their percentile ranking.

8.3 CMS' Reports and Training Given to PCF Practice Sites

CMS prepares and disseminates to each practice site a personalized score report showing their results on all domains and all questions, compared to results at the region level and overall PCF level. This report will reflect all completed and partially completed cases. It will show the five domains averaged into the PECS Summary Score. Figures will include raw data as well as risk-adjusted, final performance scores, in a user-friendly format. CMS will disseminate these reports to the practices later in the year.

Vendors should also be aware that CMS assists practice sites in understanding their PEC Survey scores and other quality measure scores throughout PCF to facilitate quality improvement. Services which many vendors provide in the quality improvement realm may be unnecessary for PCF PEC Survey practice sites, as they will receive pertinent and specific support at no cost from CMS.

8.4 Survey Vendor Analysis and Reporting of PCF PEC Survey Data

A survey vendor may analyze the survey data in order to provide their client practices with earlier or additional reports on their survey results. This section will present guidelines vendors must follow should they elect to provide reports.

1. CMS-calculated results for PCF PEC Survey and the practice-level report CMS disseminates (**Section 8.3, CMS' Reports and Training Given to PCF Practice Sites**)



are the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring. **All reports provided to PCF PEC Survey practice sites must include a statement that vendor results are not official CMS results and are for Practice's internal quality improvement purposes only. The statement must be printed in a minimum 14-point font size.**

2. Survey vendors may provide PCF practice sites with survey data or information from their practice as long as the survey vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations.
 - a. No information based on fewer than 11 respondents can be released, meaning no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms.
 - b. No number smaller than 11 should appear in any material provided to client practice sites.
 - c. 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.
3. 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 (e.g., region, age), the vendor must submit to CMS (via their contractor RTI) 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.
4. 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.
5. Survey respondents cannot give permission for their name to be shared with the practice, even if they wish to do so.
6. 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.
7. 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. The PCF PEC Survey Team can be reached at pcfpecs@rti.org or by calling 833-997-2715.



Chapter 9: Data Confidentiality and Data Security

9.1 Overview

This section describes vendor requirements for ensuring data confidentiality and security of sample patient information. Any requirements for vendors are also incumbent upon subcontractors who receive PII. The section begins with instruction on assuring sample patients about confidentiality. Procedures for handling and storing confidential data in physical and electronic formats, as well as when electronic data is in transit, are then explained. This section also delineates the confidentiality agreements, which were mentioned in earlier sections, that are required on PCF PEC Survey.

9.2 Assuring Sample Patients of Confidentiality

Some patients might not be willing to participate in the survey or share honest and potentially negative feedback on their practice, if they believe the practice can attribute their survey responses to them personally. Giving patients the information to feel confident that their identity is confidential is critically important. This is accomplished through the following:

- The letters sent to sampled patients state that their answers are confidential and will not be shared with their provider and will not affect health care benefits.
- The introductory statements in the telephone interview state this as well, adding that their information is protected by the Privacy Act.
- Help Desk and Telephone Interviewing staff should give the following information, as needed, to sample patients concerned about confidentiality:
 - The information they provide is protected by the Federal Privacy Act of 1974 (if the vendor so chooses, it may exclude the word “Federal” or the phrase “of 1974”).
 - Project staff have signed affidavits of confidentiality and are prohibited by law from using survey information for anything other than this research study.
 - If a patient questions why HIPAA allowed the release of their information to a survey organization: HIPAA allows the release of patient contact information for the purpose of public health research, such as this survey.
 - Their survey responses will never be reported with their name or other identifying information.
 - All respondents' survey responses will be reported in the aggregate; no practice will see individual answers.
 - They can skip or refuse to answer any question they do not feel comfortable with.
 - Their participation in the study will not affect their care or Medicare benefits they currently receive or expect to receive in the future.



9.3 Safeguarding Patient Data

All survey vendors, including their subcontractors, if any, approved to implement the PCF PEC Survey must adhere to HIPAA requirements. Any identifying information associated with a patient should be considered private and must be protected in accordance with HIPAA. When the sample is received from the PCF PEC Survey Team, it will contain PII, such as the name and address or telephone number of the patient. From the moment the survey vendor downloads the sample, the 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. Practices must never know which of their patients were included in the survey and whether their patients completed the survey. It is advised that vendors review **Section 8.4, Survey Vendor Analysis and Reporting of PCF PEC Survey Data** rules #3–7, where the allowable information sharing with practices is defined.

Survey vendors must adhere to the following requirements when conducting the PCF PEC Survey.

9.3.1 Limit Access to Confidential Data to Authorized Staff

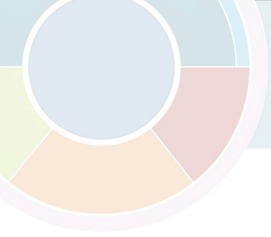
Survey vendors should consider carefully which of their staff (and subcontractor staff if appropriate) need access to confidential patient data, and then ensure that only those staff members have access to the portions of the data required for their activities.

9.3.2 Physical Security of Patient Data

- Paper copies of questionnaires or sample files must be stored in a secure location, such as a locked file cabinet or within a locked room.
- At no time should paper copies be removed from the survey vendor's premises, even temporarily.
- Paper copies of questionnaires must be stored in a secure location at the survey vendor's facility, such as a locked room or file cabinet, or another off-site secure and environmentally controlled location for 3 years. Paper copies of questionnaires do not need to be kept if electronic images of the questionnaires are being kept instead.
- The above requirements apply to vendors and their subcontractors who have access to PII.

9.3.3 Electronic Security of Patient Data

- Electronic data must be protected from confidentiality breaches. Electronic security measures may include firewalls, restricted-access levels, or password-protected access. Vendors are strongly urged to implement a password policy that requires their employees to create and use strong passwords that must be changed on a regular and frequent



basis. Data stored electronically must be backed up nightly or more frequently to minimize data loss.

- If it is necessary to transmit data between or within organization, vendors may not use email. They must use network share drives, secure ftp sites, or access-limited web portals where data may be placed for transfer. The use of portable hard drives and flash drives to store and transfer electronic data is prohibited. Files shall be transmitted in encrypted format and password protected. Any files transmitted between organizations using a web portal or ftp site must be downloaded promptly by the receiving organization and removed by the originating organization immediately thereafter. (Note: the transmission of the sample files from RTI to survey vendors is accomplished through RTI's secure web portal, where it is protected by Secure Socket Layer (SSL) certificate.)
- At no time should electronic data be stored offsite (of the survey vendor's or subcontractor's physical location), even temporarily.
- All files submitted to the PCF PEC Survey web portal must contain de-identified data only. Only the unique Sample ID number originally assigned to each sample patient should be included on the file for each data record.
- Electronic images of paper questionnaires or keyed data, including CATI data, must be retained for 3 years, also in a secure location at the survey vendor's facility.
- Vendors must have a disaster recovery plan for the PCF PEC Survey data. The PCF PEC Survey Team cannot provide specific guidelines on the contents of this plan. However, survey vendors are encouraged to consult with their organization's Data Security team/division for guidance, if they have questions.
- These above requirements apply to both vendors and their subcontractors who have access to PII.

9.4 Develop Procedures for Identifying and Handling Breaches of Confidential Data

Survey vendors and subcontractors as appropriate are required to develop protocols for identifying when there has been a breach of security with PCF PEC Survey data, including when an unauthorized individual has gained access to confidential information and when an authorized individual has distributed confidential data in an unauthorized manner. The survey vendor's plans must include a system to notify the PCF PEC Survey Team at RTI within 24 hours of learning of a security breach. The survey vendor's plans must also include providing within 2 weeks of breach identification: a means to detect the level of risk represented by the breach in security, a means to take corrective action against the individual who created the breach, and a means of notifying any persons affected by the breach, including sample patients, if necessary.



9.5 *Required Confidentiality Agreements*

9.5.1 Business Associate Agreement with Practice

All approved PCF PEC Survey vendors must become Business Associates of their client practices (see **Section 3.3.5, Sign Business Associate Agreement and Adhere to Data Security Protocols**). They must follow all applicable HIPAA guidelines regarding privacy and security of practice-generated PII.

9.5.2 Vendor and Subcontractor Staff Confidentiality Agreement

Any vendor and subcontractor staff must receive HIPAA-appropriate training on confidentiality and data security before receiving access to patient information on PCF PEC Survey. Staff in need of training include telephone interviewers, supervisors, Help Desk staff, coders, and fulfillment staff, programmers and other staff. Staff must sign affidavits attesting to their training and their agreement to uphold patient confidentiality. Vendors must retain electronic or hard copies of the affidavits and submit them to RTI if requested.

Note that some survey organizations have a general Confidentiality Agreement that applies to all surveys that they conduct; survey vendors may use a general Confidentiality Agreement that applies to all surveys on which their employees work.

Chapter 10: Oversight

10.1 Overview

CMS, through its contractor RTI, conducts oversight of PCF PEC Survey vendors to ensure compliance with PCF PEC Survey protocols. This section lists the oversight activities for the PCF PEC Survey and summarizes vendors' requirements for participating in this oversight. In addition, vendors should be aware that any and all materials relevant to survey administration are subject to CMS' review.

10.2 Oversight Activities and Timeline

Exhibit 10-1 presents the dates of oversight activities for Performance Year 1.

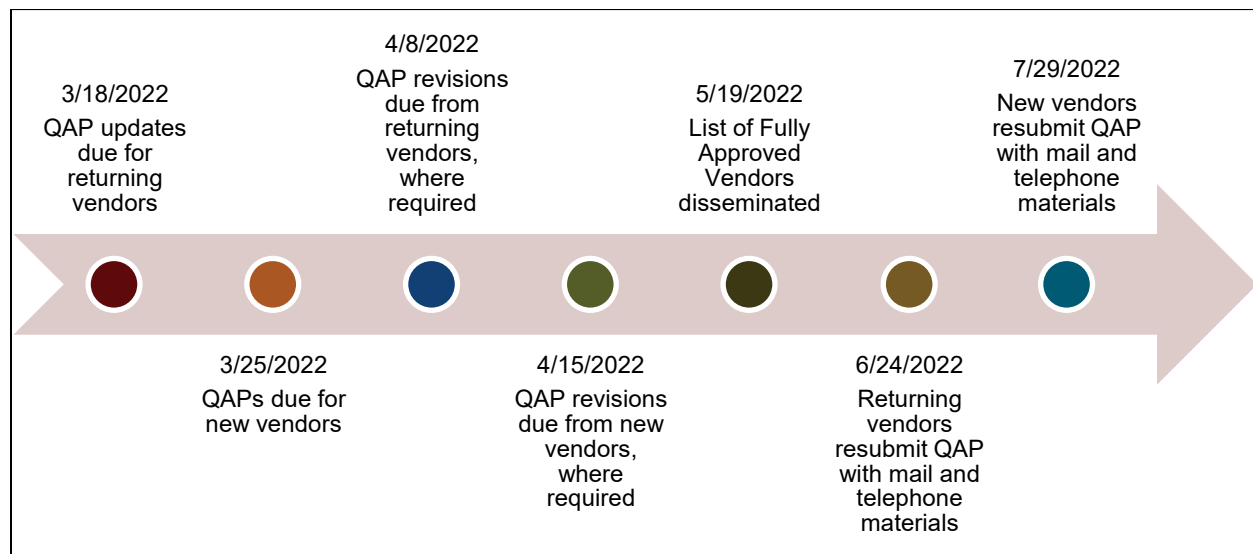
Exhibit 10-1
PCF PEC Survey Oversight Timeline

| Oversight Task | Performance Year 2 (January 1–December 31, 2022) Timing |
|--|---|
| Quality Assurance Plans (QAPs) submission – Returning vendors only (with track changes) | No later than March 18, 2022 |
| QAP submission – New vendors only | No later than March 25, 2022 |
| PCF PECs Team reviews QAPs and provides feedback – Returning vendors only | No later than March 31, 2022 |
| PCF PECs Team reviews QAPs and provides feedback – New vendors only | No later than April 8, 2022 |
| QAP resubmission deadline – Returning vendors only | No later than April 8, 2022 |
| QAP resubmission deadline – New vendors only | No later than April 15, 2022 |
| Returning vendors resubmit approved QAP with completed templates of mail and telephone materials ¹⁰ | No later than June 24, 2022 |
| New PCF PEC Survey vendors resubmit approved QAP with completed templates of all mail and telephone survey materials | No later than July 29, 2022 |
| Site visits | Starting September 26, 2022 |
| PCF PEC Survey fully approved vendors submit mail interim data file to web portal | October 24, 2022 (3 weeks after 1 st survey mailing) |
| PCF PEC Survey fully approved vendors submit mail/CATI interim data file to web portal | November 29, 2022 (containing data for first 3 days of CATI) |

¹⁰ For this submission, only materials that were updated for PY 2022 need to be submitted. Materials that did not change from PY 2021 data collection to PY 2022 data need not be submitted for review.

| Oversight Task | Performance Year 2 (January 1–December 31, 2022) Timing |
|--|---|
| PCF PEC Survey fully-approved vendors supply documentation of interviewer training, including HIPAA training | November 29, 2022 |
| PCF PECS team conducts remote telephone interviewer monitoring | Starting December 5, 2022 |
| PCF PEC Survey fully-approved vendors submit final data files | No later than January 17, 2023 |
| PCF PEC Survey vendors submit interviewer monitoring documentation | January 31, 2023 |

Figure 10-1
Quality Assurance Plans Timing



10.3 Quality Assurance Plans (QAPs)

The QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors for documenting their administration procedures for the PCF PEC Survey. Vendors should use the QAP as a training tool for project staff and subcontractors. The submission and approval of a QAP is a component in the process through which vendors attain the status of Fully Approved. Only Fully Approved vendors are named on list of PCF PEC Survey vendors that is disseminated to PCF Practices, and only Fully Approved vendors may conduct the PCF PEC Survey. Several months after attaining Full Approval, survey vendors are required to submit an updated QAP containing all mail and telephone survey materials (see **Figure 10-1**).



10.3.1 Submission by Vendors

A model QAP outline is included in **Appendix O** to assist vendors in the development of their own QAP. It is divided into the following sections:

- Organization Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Questionnaire and Materials Attachments (section not required in the original QAP submission)

Survey vendors should organize the information in their QAPs to conform to the sections included in the model QAP's outline. Survey vendors should answer the outline's questions in sufficient detail to demonstrate their understanding, implementation ability, and soundness of quality assurance plans for these aspects of PCF PEC Survey.

Vendors shall submit their QAPs to the PCF PEC Survey web portal no later than 7:59 PM ET of the deadline.

10.3.2 Review by CMS and Resubmission of QAPs When Needed

CMS evaluates the QAPs to determine if they demonstrate vendor compliance with all protocols for implementation and quality control/assurance. If a QAP lacks sufficient detail to confirm this, CMS will explain the deficiency to the vendor and give the vendor a date by which a revised QAP must be submitted. The vendor will be required to correct the identified issue and resubmit. Delays in QAP submission or resubmission may result in vendors not appearing on the list of Fully Approved Vendors when that list is first disseminated.

10.3.3 Mail Templates and Telephone Survey Materials

Vendors will be required to submit templates of all mail materials and screenshots from their CATI system in a revised version of their QAP. Vendors may submit the revised QAP containing these materials section at any point until 7:59 PM ET of the deadline noted in **Exhibit 10-1**.

Note: If vendors make changes to other portions of their QAP during the mail template and telephone survey material submission, those changes should be highlighted using comments in addition to track changes.



10.3.3.1 Mail Materials

One dummy patient in 1 practice should appear on all mail templates. Templates for the following materials must be supplied:

- Teaser postcard
- Questionnaire Mailout #1 including letter, English mail questionnaire, outgoing envelope, outgoing envelope for residential care patients, and return mail envelope
- Reminder postcard
- Questionnaire Mailout #2 including letter, English mail questionnaire, outgoing envelope, outgoing envelope for residential care patients, and return mail envelope
- Spanish mail questionnaire

The RTI team evaluates the templates for accuracy and visual clarity. RTI will review templates within 2 weeks. All templates must receive RTI approval before they can be used. Only approved templates may be used for PCF PEC Survey.

10.3.3.2 Screenshots:

Screenshots of the entire questionnaire from the CATI interview (both English and Spanish) must be submitted. The full question wording and answer categories must be visible.

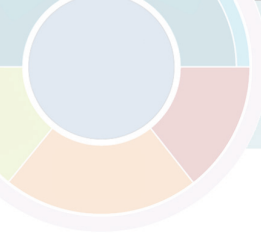
10.3.3.3 Print Proofs

If the RTI team identifies any quality issues with printed mail survey materials in a previous performance year, a vendor may be required to submit print proofs in advance of the teaser postcard mailing for review and approval.

10.4 Data Review

The PCF PEC Survey Team will review XML data files submitted by each vendor. Both interim and final files are reviewed immediately upon submission for proper formatting, completeness, accuracy of record count, and out-of-range and missing values. XML files which fail this immediate review are not captured by the PCF PEC System. As stated in **Section 7.4, XML File Quality Control Procedures**, vendors are required to download and use the Schema Validation tool on every XML file prior to its submission. This tool will help vendors pinpoint errors and correct them prior to submission.

Once the data files are captured by the system, the PCF PEC Survey Team will run a series of edits on submitted data to check for such issues as outliers, patterns, or unusual data elements. The PCF PEC Survey Team will attempt to assist any vendors experiencing trouble with their submissions and resolve any data issues detected. Conference calls or email exchanges with the survey vendor will be used for this effort.

- 
- With the interim file deliveries, emphasis will be placed on uncovering and explaining problems, and vendors' revisions to ensure future data aligns with protocols.
 - With the final file deliveries, emphasis will be placed on repair of identified problems and prompt resubmission of the files.

If at any point the PCF PEC Survey Team believes there are any significant issues with a survey vendor's data, or if repeated discussions and contact with a survey vendor fail to result in cleaner data, a more thorough review of the survey vendor's data processing and survey implementation activities may be initiated. At that time, RTI may request copies of documentation associated with whatever the data issue is—for example, if out-of-range values are found repeatedly, RTI may request copies of documents showing the training program used to train Data Entry/optical scanning staff, training records, and documentation showing that recommended quality assurance practices associated with data entry/scanning were followed. Survey vendors are expected to comply with all such requests for documentation.

RTI will observe vendor and practice response rates and levels of missing data to detect possible trends or quality problems on the part of any particular vendor.

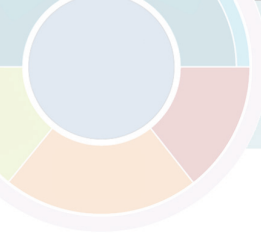
10.5 Telephone Interviewer Monitoring

The PCF PEC Survey team will conduct remote one to two-hour monitoring sessions of live calls with each vendor organization or their CATI subcontractor. If a vendor is using more than one CATI subcontractor, each subcontractor will be monitored. These sessions may take place at any point during the telephone follow-up period.

The PCF PEC Survey Team will evaluate interviewers on politeness to the respondent, voice clarity, proper use of FAQs to answer questions, and (on the interview) accuracy in reading questions, appropriate speed, and proper interviewing procedures. A [PCF PECS Interviewer Monitoring form](#) is available on the PECS website. If a vendor's current monitoring form includes the above items, the vendor may submit that instead. If using a vendor-specific form, a scoring key must be included. RTI will raise any issues of unsatisfactory interviewer performance with the vendor. Depending on the severity of the issue, coaching, additional training, increased monitoring and re-recording may be advised. If necessary, a Corrective Action Plan (see **Section 10.7, Corrective Action Plans**) will be put in place.

In addition, vendor organizations will be required to submit documentation confirming that they have met the 10 percent monitoring requirement found in **5.6.9 Conduct Phone Monitoring and Oversight**. Vendors can submit one of the following:

- Individual monitoring sheets documenting the interviewers who were monitored throughout the field period.
- Monitoring logs showing the date of all interviewer-conducted calls monitored.

- 
- Other system-generated reports from the vendor organization that will provide documentation of their monitoring activities. A system-generated report must include the date of monitoring session and the number of calls monitored and the total number of calls conducted by a live interviewer.

This documentation must be uploaded to the PCF PEC Survey website no later than January 31, 2023. Upon receipt of each vendor's documentation, the PCF PECS team will review the documentation to determine if they have met the monitoring requirements for the project. The PCF PECS team will provide feedback to each vendor regarding their monitoring process and changes needed to their process or QAP. If necessary, a Corrective Action Plan will be put in place to address any deficiencies in the vendor's monitoring process.

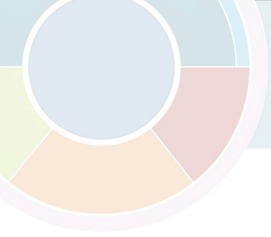
10.6 Remote Site Visits

Remote site visits for PCF PEC Survey will be conducted to ensure compliance with the PCF PEC Survey requirements. CMS, through its contractor RTI, may also identify vendors for site visits based on any of the following:

- Concerns surfacing during the vendor application process.
- Quality issues surfacing during the oversight process (i.e., QAP, mail materials, CATI screenshots, interim data files, telephone interviewer monitoring).
- Major or numerous quality issues arising during survey implementation.
- As a follow-up after a prior site visit, issue, or Corrective Action Plan.

Notification: At least one month prior to the visit, RTI will send the vendor a series of scheduling emails to explain the visit expectations and confirm the date and time of the virtual visit. If the vendor has a subcontractor with a significant role (e.g., printing and/or mailing survey materials or collecting telephone survey data), a representative for the subcontractor will be requested for certain parts of the visit. It is the responsibility of the vendor to ensure that a representative from their data collection subcontracts attend the relevant portions of the site visit.

Remote site visit team: Generally, the remote site visit team will consist of two to four individuals from the PCF PEC Survey team. Additionally, CMS may join site visits. The visit will be conducted through one or two video conference calls each of length 3–4 hours. The number of members of the site visit team, and number of conference calls, depends on several factors including the number of PCF PEC Survey practice sites that authorized the survey vendors, the types and severity of issues identified, and whether a subcontractor is used. If a subcontractor is used in a substantial role, the remote site visit can be expected to include at least one video conference call with the subcontractor. Site visits may be conducted after data collection and data submission are complete for the Performance Year.



Agenda and materials: Two weeks prior to the site visit, RTI will prepare and send to the vendor point of contact (POC) a request for information/files from the vendor to be received the following Monday, one week prior to the visit. RTI will provide a site visit agenda and instructions for accessing BlueJeans (MS Word doc), and ask if the vendor anticipates any issues with completing the agenda activities remotely. Examples of such documents/resources may include but are not limited to:

- A video “walk through” of the physical area used for interviewing, mailing, or data processing.
- A document “step through” of the systems and processes used from the point of receiving the sample patient file to preparation of a final data file.
- Software/programs in downloading and storing the sample patient file.
- Review of telephone interviewing monitoring logs.
- Walkthrough of methods used for tracking contacts made and status codes.
- Documentation and observation related to SPAM flagging.
- A review of documentation of the above steps.
- Interviews with the survey vendor’s key PCF PEC Survey project staff, including the project manager and data manager.
- A discussion about the Help Desk voicemail and email.
- Walkthrough of the systems in place to protect the confidentiality of electronic data received from PCF PECS Survey Team and survey data received from patient.

Confidential Disclosure Agreement: All discussions, observations, and materials reviewed during the site visit will remain confidential. RTI acknowledges that certain systems or processes may be proprietary to a survey vendor, full cooperation with the site visit team is expected so that the team may adequately assess survey vendor compliance with all PCF PEC Survey protocols and guidelines. It is for this reason that the RTI Contracts Office signs and requires the designated survey vendor staff sign a Confidential Disclosure Agreement (CDA). The CDA states that RTI, the RTI PCF PEC Survey project staff, and CMS PCF PECS project staff must maintain in confidence or restrict the disclosure of all proprietary information received or observed during the site visit.

Post-site visit: After each site visit, RTI will prepare and submit to CMS a *Site Visit Summary Report*, which will summarize the findings from each site visit, including deficiencies and problems observed and remaining (if any). The *Site Visit Report* will also describe corrective actions that the survey vendor will be required to take to correct any deficiencies or problems noted. The PCF PEC Survey Team will provide the survey vendor with the *Site Visit Summary Report* after it has been reviewed with CMS project staff.



10.7 Corrective Action Plans

In addition to the *Site Visit Summary Report*, survey vendors will be provided with a corrective action plan memo that outlines the action survey vendors will be required to take to resolve deficiencies.

If the survey vendor is put on a corrective action plan after their remote site visit, RTI will determine a schedule by which the survey vendor must comply with the tasks set forth in the corrective action plan. This schedule may include interim monitoring dates, when RTI and the survey vendor will meet via teleconference to discuss the status of the plan and what changes the survey vendor has made or is in the process of making. The nature of the requested changes that the survey vendor is asked to implement will dictate the kind of “deliverables” the survey vendor will be expected to provide and the dates by which the deliverable must be provided. Vendors who have a corrective action plan in place will have the following notation added to PCF’s List of Approved Survey Vendors: (CMS is reviewing [vendor’s name]’s vendor approval status).

Survey vendors that fail to comply with the corrective action plan may be subject to having their “approved” status rescinded. The affected PCF practice site(s) will be notified of their survey vendor’s loss of approval due to their failure to comply with oversight activities or unsatisfactory implementation.



Appendix A: Minimum Business Requirements

Minimum Survey Vendor Business Requirements of the Primary Care First (PCF) Patient Experience of Care Survey (PECS)

Applicant organizations must currently possess all required facilities and systems to implement the PCF PECS. Subcontractors will be subject to the same requirements as the applicant vendor. Organizations that are approved to administer the PCF PECS must conduct all their PCF PECS business operations within the United States. This requirement applies to all staff and subcontractors.

