



# PRIMARY CARE FIRST: PATIENT SURVEY ROSTER INSTRUCTIONS AND FREQUENTLY ASKED QUESTIONS (FAQS) FOR PY 2025

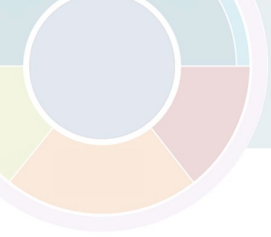
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February 14, 2025



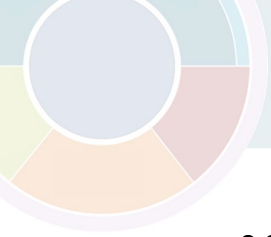
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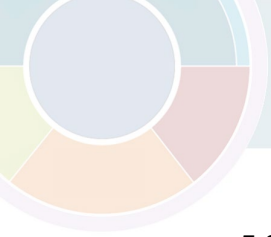


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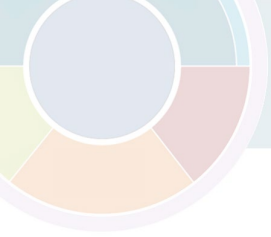
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## 1. Do I need to submit a patient roster, when and why?

### 1.1 *Why is CMS requesting a roster of our practice's patients, and how will the data be used?*

As part of Primary Care First (PCF), we are requesting your patient roster in order to send a sample of your patients the Patient Experience of Care (PEC) Survey, which is one of the measures used to calculate your practice's performance-based adjustment (PBA) under PCF. Measuring and improving patient experience of care is a crucial aspect of PCF. CMS will share the survey results with your practice in order to help you make changes to improve your patients' experience of care.

### 1.2 *Why is accurate roster information important for the PEC Survey?*

Accurate roster information is important for several reasons but primarily to maximize patient response rates.

The Center for Medicare & Medicaid Innovation (CMMI) PEC Surveys are typically administered using mail data collection with a telephone follow-up mode because it leads to higher data quality and representativeness. This survey methodology makes accurate patient addresses and telephone numbers especially critical in the rostering process.

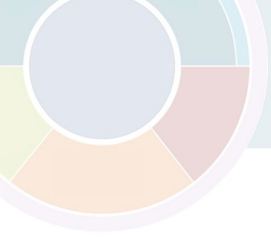
The address information you provide within the roster is used for first attempts in getting your patients to complete the survey. Having the correct address for patients is vital for collecting responses from them. When address information is incorrect within the roster, the mail is returned as undeliverable. Updated telephone numbers are also important, as this is how we attempt to contact nonrespondents in the last weeks of data collection. Accurate telephone numbers help us get feedback from hard-to-reach populations. While not required, we also request email addresses as we continue to assess the feasibility of conducting web-based surveys in the future. We also use the email address during our secondary quality control process (see [FAQ 2.19](#)).

It is also important to provide accurate demographic information because we attempt to make our sample representative of patient populations by gender, age, and language. Further, accurate roster information is needed to identify patients that may appear in multiple rosters, so we do not burden these patients with multiple surveys.

Your efforts to maintain accurate patient information, including confirming and updating patient contact information at each office visit, are very important to the success of the PEC Survey.

### 1.3 *Are all practices required to submit a patient roster to CMS?*

Cohort 1 practices will **not** submit a patient roster in PY 2025. Please see [FAQ 1.4](#) for more information.



Cohort 2 PCF practices are required to submit an individual patient roster to CMS for the PEC Survey, even if the practice is part of a larger health care organization with multiple practices participating in PCF. Submitting a patient roster is a requirement for all practices, as stated in Section 7.04 of the PCF Participation Agreement: “The PCF Practice shall... Submit a patient roster for all patients to CMS by a date and in a manner to be specified by CMS. CMS will validate the roster and provide the roster to the survey vendor directly.”

The PCF PEC Survey is a required component of the Quality Gateway that is assessed annually for all PCF practices as part of the performance-based adjustment. If your practice does not submit a patient roster, CMS will assign you a 0 for your yearly PEC Survey score, and you will not meet the Quality Gateway, rendering your practice ineligible for a positive performance-based adjustment for Calendar Year 2026, and resulting in an automatic negative 10 percent performance-based adjustment for all quarters.