Purpose: Any interested survey vendor is required to possess the following minimum business requirements to ensure that all participating survey vendors can administer the PCF PECS in a consistent, unbiased and competent manner. At a minimum, this includes basic quality assurance and control systems and activities to prevent disorganized, biased, or illegal data collection.

| Criteria | |
|--|--|
| Relevant Survey Experience | |
| Relevant Survey Experience | <ul style="list-style-type: none"> • Demonstrated experience (minimum 3 years) in Mixed-Mode survey administration that includes mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing (CATI) with non-respondents • Demonstrated experience (minimum of 3 years) with patient experience of care surveys, surveying vulnerable populations, and experience in a health care setting • Demonstrated experience in implementing HIPAA (Health Insurance Portability and Accountability Act) and other data security requirements. <p>Note: All applicant vendors must fulfill the above requirements independent of a subcontractor's experience</p> |
| Number of Years in Business | <ul style="list-style-type: none"> • Minimum of 4 years |
| Number of Years Conducting CAHPS Surveys | <ul style="list-style-type: none"> • Minimum of 3 years experience conducting CAHPS surveys of individuals; all experience is within the last 5 years |



| Criteria | |
|---|--|
| Survey Capability and Capacity | |
| Personnel | <ul style="list-style-type: none">• Project Manager with 3 years experience with relevant Mixed-Mode (mail survey administration followed by CATI administration with non-respondents)• Information Systems Specialist(s) and Computer Programmer(s)/Developer(s) with 1 year experience receiving large, encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization• Call Center and Mail Center Supervisor (subcontractor designee, if applicable) with minimum 1 year experience in role• Have organizational back-up schedule in place for coverage of key staff• Do not use volunteers to conduct any aspect of the PCF PEC Survey administration process |
| Facilities and Systems (all administration modes) | <ul style="list-style-type: none">• Physical facilities and electronic equipment and software to collect, process, and report data securely• A secure commercial office/facility in which all survey activities are conducted• Facilities and processes to protect the confidentiality of personally identifiable information and patient response data (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building)• Systems needed to protect the confidentiality of personally identifiable information and survey data received from patients (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection)• Computers and other equipment needed for survey implementation• Systems and ability to receive electronic sample files containing patient-level data (the sample) needed to administer the survey• Electronic survey management system to track fielded surveys• All system resources are subject to oversight activities, including site visits to physical locations (such as to vendor's mail facility to observe production of PCF PECS materials and/or call center where PCF PECS interviews are being conducted) |
| Experience with Multiple Survey Languages | <ul style="list-style-type: none">• Prior experience required in conducting survey administration in both English AND Spanish |



| Criteria | |
|----------------------------------|--|
| Mixed-Mode Survey Administration | <p>Must have capability to adhere to the following Mixed-Mode survey administration requirements:</p> <ul style="list-style-type: none">• Mail<ul style="list-style-type: none">○ Must have capability to:<ul style="list-style-type: none">▪ Verify addresses of sampled patients▪ Print professional-quality survey instruments and materials according to formatting guidelines▪ Merge and print sample name and address on personalized mail survey cover letters and print corresponding unique sample identification number and group or virtual group provider name associated with each sampled beneficiary on the mail surveys▪ Receive and process (key entry or scanning) returned mail surveys▪ Track and identify non-respondents for follow-up mailing▪ Assign disposition codes to identify the outcome of data collection for each sampled case• Telephone<ul style="list-style-type: none">○ Must have the equipment, software and facilities to conduct interviews using CATI, and to monitor interviewers○ Must have capability to:<ul style="list-style-type: none">▪ Verify telephone numbers▪ Develop computer programs for electronically administering the survey▪ Schedule call backs to non-respondents at varying times of the day/week• Assign final disposition codes to reflect the outcome of data collection for each sampled case• Track cases from mail survey through telephone follow-up activities• Mail survey administration and telephone interviews must be conducted from the physical place of business, not from a residence or virtual office |



| Criteria | |
|-------------------------------------|---|
| Data Processing and File Submission | <p>Must have capability to:</p> <ul style="list-style-type: none">• Scan or key data from completed mail surveys• Develop data files and edit the data according to standard protocols• Follow all data reporting and data submission requirements, including verifying that data files are de-identified and contain no duplicate cases• Export data from the electronic data collection system into the specified XML format. Conduct quality checks to confirm that the data are exported correctly and that the XML files are formatted correctly and contain the correct data headers and data records.• Encrypt data files for transmission per specifications• Submit data electronically in the specified format (XML) to the PCF PECS secure data warehouse• Work with CMS' data warehouse contractor to resolve issues or problems with data submission or data files |
| Data Security | <ul style="list-style-type: none">• Execute business associate agreement with groups and virtual groups and receive annual authorization from groups and virtual groups to collect data on their behalf and submit to CMS• Store returned paper surveys in a secure and environmentally safe location (e.g., locked file cabinet, closet, or room)• Utilize firewalls and/or other mechanisms to protect electronic files• Employ electronic security via implementation of access levels and passwords• Implement daily data back-up procedures that safeguard system data• Utilize required encryption protocols for transmitting data files• Develop procedures for identifying, reporting and handling breaches of confidential data• Data custodian must be accountable for all data security for data collection |
| Data Retention | <ul style="list-style-type: none">• Retain all PCF PECS data files for a minimum of 6 years |
| Confidentiality | <ul style="list-style-type: none">• Include HIPAA-compliant content regarding confidentiality and disclosure that is in the Quality Assurance Plan• Store PCF PECS data files (paper and electronic) securely and confidentially in accordance with requirements specified in the Quality Assurance Guidelines |



| Criteria | |
|--|--|
| Customer Support | <ul style="list-style-type: none"> • Provide toll-free customer support telephone lines with live operator during regular business hours (to be established the date of the pre-notification letter through the end of data collection) • Offer customer support in English and Spanish • Respond to calls within 24-48 hours |
| Adherences to Quality Assurance Guidelines and Participation in Quality Assurance Activities | |
| Demonstrated Quality Control Procedures | <ul style="list-style-type: none"> • Demonstrated ability to conduct well-documented quality control procedures (as applicable) for: <ul style="list-style-type: none"> ○ In-house training or staff involved in survey operations <ul style="list-style-type: none"> ▪ Printing, mailing, and recording or receipt of mail services ○ Telephone administration of survey (CATI system) <ul style="list-style-type: none"> ▪ Coding and editing of survey data and survey-related materials ○ Scanning or keying in survey data ○ Preparing final record-level data files for submission ○ All other functions and processes that impact the administration of the PCF PECS • Participate in conference calls and site visits as scheduled by the Project Team as part of mandatory quality oversight activities • Develop and submit annual Quality Assurance Plans by specified due date. |
| Documentation Requirements | |
| Maintain Records | <p>Must provide documentation as requested for quality oversight and conference calls, including but not limited to: HIPAA compliance, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation.</p> <p>Must have capability to:</p> <ul style="list-style-type: none"> • Keep electronic or hard copy files of staff training and dates • Maintain electronic or hard copy records of interviewer monitoring activities • Maintain electronic or hard copy records of survey mailing dates and dates of returned surveys • Maintain other documentation necessary to allow the PCF PECS Project Team to review survey protocol implementation during site visits • Maintain documentation of actions required (and implemented) as a result of remote site visit findings by the Project Team |



| Criteria | |
|--|--|
| Survey Training | |
| Survey Training | <ul style="list-style-type: none">• Attend and successfully complete PCF PECS Training Sessions<ul style="list-style-type: none">○ The following personnel from vendor and subcontractor organizations must attend (at a minimum):<ul style="list-style-type: none">▪ Project Manager▪ Mail Center Supervisor▪ Call Center Supervisor▪ Project staff member(s) responsible for the following functions:<ul style="list-style-type: none">– Decrypting the sample file and performing sample file quality checks– Programming the CATI script– Preparing and submitting the survey data file• Pass a post-training quiz measuring comprehension of PCF PECS protocols• Participate in additional PCF PECS Training Sessions, if required |
| Vendor Approval Term | <ul style="list-style-type: none">• Survey vendor approval is for the life of the project. However, survey vendors must maintain the minimum business requirements and follow the Quality Assurance Guidelines in order to keep their approval status. If quality problems are found with a vendor, CMS typically stipulates a vendor corrective action plan. CMS may revoke a vendor's approval status if the vendor has not fully implemented their corrective action plan.• Further, please note the following reasons a vendor could lose their approval status and be removed from the list:<ul style="list-style-type: none">○ Vendors that do not obtain a contract with at least one practice site for that Performance Year's survey fielding cycle will lose their approved vendor status. If a vendor wishes to reinstate approval after it is removed, the vendor will need to reapply and meet all vendor requirements, including participation in and successful completion of the Introduction to the PCF PEC Survey Webinar training session. |
| Administer the Survey According to All Survey Specifications | <ul style="list-style-type: none">• Must review and follow all procedures described in the PCF PECS Quality Assurance Guidelines for Survey Vendors• Must agree to all conditions in the Vendor Participation Application |



Appendix B: Vendor Application

**Primary Care First Patient Experience of Care Survey (PCF PECS)
Participation Form for Survey Vendors**

The following items are required for your organization to be a Centers for Medicare & Medicaid Services (CMS) survey vendor of the PCF PEC Survey:

1. Meet all Minimum Survey Vendor Business Requirements (See Part 2 below) at the time of submitting this form; and
2. Complete the participation form below. Please note sections indicated with an asterisk ("*") are required.

Note: Organizations must also adhere to the Rules of Participation (see Part 6).

If your organization is approved to be a survey vendor for the PCF PEC Survey, all staff and all subcontractors must conduct all PCF PEC Survey business activities in the United States.

All vendor applications and materials must be submitted via the PCF PEC Survey website (pcfpecs.org) by 5:00pm (ET) on February 4, 2022.

Part 1. General Information

Complete Part 1 with your organization's contact information and CAHPS survey experience.

| | | | | | |
|--|-----|-----------------|-----------------------------------|------------------|--|
| 1.1 APPLICANT ORGANIZATION | | | | | |
| 1.1.a. ORGANIZATION NAME* | | | | | |
| 1.1.b. MAILING ADDRESS 1* | | | | | |
| 1.1.c. MAILING ADDRESS 2 | | | | | |
| 1.1.d. CITY* | | 1.1.e. STATE* | | 1.1.f. ZIP CODE* | |
| 1.1.g. TELEPHONE AND FAX (area code, number and extension) | | | | 1.1.h. WEB SITE* | |
| TEL * | EXT | FAX | | | |
| 1.2 APPLICANT CONTACT PERSON | | | | | |
| 1.2.a. PRIMARY CONTACT PERSON | | | | | |
| FIRST NAME* | | MIDDLE INITIAL* | | LAST NAME* | |
| 1.2.b. TITLE* | | | 1.2.c. DEGREE (e.g., RN, MD, PhD) | | |
| 1.2.d. MAILING ADDRESS 1* | | | | | |
| 1.2.e. MAILING ADDRESS 2 | | | | | |

| | | | | | | |
|--|--|-----|---------------|-----|-----------------------|--|
| 1.2.f. CITY* | | | 1.2.g. STATE* | | 1.2.h. ZIP CODE* | |
| 1.2.i. TELEPHONE AND FAX (area code, number and extension) | | | | | 1.2.j. EMAIL ADDRESS* | |
| TEL | | EXT | | FAX | | |

| 1.3 CMS-SPONSORED AND CAHPS SURVEY EXPERIENCE | |
|---|--------|
| *1.3.a. Please confirm that you have been approved as a vendor to implement other CMS or CAHPS surveys in the past three years. | Yes No |
| *1.3.b. Please list what CAHPS surveys you have been approved for in the past three years. | |

Part 2. PCF PECS

Minimum Survey Vendor Business Requirements

PCF PEC Survey vendors must meet the following business requirements. Please read each minimum business requirement below and select Yes or No to show if you do or do not meet each one. Please provide supporting information in the chart below where asked. See the Minimum Business Requirements for more detail.

| 2.1. RELEVANT ORGANIZATIONAL SURVEY EXPERIENCE | |
|---|--------|
| Recent experience (at least 3 years) in fielding patient experience of care surveys via Mixed-Mode (mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing [CATI] of non-respondents). | |
| *2.1.a. Survey Experience: Please confirm that you are currently approved by CMS to administer patient experience of care surveys in a Mixed-Mode methodology (mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing [CATI] of non-respondents). | Yes No |
| Note: Mixed-Mode experience must be fulfilled by the applicant vendor and not its subcontractor. | |
| 2.1.b. Vulnerable Populations: Please confirm that you have experience interviewing vulnerable populations. | Yes No |

| | |
|--|--------|
| Note: Experience with vulnerable populations must be fulfilled by the applicant vendor and not its subcontractor. | |
| *2.1.c. Experience with multiple survey languages: Please confirm that you are currently approved by CMS to administer patient experience of care surveys in English and Spanish. | Yes No |

| | |
|--|--------|
| 2.2. ORGANIZATIONAL SURVEY CAPACITY Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame. | |
| *2.2.a. Designate key PCF PEC Survey Personnel: Does your organization have a: <ul style="list-style-type: none"> • Project Manager who has administered Mixed-Mode surveys for at least 3 years; and • Information Systems Specialist/Programmer/Developer with survey experience for a minimum of 1 year; and • Call Center/Mail Center supervisor (with minimum 1 year of prior experience in role); and • Organizational back-up staff to cover key staff? <p>Note: Volunteers are not permitted to be involved in any aspect of the PCF PEC Survey administration process.</p> | Yes No |
| *2.2.b. System resources: Does your organization have a secure commercial workplace with the physical plant resources to handle the volume of surveys being administered, including: <ul style="list-style-type: none"> • Computer and technical equipment; and • An electronic survey management system to track fielded surveys through the entire protocol? <p>Note: All system resources are subject to oversight activities, including site visits to physical locations (such as to vendor's mail facility to observe production of PCF PEC survey materials and/or call center where PCF PECS interviews are being conducted).</p> | Yes No |
| *2.2.c. Mixed-Mode of survey administration: Your organization will be given the mail and telephone versions of the PCF PEC Survey in electronic form and text for cover letters. Can you print and copy the survey materials in accordance with specifications and timeline provided and use commercial software/resources to make sure that the addresses and telephone numbers are up to date for all the sample patients? You will keep the information that identifies the people taking part in the survey confidential. | Yes No |
| Can you acknowledge that mail survey administration and telephone interviews are not to be conducted from a residence, or from a virtual office? | Yes No |
| *2.2.d. Data submission: Can your organization encrypt data files for transmission in accordance with required specifications? | Yes No |
| Does your organization have previous experience with XML format and submitting encrypted data to an external data warehouse? | Yes No |

| | |
|--|--------|
| *2.2.e. Data security: Can your organization register with the CMS PCF PEC Survey Contractor and follow data specifications and procedures in order to send and receive encrypted data from the Internet? | Yes No |
| Will authorizations and business associate agreements be established between your organization and the practice site or virtual practice site? | Yes No |
| *2.2.f. Confidentiality: Can your organization meet all HIPAA rules and regulations and store PCF PECS Survey data files securely and confidentially? | Yes No |
| *2.2.g. Technical assistance/customer support: Can your organization provide toll-free customer telephone support and respond within 24-48 hours in both English and Spanish? | Yes No |

| | |
|--|--------|
| 2.3 QUALITY CONTROL PROCEDURES | |
| Personnel training and quality control mechanisms used to collect valid, reliable survey data. | |
| *2.3.a. Demonstrated Quality Control Procedures: Can your organization set-up and document quality control procedures for all phases of survey implementation including: training; printing, mailing and recording receipt of surveys; telephone administration of survey (electronic telephone interviewing system); coding, editing, or keying in survey data; preparing final person-level data files for submission and all other functions and processes that affect the administration of the PCF PEC Survey? | Yes No |
| Can you provide documentation as requested for site visits and conference calls, including but not limited to: HIPAA compliance, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation? | Yes No |

| |
|--|
| 2.4 EXPLANATION Please explain why you replied "NO" to any of the questions above. |
| |

Part 3. Key Project Staff

Please list the key staff members who will be working on the PCF PEC Survey.

| 3.1 LIST OF KEY PROJECT STAFF | | | |
|--------------------------------------|------------------------|-------|-----------|
| *Project staff name | Role | Email | Telephone |
| 1. | Project Manager | | |
| 2. | Mail Survey Supervisor | | |

| | | | |
|----|---|--|--|
| 3. | Telephone Survey Supervisor | | |
| 4. | Information Systems Specialist/Programmer/Developer | | |

Part 4. List of Subcontractors

| | |
|---|--|
| 4.1.a. <input type="checkbox"/> Check here if your organization does not plan to use subcontractors for the 2022 PCF PEC Survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors. | |
| 4.1.b. Subcontractor name and experience | |
| Subcontractor 1 name: | What will subcontractor do in administering the 2022 PCF PEC Survey? |
| How many years has your organization worked with the subcontractor? | |
| How many years has the subcontractor administered surveys? | |
| How many years has the subcontractor been in business? | |
| What experience does the subcontractor have related to how it will administer the PCF PEC Survey? | |
| What general survey experience does the subcontractor have? | |
| Subcontractor 2 name: | What will subcontractor do in administering the 2022 PCF PEC Survey? |
| How many years has your organization worked with the subcontractor? | |
| How many years has the subcontractor administered surveys? | |
| How many years has the subcontractor been in business? | |
| What experience does the subcontractor have related to how it will administer the PCF PEC Survey? | |
| What general survey experience does the subcontractor have? | |

Part 5. Curriculum Vitae (CV)

5.1. Please email CVs for all of your key project staff listed in Table 3.1 List of Key Project Staff via the PCF PECS Technical Assistance email at pcfpecs@rti.org.

Part 6. Rules of Participation

All PCF PEC Survey vendors must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Take part in a teleconference with the PCF PEC Survey Project Team to talk about your organization's relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
2. Attend and successfully complete all PCF PEC Survey Training Sessions in Spring 2022. In addition to the Project Manager, we require the following staff to attend training, as applicable: Mail Survey Supervisor; Telephone Survey Supervisor; Information Systems Specialist and Computer Programmer/Developer; Data Administrator; and Back-up Data Administrator. Your organization's subcontractors that have key roles in administering the PCF PEC Survey are also required to attend training.
3. Review and follow the PCF PEC Survey Quality Assurance Guidelines and policy updates.
4. Attest to the accuracy of your organization's data collection (as determined by CMS), following guidelines in the most current version of the PCF PEC Survey Quality Assurance Guidelines.
5. Write and send a PCF PECS Quality Assurance Plan (QAP) by March 25, 2022. Also, send in materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, envelopes, and questionnaires) and telephone scripts.
6. Participate and cooperate (including subcontractors) in all oversight activities conducted by the PCF PEC Survey Project Team.
7. Send in an interim and final PCF PEC Survey data file to CMS (see data collection timeline).
8. Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation and reporting of results to practices. (See Section 7 to acknowledge)

Part 7: Applicant Organization Qualification and Acceptance

| | |
|--|--|
| <p>I certify that:</p> <ul style="list-style-type: none">• I have reviewed and agree to meet the Rules of Participation for participating in the PCF PEC Survey.• The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the PCF PEC Survey Minimum Survey Vendor Business Requirements. | <p>*AUTHORIZED REPRESENTATIVE:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>_____</p> <p>Date: _____</p> |
|--|--|

If you need help completing this application, please contact the PCF PEC Survey Project Team by email at pcfpecs@rti.org.

When you have completed this form, hit "Submit."



Appendix C: Teaser Postcard

Your primary care provider is participating in the Patient Experience of Care Survey to understand how to improve your health care experience.



In the next week, [INSERT VENDOR NAME] will send you a short survey about your experience with your primary care provider.

Someone like a family member or friend can help you by recording your answers, reading the survey to you, or translating it into your language. However, if you cannot respond because of poor health or cognitive or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

If you have any questions, please send an email to [INSERT VENDOR EMAIL HERE] or call the toll-free helpline at [INSERT VENDOR PHONE HERE].

Si prefiere la encuesta en español, por favor llame al [INSERT VENDOR PHONE HERE].

**Your primary care provider greatly appreciates your cooperation
with the Patient Experience of Care Survey!**



PRESORTED FIRST-
CLASS MAIL

Patient Experience of Care Survey
[INSERT VENDOR PO BOX HERE]
[INSERT VENDOR CITY, STATE AND ZIP CODE]

<<SID>
<<Full Name(1)>>
<<Address Line 1(1)>>
<<Address Line 2(1)>>
<<City(1)>> <<State(1)>> <<ZIP Code(1)>>



Appendix D: Mailout #1



Patient Experience of Care Survey

For more information, call toll-free:



Patient Experience of Care Survey

Please ensure the resident or their loved one sees this survey about visits to their primary care provider. If the resident no longer resides at this location, please let us know by returning this mailing to sender or calling the **Help Desk toll-free at:**

INSERT
VENDOR
LOGO HERE

<<DATE>>

<<FIRST>> <<LAST>>

<<STREET 1>>

<<STREET 2>>

<<CITY>>, <<STATE>> <<ZIPCODE>>

Dear <<FIRST>> <<LAST>>,

I am writing to ask you to complete the attached Patient Experience of Care Survey. Across the nation, 3,000 primary care providers' offices including your primary care provider's office are working with 24 health insurance partners including your local plans to make health care better and more affordable.

We randomly chose your name from a list of people who received care from your primary care provider's office. Your completed survey provides valuable feedback that your provider's office can use to make improvements to the quality of care you receive.

The survey asks you questions about your health care experience at the practice listed below.

Name of Practice: **P_NAME**

Office Location: **P_ADDRESS1, P_ADDRESS2, P_CITY, P_STATE, P_ZIP5**

This survey is voluntary and takes about 20 minutes. **Your answers are confidential and will not be shared with your provider and will not affect your health care benefits.** If needed, someone like a family member or friend can help you by recording your answers, reading the survey to you, or translating it into your language. However, if you cannot respond because of poor health or cognitive or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

Thank you for joining thousands of other primary care patients around the United States in taking the time to complete this important survey.

Sincerely,

[NAME]

[TITLE]

For more information:

toll-free: [INSERT VENDOR HELPDESK NUMBER HERE]

[INSERT VENDOR HELPDESK EMAIL HERE]

Para ver esta carta en español, de vuelta a la página.

[PRINT SID HERE]

<<DATE>>

<<FIRST>> <<LAST>>

<<STREET 1>>

<<STREET 2>>

<<CITY>>, <<STATE>> <<ZIPCODE>>

INSERT
VENDOR LOGO
HERE

Estimado(a) <<FIRST>> <<LAST>>,

Le escribo para pedirle que complete la Encuesta de Experiencias del Cuidado del Paciente que se adjunta. En todo el país, 3,000 consultorios de cuidado primario, incluso el consultorio de su proveedor de cuidado primario, están colaborando con 24 compañías de seguro médico, incluso con sus planes locales para mejorar la atención médica y que sea más económica.

Seleccionamos su nombre al azar de una lista de personas que recibieron atención médica en el consultorio de su proveedor de cuidado primario. La encuesta que usted complete proporciona opiniones valiosas que el consultorio de su proveedor puede usar para mejorar la calidad de la atención médica que usted recibe.

La encuesta le hace preguntas sobre su experiencia relacionada con la atención médica que recibió en el consultorio que se menciona a continuación.

Nombre del consultorio: **P_NAME**

Dirección del consultorio: **P_ADDRESS1, P_ADDRESS2, P_CITY, P_STATE, P_ZIP5**

Esta encuesta es voluntaria y toma aproximadamente 20 minutos. **Sus respuestas son confidenciales y no se compartirán con su proveedor ni afectarán sus beneficios de atención médica.** Si fuera necesario, alguien como un familiar o una amistad puede ayudarle a registrar sus respuestas, leerle la encuesta o traducirla a su idioma. Si usted no puede responder debido a problemas de salud o limitaciones cognitivas o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre su cuidado de salud puede responder la encuesta en su nombre.

Gracias por unirse a miles de otros pacientes de cuidado primario en los Estados Unidos al concedernos su tiempo para completar esta importante encuesta.

Atentamente,

[NAME]

[TITLE]

Para más información:

Llamada gratis: [INSERT VENDOR HELPDESK NUMBER HERE]

[INSERT HELPDESK EMAIL HERE]

To see this letter in English, turn the page.

[PRINT SID HERE]



Patient Experience of Care Survey

NAME OF PRACTICE:

<NAME>

OFFICE LOCATION:

<ADDRESS LINE 1>

<ADDRESS LINE 2>

<CITY, ST ZIP>

Si prefiere este cuestionario en español, por favor envíenos un correo electrónico a [INSERT VENDOR EMAIL] o llame al [INSERT VENDOR PHONE].

<<SID>>

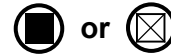
SURVEY INSTRUCTIONS

You may use pen or pencil.

Answer each question by filling the box to the left of your answer or by marking the box with an "X."

☐ or ☐

If you wish to change an answer, fill the box for your preferred answer and circle it. You may also erase your original answer.



You are sometimes told to skip over some questions in this survey. When that happens, you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → **If Yes, go to 1 on page 1**
☐ No

Your Provider

1. A health care provider can care for patients in person, by phone, or by video. Our records show that in the last 6 months you got care from a primary care provider who works at the office location listed on the front cover (you may know this provider's office by another name).

Is that right?

☐ Yes

☐ No → **If No, go to 56 on page 7**

2. If you know, 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 had with that person in the last 6 months.

Your Care From This Provider in the Last 6 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None → **If None, go to 56 on page 7**

☐ 1 time

☐ 2

☐ 3

☐ 4

☐ 5 to 9

☐ 10 or more times

4. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that **needed care right away**?

☐ Yes

☐ No → **If No, go to 6 on page 3**

5. 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- ☐ Yes
- ☐ No → **If No, go to 8**

7. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Communications With This Provider in the Last 6 Months

8. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- ☐ Yes
- ☐ No → **If No, go to 10**

9. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. In the last 6 months, did you contact this provider's office with a medical question **after** regular office hours?

- ☐ Yes
- ☐ No → **If No, go to 12**

11. In the last 6 months, when you contacted this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No

13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, did you ask this provider's office a medical question using email, a patient portal, or a website?

- ☐ Yes
- ☐ No → **If No, go to 20**

19. In the last 6 months, when you asked this provider's office a question using email, patient portal or website, how often were all of the questions in your message answered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. 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 22**

21. 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

22. In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No → **If No, go to 24**

23. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No → **If No, go to 28**

25. 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

26. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might **not** want to take a medicine?

- ☐ Yes
- ☐ No

27. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- ☐ Yes
☐ No

28. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- ☐ 0 Worst provider possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best provider possible

29. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem?

- ☐ Yes
☐ No → **If No, go to 33**

30. In the last 6 months, how often did the provider named in Question 2 seem informed and up-to-date about the care you got from specialists?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

31. In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services?

- ☐ Yes
☐ No → **If No, go to 33**

32. In the last 6 months, did you get the help you needed from this provider's office to manage your care among different providers and services?

- ☐ Yes
☐ No

33. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- ☐ Yes
☐ No

34. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- ☐ Yes
☐ No

Clerks and Receptionists at This Provider's Office

35. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

36. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Extended Hours From This Provider in the Last 6 Months

37. Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays?

☐ Yes
☐ No → **If No, go to 40**
☐ Not sure → **If Not sure, go to 40**

38. In the last 6 months, did you need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

☐ Yes
☐ No → **If No, go to 40**

39. In the last 6 months, how often were you able to get the care you needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Hospital Care in the Last 6 Months

40. In the last 6 months, have you been a patient in a hospital overnight or longer?

☐ Yes
☐ No → **If No, go to 42**

41. Within 3 days after your most recent hospital stay, did someone from the provider's office named on the front cover contact you to follow up on this hospital stay?

☐ Yes
☐ No

42. In the last 6 months, have you gone to an emergency room or emergency department for care?

☐ Yes
☐ No → **If No, go to 44**

43. Within one week after your most recent emergency room or emergency department visit, did someone from the provider's office named on the front cover contact you to follow up on this visit?

☐ Yes
☐ No

Your Behavioral Health in the Last 6 Months

44. In the last 6 months, did someone from this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

☐ Yes
☐ No

45. In the last 6 months, was there a period of time when you felt sad, empty, or depressed?

☐ Yes
☐ No → **If No, go to 47 on page 7**

46. In the last 6 months, did someone from this provider's office help when you felt sad, empty, or depressed?

☐ Yes
☐ No

47. In the last 6 months, did someone from this provider's office talk with you about things in your life that worry you or cause you stress?

- ☐ Yes
☐ No

48. In the last 6 months, was there a period of time when things in your life worried you or caused you stress?

- ☐ Yes
☐ No → **If No, go to 50**

49. In the last 6 months, did someone from this provider's office help during a period of time when things in your life worried you or caused you stress?

- ☐ Yes
☐ No

50. In the last 6 months, did someone from this provider's office ask you about alcohol use or drug use?

- ☐ Yes
☐ No

51. In the last 6 months, was there a period of time when you had a problem with alcohol use or drug use?

- ☐ Yes
☐ No → **If No, go to 53**

52. In the last 6 months, did someone from this provider's office help with your alcohol use or drug use?

- ☐ Yes
☐ No

53. In the last 6 months, did someone from this provider's office ask you about any nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No

54. In the last 6 months, was there a period of time when you had any nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No → **If No, go to 56**

55. In the last 6 months, did someone from this provider's office help you get nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No

About You

56. In general, how would you rate your overall health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

57. In general, how would you rate your overall **mental or emotional** health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

58. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or older

59. Are you male or female?

- ☐ Male
- ☐ Female

60. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

61. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

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

Thank you. Please return the completed survey in the postage-paid envelope.

If you no longer have the envelope, you can mail your survey to:

Patient Experience of Care Survey
[INSERT VENDOR ADDRESS]



Encuesta de Experiencias del Cuidado del Paciente

NOMBRE DEL CONSULTORIO:

<NAME>

UBICACIÓN DE LA OFICINA:

<ADDRESS LINE 1>

<ADDRESS LINE 2>

<CITY, ST ZIP>

<<SID>>

INSTRUCCIONES PARA COMPLETAR LA ENCUESTA

Puede usar un bolígrafo o un lápiz.

Conteste cada pregunta rellinando el cuadrado que aparece a la izquierda de la respuesta o marcando el cuadrado con una "X".



Si usted quiere cambiar una respuesta, llene el cuadrado con su respuesta preferida y ponga un círculo alrededor de su respuesta preferida. También puede borrar su respuesta original.



A veces se le pide que salte algunas preguntas en la encuesta. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar, de esta manera:

- ☒ Sí → **Si contestó "Sí", pase al n° 1 en la página 1**
☐ No

Su proveedor de cuidado de salud

1. Un proveedor de cuidado de salud puede brindar atención médica a pacientes en persona, por teléfono o por video. Según nuestros registros, en los últimos 6 meses, recibió atención médica de un proveedor de cuidado primario que trabaja en el consultorio listado en la portada (quizás conoce a este consultorio por otro nombre).

¿Es correcta esta información?

- ☐ Sí
☐ No → **Si contestó "No", pase al n° 56 en la página 7**

2. Si sabe, por favor escriba el nombre del proveedor de cuidado primario a quien usted ha visto con más frecuencia en este consultorio en los últimos 6 meses.

Las preguntas de esta encuesta se van a referir al proveedor cuyo nombre aparece en la pregunta 2 como "este proveedor". Al contestar estas preguntas, por favor, piense en las consultas que tuvo en persona, por teléfono, o por video con esa persona en los últimos 6 meses.

La atención que recibió de este proveedor en los últimos 6 meses

Estas preguntas son sobre la atención médica que **usted** ha recibido. **No** incluya la atención que recibió cuando pasó la noche hospitalizado. **No** incluya las consultas con el dentista.

3. En los últimos 6 meses, ¿cuántas veces fue a ver a este proveedor para obtener atención médica para usted mismo?
- ☐ Ninguna → **Si contestó "Ninguna", pase al n° 56 en la página 7**
☐ 1 vez
☐ 2
☐ 3
☐ 4
☐ 5 a 9
☐ 10 veces o más veces
4. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para pedir una cita debido a una enfermedad, lesión o problema de salud que **necesitaba atención inmediata**?
- ☐ Sí
☐ No → **Si contestó "No", pase al n° 6 en la página 3**

5. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor para pedir una cita para recibir **atención necesaria e inmediata**, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

6. En los últimos 6 meses, ¿hizo alguna cita para un **chequeo o una consulta regular** con este proveedor?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 8**

7. En los últimos 6 meses, al hacer una cita para un **chequeo o una consulta regular** con este proveedor, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

Sus comunicaciones con este proveedor en los últimos 6 meses

8. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para hacer una pregunta médica durante las horas normales de oficina?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 10**

9. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor durante las horas normales de oficina, ¿con qué frecuencia contestaron su pregunta médica el mismo día?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

10. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para hacer una pregunta médica **después** de las horas normales de oficina?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 12**

11. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor **después** de las horas normales de oficina, ¿con qué frecuencia contestaron su pregunta médica tan pronto como lo necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

12. ¿El consultorio de este proveedor le dio información sobre qué hacer en caso de necesitar atención médica por la noche, los fines de semana o los días feriados?

☐ Sí
☐ No

13. En los últimos 6 meses, ¿con qué frecuencia este proveedor le explicó las cosas de una manera fácil de entender?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

14. En los últimos 6 meses, ¿con qué frecuencia este proveedor le escuchó con atención?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

15. En los últimos 6 meses, ¿con qué frecuencia este proveedor parecía saber la información importante de sus antecedentes médicos?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

16. En los últimos 6 meses, ¿con qué frecuencia este proveedor demostró respeto a lo que usted tenía que decir?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

17. En los últimos 6 meses, ¿con qué frecuencia este proveedor le dedicó suficiente tiempo a usted?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

18. En los últimos 6 meses, ¿le hizo una pregunta médica al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 20**

19. En los últimos 6 meses, cuando le hizo una pregunta al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web, ¿con qué frecuencia le respondieron todas las preguntas de su mensaje?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

20. En los últimos 6 meses, ¿este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 22**

21. En los últimos 6 meses, cuando este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de este proveedor se comunicó con usted para darle los resultados?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

22. En los últimos 6 meses, ¿tomó algún medicamento recetado?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 24**

23. En los últimos 6 meses, ¿con qué frecuencia habló usted con alguien del consultorio de este proveedor sobre todos los medicamentos recetados que estaba tomando?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

24. En los últimos 6 meses, ¿usted y este proveedor hablaron de iniciar o suspender un medicamento recetado?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 28 en la página 5**

25. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez usted quisiera tomar el medicamento?

- ☐ Sí
- ☐ No

26. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez usted **no** quisiera tomar el medicamento?

- ☐ Sí
☐ No

27. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor solicitó su opinión de lo que sería mejor para usted?

- ☐ Sí
☐ No

28. Usando un número de 0 a 10, en el cual 0 es el peor proveedor posible y 10 es el mejor proveedor posible, ¿qué número usaría para calificar a este proveedor?

- ☐ 0 El peor proveedor posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor proveedor posible

29. Los especialistas son doctores tales como cirujanos, doctores que tratan el corazón, las alergias, la piel y otros doctores que se especializan en un área de cuidado de salud. En los últimos 6 meses, ¿fue a un especialista por algún problema de salud en particular?

- ☐ Sí
☐ No → **Si contestó “No”, pase al nº 33**

30. En los últimos 6 meses, ¿con qué frecuencia el proveedor cuyo nombre aparece en la pregunta 2 parecía estar informado y al tanto de la atención que usted recibió de los especialistas?

- ☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

31. En los últimos 6 meses, ¿necesitó ayuda de alguien en el consultorio de este proveedor para coordinar su atención médica entre diferentes proveedores y servicios?

- ☐ Sí
☐ No → **Si contestó “No”, pase al nº 33**

32. En los últimos 6 meses, ¿obtuvo la ayuda que necesitaba del consultorio de este proveedor para coordinar su atención médica entre diferentes proveedores y servicios?

- ☐ Sí
☐ No

33. En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con usted sobre metas específicas para su salud?

- ☐ Sí
☐ No

34. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó si hay ciertas cosas que le dificultan cuidar de su salud?

- ☐ Sí
☐ No

Los oficinistas y recepcionistas del consultorio de este proveedor

35. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le dieron toda la ayuda que usted creía que era necesaria?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre
36. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le trataron con cortesía y respeto?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Horario extendido de este proveedor en los últimos 6 meses

37. ¿Ofrece el consultorio de este proveedor un horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 40**
- ☐ No estoy seguro → **Si contestó “No estoy seguro”, pase al n° 40**
38. En los últimos 6 meses, ¿necesitó atención en el consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 40**

39. En los últimos 6 meses, ¿con qué frecuencia pudo obtener la atención que necesitaba del consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Atención hospitalaria en los últimos 6 meses

40. En los últimos 6 meses, ¿ha sido paciente en un hospital por una noche o más?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 42**
41. Después de su estancia más reciente en un hospital, dentro de los primeros 3 días, ¿se comunicó alguien del consultorio de este proveedor cuyo nombre aparece en la portada, para darle seguimiento a esa estancia en el hospital?
- ☐ Sí
- ☐ No
42. En los últimos 6 meses, ¿ha ido usted a una sala de emergencias o un departamento de emergencia para recibir atención médica?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 44 en la página 7**
43. Después de su visita más reciente a una sala de emergencias o un departamento de emergencia, dentro de la primera semana, ¿se comunicó alguien del consultorio de este proveedor cuyo nombre aparece en la portada, para darle seguimiento a esa visita?
- ☐ Sí
- ☐ No

Su salud conductual en los últimos 6 meses

44. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó si hubo un periodo de tiempo en el cual se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No
45. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 47**
46. En los últimos 6 meses, ¿alguien del consultorio de este proveedor lo ayudó cuando se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No
47. En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con usted sobre cosas en su vida que le preocupen u ocasionen estrés?
- ☐ Sí
- ☐ No
48. En los últimos 6 meses, ¿hubo un periodo de tiempo cuando las cosas en su vida le preocupaban o le ocasionaban estrés?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 50**
49. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó durante un periodo de tiempo cuando las cosas en su vida le preocupaban o le ocasionaban estrés?
- ☐ Sí
- ☐ No
50. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó sobre su consumo de alcohol o drogas?
- ☐ Sí
- ☐ No

51. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual tuvo un problema con el consumo de alcohol o drogas?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 53**
52. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó con su consumo de alcohol o drogas?
- ☐ Sí
- ☐ No
53. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó sobre sus necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No
54. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual tuvo necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 56**
55. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó a obtener necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No

Sobre usted

56. ¿Cómo calificaría su salud en general?
- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

57. ¿Cómo calificaría su salud **mental o emocional** en general?

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

58. ¿Qué edad tiene usted?

- ☐ 18 a 24
- ☐ 25 a 34
- ☐ 35 a 44
- ☐ 45 a 54
- ☐ 55 a 64
- ☐ 65 a 74
- ☐ 75 a 84
- ☐ 85 o más

59. ¿Es usted hombre o mujer?

- ☐ Hombre
- ☐ Mujer

60. ¿Cuál es el grado o nivel escolar más alto que completó?

- ☐ 8 años de escuela o menos
- ☐ 9 a 12 años de escuela, pero sin graduarse
- ☐ Graduado de secundaria/preparatoria (*high school*) o GED
- ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

61. ¿Es usted de origen o descendencia hispana o latina?

- ☐ Sí, hispano o latino
- ☐ No, ni hispano ni latino

62. ¿A qué raza pertenece? Marque una o más.

- ☐ Blanca
- ☐ Negra o afroamericana
- ☐ Asiática
- ☐ Nativa de Hawái o de otras islas del Pacífico
- ☐ Indígena americana o nativa de Alaska
- ☐ Otra

63. ¿Le ayudó alguien a completar esta encuesta?

- ☐ Sí
- ☐ No → **Gracias. Por favor, devuelva la encuesta en el sobre con el franqueo prepago.**

64. ¿Cómo le ayudó esa persona? Marque una o más.

- ☐ Me leyó las preguntas
- ☐ Anotó las respuestas que le di
- ☐ Contestó las preguntas por mí
- ☐ Tradujo las preguntas a mi idioma
- ☐ Me ayudó de otra manera

Gracias. Por favor devuelva la encuesta en el sobre con el franqueo prepago.

Si ya no tiene el sobre, puede enviar su encuesta a:

Patient Experience of Care Survey

[INSERT VENDOR ADDRESS]



Appendix E: Reminder Postcard



Recently, we sent you a short survey about your experiences with your primary care provider. If you've completed and returned it, thank you! If not, please do so today. The survey will help your primary care provider understand how to improve your health care experience.

If needed, someone like a family member or friend can help you by recording your answers, reading the survey to you, or translating it into your language. However, if you cannot respond because of poor health or cognitive or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

If you have any questions, or have misplaced your survey, please send an email to {INSERT VENDOR EMAIL HERE} or call the toll-free helpline at [INSERT VENDOR PHONE HERE].

Si prefiere la encuesta en español, por favor llame al [INSERT VENDOR PHONE HERE].

**Your primary care provider greatly appreciates your cooperation
with the Patient Experience of Care Survey!**



PRESORTED FIRST-
CLASS MAIL

Patient Experience of Care Survey
[INSERT VENDOR PO BOX HERE]
[INSERT VENDOR CITY, STATE AND ZIP CODE HERE]

<<SID>
<<Full Name(1)>>
<<Address Line 1(1)>>
<<Address Line 2(1)>>
<<City(1)>> <<State(1)>> <<ZIP Code(1)>>



Appendix F: Mailout #2



Patient Experience of Care Survey

Enclosed is a copy of the survey we previously sent you. Please disregard this if you have already sent in your survey. Thank you.

For more information, call toll-free:



Patient Experience of Care Survey

Please ensure the resident or their loved one sees this survey about visits to their primary care provider. If the resident no longer resides at this location, please let us know by returning this mailing to sender or calling the **Help Desk toll-free at:**

INSERT
VENDOR
LOGO HERE

<<DATE>>

<<FIRST>> <<LAST>>

<<STREET 1>>

<<STREET 2>>

<<CITY>>, <<STATE>> <<ZIPCODE>>

Dear <<FIRST>> <<LAST>>,

Recently, we sent you a Patient Experience of Care Survey that asked about your health care experiences with your primary care provider. I am writing you today because we have not yet received your completed survey. **If you have recently mailed in your completed survey, thank you—you may disregard this letter.**

If you have not already mailed in your survey, I hope you will take the time now to participate. We have included another copy of the survey with this letter. **Your responses will help improve primary care in America.** Your provider will use your valuable feedback to make improvements to the quality of care you and other patients receive.

We randomly chose your name from a list of people who received care from your primary care provider's office. This survey is voluntary and takes about 20 minutes. **Your answers are confidential and will never be seen by your provider or affect your health care benefits.** We will combine your answers with those of other people to create a summary report.

Someone like a family member or friend can help you by recording the patient's answers, reading the survey to you, or translating it into your language. However, if you can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

I hope you'll choose to take part in this very important and useful survey. Thank you for your time.

Sincerely,

[NAME]

[TITLE]

For more information:

toll-free:[INSERT VENDOR HELPDESK NUMBER HERE]

[INSERT VENDOR HELPDESK EMAIL HERE]

Para ver esta carta en español, de vuelta a la página.

[PRINT SID HERE]

INSERT
VENDOR
LOGO HERE

<<DATE>>

<<FIRST>> <<LAST>>

<<STREET 1>>

<<STREET 2>>

<<CITY>>, <<STATE>> <<ZIPCODE>>

Estimado(a) <<FIRST>> <<LAST>>,

Hace poco, le enviamos la Encuesta de Experiencias del Cuidado del Paciente con preguntas sobre sus experiencias con su proveedor de cuidado primario. Le escribo ahora porque aún no hemos recibido la encuesta con sus respuestas. **Si ha enviado recientemente la encuesta con sus respuestas por correo, le damos las gracias—puede ignorar esta carta.**

Si aún no ha enviado su encuesta por correo, espero que pueda concedernos su tiempo ahora para participar. Incluimos otra copia de la encuesta con esta carta. **Sus respuestas ayudarán a mejorar el cuidado de salud primario en los Estados Unidos.** Su proveedor usará sus valiosas opiniones para mejorar la calidad de la atención médica que reciben usted y otros pacientes.

Seleccionamos su nombre al azar de una lista de personas que recibieron atención médica en el consultorio de su proveedor de cuidado primario. La encuesta es voluntaria y toma aproximadamente 20 minutos. **Sus respuestas son confidenciales y nunca serán vistas por su proveedor ni afectarán sus beneficios de atención médica.** Combinaremos sus respuestas con las de otras personas para elaborar un informe con el resumen de los resultados.

Alguien como un familiar o una amistad puede ayudarle a registrar sus respuestas, leerle la encuesta o traducirla a su idioma. Si usted no puede responder debido a problemas de salud o limitaciones cognitivas o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre su cuidado de salud puede responder la encuesta en su nombre.

Espero que usted elija participar en esta encuesta sumamente importante y beneficiosa. Gracias por su tiempo.

Atentamente,

[NAME]

[TITLE]

Para más información:

Llamada gratis: [INSERT VENDOR HELPDESK NUMBER HERE]

[INSERT HELPDESK EMAIL HERE]

To see this letter in English, turn the page.

[PRINT SID HERE]



Patient Experience of Care Survey

NAME OF PRACTICE:

<NAME>

OFFICE LOCATION:

<ADDRESS LINE 1>

<ADDRESS LINE 2>

<CITY, ST ZIP>

Si prefiere este cuestionario en español, por favor envíenos un correo electrónico a [INSERT VENDOR EMAIL] o llame al [INSERT VENDOR PHONE].

<<SID>>

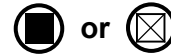
SURVEY INSTRUCTIONS

You may use pen or pencil.

Answer each question by filling the box to the left of your answer or by marking the box with an "X."

☐ or ☐

If you wish to change an answer, fill the box for your preferred answer and circle it. You may also erase your original answer.



You are sometimes told to skip over some questions in this survey. When that happens, you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → **If Yes, go to 1 on page 1**
☐ No

Your Provider

1. A health care provider can care for patients in person, by phone, or by video. Our records show that in the last 6 months you got care from a primary care provider who works at the office location listed on the front cover (you may know this provider's office by another name).

Is that right?

☐ Yes

☐ No → **If No, go to 56 on page 7**

2. If you know, 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 had with that person in the last 6 months.

Your Care From This Provider in the Last 6 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None → **If None, go to 56 on page 7**

☐ 1 time

☐ 2

☐ 3

☐ 4

☐ 5 to 9

☐ 10 or more times

4. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that **needed care right away**?

☐ Yes

☐ No → **If No, go to 6 on page 3**

5. 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- ☐ Yes
- ☐ No → **If No, go to 8**

7. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Communications With This Provider in the Last 6 Months

8. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- ☐ Yes
- ☐ No → **If No, go to 10**

9. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. In the last 6 months, did you contact this provider's office with a medical question **after** regular office hours?

- ☐ Yes
- ☐ No → **If No, go to 12**

11. In the last 6 months, when you contacted this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No

13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, did you ask this provider's office a medical question using email, a patient portal, or a website?

- ☐ Yes
- ☐ No → **If No, go to 20**

19. In the last 6 months, when you asked this provider's office a question using email, patient portal or website, how often were all of the questions in your message answered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. 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 22**

21. 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

22. In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No → **If No, go to 24**

23. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No → **If No, go to 28**

25. 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

26. When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might **not** want to take a medicine?

- ☐ Yes
- ☐ No

27. When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?

- ☐ Yes
☐ No

28. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- ☐ 0 Worst provider possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best provider possible

29. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem?

- ☐ Yes
☐ No → **If No, go to 33**

30. In the last 6 months, how often did the provider named in Question 2 seem informed and up-to-date about the care you got from specialists?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

31. In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services?

- ☐ Yes
☐ No → **If No, go to 33**

32. In the last 6 months, did you get the help you needed from this provider's office to manage your care among different providers and services?

- ☐ Yes
☐ No

33. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- ☐ Yes
☐ No

34. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- ☐ Yes
☐ No

Clerks and Receptionists at This Provider's Office

35. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

36. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Extended Hours From This Provider in the Last 6 Months

37. Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays?

☐ Yes
☐ No → **If No, go to 40**
☐ Not sure → **If Not sure, go to 40**

38. In the last 6 months, did you need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

☐ Yes
☐ No → **If No, go to 40**

39. In the last 6 months, how often were you able to get the care you needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Hospital Care in the Last 6 Months

40. In the last 6 months, have you been a patient in a hospital overnight or longer?

☐ Yes
☐ No → **If No, go to 42**

41. Within 3 days after your most recent hospital stay, did someone from the provider's office named on the front cover contact you to follow up on this hospital stay?

☐ Yes
☐ No

42. In the last 6 months, have you gone to an emergency room or emergency department for care?

☐ Yes
☐ No → **If No, go to 44**

43. Within one week after your most recent emergency room or emergency department visit, did someone from the provider's office named on the front cover contact you to follow up on this visit?

☐ Yes
☐ No

Your Behavioral Health in the Last 6 Months

44. In the last 6 months, did someone from this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

☐ Yes
☐ No

45. In the last 6 months, was there a period of time when you felt sad, empty, or depressed?

☐ Yes
☐ No → **If No, go to 47 on page 7**

46. In the last 6 months, did someone from this provider's office help when you felt sad, empty, or depressed?

☐ Yes
☐ No

47. In the last 6 months, did someone from this provider's office talk with you about things in your life that worry you or cause you stress?

- ☐ Yes
☐ No

48. In the last 6 months, was there a period of time when things in your life worried you or caused you stress?

- ☐ Yes
☐ No → **If No, go to 50**

49. In the last 6 months, did someone from this provider's office help during a period of time when things in your life worried you or caused you stress?

- ☐ Yes
☐ No

50. In the last 6 months, did someone from this provider's office ask you about alcohol use or drug use?

- ☐ Yes
☐ No

51. In the last 6 months, was there a period of time when you had a problem with alcohol use or drug use?

- ☐ Yes
☐ No → **If No, go to 53**

52. In the last 6 months, did someone from this provider's office help with your alcohol use or drug use?

- ☐ Yes
☐ No

53. In the last 6 months, did someone from this provider's office ask you about any nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No

54. In the last 6 months, was there a period of time when you had any nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No → **If No, go to 56**

55. In the last 6 months, did someone from this provider's office help you get nonmedical needs, such as food, housing, or transportation?

- ☐ Yes
☐ No

About You

56. In general, how would you rate your overall health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

57. In general, how would you rate your overall **mental or emotional** health?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

58. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 to 84
- ☐ 85 or older

59. Are you male or female?

- ☐ Male
- ☐ Female

60. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

61. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

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

Thank you. Please return the completed survey in the postage-paid envelope.

If you no longer have the envelope, you can mail your survey to:

Patient Experience of Care Survey
[INSERT VENDOR ADDRESS]



Encuesta de Experiencias del Cuidado del Paciente

NOMBRE DEL CONSULTORIO:

<NAME>

UBICACIÓN DE LA OFICINA:

<ADDRESS LINE 1>

<ADDRESS LINE 2>

<CITY, ST ZIP>

<<SID>>

INSTRUCCIONES PARA COMPLETAR LA ENCUESTA

Puede usar un bolígrafo o un lápiz.

Conteste cada pregunta rellorando el cuadrado que aparece a la izquierda de la respuesta o marcando el cuadrado con una "X".



Si usted quiere cambiar una respuesta, llene el cuadrado con su respuesta preferida y ponga un círculo alrededor de su respuesta preferida. También puede borrar su respuesta original.



A veces se le pide que salte algunas preguntas en la encuesta. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar, de esta manera:

- ☒ Sí → **Si contestó "Sí", pase al n° 1 en la página 1**
☐ No

Su proveedor de cuidado de salud

1. Un proveedor de cuidado de salud puede brindar atención médica a pacientes en persona, por teléfono o por video. Según nuestros registros, en los últimos 6 meses, recibió atención médica de un proveedor de cuidado primario que trabaja en el consultorio listado en la portada (quizás conoce a este consultorio por otro nombre).

¿Es correcta esta información?

- ☐ Sí
☐ No → **Si contestó "No", pase al n° 56 en la página 7**

2. Si sabe, por favor escriba el nombre del proveedor de cuidado primario a quien usted ha visto con más frecuencia en este consultorio en los últimos 6 meses.

Las preguntas de esta encuesta se van a referir al proveedor cuyo nombre aparece en la pregunta 2 como "este proveedor". Al contestar estas preguntas, por favor, piense en las consultas que tuvo en persona, por teléfono, o por video con esa persona en los últimos 6 meses.

La atención que recibió de este proveedor en los últimos 6 meses

Estas preguntas son sobre la atención médica que **usted** ha recibido. **No** incluya la atención que recibió cuando pasó la noche hospitalizado. **No** incluya las consultas con el dentista.

3. En los últimos 6 meses, ¿cuántas veces fue a ver a este proveedor para obtener atención médica para usted mismo?
- ☐ Ninguna → **Si contestó "Ninguna", pase al n° 56 en la página 7**
☐ 1 vez
☐ 2
☐ 3
☐ 4
☐ 5 a 9
☐ 10 veces o más veces
4. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para pedir una cita debido a una enfermedad, lesión o problema de salud que **necesitaba atención inmediata**?
- ☐ Sí
☐ No → **Si contestó "No", pase al n° 6 en la página 3**

5. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor para pedir una cita para recibir **atención necesaria e inmediata**, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

6. En los últimos 6 meses, ¿hizo alguna cita para un **chequeo o una consulta regular** con este proveedor?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 8**

7. En los últimos 6 meses, al hacer una cita para un **chequeo o una consulta regular** con este proveedor, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

Sus comunicaciones con este proveedor en los últimos 6 meses

8. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para hacer una pregunta médica durante las horas normales de oficina?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 10**

9. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor durante las horas normales de oficina, ¿con qué frecuencia contestaron su pregunta médica el mismo día?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

10. En los últimos 6 meses, ¿se comunicó con el consultorio de este proveedor para hacer una pregunta médica **después** de las horas normales de oficina?

☐ Sí
☐ No → **Si contestó “No”, pase al n° 12**

11. En los últimos 6 meses, al comunicarse con el consultorio de este proveedor **después** de las horas normales de oficina, ¿con qué frecuencia contestaron su pregunta médica tan pronto como lo necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

12. ¿El consultorio de este proveedor le dio información sobre qué hacer en caso de necesitar atención médica por la noche, los fines de semana o los días feriados?

☐ Sí
☐ No

13. En los últimos 6 meses, ¿con qué frecuencia este proveedor le explicó las cosas de una manera fácil de entender?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

14. En los últimos 6 meses, ¿con qué frecuencia este proveedor le escuchó con atención?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

15. En los últimos 6 meses, ¿con qué frecuencia este proveedor parecía saber la información importante de sus antecedentes médicos?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

16. En los últimos 6 meses, ¿con qué frecuencia este proveedor demostró respeto a lo que usted tenía que decir?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

17. En los últimos 6 meses, ¿con qué frecuencia este proveedor le dedicó suficiente tiempo a usted?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

18. En los últimos 6 meses, ¿le hizo una pregunta médica al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 20**

19. En los últimos 6 meses, cuando le hizo una pregunta al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web, ¿con qué frecuencia le respondieron todas las preguntas de su mensaje?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

20. En los últimos 6 meses, ¿este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 22**

21. En los últimos 6 meses, cuando este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de este proveedor se comunicó con usted para darle los resultados?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

22. En los últimos 6 meses, ¿tomó algún medicamento recetado?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 24**

23. En los últimos 6 meses, ¿con qué frecuencia habló usted con alguien del consultorio de este proveedor sobre todos los medicamentos recetados que estaba tomando?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

24. En los últimos 6 meses, ¿usted y este proveedor hablaron de iniciar o suspender un medicamento recetado?

- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 28 en la página 5**

25. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez usted quisiera tomar el medicamento?

- ☐ Sí
- ☐ No

26. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez usted **no** quisiera tomar el medicamento?

- ☐ Sí
☐ No

27. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor solicitó su opinión de lo que sería mejor para usted?

- ☐ Sí
☐ No

28. Usando un número de 0 a 10, en el cual 0 es el peor proveedor posible y 10 es el mejor proveedor posible, ¿qué número usaría para calificar a este proveedor?