#### *1.4 Are Cohort 1 practices required to submit a patient roster to CMS for PY 2025?*

As stated in the newly released [PY 2025 PCF Participation Agreement Amendment for Cohort 1 practices](#) and [Summary of Changes](#) document, PCF practices will complete quality reporting for Performance Year (PY) 2021 through PY 2024 of the model and therefore will not report Patient Experience of Care Survey results to CMS for PY 2025. As a Cohort 1 practice, you will not be required to submit a patient roster in 2025 because you will not be participating in PEC Survey data collection for PY 2025.

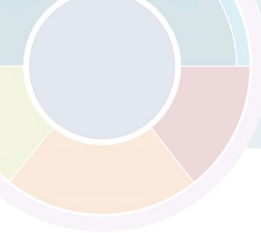
#### *1.5 What is the deadline for submitting the roster?*

For PY 2025, your practice is required to submit a patient roster by June 27, 2025. Your practice must submit the roster through the [Primary Care First Practice Portal \(PCF Practice Portal\)](#). The PCF Practice Portal opens for roster collection on Monday, May 12, 2025, at 8 AM ET and closes on Friday, June 27, 2025, at 11:59 PM ET. We recommend that you submit early in the submission period and contact PCF Support with any questions.

#### *1.6 Are patients notified that practices will be sharing their information with CMS?*

Every year, CMS evaluates ways to improve patient engagement. By using the resources provided below and taking a few important steps, your practice can increase your patients' awareness of the PCF PEC Survey and subsequently increase participation. These materials explain the importance of the survey and inform patients that the practice is sharing their contact information with an independent survey vendor, and that all information collected through the





survey is confidential and will not be shared with their provider. We encourage practices to share this information with their patients.

- ✓ **Send a message to your patients in the fall** to inform them about the upcoming survey and kindly request their participation. Please use the language provided by CMS, [available here](#). Practices may send this message via patient portal or by other channels of communication, such as mail or video. We encourage practices to send the portal message in September before data collection begins and again in mid-November before telephone follow-up.
- ✓ **Display the PEC Survey Poster at your practice.** Your practice must display at least one PCF PEC Survey poster in a highly visible area of your practice. The poster lists important PEC Survey information in 12 languages and has space to include your vendor's contact information. [Small](#) and [large](#) versions of the poster are available on PCF Connect. The small version can also be used as a handout.
- ✓ **Distribute the [PEC Survey FAQs](#) at your practice.** Print and distribute the PEC Survey FAQs, available in both English and Spanish on PCF Connect. Space is available to include your vendor's contact information.
- ✓ **Answer patient questions and express support for the survey.** Your practice staff should be aware of the PCF PEC Survey so they can confidently reassure patients the survey is legitimate and confidential. If a patient talks to practice staff about the survey, practice staff should answer questions according to the response given in the PEC Survey FAQs and assure patients of confidentiality.

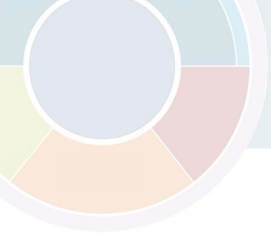
## 2. Roster content

### 2.1 *What are the requested patient data?*

The patient roster template has required and optional fields for patient data.

The required fields are:

- Patient's first and last name
- Patient's street address, city, state, and ZIP code
- Patient's date of birth
- Patient's gender
- Patient's identifier: Medicare Beneficiary Identifier (MBI), or a unique Medical Record Number
- Patient's primary or best phone number
- Date of the most recent office visit



The optional fields are:

- Patient's email (if known/available)
- Patient's preferred language (if known/available)

## *2.2 Do I need to fill out all the fields in the template?*

You are required to provide complete data for all fields in the Patient Template except for the two optional fields labeled "if known/available." The columns for the two optional fields must still be present in the patient roster, even if no data are provided.

## *2.3 Are there specific formats for the data required, such as limits on field lengths?*

Yes, the specific formats for the required data are provided in the example roster, which can be downloaded from the [PCF Practice Portal](#) and [PCF Connect](#). The example roster includes a completed patient roster on the first tab and a description of the required field length and format for each field on the second tab (Possible Patient Values). The example completed roster and the specific format for each field are presented below in [Exhibit 2-1](#) and [Exhibit 2-2](#) respectively.

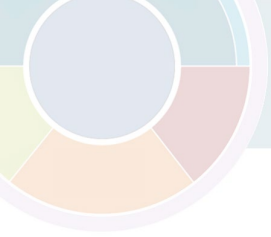
In addition to ensuring that each field has the required length and format, please follow the additional guidelines below:

- Do not reverse first and last name;
- Keep fields in the order specified in the template; and
- Use the column headers as shown on the template.