- ☐ 0 El peor proveedor posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor proveedor posible

29. Los especialistas son doctores tales como cirujanos, doctores que tratan el corazón, las alergias, la piel y otros doctores que se especializan en un área de cuidado de salud. En los últimos 6 meses, ¿fue a un especialista por algún problema de salud en particular?

- ☐ Sí
☐ No → **Si contestó “No”, pase al nº 33**

30. En los últimos 6 meses, ¿con qué frecuencia el proveedor cuyo nombre aparece en la pregunta 2 parecía estar informado y al tanto de la atención que usted recibió de los especialistas?

- ☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

31. En los últimos 6 meses, ¿necesitó ayuda de alguien en el consultorio de este proveedor para coordinar su atención médica entre diferentes proveedores y servicios?

- ☐ Sí
☐ No → **Si contestó “No”, pase al nº 33**

32. En los últimos 6 meses, ¿obtuvo la ayuda que necesitaba del consultorio de este proveedor para coordinar su atención médica entre diferentes proveedores y servicios?

- ☐ Sí
☐ No

33. En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con usted sobre metas específicas para su salud?

- ☐ Sí
☐ No

34. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó si hay ciertas cosas que le dificultan cuidar de su salud?

- ☐ Sí
☐ No

Los oficinistas y recepcionistas del consultorio de este proveedor

35. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le dieron toda la ayuda que usted creía que era necesaria?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre
36. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le trataron con cortesía y respeto?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Horario extendido de este proveedor en los últimos 6 meses

37. ¿Ofrece el consultorio de este proveedor un horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 40**
- ☐ No estoy seguro → **Si contestó “No estoy seguro”, pase al n° 40**
38. En los últimos 6 meses, ¿necesitó atención en el consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 40**

39. En los últimos 6 meses, ¿con qué frecuencia pudo obtener la atención que necesitaba del consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?
- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Atención hospitalaria en los últimos 6 meses

40. En los últimos 6 meses, ¿ha sido paciente en un hospital por una noche o más?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 42**
41. Después de su estancia más reciente en un hospital, dentro de los primeros 3 días, ¿se comunicó alguien del consultorio de este proveedor cuyo nombre aparece en la portada, para darle seguimiento a esa estancia en el hospital?
- ☐ Sí
- ☐ No
42. En los últimos 6 meses, ¿ha ido usted a una sala de emergencias o un departamento de emergencia para recibir atención médica?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al n° 44 en la página 7**
43. Después de su visita más reciente a una sala de emergencias o un departamento de emergencia, dentro de la primera semana, ¿se comunicó alguien del consultorio de este proveedor cuyo nombre aparece en la portada, para darle seguimiento a esa visita?
- ☐ Sí
- ☐ No

Su salud conductual en los últimos 6 meses

44. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó si hubo un periodo de tiempo en el cual se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No
45. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 47**
46. En los últimos 6 meses, ¿alguien del consultorio de este proveedor lo ayudó cuando se sintió triste, vacío o deprimido?
- ☐ Sí
- ☐ No
47. En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con usted sobre cosas en su vida que le preocupen u ocasionen estrés?
- ☐ Sí
- ☐ No
48. En los últimos 6 meses, ¿hubo un periodo de tiempo cuando las cosas en su vida le preocupaban o le ocasionaban estrés?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 50**
49. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó durante un periodo de tiempo cuando las cosas en su vida le preocupaban o le ocasionaban estrés?
- ☐ Sí
- ☐ No
50. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó sobre su consumo de alcohol o drogas?
- ☐ Sí
- ☐ No

51. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual tuvo un problema con el consumo de alcohol o drogas?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 53**
52. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó con su consumo de alcohol o drogas?
- ☐ Sí
- ☐ No
53. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó sobre sus necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No
54. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual tuvo necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No → **Si contestó “No”, pase al nº 56**
55. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó a obtener necesidades no médicas, tales como comida, vivienda o transporte?
- ☐ Sí
- ☐ No

Sobre usted

56. ¿Cómo calificaría su salud en general?
- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

57. ¿Cómo calificaría su salud **mental o emocional** en general?

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

58. ¿Qué edad tiene usted?

- ☐ 18 a 24
- ☐ 25 a 34
- ☐ 35 a 44
- ☐ 45 a 54
- ☐ 55 a 64
- ☐ 65 a 74
- ☐ 75 a 84
- ☐ 85 o más

59. ¿Es usted hombre o mujer?

- ☐ Hombre
- ☐ Mujer

60. ¿Cuál es el grado o nivel escolar más alto que completó?

- ☐ 8 años de escuela o menos
- ☐ 9 a 12 años de escuela, pero sin graduarse
- ☐ Graduado de secundaria/preparatoria (*high school*) o GED
- ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

61. ¿Es usted de origen o descendencia hispana o latina?

- ☐ Sí, hispano o latino
- ☐ No, ni hispano ni latino

62. ¿A qué raza pertenece? Marque una o más.

- ☐ Blanca
- ☐ Negra o afroamericana
- ☐ Asiática
- ☐ Nativa de Hawái o de otras islas del Pacífico
- ☐ Indígena americana o nativa de Alaska
- ☐ Otra

63. ¿Le ayudó alguien a completar esta encuesta?

- ☐ Sí
- ☐ No → **Gracias. Por favor, devuelva la encuesta en el sobre con el franqueo prepago.**

64. ¿Cómo le ayudó esa persona? Marque una o más.

- ☐ Me leyó las preguntas
- ☐ Anotó las respuestas que le di
- ☐ Contestó las preguntas por mí
- ☐ Tradujo las preguntas a mi idioma
- ☐ Me ayudó de otra manera

Gracias. Por favor devuelva la encuesta en el sobre con el franqueo prepago.

Si ya no tiene el sobre, puede enviar su encuesta a:

Patient Experience of Care Survey

[INSERT VENDOR ADDRESS]



Appendix G: CATI Script English

**TELEPHONE INTERVIEW SCRIPT
FOR THE PRIMARY CARE FIRST PATIENT EXPERIENCE OF CARE SURVEY (PCF PECS)—
ENGLISH**

Note: Proxy respondents are permitted in the administration of the survey.

- People who are in a residential or care assisted living facility are eligible, unless physically or mentally incapable, in which case a proxy can complete the survey. Note that patients identified as living in residential care/assisted facilities are to be excluded from the telephone follow-up.
- People who live in group quarters should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.
- People who are physically or mentally incapable and people who are hearing impaired can have a proxy complete the phone survey. If no proxy available, code as ineligible.
- People who speak a language other than Spanish can have a proxy complete the phone survey. If no proxy available, code as language barrier.
- People who are institutionalized, living out of the country during data collection period, or deceased are ineligible.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim.
- All text that appears in Sentence Case must be read aloud.
- Text in UPPERCASE letters must not be read out loud.
 - However, UPPERCASE response options can be read if necessary
- Text in **bold**, underline, or *italic* font must be emphasized.
- Text in (parentheses) can be read if necessary or skipped if not necessary.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question, however these options must not be read aloud or volunteered.
- All questions and all answer categories must be read exactly as they are worded—read verbatim.
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma'am

- Yes, Sir
- During the course of the survey, use of **neutral** probe words such as the following is permitted:
 - Re-reading the question
 - Re-reading the response options
 - What do you mean by that?
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts).
- No changes are permitted to the order of the question and answer categories for the questions.
- All transitional statements must be read.

Programmer Instructions

- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (English or Spanish) must appear on the electronic interviewing system screen, except for interviewer instructions or coding options which can remain in English or Spanish screens.
- All questions should force a response to be entered before the interviewer can go to the next question.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question and should allow the telephone interviewer to go to the next question.
- Vendors should use their own front-end and back-end programming to properly route and disposition cases.

LEAD_IN1 Hello, this is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [P_NAME]. May I please speak to [FIRST_NAME] [LAST_NAME]?

INTRO1 I am calling today to ask you to take part in the Patient Experience of Care Survey for [P_NAME]. Your health care provider's office, [P_NAME] has joined a program to learn how they can improve the experience and health of their patients. This program is run by the U.S. Department of Health & Human Services in partnership with 24 other insurance companies.

You were selected from a random sample of people who received care from your primary care practice. This survey is voluntary and will not affect any health care or benefits you receive. The survey takes about 20 minutes. Your answers are confidential and will never be seen by your provider. We will combine your answers with those of other people to create a summary report for your provider. This call may be monitored or recorded for quality improvement purposes.

READ AS NECESSARY:

[PRACTICE NAME AND ADDRESS]

IF RESPONDENT NO LONGER SEES PRACTICE/PROVIDER: Thanks for telling me that you no longer see this provider. However, if you have seen this provider anytime in the last 6 months, we would like to do this survey.

IF RESPONDENT DOESN'T RECOGNIZE PRACTICE/REPORTS NOT RECEIVING CARE AT PRACTICE: Thanks for explaining that. Sometimes practices use an official name that is unfamiliar to patients.

What doctor did you see? I can look them up on my list of medical staff at this practice. (IF R WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Providers at this practice: [PRO_NAMES1TO4]

IF RESPONDENT STILL REFUSES, SELECT REFUSAL

PROXY_INTRO IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [P_NAME]. DHHS AND [P_NAME] are conducting a survey about patients' experiences at primary care practices. The results will be used to help DHHS understand patient experiences and help improve the experiences of patients and family members.)

Is there somebody over the age of 18, such as a family member or friend, who is familiar with [FIRST_NAME] [LAST_NAME] 's recent health care experiences and comfortable answering questions about that care?

- 1 YES, PROXY IS AVAILABLE
- 2 PROXY IS UNAVAILABLE, SET CB
- 3 NO, NO PROXY AVAILABLE
- 4 RESPONDENT ON PHONE, NO PROXY

Q1. A health care provider can care for patients in person, by phone, or by video. Our records show that in the last 6 months [you/the patient] got care from a primary care provider who works at [P_NAME] (you may know this provider's office by another name).

Is that right?

[INTERVIEWER INSTRUCTION: USE THE PRACTICE INFORMATION LISTED BELOW IF NEEDED:

[DISPLAY PRACTICE NAME

PRACTICE_ADDRESS

PRACTICE_CITY, PRACTICE_STATE, PRACTICE_ZIP]]

- 1 YES
- 2 NO → [SKIP TO Q56 intro]

Q2. If you know, please tell me the name of the primary care provider [you have/the patient has] seen most often at this office in the last 6 months.

- 1 Name of the primary care provider
_____ [ALPHANUMERIC CHARACTER ENTRY FIELD]

DK

REF

[CONTINUE]

Q2A 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 had with [IF Q2 = DK OR REF, FILL TEXT: “that person”, ELSE FILL RESPONSE TO Q2] in the last 6 months.

These questions ask about **[your/the patient’s] own** health care. Do **not** include care [you/the patient] got when [you/the patient] stayed overnight in a hospital. Do **not** include the times [you/the patient] went for dental care visits.

[CONTINUE]

Q3. In the last 6 months, how many times did [you/the patient] visit this provider to get care for [yourself/himself or herself]? Would you say...

- 1 None, → [SKIP TO Q56 intro]
- 2 One Time,
- 3 Two Times,
- 4 Three Times,
- 5 Four Times,
- 6 Five to Nine Times, or
- 7 Ten or More Times

DK

REF

Q4. In the last 6 months, did [you/the patient] contact this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?

- 1 YES
 - 2 NO → [SKIP TO Q6]
- DK → [SKIP TO Q6]
REF → [SKIP TO Q6]

Q5. In the last 6 months, when [you/the patient] contacted this provider’s office to get an appointment for **care [you/the patient] needed right away**, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

DK

REF

Q6. In the last 6 months, did [you/the patient] make any appointments for a **check-up or routine care** with this provider?

- 1 YES
- 2 NO → [SKIP TO Q8intro]
- DK → [SKIP TO Q8intro]
- REF → [SKIP TO Q8intro]

Q7. In the last 6 months, when [you/the patient] made an appointment for a **check-up or routine care** with this provider, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q8intro. The next set of questions ask about [your/the patient's] communications with this provider in the last 6 months.

Q8. In the last 6 months, did [you/the patient] contact this provider's office with a medical question during regular office hours?

- 1 YES
- 2 NO → [SKIP TO Q10]
- DK → [SKIP TO Q10]
- REF → [SKIP TO Q10]

Q9. In the last 6 months, when [you/the patient] contacted this provider's office during regular office hours, how often did [you/the patient] get an answer to [your/the patient's] medical question that same day? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

- Q10.** In the last 6 months, did [you/the patient] contact this provider's office with a medical question **after** regular office hours?
- 1 YES
 - 2 NO → [SKIP TO Q12]
 - DK → [SKIP TO Q12]
 - REF → [SKIP TO Q12]
- Q11.** In the last 6 months, when [you/the patient] contacted this provider's office **after** regular office hours, how often did [you/the patient] get an answer to [your/the patient's] medical question as soon as [you/the patient] needed? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - DK
 - REF
- Q12.** Did this provider's office give [you/the patient] information about what to do if [you/the patient] needed care during evenings, weekends, or holidays?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q13.** In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - DK
 - REF
- Q14.** In the last 6 months, how often did this provider listen carefully to [you/the patient]? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - DK
 - REF

Q15. In the last 6 months, how often did this provider seem to know the important information about [your/the patient's] medical history?

(REPEAT AS NECESSARY: Would you say....)

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q16. In the last 6 months, how often did this provider show respect for what [you/the patient] had to say?

(REPEAT AS NECESSARY: Would you say....)

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q17. In the last 6 months, how often did this provider spend enough time with [you/the patient]?

(REPEAT AS NECESSARY: Would you say....)

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q18. In the last 6 months, did [you/the patient] ask this provider's office a medical question using email, a patient portal, or a website?

- 1 YES
- 2 NO → [SKIP TO Q20]
- DK → [SKIP TO Q20]
- REF → [SKIP TO Q20]

Q19. In the last 6 months, when [you/the patient] asked this provider's office a question using email, patient portal or website, how often were all of the questions in [your/the patient's] message answered?

(REPEAT AS NECESSARY: Would you say....)

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS

DK
REF

Q20. In the last 6 months, did this provider order a blood test, x-ray, or other test for [you/the patient]?

- 1 YES
 - 2 NO → [SKIP TO Q22]
- DK → [SKIP TO Q22]
REF → [SKIP TO Q22]

Q21. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for [you/the patient], how often did someone from this provider's office follow up to give [you/the patient] those results?

(REPEAT AS NECESSARY: Would you say....)

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS

DK
REF

Q22. In the last 6 months, did [you/the patient] take any prescription medicine?

- 1 YES
 - 2 NO → [SKIP TO Q24]
- DK → [SKIP TO Q24]
REF → [SKIP TO Q24]

- Q23.** In the last 6 months, how often did [you/the patient] and someone from this provider's office talk about all the prescription medicines [you were/the patient was] taking?
- (REPEAT AS NECESSARY: Would you say....)**
- 1 NEVER
 - 2 SOMETIMES
 - 3 USUALLY
 - 4 ALWAYS
- DK
REF
- Q24.** In the last 6 months, did [you/the patient] and this provider talk about starting or stopping a prescription medicine?
- 1 YES
 - 2 NO → [SKIP TO Q28]
- DK → [SKIP TO Q28]
REF → [SKIP TO Q28]
- Q25.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might want to take a medicine?
- 1 YES
 - 2 NO
- DK
REF
- Q26.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might **not** want to take a medicine?
- 1 YES
 - 2 NO
- DK
REF
- Q27.** When [you/the patient] talked about starting or stopping a prescription medicine, did this provider ask [you/the patient] what [you/the patient] thought was best for [you/himself or herself]?
- 1 YES
 - 2 NO
- DK
REF

Q28. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would [you/the patient] use to rate this provider?

- 0 0 – Worst provider possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 – Best provider possible
- DK
- REF

Q29. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did [you/the patient] see a specialist for a particular health problem?

- 1 YES
- 2 NO → [SKIP TO Q33]
- DK → [SKIP TO Q33]
- REF → [SKIP TO Q33]

Q30. In the last 6 months, how often did [IF Q2 = DK OR REF, FILL TEXT: “the provider [you have/the patient has] seen most often in the last 6 months”, ELSE FILL RESPONSE TO Q2] seem informed and up-to-date about the care [you/the patient] got from specialists? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q31. In the last 6 months, did [you/the patient] need help from anyone in this provider’s office to manage [your/the patient’s] care among different providers and services?

- 1 YES
- 2 NO → [SKIP TO Q33]
- DK → [SKIP TO Q33]
- REF → [SKIP TO Q33]

- Q32.** In the last 6 months, did [you/the patient] get the help [you/the patient] needed from this provider's office to manage [your/the patient/s] care among different providers and services?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q33.** In the last 6 months, did someone from this provider's office talk with [you/the patient] about specific goals for [your/the patient's] health?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q34.** In the last 6 months, did someone from this provider's office ask [you/the patient] if there are things that make it hard for [you/the patient] to take care of [your/his or her] health?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q35 intro.** These next questions ask about the clerks and receptionists at this provider's office.
- INTERVIEWER INSTRUCTION:** REFER TO THE PROVIDER NAME CAPTURED AT THE BEGINNING OF THE INTERVIEW AND RECORDED IN THE HEADER.
- Q35.** In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as [you/the patient] thought they should be? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
 - DK
 - REF

- Q36.** In the last 6 months, how often did clerks and receptionists at this provider's office treat [you/the patient] with courtesy and respect? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- DK
REF
- Q37intro.** The next set of questions ask about hours from this provider in the last 6 months.
- Q37.** Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays?
- 1 YES
 - 2 NO → [SKIP TO Q40 intro]
- DK → [SKIP TO Q40 intro]
REF → [SKIP TO Q40 intro]
- Q38.** In the last 6 months, did [you/the patient] need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?
- 1 YES
 - 2 NO → [SKIP TO Q40 intro]
- DK → [SKIP TO Q40 intro]
REF → [SKIP TO Q40 intro]
- Q39.** In the last 6 months, how often were [you/the patient] able to get the care [you/the patient] needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays? Would you say....
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- DK
REF
- Q40 intro.** These next questions ask about any care [you/the patient] received from a hospital in the last 6 months.

- Q40.** In the last 6 months, [have you/has the patient] been a patient in a hospital overnight or longer?
- 1 YES
 - 2 NO → [SKIP TO Q42]
 - DK → [SKIP TO Q42]
 - REF → [SKIP TO Q42]
- Q41.** Within 3 days after [your/the patient's] most recent hospital stay, did someone from this provider's office contact [you/the patient] to follow up on this hospital stay?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q42.** In the last 6 months, [have you/has the patient] gone to an emergency room or emergency department for care?
- 1 YES
 - 2 NO → [SKIP TO Q44intro]
 - DK → [SKIP TO Q44intro]
 - REF → [SKIP TO Q44intro]
- Q43.** Within one week after [your/the patient's] most recent emergency room or emergency department visit, did someone from this provider's office contact [you/the patient] to follow up on this visit?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q44intro.** The next set of questions ask about [your/the patient's] behavioral health in the last 6 months.
- Q44.** In the last 6 months, did someone from this provider's office ask [you/the patient] if there was a period of time when [you/the patient] felt sad, empty, or depressed?
- 1 YES
 - 2 NO
 - DK
 - REF

- Q45.** In the last 6 months, was there a period of time when [you/the patient] felt sad, empty, or depressed?
- 1 YES
 - 2 NO → [SKIP TO Q47]
 - DK→ [SKIP TO Q47]
 - REF→ [SKIP TO Q47]
- Q46.** In the last 6 months, did someone from this provider's office help when [you/the patient] felt sad, empty, or depressed?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q47.** In the last 6 months, did someone from this provider's office talk with [you/the patient] about things in [your/the patient's] life that worry [you/the patient] or cause [you/the patient] stress?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q48.** In the last 6 months, was there a period of time when things in [your/the patient's] life worried [you/the patient] or caused [you/the patient] stress?
- 1 YES
 - 2 NO → [SKIP TO Q50]
 - DK→ [SKIP TO Q50]
 - REF→ [SKIP TO Q50]
- Q49.** In the last 6 months, did someone from this provider's office help during a period of time when things in [your/the patient's] life worried [you/the patient] or caused [you/the patient] stress?
- 1 YES
 - 2 NO
 - DK
 - REF

- Q50.** In the last 6 months, did someone from this provider's office ask [you/the patient] about alcohol use or drug use?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q51.** In the last 6 months, was there a period of time when [you/the patient] had a problem with alcohol use or drug use?
- 1 YES
 - 2 NO → [SKIP TO Q53]
 - DK→ [SKIP TO Q53]
 - REF→ [SKIP TO Q53]
- Q52.** In the last 6 months, did someone from this provider's office help with [your/the patient's] alcohol use or drug use?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q53.** In the last 6 months, did someone from this provider's office ask [you/the patient] about any nonmedical needs, such as food, housing, or transportation?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q54.** In the last 6 months, was there a period of time when [you/the patient] had any nonmedical needs, such as food, housing, or transportation?
- 1 YES
 - 2 NO → [SKIP TO Q56 intro]
 - DK→ [SKIP TO Q56 intro]
 - REF→ [SKIP TO Q56 intro]
- Q55.** In the last 6 months, did someone from this provider's office help [you/the patient] get nonmedical needs, such as food, housing, or transportation?
- 1 YES
 - 2 NO
 - DK
 - REF

Q56 intro. The following are a few general questions about [you/the patient].

Q56. In general, how would you rate [your/the patient's] overall health? Would you say...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK
- REF

Q57. In general, how would you rate [your/the patient's] overall **mental or emotional** health?

(REPEAT AS NECESSARY: Would you say...)

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- DK
- REF

Q58. What is [your/the patient's] age?

INTERVIEWER: PAUSE TO ALLOW RESPONDENT TO ANSWER. READ AGE RANGES IF NECESSARY.

- 1 18 TO 24
- 2 25 TO 34
- 3 35 TO 44
- 4 45 TO 54
- 5 55 TO 64
- 6 65 TO 74
- 7 75 TO 84
- 8 85 OR OLDER
- DK
- REF

Q59. [Are you/Is the patient] male or female?

INTERVIEWER INSTRUCTION: IF R PROVIDES AN ANSWER OTHER THAN MALE OR FEMALE, PLEASE CHOOSE “DON’T KNOW/OTHER”

- 1 MALE
- 2 FEMALE
- DON’T KNOW/OTHER
- REF

Q60. What is the highest grade or level of school that [you have/the patient has] completed? Would you say...

INTERVIEWER INSTRUCTION: READ ALL RESPONSE OPTIONS EVEN IF THE RESPONDENT OFFERS AN ANSWER. PROBE AS NECESSARY TO ENSURE YOU CAPTURE THE ANSWER CORRECTLY.

- 1 8th grade or less,
- 2 Some high school, but did not graduate,
- 3 High school graduate or GED,
- 4 Some college or 2-year degree,
- 5 4-year college graduate, or
- 6 More than 4-year college degree?
- DK
- REF

Q61. [Are you/Is the patient] of Hispanic or Latino origin or descent?

- 1 YES, HISPANIC OR LATINO
- 2 NO, NOT HISPANIC OR LATINO
- DK
- REF

Q62. What is [your/the patient's] race? I will read a list of options. You may choose one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Other
- DK
- REF

[PROGRAMMER: ALLOW MORE THAN ONE RESPONSE TO BE ENTERED, EXCLUDING DK/REF]

[SUGGESTED ANSWERING MACHINE LANGUAGE]

ANSMACH_MSG Hello, my name is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [P_NAME]. I am trying to reach [FNAME LNAME] about the Patient Experience of Care Survey. This survey asks for your feedback on your experience of care with your primary care provider and we would like to hear from you. DHHS and [P_NAME] are conducting the survey and you may remember receiving it in the mail. We have not heard from you and would like to complete the survey over the phone with you at your convenience. Please call us toll free at [INSERT CORRECT PHONE NUMBER]. Again, that's [INSERT CORRECT PHONE NUMBER]. Thank you so much.

This page intentionally left blank



Appendix H: CATI Script Spanish

**TELEPHONE INTERVIEW SCRIPT
FOR THE PRIMARY CARE FIRST PEC SURVEY—SPANISH**

Note: Proxy respondents are permitted in the administration of the survey.

- People who are in a residential or care assisted living facility are eligible, unless physically or mentally incapable, in which case a proxy can complete the survey. Note that patients identified as living in residential care/assisted facilities are to be excluded from the telephone follow-up.
- People who live in group quarters should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.
- People who are physically or mentally incapable and people who are hearing impaired can have a proxy complete the phone survey. If no proxy available, code as ineligible.
- People who speak a language other than Spanish can have a proxy complete the phone survey. If no proxy available, code as language barrier.
- People who are institutionalized, living out of the country during data collection period, or deceased are ineligible.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim.
- All text that appears in Sentence Case must be read aloud.
- Text in UPPERCASE letters must not be read out loud.
 - However, UPPERCASE response options can be read if necessary
- Text in **bold**, underline, or *italic* font must be emphasized.
- Text in (parentheses) can be read if necessary or skipped if not necessary.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question, however these options must not be read aloud or volunteered.
- All questions and all answer categories must be read exactly as they are worded—read verbatim.
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see

- Yes, Ma'am
- Yes, Sir
- During the course of the survey, use of **neutral** probe words such as the following is permitted:
 - Re-reading the question
 - Re-reading the response options
 - What do you mean by that?
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts).
- No changes are permitted to the order of the question and answer categories for the questions.
- All transitional statements must be read.

Programmer Instructions

- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
- Only one language (English or Spanish) must appear on the electronic interviewing system screen, except for interviewer instructions or coding options which can remain in English or Spanish screens.
- All questions should force a response to be entered before the interviewer can go to the next question.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question and should allow the telephone interviewer to go to the next question.

LEAD_IN1 [Buenos días/Buenas tardes], mi nombre es [INTERVIEWER NAME] y estoy llamando de [VENDOR NAME] en nombre de [P_NAME]. ¿Puedo hablar con [FIRST_NAME] [LAST_NAME]?

INTRO1 Le estoy llamando el día de hoy para pedirle que tome parte en la Encuesta de Experiencias del Cuidado del Paciente para [P_NAME]. El consultorio de su proveedor de cuidado de salud, [P_NAME] se ha unido a un programa para aprender la manera de mejorar la experiencia y la salud de sus pacientes. Este programa es administrado por el Departamento de Salud y Servicios Humanos de los Estados Unidos en asociación con 24 otras compañías de seguro médico.

Usted fue seleccionado(a) al azar de una muestra de personas que recibieron atención médica en el consultorio de cuidado primario. La encuesta es voluntaria y no afectará la atención médica o los beneficios que reciba. La encuesta tomará aproximadamente 20 minutos. Sus respuestas serán confidenciales y nunca serán vistas por su proveedor. Combinaremos sus respuestas con las de otras personas para elaborar un informe que resume los resultados para su proveedor. Es posible que esta llamada sea escuchada o grabada con fines de mejorar la calidad.

READ AS NECESSARY:

[PRACTICE NAME AND ADDRESS]

IF RESPONDENT NO LONGER SEES PRACTICE/PROVIDER: Gracias por decirme que usted ya no ve a este proveedor. Sin embargo, si ha visto a este proveedor en algún momento en los últimos 6 meses, nos gustaría que responda esta encuesta.

IF RESPONDENT DOESN'T RECOGNIZE PRACTICE/REPORTS NOT RECEIVING CARE AT PRACTICE: Gracias por explicarme eso. A veces, los consultorios utilizan un nombre oficial que los pacientes no conocen.