Sampled patients will be contacted for the survey using the name, address, and phone number on the roster submitted by the practice. Please be sure to enter accurate and complete data for a successful PEC Survey.

## Exhibit 2-1 Example Roster

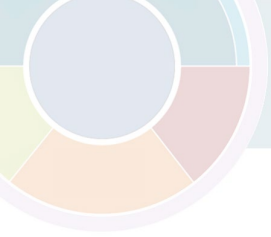
First Name	Last Name	Address 1	Address 2	City	State	ZIP Code #####	Date of Birth MM/DD/YYYY (Can drop leading zeros on month and day)	Gender M, F, O	Medicare Beneficiary Identifier (MBI) or unique Medical Record Number	Email (if known/available)	Phone Number ###-###-####	Language (if known/available)	Most recent office or telehealth visit date MM/DD/YYYY (Can drop leading zeros on month and day)
Jon	Doe	111 First St.	Apt. 2C	Anytown	TX	79762	10/26/1937	M	1EG4-TE5-MK73	<a href="mailto:jon@anytowntx.org">jon@anytowntx.org</a>	111-111-1111		1/7/2025
Lisa	Smith	231 Main St.		Springfield	MA	01103	3/29/1979	F	4289-FT9-987M	<a href="mailto:lsmith244@gmail.com">lsmith244@gmail.com</a>	231-942-3456		5/4/2025
Isabel	Smith	989 West Elm Lane	Apt 7	Cooltown	MA	01432	9/2/2000	F	CF39-7XZ-L278	<a href="mailto:izzy67@yahoo.com">izzy67@yahoo.com</a>	617-789-6336	Spanish	3/25/2025
Brad	Trader	850 Capital Blvd		Big Town	MA	01298	12/12/1955	M	2RD4-8HG-WE71	<a href="mailto:bradtrader@company.org">bradtrader@company.org</a>	231-395-1274		3/5/2025
Suzy	Napa	45 Cabbage Ct.		Little Town	ME	04021	5/30/1948	F	D89T-3RF-EN7Q	<a href="mailto:cabbagepatch5@gmail.com">cabbagepatch5@gmail.com</a>	207-372-7523		5/28/2025
Theodore	Kickapoo	89 Quail Ct		Best City	MA	01108	8/21/1964	M	8P9Y-S35-B8FT	<a href="mailto:tkick@comcast.net">tkick@comcast.net</a>	231-589-0064		3/9/2025
Timmy	Viroqua	791 Wild Flower Way		Des Plaines	MA	01303	1/1/1972	M	Y45C-2WL-131M	<a href="mailto:viroqua_tim@yahoo.com">viroqua_tim@yahoo.com</a>	231-611-7942		2/4/2025
Jackson	Corgi	654 Nap Lane		Snack Town	MA	01487	9/9/1994	M	2GT8-9KR-T7Y6	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		2/20/2025
Truffle	Corgi	654 Nap Lane		Snack Town	MA	01487	10/16/1990	O	E48F-WDB-985H	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		4/7/2025
Brutus	Buckeye	789 Lane Ave	Unit 2L	Fun Town	OH	43210	2/13/1982	M	QW2T-V7T-XC7P	<a href="mailto:buckeyefan@osu.edu">buckeyefan@osu.edu</a>	614-844-2755		3/16/2025
Pine	Sky	2331 Water Way		Breezy Town	MA	02139	6/7/1958	F	R59J-P87-U25D		617-283-6134		1/18/2025
Stone	Sky	2331 Water Way		Breezy Town	MA	02139	11/15/1960	M	JM41-N25-YG6Z	<a href="mailto:ssky@gmail.com">ssky@gmail.com</a>	617-283-2899		5/1/2025
Picasso	Tiles	4567 Main St		Beach Town	FL	23456	4/16/2001	M	73RT-9UD-X44A	<a href="mailto:picasso879@yahoo.com">picasso879@yahoo.com</a>	231-564-8116	Spanish	3/30/2025
Jane	Eyre	331 Morton St		Shiretown	MA	01623	7/26/1939	F	B61M-9DT-K6H8		231-832-1967		5/17/2025
Clifford	Clipper	562 S. Lawn St		Best City	MA	01108	2/7/1974	M	A3B1-25Y-74WD	<a href="mailto:clipperclifford@company.org">clipperclifford@company.org</a>	617-928-0737		2/19/2025
Claudia	McDonald	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	3/6/1938	F	654T-MN1-9UD3	<a href="mailto:cmdonald@yahoo.com">cmdonald@yahoo.com</a>	231-942-7711		1/31/2025
Josh	Nottingham	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	7/21/1939	M	E7Q4-2TD-HQ3X	<a href="mailto:jnottingham7@yahoo.com">jnottingham7@yahoo.com</a>	231-942-9292		4/22/2025
Haley	Gose	64 Pitt Street	Lot 4	Big Town	MA	01298	12/24/1947	F	7P1J-3MN-K841	<a href="mailto:hg6242@gmail.com">hg6242@gmail.com</a>	231-179-2332	Chinese	2/28/2025
Violet	Spring	2808 River Rd		Little Town	MA	02137	11/4/2001	O	2L67-3BX-45RT	<a href="mailto:springviolets@gmail.com">springviolets@gmail.com</a>	617-377-8671		5/19/2025
Rose	Brookes	1191 Winterville Blvd		Best City	MA	01108	4/18/1953	F	8Y64-S3W-FQR2	<a href="mailto:rbrookes@company.org">rbrookes@company.org</a>	231-589-3207		5/21/2025



**Exhibit 2-2**  
**Individual Fields in the Roster and Their Required Format and Values**

Individual Fields	Required Formatting and Values	Example
First Name	First name only, no “Mr./Mrs.” prefix. Do not use Jr, Sr, III, etc. in lieu of first name. If the patient uses a middle name, include in First Name field.	John
Last Name	Last name only. Do not use Jr, Sr, III, etc. in lieu of last name.	Smith
Address 1	Primary mailing address You may also indicate “Do Not Contact” patients in this field.	11234 Green St.
Address 2	Second line of address, if applicable. The combination of Address 1 and Address 2 must create a complete address. <b>Do not include any non-address information, such as notes about the patient. Please see FAQ 2.4, for more details on how to correctly complete Address 2.</b>	Apt 201
City	Complete city name	Springfield
State	Two-letter state abbreviation. DC, District of Columbia, U.S. territories and APO/FPO addresses also okay. Do not spell out state name.	IL
ZIP Code	Five-digit or nine-digit zip code. Patient addresses in Massachusetts, Rhode Island, New Hampshire, Maine, Vermont, Connecticut, New Jersey, AE military bases, and other territories: If the patient's zip code has a leading zero, include it in the data. The zero may not display because of Excel's formatting, but the sampling team will ensure the zero is included in the survey.	Any one of these would be acceptable: <ul style="list-style-type: none"> <li>• 68505</li> <li>• 68505-3341</li> <li>• 685053341</li> </ul>

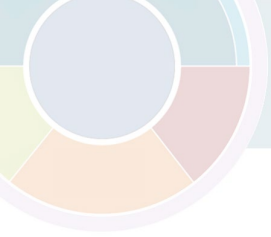
(continued)



**Exhibit 2-2 (continued)**  
**Individual Fields in the Roster and Their Required Format and Values**

Individual Fields	Required Formatting and Values	Example
Date of Birth	<p>The preferred format for dates is MM/DD/YYYY. It is okay to drop the leading zeros on month and day and have a M/D/YYYY format. The year must remain 4 digits, and the slashes that serve as separators must remain.</p> <p>Additionally, the standard Excel date formats (see examples) are acceptable.</p>	<p>Preferred format: 08/04/1950 or 8/4/1950</p> <p>Also acceptable:</p> <ul style="list-style-type: none"> <li>• 1950-08-04</li> <li>• 04-Aug-1950</li> <li>• Aug 04 1950</li> <li>• Friday, August 04, 1950</li> <li>• Friday, August 4, 1950</li> </ul>
Gender	<p>Use one of these 6 values: M or Male, F or Female, O or Other. If your electronic health record (EHR) had additional values for gender, please convert them to O or Other.</p>	Male
Medicare Billing Identifier or MRN	<p>A unique ID for each patient. There is no limit on the format or number of characters for the ID.</p> <p>Do not submit Social Security Number (SSN) in this field.</p>	1EG4TE5MK
Email (if known/available)	Complete email address.	jsmith@email.com
Phone (primary or best)	<p>Must be 10 digits and in one of these formats:</p> <ul style="list-style-type: none"> <li>• ###-###-####</li> <li>• (###) ###-####</li> <li>• ###.###.####</li> <li>• #####</li> </ul> <p>Do not include letters or words, such as C, L, work, or cell, in this field. <b>Only submit one telephone number per patient. If you submit a roster with multiple phone numbers per individual patient, it will fail validation and be returned to you.</b></p>	<p>Any one of these would be acceptable:</p> <ul style="list-style-type: none"> <li>• 123-456-7890</li> <li>• (123) 456-7890</li> <li>• 123.456.7890</li> <li>• 1234567890</li> </ul>