¿Qué doctor le atendió? Lo puedo buscar en mi lista de personal médico en este consultorio. (IF R WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Los proveedores en este consultorio médico: [PRO_NAMES1TO4]

IF RESPONDENT STILL REFUSES, SELECT REFUSAL OR MORE CODES.

PROXY_INTRO IF NEEDED: ([Buenos días/Buenas tardes], mi nombre es <INTERVIEWER NAME> y estoy llamando de [VENDOR NAME] en nombre de [P_NAME]. El Departamento de Salud y Servicios Humanos de los Estados Unidos y [P_NAME] están realizando una encuesta sobre las experiencias de los pacientes en consultorios de cuidado primario. Los resultados se utilizarán para ayudar al Departamento de Salud y Servicios Humanos a comprender las experiencias de los pacientes y ayudar a mejorar las experiencias de los pacientes y sus familiares.)

¿Hay alguien mayor de 18 años de edad, tal como un miembro de la familia o amistad que esté familiarizado con las recientes experiencias de atención médica de [FIRST_NAME] [LAST_NAME] que sienta confianza de poder responder preguntas sobre esa atención?

- 1 YES, PROXY IS AVAILABLE
- 2 PROXY IS UNAVAILABLE, SET CB
- 3 NO, NO PROXY AVAILABLE
- 4 RESPONDENT ON PHONE, NO PROXY

Q1. Un proveedor de cuidado de salud puede brindar atención médica a pacientes en persona, por teléfono o por video. Según nuestros registros, en los últimos 6 meses, [usted/el paciente] recibió atención médica de un proveedor de cuidado primario que trabaja en [P_NAME] (quizás conoce a este consultorio por otro nombre).

¿Es correcta esta información?

[INTERVIEWER INSTRUCTION: USE THE PRACTICE INFORMATION LISTED BELOW IF NEEDED:

[DISPLAY PRACTICE NAME

PRACTICE_ADDRESS

PRACTICE_CITY, PRACTICE_STATE, PRACTICE_ZIP]]

1 YES

2 NO → [SKIP TO Q56 intro]

Q2. Si sabe, por favor dígame el nombre del proveedor de cuidado primario que [usted/el paciente] ha visto con más frecuencia en este consultorio en los últimos 6 meses.

1 Nombre del proveedor de cuidado primario

_____ [ALPHANUMERIC CHARACTER ENTRY FIELD]

DK

REF

[CONTINUE]

Q2A. Las preguntas de esta encuesta se van a referir al proveedor cuyo nombre aparece en la pregunta 2 como “este proveedor”. Al contestar estas preguntas, por favor, piense en las consultas que tuvo en persona, por teléfono o por video con esa persona en los últimos 6 meses.

Estas preguntas son sobre la atención médica que **[usted/el paciente]** ha recibido. **No** incluya la atención que recibió [usted/el paciente] cuando pasó la noche hospitalizado(a). **No** incluya las consultas con el dentista.

[CONTINUE]

- Q3.** En los últimos 6 meses, ¿cuántas veces fue [usted/el paciente] a ver a este proveedor para obtener atención médica para [usted mismo/él mismo/ella misma]? Diría que....
- 1 Ninguna, → [SKIP TO Q56 intro]
 - 2 Una vez,
 - 3 Dos veces,
 - 4 Tres veces,
 - 5 Cuatro veces,
 - 6 Cinco a nueve veces, o
 - 7 Diez veces o más
- DK
REF
- Q4.** En los últimos 6 meses, ¿se comunicó [usted/el paciente] con el consultorio de este proveedor para pedir una cita debido a una enfermedad, lesión o problema de salud que **necesitaba atención inmediata**?
- 1 YES
 - 2 NO → [SKIP TO Q6]
- DK → [SKIP TO Q6]
REF → [SKIP TO Q6]
- Q5.** En los últimos 6 meses, cuando [usted/el paciente] se comunicó con el consultorio de este proveedor para pedir una cita para recibir **atención necesaria e inmediata**, ¿con qué frecuencia consiguió la cita tan pronto como [usted/el paciente] la necesitaba? Diría que....
- 1 Nunca
 - 2 A veces
 - 3 La mayoría de las veces
 - 4 Siempre
- DK
REF
- Q6.** En los últimos 6 meses, ¿hizo [usted/el paciente] alguna cita para un **chequeo o una consulta regular** con este proveedor?
- 1 YES
 - 2 NO → [SKIP TO Q8 intro]
- DK → [SKIP TO Q8 intro]
REF → [SKIP TO Q8 intro]

Q7. En los últimos 6 meses, cuando [usted/el paciente] hizo una cita para un **chequeo o una consulta regular** con este proveedor, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q8intro. La siguiente serie de preguntas se refiere a las comunicaciones [de usted/del paciente] con este proveedor en los últimos 6 meses.

Q8. En los últimos 6 meses, ¿se comunicó [usted/el paciente] con el consultorio de este proveedor para hacer una pregunta médica durante las horas normales de oficina?

- 1 YES
- 2 NO → [SKIP TO Q10]
- DK → [SKIP TO Q10]
- REF → [SKIP TO Q10]

Q9. En los últimos 6 meses, cuando [usted/el paciente] se comunicó con el consultorio de este proveedor durante las horas normales de oficina, ¿con qué frecuencia contestaron [su/la] pregunta médica el mismo día? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q10. En los últimos 6 meses, ¿se comunicó [usted/el paciente] con el consultorio de este proveedor para hacer una pregunta médica **después de** las horas normales de oficina?

- 1 YES
- 2 NO → [SKIP TO Q12]
- DK → [SKIP TO Q12]
- REF → [SKIP TO Q12]

Q11. En los últimos 6 meses, cuando [usted/el paciente] se comunicó con el consultorio de este proveedor **después** de las horas normales de oficina, ¿con qué frecuencia contestaron [su/la] pregunta médica tan pronto como lo necesitaba? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q12. ¿El consultorio de este proveedor le dio información sobre qué hacer en caso de que [usted/el paciente] necesitara atención médica por la noche, los fines de semana o los días feriados?

- 1 YES
- 2 NO
- DK
- REF

Q13. En los últimos 6 meses, ¿con qué frecuencia este proveedor le explicó las cosas de una manera fácil de entender? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q14. En los últimos 6 meses, ¿con qué frecuencia este proveedor [le escuchó/escuchó al paciente] con atención? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

- Q15.** En los últimos 6 meses, ¿con qué frecuencia este proveedor parecía saber la información importante de [sus antecedentes médicos/los antecedentes médicos del paciente]?
- (REPEAT AS NECESSARY: Diría que....)
- 1 NUNCA
 - 2 A VECES
 - 3 LA MAYORÍA DE LAS VECES
 - 4 SIEMPRE
- DK
REF
- Q16.** En los últimos 6 meses, ¿con qué frecuencia este proveedor demostró respeto a lo que [usted/el paciente] tenía que decir?
- (REPEAT AS NECESSARY: Diría que....)
- 1 NUNCA
 - 2 A VECES
 - 3 LA MAYORÍA DE LAS VECES
 - 4 SIEMPRE
- DK
REF
- Q17.** En los últimos 6 meses, ¿con qué frecuencia este proveedor le dedicó suficiente tiempo [a usted/al paciente]?
- (REPEAT AS NECESSARY: Diría que....)
- 1 NUNCA
 - 2 A VECES
 - 3 LA MAYORÍA DE LAS VECES
 - 4 SIEMPRE
- DK
REF
- Q18.** En los últimos 6 meses, ¿le hizo [usted/el paciente] una pregunta médica al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web?
- 1 YES
 - 2 NO → [SKIP TO Q20]
- DK → [SKIP TO Q20]
REF → [SKIP TO Q20]

Q19. En los últimos 6 meses, cuando [usted/el paciente] le hizo una pregunta al consultorio de este proveedor mediante un mensaje de correo electrónico, un portal para pacientes o un sitio web, ¿con qué frecuencia respondieron todas las preguntas [de su mensaje/del mensaje del paciente]?

(REPEAT AS NECESSARY: Diría que....)

- 1 NUNCA
- 2 A VECES
- 3 LA MAYORÍA DE LAS VECES
- 4 SIEMPRE
- DK
- REF

Q20. En los últimos 6 meses, ¿este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba [a usted/al paciente]?

- 1 YES
- 2 NO → [SKIP TO Q22]
- DK → [SKIP TO Q22]
- REF → [SKIP TO Q22]

Q21. En los últimos 6 meses, cuando este proveedor solicitó que le hicieran una prueba de sangre, rayos X o alguna otra prueba [a usted/al paciente], ¿con qué frecuencia alguien del consultorio de este proveedor se comunicó con [usted/el paciente] para darle los resultados?

(REPEAT AS NECESSARY: Diría que....)

- 1 NUNCA
- 2 A VECES
- 3 LA MAYORÍA DE LAS VECES
- 4 SIEMPRE
- DK
- REF

Q22. En los últimos 6 meses, ¿tomó [usted/el paciente] algún medicamento recetado?

- 1 YES
- 2 NO → [SKIP TO Q24]
- DK → [SKIP TO Q24]
- REF → [SKIP TO Q24]

Q23. En los últimos 6 meses, ¿con qué frecuencia habló [usted/el paciente] con alguien del consultorio de este proveedor sobre todos los medicamentos recetados que estaba tomando?

(REPEAT AS NECESSARY: Diría que....)

- 1 NUNCA
- 2 A VECES
- 3 LA MAYORÍA DE LAS VECES
- 4 SIEMPRE
- DK
- REF

Q24. En los últimos 6 meses, ¿[usted/el paciente] y este proveedor hablaron de iniciar o suspender un medicamento recetado?

- 1 YES
- 2 NO → [SKIP TO Q28]
- DK → [SKIP TO Q28]
- REF → [SKIP TO Q28]

Q25. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez [usted/el paciente] quisiera tomar el medicamento?

- 1 YES
- 2 NO
- DK
- REF

Q26. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor habló de las razones por las que tal vez [usted/el paciente] **no** quisiera tomar el medicamento?

- 1 YES
- 2 NO
- DK
- REF

Q27. Cuando hablaron de iniciar o suspender un medicamento recetado, ¿este proveedor solicitó [su opinión/la opinión del paciente] de lo que sería mejor para [usted/el paciente]?

- 1 YES
- 2 NO
- DK
- REF

Q28. Usando un número de 0 a 10, en el cual 0 es el peor proveedor posible y 10 es el mejor proveedor posible, ¿qué número usaría [usted/el paciente] para calificar a este proveedor?

- 0 0– Peor proveedor posible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10– Mejor proveedor posible
- DK
- REF

Q29. Los especialistas son doctores tales como cirujanos, doctores que tratan el corazón, las alergias, la piel y otros doctores que se especializan en un área de cuidado de salud. En los últimos 6 meses, ¿fue [usted/el paciente] a un especialista por algún problema de salud en particular?

- 1 YES
- 2 NO → [SKIP TO Q33]
- DK → [SKIP TO Q33]
- REF → [SKIP TO Q33]

Q30. En los últimos 6 meses, ¿con qué frecuencia [IF Q2 = DK OR REF, FILL TEXT: “el proveedor que [usted/el paciente] ha visto con más frecuencia en los últimos 6 meses”, ELSE FILL RESPONSE TO Q2] parecía estar informado y al tanto de la atención que [usted/el paciente] recibió de los especialistas? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

- Q31.** En los últimos 6 meses, ¿necesitó [usted/el paciente] ayuda de alguien en el consultorio de este proveedor para coordinar [su atención médica/la atención médica del paciente] entre diferentes proveedores y servicios?
- 1 YES
2 NO → [SKIP TO Q33]
DK → [SKIP TO Q33]
REF → [SKIP TO Q33]
- Q32.** En los últimos 6 meses, ¿obtuvo [usted/el paciente] la ayuda que necesitaba del consultorio de este proveedor para coordinar [su atención médica/ la atención médica del paciente] entre diferentes proveedores y servicios?
- 1 YES
2 NO
DK
REF
- Q33.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con [usted/el paciente] sobre metas específicas para [su salud/la salud del paciente]?
- 1 YES
2 NO
DK
REF
- Q34.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó [a usted/al paciente] si hay ciertas cosas que le dificultan cuidar de su salud?
- 1 YES
2 NO
DK
REF
- Q35 intro.** Estas siguientes preguntas se refieren a los oficinistas y recepcionistas del consultorio de este proveedor.
- INTERVIEWER INSTRUCTION:** REFER TO THE PROVIDER NAME CAPTURED AT THE BEGINNING OF THE INTERVIEW AND RECORDED IN THE HEADER.

Q35. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le dieron toda la ayuda que [usted/el paciente] creía que era necesaria? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q36. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este proveedor le trataron [a usted/al paciente] con cortesía y respeto? Diría que....

- 1 Nunca
- 2 A veces
- 3 La mayoría de las veces
- 4 Siempre
- DK
- REF

Q37intro. La siguiente serie de preguntas se refiere al horario de atención de este proveedor en los últimos 6 meses.

Q37. ¿Ofrece el consultorio de este proveedor un horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?

- 1 YES
- 2 NO → [SKIP TO Q40 intro]
- DK → [SKIP TO Q40 intro]
- REF → [SKIP TO Q40 intro]

Q38. En los últimos 6 meses, ¿necesitó [usted/el paciente] atención en el consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados?

- 1 YES
- 2 NO → [SKIP TO Q40 intro]
- DK → [SKIP TO Q40 intro]
- REF → [SKIP TO Q40 intro]

- Q39.** En los últimos 6 meses, ¿con qué frecuencia pudo obtener [usted/el paciente] la atención que necesitaba del consultorio de este proveedor durante el horario extendido, tal como temprano en las mañanas, noches, fines de semana o feriados? Diría que....
- 1 Nunca
 - 2 A veces
 - 3 La mayoría de las veces
 - 4 Siempre
 - DK
 - REF
- Q40 intro.** Estas siguientes preguntas se refieren al cuidado que [usted/el paciente] recibió de un hospital en los últimos 6 meses.
- Q40.** En los últimos 6 meses, ¿ha sido [usted/él/ella] paciente en un hospital por una noche o más?
- 1 YES
 - 2 NO → [SKIP TO Q42]
 - DK→ [SKIP TO Q42]
 - REF→ [SKIP TO Q42]
- Q41.** Después de [su estancia/la estancia del paciente] más reciente en un hospital, dentro de los primeros 3 días, ¿se comunicó alguien del consultorio de este proveedor con [usted/el paciente], para darle seguimiento a esa estancia en el hospital?
- 1 YES
 - 2 NO
 - DK
 - REF
- Q42.** En los últimos 6 meses, ¿ha ido [usted/el paciente] a una sala de emergencias o un departamento de emergencia para recibir atención médica?
- 1 YES
 - 2 NO → [SKIP TO Q44 intro]
 - DK→ [SKIP TO Q44 intro]
 - REF→ [SKIP TO Q44 intro]

- Q43.** Después de [su visita/la visita del paciente] más reciente a una sala de emergencias o un departamento de emergencia, dentro de la primera semana, ¿se comunicó alguien del consultorio de este proveedor con [usted/el paciente], para darle seguimiento a esa visita?
- 1 YES
2 NO
DK
REF
- Q44intro.** La siguiente serie de preguntas se refiere a [su salud conductual/la salud conductual del paciente] en los últimos 6 meses.
- Q44.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó [a usted/al paciente] si hubo un periodo de tiempo en el cual se sintió triste, vacío(a) o deprimido(a)?
- 1 YES
2 NO
DK
REF
- Q45.** En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual [usted/el paciente] se sintió triste, vacío(a) o deprimido(a)?
- 1 YES
2 NO → [SKIP TO Q47]
DK→ [SKIP TO Q47]
REF→ [SKIP TO Q47]
- Q46.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó cuando [usted/el paciente] se sintió triste, vacío(a) o deprimido(a)?
- 1 YES
2 NO
DK
REF
- Q47.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor habló con [usted/el paciente] sobre cosas en su vida que le preocupen u ocasionen estrés?
- 1 YES
2 NO
DK
REF

- Q48.** En los últimos 6 meses, ¿hubo un periodo de tiempo cuando las cosas en [su vida/la vida del paciente] le preocupaban o le ocasionaban estrés?
- 1 YES
2 NO → [SKIP TO Q50]
DK→ [SKIP TO Q50]
REF→ [SKIP TO Q50]
- Q49.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó durante un periodo de tiempo cuando las cosas en [su vida/la vida del paciente] le preocupaban o le ocasionaban estrés?
- 1 YES
2 NO
DK
REF
- Q50.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó [a usted/al paciente] sobre su consumo de alcohol o drogas?
- 1 YES
2 NO
DK
REF
- Q51.** En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual [usted/el paciente] tuvo un problema con el consumo de alcohol o drogas?
- 1 YES
2 NO → [SKIP TO Q53]
DK→ [SKIP TO Q53]
REF→ [SKIP TO Q53]
- Q52.** En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó con [su consumo de alcohol o drogas/el consumo de alcohol o drogas del paciente]?
- 1 YES
2 NO
DK
REF

Q53. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le preguntó sobre [sus necesidades no médicas/las necesidades no médicas del paciente], tales como comida, vivienda o transporte?

1 YES

2 NO

DK

REF

Q54. En los últimos 6 meses, ¿hubo un periodo de tiempo en el cual [usted tuvo necesidades no médicas/el paciente tuvo necesidades no médicas], tales como comida, vivienda o transporte?

1 YES

2 NO → [SKIP TO Q56 intro]

DK→ [SKIP TO Q56 intro]

REF→ [SKIP TO Q56 intro]

Q55. En los últimos 6 meses, ¿alguien del consultorio de este proveedor le ayudó a [usted/al paciente] a obtener necesidades no médicas, tales como comida, vivienda o transporte?

1 YES

2 NO

DK

REF

Q56 intro. Las siguientes son algunas preguntas generales sobre [usted/el paciente].

Q56. ¿Cómo calificaría [su salud /la salud del paciente] en general? Diría que...

1 Excelente

2 Muy Buena

3 Buena

4 Regular

5 Mala

DK

REF

Q57. ¿Cómo calificaría [su salud **mental o emocional**/la salud **mental o emocional** del paciente] en general?

(REPEAT AS NECESSARY: Diría que...)

- 1 EXCELENTE
- 2 MUY BUENA
- 3 BUENA
- 4 REGULAR
- 5 MALA

DK
REF

Q58. ¿Qué edad tiene [usted/el paciente]?

**INTERVIEWER: PAUSE TO ALLOW RESPONDENT TO ANSWER.
READ AGE RANGES IF NECESSARY.**

- 1 18 A 24
- 2 25 A 34
- 3 35 A 44
- 4 45 A 54
- 5 55 A 64
- 6 65 A 74
- 7 75 A 84
- 8 85 O MÁS

DK
REF

Q59. ¿Es [usted/el paciente] hombre o mujer?

**INTERVIEWER INSTRUCTION: IF R PROVIDES AN ANSWER OTHER
THAN MALE OR FEMALE, PLEASE CHOOSE “DON’T KNOW/OTHER”**

- 1 HOMBRE
- 2 MUJER
- DON’T KNOW/OTHER
- REF

Q60. ¿Cuál es el grado o nivel escolar más alto que [usted/el paciente] completó?
¿Diría que...

INTERVIEWER INSTRUCTION: READ ALL RESPONSE OPTIONS EVEN IF THE RESPONDENT OFFERS AN ANSWER. PROBE AS NECESSARY TO ENSURE YOU CAPTURE THE ANSWER CORRECTLY.

- 1 8 años de escuela o menos,
- 2 9 a 12 años de escuela, pero sin graduarse,
- 3 Graduado(a) de secundaria/ preparatoria (*high school*) o GED,
- 4 Algunos cursos universitarios o un título universitario de un programa de 2 años,
- 5 Título universitario de 4 años, o
- 6 Título universitario de más de 4 años?
- DK
- REF

Q61. ¿Es [usted/el paciente] de origen o descendencia hispana o latina?

- 1 SÍ, HISPANO O LATINO
- 2 NO, NI HISPANO NI LATINO
- DK
- REF

Q62. ¿A qué raza pertenece [usted/el paciente]? Le voy a leer una lista de opciones. Puede elegir una o más.

- 1 Blanca
- 2 Negra o afroamericana
- 3 Asiática
- 4 Nativa de Hawái o de otras islas del Pacífico
- 5 Indígena americana o nativa de Alaska
- 6 Otra
- DK
- REF

[PROGRAMMER: ALLOW MORE THAN ONE RESPONSE TO BE ENTERED, EXCLUDING DK/REF]

[SUGGESTED ANSWERING MACHINE LANGUAGE]

ANSMACH_MSG [Buenos días/Buenas tardes], mi nombre es [INTERVIEWER NAME] y estoy llamando de [VENDOR NAME] en nombre de [P_NAME]. Estoy tratando de comunicarme con [FNAME LNAME] sobre la Encuesta de Experiencias del Cuidado del Paciente. Esta encuesta le pide sus comentarios sobre su experiencia con la atención médica de su proveedor de cuidado primario y nos gustaría saber de usted. El Departamento de Salud y Servicios Humanos y [P_NAME] están realizando la encuesta y es posible que recuerde haberla recibido por correo. No hemos sabido de usted y nos gustaría completar la encuesta por teléfono con usted cuando le sea conveniente. Por favor, llámenos al número gratuito [INSERT CORRECT PHONE NUMBER]. Nuevamente, el número es [INSERT CORRECT PHONE NUMBER]. Muchas gracias.

- 1 LEFT MESSAGE → [SKIP TO NOTES SCREEN]
- 2 UNABLE TO LEAVE MESSAGE → [SKIP TO NOTES SCREEN]
- 3 SOMEONE PICKED UP → [SKIP TO INTRO1]



Appendix I: Frequently Asked Questions from Sample Members for Use by Telephone Interviewing/Inbound Help Desk

Primary Care First (PCF) Patient Experience of Care Survey (PECS) CAHPS® with PCF Supplemental Items Interviewing FAQs

Purpose of the Study/ Why should I do this?

“The purpose of this study is to improve primary care in America. Your primary care provider conducts this survey to learn how they can improve the quality of care you and other patients receive. Your feedback tells them how they are doing and where they can improve.”

IF NEEDED: “We will combine your answers with those of other people to create a summary report for your provider.”

“Participation is voluntary, confidential, and very important to your provider in helping improve primary care in America.”

Where are you calling from?

“I am calling on behalf of the U.S. Department of Health and Human Services to administer the Patient Experience of Care Survey.”

Project Contact Information

Included in the survey letters
Helpdesk: [INSERT VENDOR
PHONE NUMBER HERE]

Helpdesk Email: [INSERT
VENDOR EMAIL HERE]

Sponsor

“Your provider’s office has joined a program run by the U.S. Department of Health and Human Services (DHHS) to learn how they can improve the experience and health of their patients. DHHS and your provider’s office are working with an independent survey vendor to conduct the survey. Your provider supplied the vendor with a list of their active patients to contact.”

What kinds of questions will be asked?

“This survey asks questions about your health care experiences with your primary care provider. We ask questions such as,

- How easy or hard was it for you to make appointments and get care?
- Did you feel listened to?
- How clearly did providers explain what you needed to know to take care of yourself and stay healthy?

It also asks some general health and demographic questions. Your participation in the survey provides valuable feedback that your provider’s office can use to make improvements to the quality of care you receive. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered.”

How do I know you really are an interviewer for this survey?

“You can contact my supervisor [SUPERVISOR NAME], at [TELEPHONE NUMBER] for information about the survey.”

How did you get my name?

“Your name was randomly selected from all patients at [Practice Name].”

IF NEEDED: “I am calling from [INSERT VENDOR NAME HERE], an independent survey vendor contracted by the U.S. Department of Health and Human Services to conduct this survey in partnership with your primary care provider’s office.”

IF NEEDED: “You may not remember seeing a doctor at that practice or that location, but the practice provided your name as a current or recent patient. If you’ll bear with me, I have a list of medical providers at this office you might recognize.”

Will my doctor/provider know my answers to these questions?

“All the information we collect through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients.”

IF NEEDED: “The survey vendor has your name, address, and phone number so they know how to contact you. The vendor destroys all identifying information after the survey ends.”

How are the results from the study going to be used?

“Your answers will help your health care provider’s office improve the experience and health of their patients.”

Interviewer Information: PECS Schedule

| Modes | Date | Languages | Respondent Types |
|-----------|------------------|------------------|------------------|
| Mail | Sept. 26–Dec. 18 | English, Spanish | Patient, Proxy |
| Telephone | Nov. 21–Dec. 18 | English, Spanish | Patient, Proxy |

Eligibility Criteria

- ✓ At least 18 years of age
- ✓ Reside in the United States
- ✓ Received services from specified primary care practice in the past 6 months
- x Institutionalized (nursing home, jail, prison)
- x Deceased

I'm on the *Do Not Call* list. Why are you calling me?

"The Do Not Call list stops sales and telemarketing calls. We are conducting survey research on behalf of the U.S. Department of Health and Human Services, also known as DHHS. We are not calling to sell or market a product or service."

Concerns about HIPAA

"We take patient privacy and confidentiality very seriously. Your provider shared your name and telephone number with the U.S. Department of Health and Human Services and its contractors under the quality improvement portion of HIPAA. The provider and the survey vendor are bound by all HIPAA confidentiality rules and required to follow all privacy laws and regulations. All survey staff have signed confidentiality agreements. All identifying information will be destroyed after the survey ends."

Complaints About Doctor/Provider/Practice

- Use a neutral response such as "I'm sorry to hear that." Redirect the respondent back to the survey.
- If the respondent insists that you escalate the complaint, instruct them to call his/her doctor's office, insurance company, or 1-800-MEDICARE.

Criteria for Allowing a Proxy

- ✓ Physically or mentally incapable
- ✓ Assisted living/group home
- ✓ Language barrier other than Spanish
- x Deceased
- x Under 18
- x Unavailable/out of country
- x Institutionalized (nursing home, jail, prison)
- x Does not want to do the survey

Can someone else complete the survey on behalf of the patient?

"Someone like a family member or friend can help a patient by marking the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if a patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf."

Proxy Qualifications

Use these guidelines to help a person decide if they qualify as a proxy respondent

- ✓ At least 18 years of age
- ✓ Knowledgeable about the patient's care

Legitimacy Concerns

"This is an official government survey sponsored by the U.S. Department of Health and Human Services. Your primary care practice knows about this survey and encourages patients to complete it. You may have seen a poster about it in your primary care provider's office."

IF NEEDED:

- Medicare Beneficiaries: 1-800-MEDICARE for more information about the Patient Experience of Care Survey
- PCF Website: <https://www.innovation.cms.gov> and type PCF in the search field
- Help Desk email address: [INSERT VENDOR EMAIL HERE]

How long will this take?

"This takes about 20 minutes. We can get started now and I'll move through the questions as quickly as possible to save you time."

Primary Care First (PCF) Patient Experience of Care Survey (PECS) CAHPS® with PCF Supplemental Items Interviewing FAQs

Propósito del estudio/

¿Por qué debería participar?

“El propósito de este estudio es mejorar el cuidado primario en los Estados Unidos. Su proveedor de cuidado primario realiza esta encuesta para saber cómo puede mejorar la calidad del cuidado que usted y otros pacientes reciben. Sus opiniones les informan cómo se están desempeñando y cómo pueden mejorar”.
IF NEEDED: “Combinaremos sus respuestas con las de las otras personas para crear un informe resumido para su proveedor”.
“La participación es voluntaria, confidencial y muy importante para su proveedor para ayudar a mejorar el cuidado primario en los Estados Unidos”.

¿De dónde me está llamando?

“Estoy llamando en nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos para realizar la Encuesta de Experiencias del Cuidado del Paciente”.

Project Contact Information

Included in the survey letters
Helpdesk: [INSERT VENDOR PHONE NUMBER HERE]
Helpdesk Email: [INSERT VENDOR EMAIL HERE]

Sponsor

“El consultorio de su proveedor está participando en un programa dirigido por el Departamento de Salud y Servicios Humanos de los Estados Unidos (DHHS, por sus siglas en inglés) para saber cómo pueden mejorar la experiencia y la salud de sus pacientes. El Departamento de Salud y Servicios Humanos y el consultorio de su proveedor están trabajando con un administrador de encuestas independiente para realizar la encuesta. Su proveedor proporcionó al administrador de encuestas una lista de sus pacientes activos para comunicarse con ellos”.

¿Qué tipo de preguntas se harán?

“Esta encuesta hace preguntas sobre sus experiencias de atención médica con su proveedor de cuidado primario. Hacemos preguntas tales como:

- ¿Qué tan fácil o difícil fue para usted hacer una cita y obtener atención médica?
- ¿Se sintió escuchado(a)?
- ¿Qué tan claramente le explicaron los proveedores lo que tenía que hacer para saber cuidarse y mantenerse saludable?

También hace algunas preguntas demográficas y sobre la salud en general. Su participación en la encuesta proporciona información valiosa que el consultorio de su proveedor puede usar para mejorar la calidad de atención médica que recibe. Su proveedor solo verá los resultados en forma de resumen, sin nombres, por lo que no sabrá quién respondió o la forma en que alguien respondió”.

¿Cómo sé que usted realmente es un(a) entrevistador(a) para esta encuesta?

“Puede comunicarse con mi supervisor(a) [SUPERVISOR NAME], al [TELEPHONE NUMBER] para obtener información sobre la encuesta”.

¿Cómo obtuvieron mi nombre?

“Su nombre fue seleccionado al azar de una lista de todos los pacientes de [Practice Name]”.
IF NEEDED: “Estoy llamando de [INSERT VENDOR NAME HERE], un administrador de encuestas independiente contratado por el Departamento de Salud y Servicios Humanos de los Estados Unidos para realizar esta encuesta en colaboración con el consultorio de su proveedor de cuidado primario”.
IF NEEDED: “Es posible que no recuerde haber visto al doctor en ese consultorio o lugar, pero el consultorio nos proporcionó su nombre como paciente actual o reciente. Si me permite un momento, tengo una lista de proveedores médicos de este consultorio que podría reconocer”.

¿Sabrá mi doctor/proveedor mis respuestas a estas preguntas?

“Toda la información que recopilamos a través de la encuesta es confidencial. Su proveedor solo verá los resultados en forma de resumen, sin nombres; por lo que no sabrá quién respondió o la forma en que alguien respondió. Aunque sus respuestas no están asociadas a usted, estas ayudan a su proveedor a mejorar la experiencia y la salud de sus pacientes”.
IF NEEDED: “El administrador de encuestas tiene su nombre, su dirección y su número de teléfono para saber cómo comunicarse con usted. Ellos destruyen toda la información de identificación una vez finalizada la encuesta”.

¿Cómo se usarán los resultados del estudio?

“Sus respuestas ayudarán al consultorio de su proveedor de atención médica a mejorar la experiencia y la salud de sus pacientes”.

Interviewer Information: PECS Schedule

| Modes | Date | Languages | Respondent Types |
|-----------|------------------|------------------|------------------|
| Mail | Sept. 26–Dec. 18 | English, Spanish | Patient, Proxy |
| Telephone | Nov. 21–Dec. 18 | English, Spanish | Patient, Proxy |

Eligibility Criteria

- ✓ At least 18 years of age
- ✓ Reside in the United States
- ✓ Received services from specified primary care practice in the past 6 months
- x Institutionalized (nursing home, jail, prison)
- x Deceased

Estoy en el Registro Nacional No Llame. ¿Por qué me están llamando?

“El Registro Nacional No Llame detiene las llamadas de telemarketing y ventas. Nosotros estamos realizando una encuesta de estudio científico en nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos, también conocido como DHHS, por sus siglas en inglés. No estamos llamando para vender o promocionar ningún producto o servicio”.

Concerns About HIPAA

“Nos tomamos muy en serio la privacidad y la confidencialidad del paciente. Su proveedor compartió su nombre y su número de teléfono con el Departamento de Salud y Servicios Humanos de los Estados Unidos y con sus contratistas bajo la sección de mejora de la calidad de HIPAA. El proveedor y el administrador de la encuesta están sujetos a todas las reglas de confidencialidad de HIPAA y deben seguir todas las leyes y regulaciones de privacidad. Todo el personal de la encuesta ha firmado acuerdos de confidencialidad. Toda la información de identificación se destruirá una vez finalizada la encuesta”.

Complaints About Doctor/Provider/Practice

- Use a neutral response such as “Siento mucho escuchar eso.” Redirect the respondent back to the survey.
- If the respondent insists that you escalate the complaint, instruct them to call his/her doctor’s office, insurance company, or 1-800-MEDICARE (1-800-633-4227).

Criteria for Allowing a Proxy

- ✓ Physically or mentally incapable
- ✓ Assisted living/group home
- ✓ Language barrier other than Spanish
- x Deceased
- x Under 18
- x Unavailable/out of country
- x Institutionalized (nursing home, jail, prison)
- x Does not want to do the survey

¿Puede alguien más completar la encuesta en nombre del paciente?

“Alguien como un familiar o una amistad puede ayudar a un paciente al marcar las respuestas del paciente, leer la encuesta al paciente o traducirla al idioma del paciente. Sin embargo, si un paciente no puede responder debido a una enfermedad o limitaciones mentales o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre la atención médica del paciente puede contestar la encuesta en nombre del paciente”.

Proxy Qualifications

Use these guidelines to help a person decide if they qualify as a proxy respondent

- ✓ At least 18 years of age
- ✓ Knowledgeable about the patient’s care

Legitimacy Concerns

“Esta es una encuesta oficial del gobierno patrocinada por el Departamento de Salud y Servicios Humanos de los Estados Unidos. Su consultorio de cuidado primario tiene conocimiento sobre esta encuesta y anima a los pacientes a completarla. Es posible que haya visto un cartel al respecto en el consultorio de su proveedor de cuidado primario”.

IF NEEDED:

- Beneficiarios de Medicare: 1-800-633-4227 para más información sobre la Encuesta de Experiencias del Cuidado del Paciente
- Sitio web del Cuidado Primario (PCF): <https://www.innovation.cms.gov> y escriba PCF en el campo de búsqueda (note que el sitio web está disponible en inglés solamente)
- Dirección de correo electrónico de la línea de ayuda: [INSERT VENDOR EMAIL HERE]

¿Cuánto tiempo tomará esto?

“La encuesta toma unos 20 minutos. Podemos comenzar ahora y haré las preguntas lo más rápido posible para ahorrarle tiempo”.



Appendix J: General Guidelines for Telephone Interviewers

Primary Care First Patient Experience of Care Survey (CAHPS® with PCF supplemental items) General Guidelines for Telephone Interviewing

OVERVIEW

The Primary Care First Patient Experience of Care Survey (PCF PECS) is administered as an electronic system telephone interview for nonrespondents to the mail survey. As a telephone interviewer on the PCF PECS, you will use the system to conduct each interview. The questions you ask are programmed into a computer. The phone number is provided by the computer for you to make the call. You will read the questions from the computer screen and enter the answer to each question into the computer. Based on the answer you enter, the computer will automatically take you to a screen with the next applicable question.

You play an extremely important role in the overall success of this study. You are the link to the hundreds of respondents who will provide valuable information to the project team. You are the person who develops rapport with the respondents, assures them that their participation is important, and obtains their full cooperation and informed consent.

As a professional interviewer, your job is to help each respondent feel at ease and comfortable with the interview. Key to accomplishing this goal is to be fully informed about the survey, the interview, and the data collection procedures.

GENERAL INTERVIEWING TECHNIQUES

The process of asking questions, probing, and entering responses correctly is crucial to obtaining high-quality data for the PCF PECS. General techniques and procedures you should follow when conducting the PCF PECS interviews are provided below.

Administering Survey Questions

- Ask the questions exactly as they are presented. Do not change the wording or condense any question when reading it to the respondent.
- Emphasize all words or phrases that appear in **bold**, *italics*, or underline.
- Text in (parentheses) can be read if necessary or skipped if not necessary.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question, however these options must not be read aloud or volunteered.
- Ask every question specified, even when a respondent has seemingly provided the answer as part of the response to a preceding question. The answer received in the context of one

question may not be the same answer that will be received when the other question is asked. If it becomes cumbersome to the respondent, remind him or her gently that you must ask all questions of all respondents.

- If the answer to a question indicates that the respondent did not understand the intent of the question, or if the respondent requests that any part of the question be clarified, even if it is only one word, repeat the question.
- Read the questions slowly, at a pace that allows them to be readily understood. Remember that the respondent has not heard these questions before and will not have had the exposure that you have had to the questionnaire.
- Transition statements are designed to inform the respondent of the nature of an upcoming question or a series of questions, to define a word, or to describe what is being asked for in the question. Read transition statements just as they are presented. Don't create "transition statements" of your own, because these may unintentionally introduce bias into the interview. The exception to this is when transitioning from a set of questions with a scale to yes/no questions, like Q28. If sample respondents want to continue answering with the scale in these instances, you can add the transition statement "Would you say yes or no?" after reading the question.
- Give the respondent plenty of time to recall past events.
- Do not suggest answers to the respondent. Your job as an interviewer is to read the questions exactly as they are printed, make sure the respondent understands the question, and then enter the responses. Do not help the respondent answer the questions.
- Ask questions in the exact order in which they are presented.
- Do not read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories. These are instructions for the interviewers or response options that should not be offered as choice, but chosen if answered as such by the respondent.
- Read all questions including those which may appear to be sensitive to the respondent in the same manner with no hesitation or change in inflection.
- Thoroughly familiarize yourself with the Frequently Asked Questions list before you conduct interviews so that you are knowledgeable about the PCF PECS.
- At the end of the interview, tell the sample member that the survey is completed and thank him or her for taking part in the survey.

Introducing the Survey

The introduction is of the utmost importance to successfully completing a telephone interview. Most people hang up in the first few minutes of the interview, so if you can convince the respondent to remain on the line long enough to hear the purpose of the study and begin asking the questions, the chances that your respondent will complete the interview increase dramatically.

- When reading the introduction, sound confident and pronounce the words as clearly as you can.
- Respondents are typically not expecting survey research calls, so they may need your help to clarify the nature of the call.
- Practice the introduction until you can present it in such a manner that your presentation sounds **confident**, **sincere**, and **natural**.
- Deliver the introduction at a conversational pace. Rushing through the introduction gives an impression of lack of confidence and may also cause the listener to misunderstand.
- Try not to pause too long before asking the first question in the survey following the introduction. A pause tends to indicate that you are waiting for approval to continue.

Providing Neutral Positive Feedback

The use of neutral feedback can help build rapport with sample patients. Periodically acknowledging the respondent during the interview can help gain and retain cooperation during the interview.

Acceptable neutral acknowledgment words:

- Thank you
- All right
- Okay
- I understand
- Let me repeat the question

Avoiding Refusals

The first and most critical step in avoiding refusals is your effort to establish rapport with reluctant sample members, therefore minimizing the incidence of refusals. Remember, you will

not be able to call back and convert a refusal—your initial contact with the sample member is the only chance you will have to create a successful interview. The following are some tips to follow to avoid refusals.

- Make sure you are mentally prepared when you start each call, and have a positive attitude.
- Treat respondents the way you would like to be treated.
- Always use an effective/positive/friendly tone and maintain a professional outlook.
- Pay careful attention to what the respondent says during the interview.
- Listen to the respondent completely rather than assuming you know what he or she is objecting to.
- Listen before evaluating and entering a response code.
- Be accommodating to the respondents' needs.
- Always remain in control of the interaction.
- Understand the reason for reluctance/refusal at the start of the call, or figure it out as quickly as possible.
- Listen as an ally, not an adversary, and do not debate or argue with the respondent.
- Be prepared to address one (or more) reason(s) for reluctance/refusal.
- Focus your comments to sample members on why they specifically are important to the study.
- Paraphrase what you hear and repeat this back to the respondent.
- Remember that you are a professional representative of your survey organization and the practice site whose patients you are contacting.

Types of Refusals

Refusals can be broken into three categories based on how firm the sample member was in refusing.

- Soft: Respondent may have said “No thank you” and hung up, or disengaged before interviewer could rebut or provide additional information.
- Hard: Respondent clearly stated they don't want to participate, asked to be removed from future studies, or said they don't do surveys in general.

- Hostile: Respondent was clearly upset, angry, and possibly got loud when asked to participate or upon answering the call.

GENERAL INTERVIEWING GUIDANCE

The following sections provide guidance on the use of probes, avoiding bias, and entering responses accurately. By following these rules, interviewers will help ensure that the PCF PECS interviews are conducted in a standardized manner.

Probing

At times, it will be necessary for you to probe to obtain a more complete or more specific answer from a respondent. To elicit an acceptable response, you will often need to use an appropriate neutral or nondirective probe. The important thing to remember is not to suggest answers or lead the respondent. Some general rules for probing follow.

- During the course of the survey, use of neutral probe words such as the following is permitted:
 - Re-reading the question
 - Re-reading the response options
 - What do you mean by that?
- Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question the second time, the respondent will probably understand what information is expected.
- Repeat the answer choices if the respondent is having difficulty selecting a response option.
- Use a silent probe, which is pausing or hesitating to indicate to the respondent that you need additional or better information. This is a good probe to use after you have determined the respondent's response pattern.
- Use neutral questions or statements to encourage a respondent to select an answer choice. Examples of neutral probes include the following where the interviewer says:
 - “Take a minute to think about it.” REPEAT QUESTION, IF APPROPRIATE
 - “Which would be closer?” REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE PATIENT'S RESPONSE

- Use clarification probes when the response is unclear, ambiguous, or contradictory. Be careful not to appear to challenge the respondent when clarifying a statement and always use a neutral probe. An example of a clarification probe is “So, would you say that it is...”

REPEAT ANSWER CATEGORIES

- Encourage the respondent to give his or her best guess if a respondent gives a “don’t know” response. Let the respondent know that this is not a test and there are no right or wrong answers. We are interested in the respondent’s opinions and assessment of the care that he or she has received.
- If the respondent asks you to answer the question for him or her, let the respondent know that you cannot answer the question for him or her. Instead, ask the respondent if she or he requires clarification on the content or meaning of the question.
- Interviewers must not interpret survey questions for the patient. However, if the sample patient uses a word that clearly indicates yes/no, then the interviewer can accept those responses.

Avoiding Bias

One common pitfall of interviewing is unknowingly introducing bias into an interview. Bias occurs when an interviewer says or does something that affects the answers respondents give in an interview. An interview that has significant bias will not provide accurate data for the research being conducted; such an interview may have to be thrown out.

As a professional interviewer, remaining neutral at all times ensures that bias is not introduced into the interview. There are many things you can do or avoid to help ensure that no bias is introduced. You should

- read all statements and questions exactly as they are written,
- use neutral probes that do not suggest answers,
- not provide your own personal opinions or answers in an effort to “help” respondents, and
- not use body language, such as a cough or a yawn to influence the interview.

Taking these steps to monitor your own spoken and unspoken language will go a long way to guarantee that the interviews you conduct are completed correctly and efficiently.

Entering Responses

The majority of the questions you will ask have precoded responses. To enter a response for these types of questions, you will simply select the appropriate response option and enter the number corresponding to that response.

The conventions presented below must be followed at all times to ensure that the responses you enter accurately reflect the respondents' answers and to ensure that questionnaire data are all collected in the same systematic manner.

- You must listen to what the respondent says and enter the appropriate answer if the response satisfies the objective of the question. If the answer does not appear to satisfy the objective, repeat the question.
- In entering answers to open-ended questions or "Other (specify)" categories, enter the response verbatim, exactly as it was given by the respondent.
- Enter the response immediately after it is given.
- If a respondent gives a range in response to a question, probe as appropriate for a more specific answer. For example, if a respondent says, "Oh, 2 or 3 times" and you can enter only one number, ask for clarification: "Would that be closer to 2 or to 3?"

Rules for Successful Telephone Interviewing

Remember, the key to successful interviewing is being prepared for every contact that you make. Have a complete set of the appropriate materials at your work station, organized in such a manner that you do not have to stop and search for required documents. Some general rules that you should follow every time you place a call are provided below.

1. ***Be prepared before you place a call.*** Be prepared to talk to the sample member. You should be able to explain the purpose of your call to the sample member or his or her family and friends. Do not rely on your memory alone to answer questions. Make sure you review and understand the Frequently Asked Questions (FAQs).
2. ***Act professionally.*** Convey to sample members that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.
3. ***Make the most of your contact.*** Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future attempts. For example, if you are trying to contact the sample member and he or she is not available, gain as much information as you can to help reach the sample member the next time he or she is called. Important questions to ask:
 - When is the sample member usually home?
 - What is the best time to reach the sample member?

- Can you schedule an “appointment” to reach the sample member at a later time?
4. **Don’t be too quick to code a sample member as incapable.** Some sample members may be hard of hearing or appear not to fully understand you when you call. Rather than immediately coding these cases as “Incapable,” please attempt to set a call-back for a different time of day and different day of the week. It is possible that reaching the sample member at a different time may result in your being able to conduct the interview with him or her. Remember, **the use of proxy respondents is permitted. The proxy should be someone like a family member or friend who is familiar with the patient’s care.**

For situations where the respondent is mentally or physically incapable, including those who are hearing impaired with no TTY service and a proxy is not available, you should code the case as Mentally or Physically Incapacitated.



Appendix K: Exceptions Request Form

PCF PEC Survey Exceptions Request Form Specs

Date Submitted: <Today's Date>

I. EXCEPTION REQUEST INFORMATION

Please complete Items 1 and 2 below.

1. Exception Request

1a. Exception Request Classification ([Radio Button](#))

- New Exception
- Update List of Applicable PCF PECS Practice Sites
- Appeal of Exception Denial

1b. Specify Reason for Exception Request:

Open ended text box

1c. Survey Year ([Dropdown Box](#))

- All Future Periods
- PY 2021 Survey

2. Description of Exception Request

2a. Purpose of requested exception (e.g., data issues).

Open ended text box

2b. How will the exception be implemented?

Open ended text box

2c. Provide evidence that exception will not affect survey results.

Open ended text box

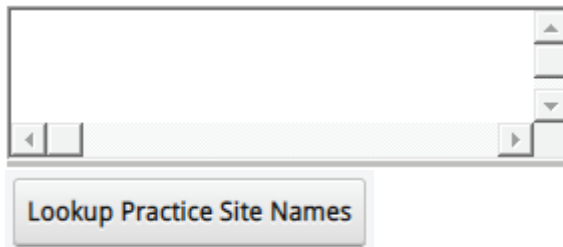
II. LIST OF PRACTICE SITES IMPACTED BY THIS EXCEPTION REQUEST

Vendor should revise the Exception Request if additional sites (IDs) need to be added after the initial Exception Request was submitted.

If you have multiple Practice Site IDs, please enter them as a comma separated list, as shown in the example below. After entering your Practice Site ID number(s), click on the "Lookup Practice Site Names" button. Do not include dashes in the ID number.

Example: ZZ1111, ZZ2222, ZZ3333

Practice Site ID #s

The image shows a web form interface. At the top is a large, empty rectangular text input box. Below this box is a button with the text "Lookup Practice Site Names" in a blue, sans-serif font. The button has a light gray background and a thin border. The entire form is set against a white background.

The following validation checks are run and corresponding messages displayed to the user:

- If no Practice Site ID number(s) have been entered, display the error message: "Please enter the Practice Site ID number(s)."
- If any Practice Site ID numbers are not numeric, display the error message: "Practice Site ID numbers must consist of numbers only."
- If any Practice Site ID numbers are not six digits, display the error message: "Practice Site IDs must consist of exactly six digits. One or more of the Practice Site IDs you entered is either too short or too long."
- If any Practice Site IDs do not match the master CMS list, display the error message: The following Practice Site ID number(s) do not match the master CMS database. Please correct your Practice Site ID number(s) and click the Lookup button again. If you believe that you received this message in error, please contact CMS to verify that your Practice Site ID number is correct, or contact the PCF PECS Team to discuss the issue."

This lookup button should take the comma separated list of Practice Site IDs entered and check them against the table `rti_CMS_Facility_List`, in order to resolve the Practice Site Name. Any names that successfully resolve should be shown in the list. Any Practice Site ID numbers that do not exist in the master table should show an error, and request the user check the number and try again.

Lookup Results:

The following Practice Site ID number(s) will be registered when you click the “Submit” button below. Please verify that the list is correct. If it is not correct, please edit your Practice Site ID number(s) above and click the Lookup button again.

| Practice Site ID # | Practice Site Name |
|---------------------------|---------------------------|
| ZZ1111 | Good Health |
| ZZ2222 | Better Health |

Submit



Appendix L: Discrepancy Notification Form

PCF PEC Survey Discrepancy Notification Report (DNR)

Date Submitted:

One DNR is required for each discrepancy reason. If you have multiple Practice Site IDs with the same discrepancy reason, please include all Practice Site IDs on one DNR. If you have more than one discrepancy reason, you will need to submit a DNR for each discrepancy reason.

I. Survey Year and Discrepancy Reason

Please select the affected Survey Year and the reason for the discrepancy from the drop-down boxes.

SURVEY YEAR: DISCREPANCY REASON:

II. Lookup Practice Sites

Please enter your Practice Site ID number(s) for which you are filing the discrepancy.

If you have multiple Practice Site ID numbers, please enter them as a comma separated list, as shown in the example below. After entering your Practice Site ID number(s), click on the "Lookup Practice Site Names" button. Do not include dashes in the Practice Site ID number. See below for example Practice Site ID formats.

Example: ZZ1111, ZZ2222, ZZ3333

Practice
Site ID #s

▲

▼




◀

▶

Lookup Practice Site Names

III. Discrepancy Information


Please complete the items below in detail for each practice site listed.

| Practice Site ID | Practice Site Name | # of Patients Affected (If not known/not applicable, enter UNK or NA) | If Late Start, dates data collection began and ended (Format 11/1/2021–12/2/2021) | Detailed Description of Discrepancy for the Affected Practice Site ID |
|------------------|--------------------|---|--|---|
| ZZ1111 | Good Health |  |  |  |

IV Description of corrective action to be taken to address discrepancy, along with proposed timeline.

V. Additional information not provided above which will help the PCF PECS Team understand the discrepancy.

A Discrepancy form will be submitted for the Practice Site ID number(s) listed above when you click the “Submit” button below. Please verify that the list is correct. If it is not correct, please edit your Practice Site ID number(s) in Section II above and click the Lookup button again.

This hard copy version of the Discrepancy Notification Report is included in the Quality Assurance Guide as a reference. An online version can be found on the PCF PEC Survey website at <https://pcfpecs.org> . If you have any problems completing the online Discrepancy Notification form, please e-mail the PCF PECS Team at pcfpecs@rti.org for assistance.



Appendix M: Poster



Patient Experience of Care Survey

Your feedback is important!

You may be contacted by mail or phone and asked to provide feedback on the health care you receive here at this office.

If you receive a survey, please take the time to respond. Your answers will help ensure you receive high-quality care at this office.

Participation is voluntary. **Your answers are confidential and will never be seen by your provider or affect your health care benefits.**

Someone like a family member or friend can help the patient by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if the patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

We hope you will take this opportunity to help us improve primary care in America.

Questions? Concerns?

If you have any questions about the survey, please ask your provider, or you can contact our survey vendor at:

¡Sus opiniones son importantes!

Es posible que nos comuniquemos con usted por correo o por teléfono pidiéndole sus opiniones sobre la atención médica que recibió aquí en el consultorio de su doctor.

Si recibe una encuesta, por favor tome tiempo para completarla. Sus respuestas ayudarán a asegurar que usted reciba atención médica de buena calidad en este consultorio.

La participación es voluntaria. **Sus respuestas son confidenciales y nunca serán vistas por su proveedor y no afectarán a sus beneficios de cuidado de salud.**

Alguien como un familiar o una amistad puede ayudar al paciente a registrar las respuestas del paciente, leer la encuesta al paciente o traducirla al idioma del paciente. Sin embargo, si el paciente no puede responder debido a problemas de salud o limitaciones mentales o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre el cuidado de salud del paciente puede responder la encuesta en nombre del paciente.

Esperamos que tome esta oportunidad para ayudarnos a mejorar el cuidado de salud primario en los Estados Unidos.

¿Preguntas? ¿Preocupaciones?

Si tiene preguntas sobre la encuesta, consulte con su proveedor o puede comunicarse con nuestra compañía de encuestas al:

患者的家人或朋友可以提供帮助，包括记录患者的回答，为患者朗读调查问卷，或者将其翻译成患者使用的语言。然而，如果患者因健康状况不佳或精神或身体方面的限制而无法回答，那么可以由熟知患者护理情况的家人或朋友来代表患者参加调查。

Một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có thể giúp bệnh nhân bằng cách ghi lại các câu trả lời của bệnh nhân, đọc bài khảo sát cho bệnh nhân, hoặc dịch bài khảo sát sang ngôn ngữ của bệnh nhân. Tuy nhiên, nếu bệnh nhân không thể trả lời do sức khỏe kém hoặc các giới hạn về thể chất hoặc tinh thần, một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có hiểu biết về việc chăm sóc bệnh nhân có thể thực hiện bài khảo sát thay cho bệnh nhân.

Eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, kann dem Patienten helfen, indem sie die Antworten des Patienten aufzeichnet, dem Patienten die Umfrage vorliest oder sie in die Sprache des Patienten übersetzt. Ist der Patient jedoch aufgrund seines schlechten Gesundheitszustands oder geistiger oder körperlicher Einschränkungen nicht in der Lage zu antworten, kann eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, die sich mit der Pflege des Patienten auskennt, die Umfrage im Namen des Patienten durchführen.

يمكن لشخص ما مثل أحد أفراد الأسرة أو صديق مساعدة المريض عن طريق تسجيل إجاباته، أو قراءة الاستبيان له، أو ترجمته إلى لغته. ومع ذلك، إذا لم يستطع المريض الإجابة بسبب ضعف الحالة الصحية أو القصور العقلي أو الجسدي، فيمكن لشخص ما مثل أحد أفراد الأسرة أو صديق على دراية برعاية المريض إجراء الاستب.

Une personne telle qu'un membre de la famille ou un ami peut aider le patient en consignnant ses réponses, en lui lisant l'enquête ou en la traduisant dans la langue du patient. Cependant, si le patient ne peut pas répondre en raison de problèmes de santé ou de limitations mentales ou physiques, un membre de la famille ou un ami connaissant les soins du patient peut répondre à l'enquête en son nom.

Кто-то из членов семьи или друзей пациента может помочь ему, записав его ответы, зачитав ему вопросы анкеты вслух или переведя анкету на язык пациента. Но если в силу своего состояния здоровья или умственных или физических ограничений пациент не способен ответить на вопросы самостоятельно, кто-то из членов его семьи или друзей, владеющих информацией о лечении данного пациента, может пройти опрос от его имени.