(continued)



**Exhibit 2-2 (continued)**  
**Individual Fields in the Roster and Their Required Format and Values**

Individual Fields	Required Formatting and Values	Example
Language (if known/available)	Patient's preferred language, if not English. If the patient's language is English, please leave this field blank. Please note that only language is required—please do not provide more granular details such as dialect, variety, or notes on reading, visual, or auditory impairment. If the patient's language is unknown, please leave this field blank.	Spanish Chinese
Date of most-recent office or telehealth visit	The preferred format for dates is MM/DD/YYYY. It is okay to drop the leading zeros on month and day and have a M/D/YYYY format. The year must remain 4 digits, and the slashes that serve as separators must remain. Additionally, the standard Excel date formats (see examples) are acceptable.	Preferred format: 03/02/2025 or 3/2/2025 Also acceptable: <ul style="list-style-type: none"><li>• 2025-03-02</li><li>• 02-Mar-2025</li><li>• Mar 02 2025</li><li>• Wednesday, March 02, 2025</li><li>• Wednesday, March 2, 2025</li></ul>

**2.4** *Why is it important to review Address 2, and what information should and should not be included in the Address 2 field?*

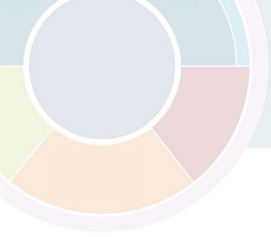
When Address 1 and Address 2 are combined, they must form a complete mailing address for the address to be usable. Please include the single best mailing address information that your practice has for the patient. If the patient is selected for the survey, your authorized survey vendor will send the patient's name and address to a commercial address update service. That service will check for any recent updates with the U.S. Postal Service.

Address 2 may include:

- Apartment or unit numbers
- Names of facilities and care providers

Address 2 should **NOT** include:

- Notes about the patient
- Notes that the address is undeliverable.



- A second full mailing address—if the patient has two addresses, please include only their best mailing address in Address 1. Do not enter a second full address in Address 2 that differs from the address in Address 1. This includes patients with PO Box addresses.
- A split address across Address 1 and Address 2 (for example, if the patient’s address is “721 Main Falls Avenue”, do not enter “721 Main” in Address 1 and “Falls Avenue” in Address 2. The full street number and street name [“721 Main Falls Avenue”] should be in Address 1).
- Phone numbers. Phone numbers are to be entered in the Phone Number field.

### 2.5 *Is there a character limit for the unique identifier (MBI/MRN) I provide?*

No, there is no specified digit requirement for this value, but do not submit any Social Security Numbers (SSNs) in this field.

### 2.6 *Which patients should I include in the patient roster?*

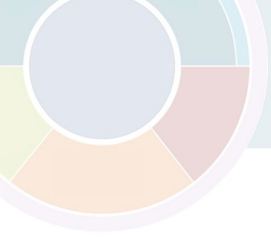
Please include all patients regardless of payer and/or insurance, as long as they are age 18 or older at the time of roster creation, are not deceased, and have been seen at least once by a primary care practitioner at the practice site address **listed in the PCF practitioner roster**. If the patient’s visit was not with the practitioner listed in the roster, but with someone else, they **should not** be included in the patient roster. Include all patients with a visit (which may be in-person or telehealth) that occurred since January 1, 2025. This will include:

- Medicare patients
- Medicaid patients
- Private payer patients
- Uninsured patients

To ensure the timeliness of information and maximize response rates, we ask that you create your patient roster as close as possible to submission, and not earlier than May 1, 2025.