Puwedeng tulungan ng isang taong tulad ng kapamilya o kaibigan ang pasyente sa pamamagitan ng pagrerekord sa mga sagot ng pasyente, pagbabasa sa survey sa pasyente, o pagsasalin nito sa wika ng pasyente. Gayunpaman, kung hindi makakasagot ang pasyente dahil sa mahinang kalusugan o mga limitasyon sa kaisipan o pisikal, maaaring sagutan ng isang taong tulad ng kapamilya o kaibigan na may alam tungkol sa pangangalaga sa pasyente ang survey sa ngalan ng pasyente.

가족이나 친구와 같이 누군가가 환자의 답변을 기록하거나, 환자에게 설문조사를 읽어주거나, 환자의 언어로 번역하여 환자를 도울 수 있습니다. 그러나 환자가 건강이 나쁘거나 정신적 또는 신체적 제약으로 인해 응답할 수 없는 경우, 환자의 돌봄에 대해 잘 아는 가족이나 친구와 같이 누군가가 환자를 대신하여 설문조사에 참여할 수 있습니다.

必要に応じて、ご家族やご友人の方が患者さんの回答を記録する、アンケートの質問を読んであげる、患者さんの使用言語に翻訳するなどしてサポートをしてください。患者さんの健康状態が良くない、または精神的もしくは身体的な制限のためにアンケートに答えることができないような場合には、ご家族やご友人の方で、患者さんのケアについてよくご存じの方が代わりにアンケートにお答えいただくこともできます。

Mabalin a makatulong ti maysa a tao a kas iti miembro ti familia wenno gayyem iti pasiente babaen iti panangirekord kadagiti sungbat ti pasiente, panangibasa iti surbey ayan ti pasiente, wenno panangipatarus iti daytoy ti pagsasao ti pasiente. Nupay kasta, nu saan a makasungbat ti pasiente gapu iti naalas a salun-at wenno kadagiti limitasionna iti panunot wenno iti pisikal, ti surbey ket mabalin a sungbatan ti miembro ti familia wenno gayyem a makaammo iti pannaripato ti pasiente para kenkuana.



Patient Experience of Care Survey



¡Sus opiniones son importantes!

Es posible que nos comuniquemos con usted por correo o por teléfono pidiéndole sus opiniones sobre la atención médica que recibió aquí en el consultorio de su doctor.

Si recibe una encuesta, por favor tome tiempo para completarla. Sus respuestas ayudarán a asegurar que usted reciba atención médica de buena calidad en este consultorio.

La participación es voluntaria. **Sus respuestas son confidenciales y nunca serán vistas por su proveedor y no afectarán a sus beneficios de cuidado de salud.**

Alguien como un familiar o una amistad puede ayudar al paciente a registrar las respuestas del paciente, leer la encuesta al paciente o traducirla al idioma del paciente. Sin embargo, si el paciente no puede responder debido a problemas de salud o limitaciones mentales o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre el cuidado de salud del paciente puede responder la encuesta en nombre del paciente.

Esperamos que tome esta oportunidad para ayudarnos a mejorar el cuidado de salud primario en los Estados Unidos.

¿Preguntas? ¿Preocupaciones?

Si tiene preguntas sobre la encuesta, consulte con su proveedor o puede comunicarse con nuestra compañía de encuestas al:

Your feedback is important!

You may be contacted by mail or phone and asked to provide feedback on the health care you receive here at this office.

If you receive a survey, please take the time to respond. Your answers will help ensure you receive high-quality care at this office.

Participation is voluntary. **Your answers are confidential and will never be seen by your provider or affect your health care benefits.**

Someone like a family member or friend can help the patient by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if the patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

We hope you will take this opportunity to help us improve primary care in America.

Questions? Concerns?

If you have any questions about the survey, please ask your provider, or you can contact our survey vendor at:

患者的家人或朋友可以提供帮助，包括记录患者的回答，为患者朗读调查问卷，或者将其翻译成患者使用的语言。然而，如果患者因健康状况不佳或精神或身体方面的限制而无法回答，那么可以由熟知患者护理情况的家人或朋友来代表患者参加调查。

Một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có thể giúp bệnh nhân bằng cách ghi lại các câu trả lời của bệnh nhân, đọc bài khảo sát cho bệnh nhân, hoặc dịch bài khảo sát sang ngôn ngữ của bệnh nhân. Tuy nhiên, nếu bệnh nhân không thể trả lời do sức khỏe kém hoặc các giới hạn về thể chất hoặc tinh thần, một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có hiểu biết về việc chăm sóc bệnh nhân có thể thực hiện bài khảo sát thay cho bệnh nhân.

Eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, kann dem Patienten helfen, indem sie die Antworten des Patienten aufzeichnet, dem Patienten die Umfrage vorliest oder sie in die Sprache des Patienten übersetzt. Ist der Patient jedoch aufgrund seines schlechten Gesundheitszustands oder geistiger oder körperlicher Einschränkungen nicht in der Lage zu antworten, kann eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, die sich mit der Pflege des Patienten auskennt, die Umfrage im Namen des Patienten durchführen.

ممكن لشخص ما مثل أحد أفراد الأسرة أو صديق مساعدته على إجابته، أو قراءة الاستبيان له، أو ترجمته إلى لغته. ومع ذلك، إذا لم يستطع المريض الإجابة بسبب ضعف الحالة الصحية أو القصور العقلي أو الجسدي، فيمكن لشخص ما مثل أحد أفراد الأسرة أو صديق على دراية برعاية المريض إجراء الاستب.

Une personne telle qu'un membre de la famille ou un ami peut aider le patient en consignnant ses réponses, en lui lisant l'enquête ou en la traduisant dans la langue du patient. Cependant, si le patient ne peut pas répondre en raison de problèmes de santé ou de limitations mentales ou physiques, un membre de la famille ou un ami connaissant les soins du patient peut répondre à l'enquête en son nom.

Кто-то из членов семьи или друзей пациента может помочь ему, записав его ответы, зачитав ему вопросы анкеты вслух или переведя анкету на язык пациента. Но если в силу своего состояния здоровья или умственных или физических ограничений пациент не способен ответить на вопросы самостоятельно, кто-то из членов его семьи или друзей, владеющих информацией о лечении данного пациента, может пройти опрос от его имени.

Puwedeng tulungan ng isang taong tulad ng kapamilya o kaibigan ang pasyente sa pamamagitan ng pagrerekord sa mga sagot ng pasyente, pagbabasa sa survey sa pasyente, o pagsasalin nito sa wika ng pasyente. Gayunpaman, kung hindi makakasagot ang pasyente dahil sa mahinang kalusugan o mga limitasyon sa kaisipan o pisikal, maaaring sagutan ng isang taong tulad ng kapamilya o kaibigan na may alam tungkol sa pangangalaga sa pasyente ang survey sa ngalan ng pasyente.

가족이나 친구와 같이 누군가가 환자의 답변을 기록하거나, 환자에게 설문조사를 읽어주거나, 환자의 언어로 번역하여 환자를 도울 수 있습니다. 그러나 환자가 건강이 나쁘거나 정신적 또는 신체적 제약으로 인해 응답할 수 없는 경우, 환자의 돌봄에 대해 잘 아는 가족이나 친구와 같이 누군가가 환자를 대신하여 설문조사에 참여할 수 있습니다.

必要に応じて、ご家族やご友人の方が患者さんの回答を記録する、アンケートの質問を読んであげる、患者さんの使用言語に翻訳するなどしてサポートをしてください。患者さんの健康状態が良くない、または精神的もしくは身体的な制限のためにアンケートに答えることができないような場合には、ご家族やご友人の方で、患者さんのケアについてよくご存じの方が代わりにアンケートにお答えいただくこともできます。

Mabalin a makatulong ti maysa a tao a kas iti miembro ti pamilya wenno gayyem iti pasiente babaen iti panangirekord kadagiti sungbat ti pasiente, panangibasa iti surbey ayan ti pasiente, wenno panangipatarus iti daytoy iti pagsasao ti pasiente. Nupay kasta, nu saan a makasungbat ti pasiente gapu iti naalas a salun-at wenno kadagiti limitasionna iti panunot wenno iti pisikal, ti surbey ket mabalin a sungbatan ti miembro ti pamilya wenno gayyem a makaammo iti pannaripato ti pasiente para kenkuana.



Patient Experience of Care Survey

Your feedback is important!

You may be contacted by mail or phone and asked to provide feedback on the health care you receive here at this office.

If you receive a survey, please take the time to respond. Your answers will help ensure you receive high-quality care at this office.

Participation is voluntary. **Your answers are confidential and will never be seen by your provider or affect your health care benefits.**

Someone like a family member or friend can help the patient by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if the patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

We hope you will take this opportunity to help us improve primary care in America.

Questions? Concerns?

If you have any questions about the survey, please ask your provider.

¡Sus opiniones son importantes!

Es posible que nos comuniquemos con usted por correo o por teléfono pidiéndole sus opiniones sobre la atención médica que recibió aquí en el consultorio de su doctor.

Si recibe una encuesta, por favor tome tiempo para completarla. Sus respuestas ayudarán a asegurar que usted reciba atención médica de buena calidad en este consultorio.

La participación es voluntaria. **Sus respuestas son confidenciales y nunca serán vistas por su proveedor y no afectarán a sus beneficios de cuidado de salud.**

Alguien como un familiar o una amistad puede ayudar al paciente a registrar las respuestas del paciente, leer la encuesta al paciente o traducirla al idioma del paciente. Sin embargo, si el paciente no puede responder debido a problemas de salud o limitaciones mentales o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre el cuidado de salud del paciente puede responder la encuesta en nombre del paciente.

Esperamos que tome esta oportunidad para ayudarnos a mejorar el cuidado de salud primario en los Estados Unidos.

¿Preguntas? ¿Preocupaciones?

Si tiene preguntas sobre la encuesta, consulte con su proveedor.

患者的家人或朋友可以提供帮助，包括记录患者的回答，为患者朗读调查问卷，或者将其翻译成患者使用的语言。然而，如果患者因健康状况不佳或精神或身体方面的限制而无法回答，那么可以由熟悉患者护理情况的家人或朋友来代表患者参加调查。

Một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có thể giúp bệnh nhân bằng cách ghi lại các câu trả lời của bệnh nhân, đọc bài khảo sát cho bệnh nhân, hoặc dịch bài khảo sát sang ngôn ngữ của bệnh nhân. Tuy nhiên, nếu bệnh nhân không thể trả lời do sức khỏe kém hoặc các giới hạn về thể chất hoặc tinh thần, một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có hiểu biết về việc chăm sóc bệnh nhân có thể thực hiện bài khảo sát thay cho bệnh nhân.

Eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, kann dem Patienten helfen, indem sie die Antworten des Patienten aufzeichnet, dem Patienten die Umfrage vorliest oder sie in die Sprache des Patienten übersetzt. Ist der Patient jedoch aufgrund seines schlechten Gesundheitszustands oder geistiger oder körperlicher Einschränkungen nicht in der Lage zu antworten, kann eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, die sich mit der Pflege des Patienten auskennt, die Umfrage im Namen des Patienten durchführen.

ممكن لشخص ما مثل أحد أفراد الأسرة أو صديق مساعدة المريض عن طريق تسجيل إجاباته، أو قراءة الاستبيان له، أو ترجمته إلى لغته. ومع ذلك، إذا لم يستطع المريض الإجابة بسبب ضعف الحالة الصحية أو القصور العقلي أو الجسدي، فيمكن لشخص ما مثل أحد أفراد الأسرة أو صديق على دراية برعاية المريض إجراء الاستب.

Une personne telle qu'un membre de la famille ou un ami peut aider le patient en consignnant ses réponses, en lui lisant l'enquête ou en la traduisant dans la langue du patient. Cependant, si le patient ne peut pas répondre en raison de problèmes de santé ou de limitations mentales ou physiques, un membre de la famille ou un ami connaissant les soins du patient peut répondre à l'enquête en son nom.

Кто-то из членов семьи или друзей пациента может помочь ему, записав его ответы, зачитав ему вопросы анкеты вслух или переведя анкету на язык пациента. Но если в силу своего состояния здоровья или умственных или физических ограничений пациент не способен ответить на вопросы самостоятельно, кто-то из членов его семьи или друзей, владеющих информацией о лечении данного пациента, может пройти опрос от его имени.

Puwedeng tulungan ng isang taong tulad ng kapamilya o kaibigan ang pasyente sa pamamagitan ng pagrerekord sa mga sagot ng pasyente, pagbabasa sa survey sa pasyente, o pagsasalin nito sa wika ng pasyente. Gayunpaman, kung hindi makakasagot ang pasyente dahil sa mahinang kalusugan o mga limitasyon sa kaisipan o pisikal, maaaring sagutan ng isang taong tulad ng kapamilya o kaibigan na may alam tungkol sa pangangalaga sa pasyente ang survey sa ngalan ng pasyente.

가족이나 친구와 같이 누군가가 환자의 답변을 기록하거나, 환자에게 설문조사를 읽어주거나, 환자의 언어로 번역하여 환자를 도울 수 있습니다. 그러나 환자의 건강이 나쁘거나 정신적 또는 신체적 제약으로 인해 응답할 수 없는 경우, 환자의 돌봄에 대해 잘 아는 가족이나 친구와 같이 누군가가 환자를 대신하여 설문조사에 참여할 수 있습니다.

必要に応じて、ご家族やご友人の方が患者さんの回答を記録する、アンケートの質問を読んであげる、患者さんの使用言語に翻訳するなどしてサポートをしてください。患者さんの健康状態が良くない、または精神的もしくは身体的な制限のためにアンケートに答えることができないような場合には、ご家族やご友人の方で、患者さんのケアについてよくご存じの方が代わりにアンケートにお答えいただくこともできます。

Mabalin a makatulong ti maysa a tao a kas iti miembro ti familia wenno gayyem iti pasiente babaen iti panangirekord kadagiti sungbat ti pasiente, panangibasa iti survey ayan ti pasiente, wenno panangipatarus iti daytoy ti pagsasao ti pasiente. Nupay kasta, nu saan a makasungbat ti pasiente gapu iti naalas a salun-at wenno kadagiti limitasionna iti panunot wenno iti pisikal, ti survey ket mabalin a sungbatan ti miembro ti familia wenno gayyem a makaammo iti pannaripato ti pasiente para kenkuana.



Patient Experience of Care Survey



¡Sus opiniones son importantes!

Es posible que nos comuniquemos con usted por correo o por teléfono pidiéndole sus opiniones sobre la atención médica que recibió aquí en el consultorio de su doctor.

Si recibe una encuesta, por favor tome tiempo para completarla. Sus respuestas ayudarán a asegurar que usted reciba atención médica de buena calidad en este consultorio.

La participación es voluntaria. **Sus respuestas son confidenciales y nunca serán vistas por su proveedor y no afectarán a sus beneficios de cuidado de salud.**

Alguien como un familiar o una amistad puede ayudar al paciente a registrar las respuestas del paciente, leer la encuesta al paciente o traducirla al idioma del paciente. Sin embargo, si el paciente no puede responder debido a problemas de salud o limitaciones mentales o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre el cuidado de salud del paciente puede responder la encuesta en nombre del paciente.

Esperamos que tome esta oportunidad para ayudarnos a mejorar el cuidado de salud primario en los Estados Unidos.

¿Preguntas? ¿Preocupaciones?

Si tiene preguntas sobre la encuesta, consulte con su proveedor.

Your feedback is important!

You may be contacted by mail or phone and asked to provide feedback on the health care you receive here at this office.

If you receive a survey, please take the time to respond.

Your answers will help ensure you receive high-quality care at this office.

Participation is voluntary. **Your answers are confidential and will never be seen by your provider or affect your health care benefits.**

Someone like a family member or friend can help the patient by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if the patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

We hope you will take this opportunity to help us improve primary care in America.

Questions? Concerns?

If you have any questions about the survey, please ask your provider.

患者的家人或朋友可以提供帮助，包括记录患者的回答，为患者朗读调查问卷，或者将其翻译成患者使用的语言。然而，如果患者因健康状况不佳或精神或身体方面的限制而无法回答，那么可以由熟知患者护理情况的家人或朋友来代表患者参加调查。

Một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có thể giúp bệnh nhân bằng cách ghi lại các câu trả lời của bệnh nhân, đọc bài khảo sát cho bệnh nhân, hoặc dịch bài khảo sát sang ngôn ngữ của bệnh nhân. Tuy nhiên, nếu bệnh nhân không thể trả lời do sức khỏe kém hoặc các giới hạn về thể chất hoặc tinh thần, một người thân quen, như một thành viên trong gia đình hoặc một người bạn, có hiểu biết về việc chăm sóc bệnh nhân có thể thực hiện bài khảo sát thay cho bệnh nhân.

Eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, kann dem Patienten helfen, indem sie die Antworten des Patienten aufzeichnet, dem Patienten die Umfrage vorliest oder sie in die Sprache des Patienten übersetzt. Ist der Patient jedoch aufgrund seines schlechten Gesundheitszustands oder geistiger oder körperlicher Einschränkungen nicht in der Lage zu antworten, kann eine Person, wie beispielsweise ein Familienmitglied oder ein Freund, die sich mit der Pflege des Patienten auskennt, die Umfrage im Namen des Patienten durchführen.

مُمكن لشخص ما مثل أحد أفراد الأسرة أو صديق مساعدة المريض عن طريق تسجيل إجاباته، أو قراءة الاستبيان له، أو ترجمته إلى لغته. ومع ذلك، إذا لم يستطع المريض الإجابة بسبب ضعف الحالة الصحية أو القصور العقلي أو الجسدي، فيُمكن لشخص ما مثل أحد أفراد الأسرة أو صديق على دراية برعاية المريض إجراء الاستب.

Une personne telle qu'un membre de la famille ou un ami peut aider le patient en consignat ses réponses, en lui lisant l'enquête ou en la traduisant dans la langue du patient. Cependant, si le patient ne peut pas répondre en raison de problèmes de santé ou de limitations mentales ou physiques, un membre de la famille ou un ami connaissant les soins du patient peut répondre à l'enquête en son nom.

Кто-то из членов семьи или друзей пациента может помочь ему, записав его ответы, зачитав ему вопросы анкеты вслух или переведя анкету на язык пациента. Но если в силу своего состояния здоровья или умственных или физических ограничений пациент не способен ответить на вопросы самостоятельно, кто-то из членов его семьи или друзей, владеющих информацией о лечении данного пациента, может пройти опрос от его имени.

Puwedeng tulungan ng isang taong tulad ng kapamilya o kaibigan ang pasyente sa pamamagitan ng pagrerekord sa mga sagot ng pasyente, pagbabasa sa survey sa pasyente, o pagsasalin nito sa wika ng pasyente. Gayunpaman, kung hindi makakasagot ang pasyente dahil sa mahinang kalusugan o mga limitasyon sa kaisipan o pisikal, maaaring sagutan ng isang taong tulad ng kapamilya o kaibigan na may alam tungkol sa pangangalaga sa pasyente ang survey sa ngalan ng pasyente.

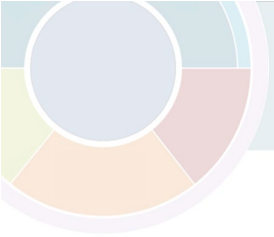
가족이나 친구와 같이 누군가가 환자의 답변을 기록하거나, 환자에게 설문조사를 읽어주거나, 환자의 언어로 번역하여 환자를 도울 수 있습니다. 그러나 환자가 건강이 나쁘거나 정신적 또는 신체적 제약으로 인해 응답할 수 없는 경우, 환자의 돌봄에 대해 잘 아는 가족이나 친구와 같이 누군가가 환자를 대신하여 설문조사에 참여할 수 있습니다.

必要に応じて、ご家族やご友人の方が患者さんの回答を記録する、アンケートの質問を読んであげる、患者さんの使用言語に翻訳するなどしてサポートをしてください。患者さんの健康状態が良くない、または精神的もしくは身体的な制限のためにアンケートに答えることができないような場合には、ご家族やご友人の方で、患者さんのケアについてよくご存じの方が代わりにアンケートにお答えいただくこともできます。

Mabalin a makatulong ti maysa a tao a kas iti miembro ti pamilya wenno gayyem iti pasiente babaen iti panangirekord kadagiti sungbat ti pasiente, panangibasa iti surbey ayan ti pasiente, wenno panangipatarus iti daytoy iti pagsasao ti pasiente. Nupay kasta, nu saan a makasungbat ti pasiente gapu iti naalas a salun-at wenno kadagiti limitasionna iti panunot wenno iti pisikal, ti surbey ket mabalin a sungbatan ti miembro ti pamilya wenno gayyem a makaammo iti pannaripato ti pasiente para kenkuana.



Appendix N: Waiting Room FAQs



Frequently Asked Questions about the Patient Experience of Care Survey

Purpose? The purpose of the survey is to improve primary care in America. Your health care provider is participating in this survey to learn how they can improve the experience and health care of their patients. Participation is voluntary, confidential, and very important to your provider.

How did they get my name? This practice supplied the names, addresses, and phone numbers of all current patients who have received care at this office to an independent survey vendor. The vendor selects a random sample of these patients, so you may or may not receive a survey this year. If you are selected, we ask you to help us by completing and returning the survey. The vendor will keep your answers to the survey questions confidential. Your name, address, and phone number are only used to contact you. The vendor will destroy all identifying information after the survey period ends.

When? Surveys will be mailed starting in October 2022. If you receive a survey and you have not sent it back by early December 2022, the vendor will call you to conduct the survey by phone.

Is this survey for all patients? Yes, it is for all adult patients. It does not matter who your insurer is, if you are uninsured, or how frequently you see the provider at this practice. Remember the survey vendor takes a random sample of patients from this practice, so you may or may not get a survey this year.

Do I need to respond to this survey? You are not required to respond to the survey. However, your feedback is very important in helping your provider improve the quality of care you receive. Your decision to participate and your answers to this survey will not affect your health care or your insurance coverage.

What kind of questions are asked? The questions in the survey ask about your health care experiences. For example, how hard or easy it is to get appointments, and if your health care team listens to you and explains things in a way that is easy to understand.

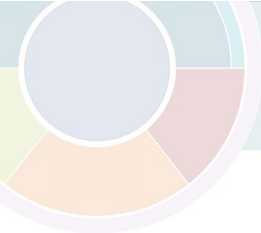
How long does the survey take? The survey takes about 20 minutes to complete.

Is my information confidential? Yes, all the information collected through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients.

Need Assistance? Someone like a family member or friend can help you by recording your answers, reading the survey to you, or translating it into your language. However, if you cannot respond because of poor health or cognitive or physical limitations, someone like a family member or friend knowledgeable about your care can take the survey on your behalf.

Spanish Surveys? If a Spanish survey is needed, call the toll-free number on the survey and the vendor will mail one or connect you with a Spanish-speaking telephone interviewer.

Please see reverse side for Spanish. Para ver esta carta en español, de vuelta a la página.



Preguntas más frecuentes sobre la Encuesta de Experiencias del Cuidado del Paciente

¿Propósito? El propósito de la encuesta es mejorar la atención médica primaria en Estados Unidos. Su proveedor de atención médica participa en esta encuesta para saber cómo pueden mejorar la experiencia y la atención médica de sus pacientes. La participación es voluntaria, confidencial y muy importante para su proveedor de atención médica.

¿Cómo obtuvieron mi nombre? Este consultorio obtuvo de parte de una compañía de encuestas independiente los nombres, las direcciones y los números de teléfono de todos los pacientes actuales que han recibido atención en este consultorio. La compañía selecciona al azar los nombres de estos pacientes, por lo que usted puede recibir o no una encuesta este año. Si usted es seleccionado(a), le pediremos su ayuda al completar y devolver la encuesta con sus respuestas. La compañía mantendrá la confidencialidad de sus respuestas a las preguntas de la encuesta. Su nombre, dirección y número de teléfono solo se utilizan para comunicarnos con usted. La compañía destruirá toda la información con los datos de identificación después de que finalice el periodo de la encuesta.

¿Cuándo? Las encuestas se enviarán por correo a partir de octubre de 2022. Si recibe una encuesta y no la devuelve a principios de diciembre de 2022, la compañía de encuestas le llamará para realizar la encuesta por teléfono.

¿Esta encuesta es para todos los pacientes? Sí, es para todos los pacientes adultos. No importa cuál es su compañía de seguro médico, si no tiene seguro o la frecuencia con la que visita al proveedor de atención médica de este consultorio. Recuerde que la compañía de encuestas selecciona al azar los nombres de los pacientes de este consultorio, por lo que usted puede recibir o no una encuesta este año.

¿Necesito responder a esta encuesta? Usted no está obligado(a) a responder la encuesta. Sin embargo, sus opiniones son muy importantes para ayudar a su proveedor de atención médica a mejorar la calidad de la atención que usted recibe. Su decisión de participar y sus respuestas a esta encuesta no afectarán su atención médica ni su cobertura de seguro.

¿Qué tipo de preguntas se hacen? Las preguntas de la encuesta se refieren a sus experiencias de atención médica. Por ejemplo, qué tan fácil o difícil es obtener citas y si el personal de atención médica lo(a) escucha y le explica las cosas de una manera fácil de entender.

¿Cuánto tiempo dura la encuesta? La encuesta toma como 20 minutos en completarse.

¿Mi información es confidencial? Sí, toda la información recopilada a través de la encuesta es confidencial. Su proveedor solo verá los resultados en forma de resumen, sin nombres, por lo que no sabrán quién respondió o cómo respondió alguien. Aunque sus respuestas no están asociadas a usted, ayudan a su proveedor a mejorar la experiencia y la salud de sus pacientes.

¿Necesita ayuda? Alguien como un familiar o una amistad puede ayudarle a registrar sus respuestas, leerle la encuesta o traducirla a su idioma. Si usted no puede responder debido a problemas de salud o limitaciones cognitivas o físicas, alguien como un familiar o una amistad que tenga conocimiento sobre su cuidado de salud puede responder la encuesta en su nombre.

¿Encuestas en español? Si necesita una encuesta en español, llame al número gratuito que se menciona en la encuesta y la compañía de encuestas le enviará una copia por correo postal o lo(a) comunicará con un entrevistador telefónico que habla español.

See reverse side for English. Vea el reverso para la versión en inglés.



Appendix O: Model Quality Assurance Plan Outline



PRIMARY CARE FIRST: PATIENT EXPERIENCE OF CARE SURVEY VENDOR MODEL QUALITY ASSURANCE PLAN OUTLINE

Volume III
February 2022



Model Quality Assurance Plan Outline

Survey vendors that meet the necessary business requirements to become a CMS-approved Primary Care First (PCF) PECS vendor and have participated in the PCF PEC Survey training session will receive conditional approval as a PCF PEC Survey vendor. Survey vendors will receive final approval after they have submitted an acceptable Quality Assurance Plan (QAP). This model QAP serves as a guide for survey vendors as they develop their procedures and materials for implementing and complying with the PCF PEC Survey *Quality Assurance Guide for Survey Vendors*.

Each vendor must complete and submit a QAP to the PCF PEC Survey Team. QAPs are submitted via the QAP Submission Module on the PCF PEC Survey Portal. The initial QAP is due to the team within 2 weeks of completion of the Introduction to PCF PEC Survey training. The PCF PEC Survey Team will complete an initial review within 2 weeks after the QAP is submitted. If further clarification is needed, the PCF PEC Survey Team will work with the survey vendors to obtain the necessary information. This process may extend beyond the 2-week period, especially if multiple iterations of revisions are required. After the review process has concluded, the vendor will be notified of QAP approval.

In addition, each vendor will be required to update and resubmit its QAP annually, and whenever it makes key personnel or protocol changes.

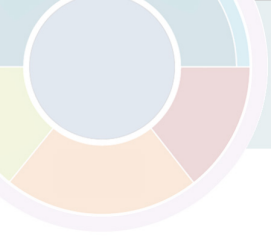
The vendor's QAP should include the sections listed below. The specific requirements for these sections are described in the pages that follow.

- Organization Background and Staff Experience
- Work Plan
- Survey Implementation Plan
- Data Security, Confidentiality, Privacy Plan and Disaster Recovery Plan
- Questionnaire and Materials Attachments

Each vendor will receive final approval as a PCF PEC Survey vendor after its QAP has been reviewed and approved by the PCF PEC Survey Team.

A. *Organization Background and Staff Experience*

1. Provide your organization's name and address. If your organization has multiple locations, include the address of both the main location and the address of the locations at which the primary operations, including data collection and data processing activities, are being conducted.



2. Describe your organization's history and affiliation (e.g., is it part of another company, or affiliated with a university, independent, etc.). Include the scope of business, number of years in business, and number of years of survey experience.
3. Provide an organizational chart that shows the names and titles of staff members, including subcontractors, who are responsible for each of the following tasks:
 - a. Overall project management, including tracking and supervision of all tasks
 - b. below.
 - c. Obtaining the sample file.
 - d. Data collection, including overseeing implementation of mail and telephone data collection modes.
 - e. Data receipt and data entry/scanning procedures.
 - f. File development and submission processes.

The organizational chart must specify all staff reporting relationships, including those managing subcontractors. It must designate any individuals who have quality assurance oversight responsibility and indicate for which tasks they are responsible.

4. Summarize the background and experience of the individuals responsible for the tasks listed in Item 3 above, including a description of any subcontractors serving in these roles. The narrative of each individual's experience must include a discussion of how the person's qualifications are relevant to the PCF PEC Survey tasks that he or she is expected to perform. Resumes must be available upon request.

B. *PCF PEC Survey Work Plan*

1. Include a copy of your schedule or timeline for preparing and concluding all activities within the PCF PEC Survey Quality Assurance Guide for Survey Vendors. The timeline is not limited to but must include:
 - a. preparation of mailing templates,
 - b. programming of the telephone instrument,
 - c. receipt of files from the PCF PEC Survey website/Team,
 - d. conducting additional tracing, address verification, and physical address checks
 - e. printing of the mail materials to sampled cases,
 - f. training staff,
 - g. mailing,
 - h. each step of the data collection,
 - i. data file cleaning, and

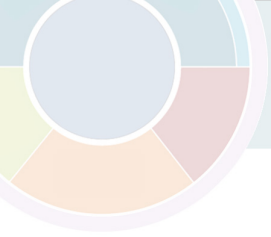
- 
- j. data file preparation, review, interim submission and final submission.

Quality control steps and their dates must be included for each step.

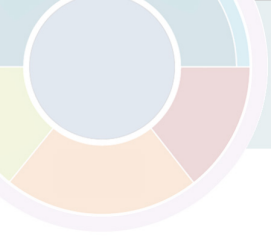
C. PCF PEC Survey Implementation Plan

For the PCF Protocol, please describe:

1. Process for Receipt and Tracking Sample Files
 - a. Describe your process.
 - b. Include the name of the staff member responsible for the process.
2. Training for all Project Staff
 - a. Project staff includes:
 - i. Telephone interviewers
 - ii. mail survey production staff
 - iii. data receipt, data processing, and data entry staff,
 - iv. customer support/Help Desk staff
 - v. all staff in supervisory positions
 - b. Include an explanation of how attendance will be ensured and tracked
 - c. Describe training related quality control procedures
 - d. Include the name of the staff member responsible for the process
3. Help Desk processes for implementation and quality control on PCF PEC Survey
 - a. Include, at a minimum, the actual telephone number (when available), email address (when available), and who responds to questions
 - b. Include information on how status codes will be assigned by customer support staff, the days of the week and times of the day that you will staff the customer support line, and how you will handle after-hours contacts. Present the text of any audio-recordings and auto replies that will be used
 - c. Include a discussion of your quality control procedures to ensure compliance with PCF PEC Survey protocols and describe your documentation of this quality control, including monitoring of calls conducted by your help desk staff.
 - d. Include the name of the staff member responsible for the process
4. Process for implementing PCF PEC Survey data collection via mail and telephone
 - a. A description of the relevant hardware or software (e.g., describe case management of systems for mailing, scanning or data entry, and electronic interviewing



- b. Include the name of the staff member responsible for the process
- 5. Printing and production processes for PCF PEC mail surveys
 - a. Explain the quality control checks implemented at each stage (e.g., monitoring the quality and content of English and Spanish mail survey packages, use of seeded mailings, and frequency of checks)
 - b. Describe process for flagging residential care facility sample members to receive facility envelopes
 - c. Include the name of the staff member responsible for the process
- 6. Receipt and data entry or scanning process for PCF PEC mail surveys
 - a. Quality control checks being implemented at the stages of questionnaire receipt, status code assignment, data entry, and scanning, and how frequently those checks are conducted
 - b. Describe your process for handling white mail and undeliverable mail according to PCF PECS protocols.
 - c. Include the name of the staff member responsible for the process
- 7. Process for implementing the telephone survey
 - a. Describe system and procedures that will ensure all interviewing is conducted according to the PCF PEC Survey protocols (e.g., varying times of day calls are attempted, tracking the status of call attempts, CATI time zones)
 - b. Include a crosswalk of internal interim status codes and PCF final status codes
 - c. Describe process for preventing calls from being flagged as spam and coding residential care facility sample members
 - d. Describe how monitoring is conducted and documented
 - e. Describe process for maintaining records of interviewer monitoring and submission to PCF PECS team
 - f. Include the name of the staff member responsible for managing and monitoring interviewer performance
- 8. Control system to monitor case status as cases transition from mail survey phase to telephone follow-up phase
 - a. Describe survey receipt process to track surveys that are returned while telephone follow-up phase is in effect
 - b. Describe the processes that you have in place to ensure that sample members who have returned a completed survey are not called after the completed survey is received.



- c. How do you determine which completed survey to retain (mail or telephone interview data) if the sample member returns a completed survey and participates in a telephone interview?
- 9. Processes to submit data files to the PCF PEC Survey web portal for both interim and final file submissions
 - a. Discuss quality control during file creation, including document of quality control
 - b. Process that will be used to ensure final survey data are linked to the original SID assigned by the PCF PEC Survey Team
 - c. Include the name of the staff member responsible for the deliverables

D. Data Security, Confidentiality, Privacy Plan and Disaster Recovery Plan

- 1. Data Security for Receiving and Tracking Sample Files.
 - a. Section C1 requested a description of the process for receiving and tracking sample files. Here, please describe in detail how data security is provided in this process, including explaining your use of passwords, file encryption, backup systems, etc.
- 2. Data Security for Data in Hardcopy in Mail and Hardcopy Form.
 - a. Section C4 requested a description of the process for implementing data collection by mail and telephone. Here, please describe in detail how data security is provided for data in hardcopy and electronic form. Explain your use of passwords, file encryption, backup systems, material storage, access control, retention, and when materials will be destroyed, in addition to other measures taken.
- 3. Data Confidentiality Among Staff.
 - a. Describe your vendor and subcontractor staff confidentiality agreements, including how affidavits of confidentiality are being stored and tracked. Include a copy of the confidentiality agreement that is being used.
- 4. Privacy Plan.
 - a. Describe your measures to protect respondent privacy. Include your telephone survey script regarding privacy or confidentiality of the data collected. Vendors must ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements. Describe the required HIPAA training of staff working on the PCF PEC Survey project. If you are using any subcontractors for any roles, describe how the subcontractor's staff are being trained on HIPAA.
- 5. Data Confidentiality for Patients.
 - a. For the telephone survey, include a screenshot or text indicating the voluntary nature of the sample member's participation.



6. Disaster Recovery Plan.

- a. Please include the details of your disaster recovery plan. This plan should include, but not be limited to:
 - i. Details on how your organization plans to preserve PCF PEC Survey data in the event of an unplanned incident such as a power outage or cyber-attack.
 - (1) Details on how quickly your organization could be operational and what amount of data may be lost in the event of any unplanned incident.
 - ii. Details on how your organization plans to maintain staffing levels and adhere to the PCF PEC Survey schedule and deadlines despite potential Covid-19 disruptions.
 - iii. Details on how your organization plans to maintain staffing levels and adhere to the PCF PEC Survey schedule and deadlines during delays caused by weather events.

E. Questionnaire and Materials Attachments

1. Attach a copy of your formatted mail survey questionnaire, both English and Spanish and versions. Be sure to include the cover page and back page. One dummy patient in 1 practice should appear on all mail templates. This may be submitted in a revised QAP.¹
2. Attach all screen shots from your telephone interview program—beginning with the introductory screens and ending with the last question in the interview—both English and Spanish versions. This may be submitted in a revised QAP.¹
3. Include a copy of your cover letters, postcards, and envelopes. One dummy patient in 1 practice should appear on all mail templates. This may be submitted in a revised QAP.¹

Note: Fully approved vendors who participated in PY 2021 data collection only need to submit materials that have been updated for the 2022 performance year. Materials that did not change from PY 2021 to PY 2022 do not need to be submitted.

¹ See *Patient Experience of Care Survey Quality Assurance Guidelines for Survey Vendors* and pcfpecs.org announcements for specific deadlines.



Appendix P: XML Data File Layout for Standard Record

PCF PECS

XML DATA FILE LAYOUT FOR STANDARD RECORD

XML Data File Layout PCF PECS

STANDARD HEADER RECORD

The following section defines the format of the header record.

Note: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

| STANDARD HEADER RECORD | | | | | |
|--|------------------------------|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Data Type <datatype> This header element should only occur once per file. Example: <datatype>1</datatype> | Type of Data File Submission | 1 = 1 st Interim Submission 2 = 2 nd Interim Submission 3 = Final Submission | Numeric | 1 | Yes |
| Practice Name <practice> This header element should only occur once per file. Example: <practice>Sample Practice</practice> | Name of Practice | — | Alphanumeric character | 100 | Yes |
| Practice ID <practiceid> This header element should only occur once per file. Example: <practiceid>ZZ1234</practiceid> | CMS Practice ID | No Dashes or spaces Valid 6-digit PCF Practice ID | Alphanumeric character | 6 | Yes |

| STANDARD HEADER RECORD | | | | | |
|--|--|---------------------------|-----------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Performance Year <perfyr> This header element will occur again as an administration data element in the patient level data record. Example: <perfyr >2021</perfyr > | Performance Year | YYYY (2021 or greater) | Numeric | 4 | Yes |
| No. of Patients Sampled <patientssampled> This header element should only occur once per file. Example: <patientssampled>595</patientssampled> | Number of patients sampled. This should be the total number of patients provided to the vendor from RTI. | 0 – 999999 | Numeric | 6 | Yes |
| Date Data Collection Period Began <datebegan> This header element should only occur once per file. Example: <datebegan>20210928</datebegan> | Date data collection began | YYYYMMDD | Numeric | 8 | Yes |
| Date Data Collection Period Ended <dateended> This header element should only occur once per file. Example: <dateended>20211221</dateended> | Date data collection ended | YYYYMMDD | Numeric | 8 | Yes |

PATIENT ADMINISTRATIVE DATA RECORD

The following section defines the format of the patient level data record.

Note: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

| PATIENT ADMINISTRATIVE DATA RECORD | | | | | |
|---|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Practice ID <practiceid> This header element should only occur once per file. Example: <practiceid>ZZ1234</practiceid> | PCF Practice ID | No Dashes or spaces Valid 6-digit PCF Practice ID | Alphanumeric character | 6 | Yes |
| Performance Year <perfyr> This header element will occur again as an administration data element in the patient level data record. Example: <perfyr >2021</perfyr > | Performance Year | YYYY (2021 or greater) | Numeric | 4 | Yes |
| Sample ID No. <sampleid> Example: <sampleid>123456A</sampleid> | The unique de-identified sample identification number (SID) assigned by RTI to each patient. The SID number will be used to track the survey status of the patient throughout the survey administration process and to designate sample patients on the data file submitted. | Maximum of 16 characters | Alphanumeric character | 16 | Yes |

| PATIENT ADMINISTRATIVE DATA RECORD | | | | | |
|---|--|--|-----------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Final Survey Status <finalstatus> Example: <finalstatus>110</finalstatus> | Final (or interim) disposition of survey | 110 = Completed Mail Survey 120 = Completed Phone Survey 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, No proxy Respondent available 190 = Ineligible: Did Not Receive Care at Practice 200 = Excluded from Survey 210 = Incomplete 220 = Refusal 230 = Hostile Refusal 240 = Wrong/Disc/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) | Numeric | 3 | Yes |

| PATIENT ADMINISTRATIVE DATA RECORD | | | | | |
|--|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Date Survey Received or Completed <datecomp> Example: <datecomp>20211115</datecomp> | Date survey received (mail) or completed (phone) | YYYYMMDD 88888888 | Numeric | 8 | Yes |
| Survey Language <languagesurvey> This administration data element should only occur once per patient. Example: <languagesurvey>1</languagesurvey> | Identify language in which survey completed | 1 = English 2 = Spanish X = No survey response | Alphanumeric character | 1 | Yes |
| Completion Mode <compmode> This administration data element should only occur once per patient. Example: <compmode>1</compmode> | How did the patient complete the survey? | 1 = Mail 2 = Telephone X = No survey response | Alphanumeric character | 1 | Yes |

PATIENT RESPONSE RECORD

A survey results record is defined as the <patient response> and is defined as follows:

Note: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

| PATIENT RESPONSE RECORD | | | | | |
|---|---|---|------------------------|-------------------|------------------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q1 <care> This patient response data element should only occur once per patient. Example: <care>1 </care> | Our records show that in the last 6 months you got care from a primary care provider who works at the office location listed on the front cover (you may know this provider's office by another name). Is that right? | Yes 1 No 2 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q2 <provname> This patient response data element should only occur once per patient. Example: <provname>1 </provname> | If you know, please write in the name of the primary care provider you have seen the most often at this office in the last 6 months. | ZERO 0 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q3 <visits> This patient response data element should only occur once per patient. Example: <visits>1 </visits> | In the last 6 months, how many times did you visit this provider to get care for yourself? | None 0 1 time 1 2 2 3 3 4 4 5 to 9 5 10 or more times 6 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|---|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q4 <contactappt> This patient response data element should only occur once per patient. Example: <contactappt>1 </contactappt> | In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away ? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q5 <soonappt> This patient response data element should only occur once per patient. Example: <soonappt>1 </soonappt> | 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? | Never 1 Sometimes 2 Usually 3 Always 4 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q6 <routappt> This patient response data element should only occur once per patient. Example: <routappt>1 </routappt> | In the last 6 months, did you make any appointments for a check-up or routine care with this provider? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q7 <routapptsoon> This patient response data element should only occur once per patient. Example: <routapptsoon>1 </routapptsoon> | In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q8 <medques> This patient response data element should only occur once per patient. Example: <medques>1 </medques> | In the last 6 months, did you contact this provider's office with a medical question during regular office hours? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q9 <medquesans> This patient response data element should only occur once per patient. Example: <medquesans>1 </medquesans> | In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q10 <medquesafter> This patient response data element should only occur once per patient. Example: <medquesafter>1 </medquesafter> | In the last 6 months, did you contact this provider's office with a medical question after regular office hours? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q11 <medquesaftersoon> This patient response data element should only occur once per patient. Example: <medquesaftersoon >1 </medquesaftersoon > | In the last 6 months, when you contacted this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? | Never 1 Sometimes 2 Usually 3 Always 4 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q12 <infoholiday> This patient response data element should only occur once per patient. Example: <infoholiday>1 </infoholiday> | Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q13 <explain> This patient response data element should only occur once per patient. Example: <explain>1 </explain> | In the last 6 months, how often did this provider explain things in a way that was easy to understand? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q14 <listen> This patient response data element should only occur once per patient. Example: <listen>1 </listen> | In the last 6 months, how often did this provider listen carefully to you? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q15 <medhist> This patient response data element should only occur once per patient. Example: <medhist>1 </medhist> | In the last 6 months, how often did this provider seem to know the important information about your medical history? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q16 <respect> This patient response data element should only occur once per patient. Example: <respect>1 </respect> | In the last 6 months, how often did this provider show respect for what you had to say? | Never..... 1 Sometimes.....2 Usually3 Always4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q17 <time> This patient response data element should only occur once per patient. Example: <time>1 </time> | In the last 6 months, how often did this provider spend enough time with you? | Never..... 1 Sometimes.....2 Usually3 Always4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q18 <medqueselec> This patient response data element should only occur once per patient. Example: <medqueselec>1 </medqueselec> | In the last 6 months, did you ask this provider's office a medical question using email, a patient portal, or a website? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|---|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q19 <medqueselecall> This patient response data element should only occur once per patient. Example: <medqueselecall>1 </medqueselecall> | In the last 6 months, when you asked this provider's office a question using email, patient portal, or website, how often were all of the questions in your message answered? | Never..... 1 Sometimes.....2 Usually3 Always4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q20 <test> This patient response data element should only occur once per patient. Example: <test>1 </test> | In the last 6 months, did this provider order a blood test, x-ray, or other test for you? | Yes 1 No2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q21 <testres> This patient response data element should only occur once per patient. Example: <testres>1 </testres> | 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..... 1 Sometimes.....2 Usually3 Always4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|---|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q22 <script> This patient response data element should only occur once per patient. Example: <script>1 </script> | In the last 6 months, did you take any prescription medicine? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q23 <scripttalk> This patient response data element should only occur once per patient. Example: <scripttalk>1 </scripttalk> | In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking? | Never 1 Sometimes 2 Usually 3 Always 4 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q24 <scriptstop> This patient response data element should only occur once per patient. Example: <scriptstop>1 </scriptstop> | In the last 6 months, did you and this provider talk about starting or stopping a prescription medication? | Yes 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q25 <scriptstopreason> This patient response data element should only occur once per patient. Example: <scriptstopreason>1 </scriptstopreason> | 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 1 No 2 LEGITIMATE SKIP 88 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q26 <scriptnot> This patient response data element should only occur once per patient. Example: <scriptnot>1 </scriptnot> | When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might not want to take a medicine? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q27 <scriptbest> This patient response data element should only occur once per patient. Example: <scriptbest>1 </scriptbest> | When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q28 <rating> This patient response data element should only occur once per patient. Example: <rating>1 </rating> | Using any number from 0 to 10, where 0 is the worst number and 10 is the best provider possible, what number would you use to rate this provider? | Worst provider possible..... 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 Best provider possible 10 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q29 <specialist> This patient response data element should only occur once per patient. Example: <specialist>1 </specialist > | Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, or doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q30 <specialistinfo> This patient response data element should only occur once per patient. Example: <specialistinfo>1 </specialistinfo> | In the last 6 months, how often did the provider named in Question 2 seem informed and up-to-date about the care you got from specialists? | Never..... 1 Sometimes.....2 Usually3 Always4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q31 <helpmanage> This patient response data element should only occur once per patient. Example: <helpmanage>1 </helpmanage> | In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q32 <gethelpmanage> This patient response data element should only occur once per patient. Example: <gethelpmanage>1 </gethelpmanage> | In the last 6 months, did you get the help you needed from this provider's office to manage your care among different providers and services? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q33 <goals> This patient response data element should only occur once per patient. Example: <goals>1 </goals> | In the last 6 months, did someone from this provider's office talk with you about specific goals for your health? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q34 <hard> This patient response data element should only occur once per patient. Example: <hard>1 </hard> | In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q35 <crhelpful> This patient response data element should only occur once per patient. Example: <crhelpful>1 </crhelpful> | In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|---|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q36 <crrespect> This patient response data element should only occur once per patient. Example: <crrespect>1 </crrespect> | In the last 6 months, how often did the clerks and receptionists at this provider's office treat you with courtesy and respect? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q37 <hrsholiday> This patient response data element should only occur once per patient. Example: <hrsholiday>1 </hrsholiday> | Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays? | Yes 1 No 2 Not sure..... 3 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q38 <careholiday> This patient response data element should only occur once per patient. Example: <careholiday>1 </careholiday> | In the last 6 months, did you need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q39 <getcareholiday> This patient response data element should only occur once per patient. Example: <getcareholiday>1 </getcareholiday> | In the last 6 months, how often were you able to get the care you needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays? | Never..... 1 Sometimes..... 2 Usually 3 Always 4 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q40 <hosp> This patient response data element should only occur once per patient. Example: <hosp>1 </hosp> | In the last 6 months, have you been a patient in a hospital overnight or longer? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q41 <hospfu> This patient response data element should only occur once per patient. Example: <hospfu>1 </hospfu> | Within 3 days after your most recent hospital stay, did someone from the provider's office named on the front cover contact you to follow up on this hospital stay? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q42 <emergency> This patient response data element should only occur once per patient. Example: <emergency>1 </emergency> | In the last 6 months, have you gone to an emergency room or emergency department for care? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|---|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q43 <emergencyfu> This patient response data element should only occur once per patient. Example: <emergencyfu>1 </emergencyfu> | Within one week after your most recent emergency room or emergency department visit, did someone from the provider's office named on the front cover contact you to follow up on the visit? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q44 <sadask> This patient response data element should only occur once per patient. Example: <sadask>1 </sadask> | In the last 6 months, did someone from this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q45 <sad> This patient response data element should only occur once per patient. Example: <sad>1 </sad> | In the last 6 months, was there a period of time when you felt sad, empty, or depressed? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q46 <sadhelp> This patient response data element should only occur once per patient. Example: <sadhelp>1 </sadhelp> | In the last 6 months, did someone from this provider's office help when you felt sad, empty, or depressed? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|---|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q47 <stressask> This patient response data element should only occur once per patient. Example: <stressask>1 </stressask> | In the last 6 months, did someone from this provider's office talk with you about things in your life that worry you or cause you stress? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q48 <stress> This patient response data element should only occur once per patient. Example: <stress>1 </stress> | In the last 6 months, was there a period of time when things in your life worried you or caused you stress? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q49 <stresshelp> This patient response data element should only occur once per patient. Example: <stresshelp>1 </stresshelp> | In the last 6 months, did someone from this provider's office help during a period of time when things in your life worried you or caused you stress? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q50 <useask> This patient response data element should only occur once per patient. Example: <useask>1 </useask> | In the last 6 months, did someone from this provider's office ask you about alcohol use or drug use? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|---|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q51 <use> This patient response data element should only occur once per patient. Example: <use>1 </use > | In the last 6 months, was there a period of time when you had a problem with alcohol use or drug use? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q52 <usehelp> This patient response data element should only occur once per patient. Example: <usehelp>1 </usehelp> | In the last 6 months, did someone from this provider's office help with your alcohol use or drug use? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q53 <nonmedask> This patient response data element should only occur once per patient. Example: <nonmedask>1 </nonmedask> | In the last 6 months, did someone from this provider's office ask you about any nonmedical needs, such as food, housing, or transportation? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q54 <nonmed> This patient response data element should only occur once per patient. Example: <nonmed>1 </nonmed> | In the last 6 months, was there a period of time when you had any nonmedical needs, such as food, housing or transportation? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q55 <nonmedhelp> This patient response data element should only occur once per patient. Example: <nonmedhelp>1 </nonmedhelp> | In the last 6 months, did someone from this provider's office help you get nonmedical needs, such as food, housing, or transportation? | Yes 1 No 2 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q56 <overallhealth> This patient response data element should only occur once per patient. Example: <overallhealth>1 </overallhealth> | In general, how would you rate your overall health? | Excellent 1 Very good..... 2 Good..... 3 Fair..... 4 Poor..... 5 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |
| Q57 <mentalhealth> This patient response data element should only occur once per patient. Example: <mentalhealth>1 </mentalhealth> | In general, how would you rate your overall mental or emotional health? | Excellent 1 Very good..... 2 Good..... 3 Fair..... 4 Poor..... 5 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|-------------------------|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q58 <age> This patient response data element should only occur once per patient. Example: <age>1 </age> | What is your age? | 18-241 25-342 35-443 45-544 55-645 65-746 75-847 85 or older8 DON'T KNOW98 REFUSED99 MISSINGM (Patients must be 18 or older to be eligible for the survey) | Alphanumeric character | 2 | Yes |
| Q59 <sex> This patient response data element should only occur once per patient. Example: <sex>1 </sex> | Are you male or female? | Male1 Female2 DON'T KNOW98 REFUSED99 MISSINGM | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|---|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q60 <education> This patient response data element should only occur once per patient. Example: <education>3</education> | What is the highest grade or level of school that you have completed? | 8th grade or less 1 Some high school, but did not graduate... 2 High school graduate or GED 3 Some college or 2-year degree 4 4-year college graduate 5 More than 4-year college degree 6 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q61 <ethnicity> This patient response data element should only occur once per patient. Example: <ethnicity>2</ethnicity> | Are you of Hispanic or Latino origin or descent? | Yes, Hispanic or Latino 1 No, not Hispanic or Latino 2 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q62 <racewhite> This patient response data element should only occur once per patient. Example: <racewhite>1</racewhite> | What is your race? Mark one or more. | White 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q62 <raceafricanamer> This patient response data element should only occur once per patient. Example: <raceafricanamer>1</raceafricanamer> | What is your race? Mark one or more. | Black or African American 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|--|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q62 <raceasian> This patient response data element should only occur once per patient. Example: <raceasian>1</raceasian> | What is your race? Mark one or more. | Asian 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q62 <racenativehawaiian> This patient response data element should only occur once per patient. Example: <racenativehawaiian>1</racenativehawaiian> | What is your race? Mark one or more. | Native Hawaiian or Other Pacific Islander 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q62 <raceamerindian> This patient response data element should only occur once per patient. Example: <raceamerindian>1</raceamerindian> | What is your race? Mark one or more. | American Indian or Alaskan Native 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q62 <raceother> This patient response data element should only occur once per patient. Example: <raceother>1</raceother> | What is your race? Mark one or more. | Other 1 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |
| Q63 <helpyou> This patient response data element should only occur once per patient. Example: <helpyou>1</helpyou> | Did someone help you complete this survey? | Yes 1 No 2 CATI, USING A PROXY 3 CATI, NO PROXY 86 DON'T KNOW 98 REFUSED 99 MISSING M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|--|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q64 <helpread> This patient response data element should only occur once per patient. Example: <helpread>1</helpread> | How did that person help you? Mark one or more. | Read the questions to me 1 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q64 <helpwrote> This patient response data element should only occur once per patient. Example: <helpwrote>1</helpwrote> | How did that person help you? Mark one or more. | Wrote down the answers I gave 1 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q64 <helpanswer> This patient response data element should only occur once per patient. Example: <helpanswer>1</helpanswer> | How did that person help you? Mark one or more. | Answered the questions for me 1 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |
| Q64 <helptranslate> This patient response data element should only occur once per patient. Example: <helptranslate>1</helptranslate> | How did that person help you? Mark one or more. | Translated the questions into my language 1 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING.....M | Alphanumeric character | 2 | Yes |

| PATIENT RESPONSE RECORD | | | | | |
|---|--|---|------------------------|------------|-----------------------|
| XML Element | Description | Valid Values | Data Type | Field Size | Data Element Required |
| Q64 <helpother> This patient response data element should only occur once per patient. Example: <helpother>1</helpother> | How did that person help you? Mark one or more. | Helped in some other way..... 1 LEGITIMATE SKIP..... 88 DON'T KNOW 98 REFUSED..... 99 MISSING..... M | Alphanumeric character | 2 | Yes |