The table below shows examples of the Healthcare Common Procedure Coding System (HCPCS) codes that qualify for inclusion in the patient roster (please note that these example codes have been updated for PY 2025). While it is not possible to provide an exhaustive list here, more potentially qualifying codes can be found on the American Medical Association (AMA) website. Practices may also wish to work with their Health IT vendor to identify any other primary billing codes used by their practice for patient visits or E&M services.

Services	HCPCS Codes
Office/outpatient visit E&M	99202–99205, 99211–99215
Home care/domiciliary care E&M	99324–99328, 99334–99337, 99339–99345, 99347–99350



Services	HCPCS Codes
Welcome to Medicare and Annual Wellness Visits	G0402, G0438, G0439
Advance care planning	99497
Collaborative care model	G0502–G0504, 99492–99494
Cognition and functional assessment for patient with cognitive impairment	99483
Outpatient clinic visit for assessment and management (critical access hospitals only)	G0463
Transitional care management services	99495, 99496
CCM services	99487, 99490, 99491
Prolonged non-face-to-face E&M services	99358
Assessment/care planning for patients requiring CCM services	G0506
Care management services for behavioral health conditions	G0507, 99484
Advanced Primary Care Management Services	GPCM1-GPCM3

CCM = Chronic Care Management; E&M = evaluation and management; HCPCS = Healthcare Common Procedure Coding System.

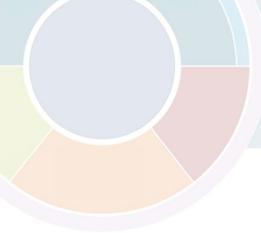
Note: Some HCPCS codes, such as 99324–99340 and 99343, have been removed from the Physician Fee Schedule. However, CMS will continue to use these codes for attribution purposes when historical claims analysis includes periods when these codes were in use.

## 2.7 Which patients should I exclude from the patient roster?

Please exclude the following patients from the roster:

- Deceased patients
- Fake patients or test data
- Patients under the age of 18
- Patients who were not seen by a primary care practitioner, as defined by PCF: physician (MD or DO), nurse practitioner (NP), physician assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Family, Adult, General Practice, Internal, Hospice and Palliative, or Geriatric Medicine.
- Patients who only visited your practice site for a COVID test or vaccine ([FAQ 2.15](#))
- Patients who reside in nursing homes/skilled nursing facilities
- Patients who reside in other long-term facilities, such as jail or prison
- Patients whose addresses are outside of the U.S.
- Patients with no address





Note: Patients who live in residential care/assisted living facilities are eligible and should be included in the patient roster.

### *2.8 Who at my practice is a primary care practitioner?*

For the purposes of PCF, a primary care practitioner is defined as a physician (MD or DO), nurse practitioner (NP), physician assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Family, Adult, General Practice, Internal, Hospice and Palliative, or Geriatric Medicine and **was listed on the PCF practitioner roster** for any period of time during 2025 at this practice site. In addition, CMS encourages, but does not require, the addition of residents to the Practitioner Roster. When a resident is listed and billing under a supervising physician, the supervising physician must be listed and practicing on the same Practitioner Roster. Please see the [Practice Management Guide](#) for more information about practitioner rosters.

### *2.9 Should I include patients no longer receiving care at this practice?*

Yes, as long as they were seen at least once since January 1, 2025 by a primary care practitioner on the PCF practitioner roster at this practice site, are age 18 or older, and are not deceased.

### *2.10 Should I include patients who visited a provider who has since left this practice?*

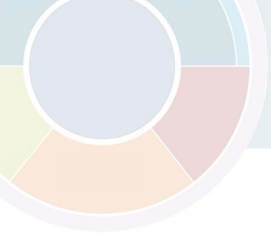
Yes, as long as they were seen at least once since January 1, 2025 by a primary care practitioner on the PCF practitioner roster at this practice site, are age 18 or older, and are not deceased.

### *2.11 Should I include patients who visited a specialist, and not a primary care practitioner, at the practice?*

No, please include only patients who had at least one visit since January 1, 2025 with a primary care practitioner on the PCF practitioner roster at this practice site, are age 18 or older, and are not deceased. Please see [FAQ 2.8](#) above for the definition of a primary care practitioner.

### *2.12 Should I include patients who received visits outside of the practice site, such as in an assisted living residence, the patient's home, etc.?*

To qualify for inclusion on the roster, the patient must have at least one in-person visit at the practice site (not at another location) or one telehealth visit with a primary care practitioner from the practice. In either case, the visit must have occurred since January 1, 2025.



However, if your practice is a majority or exclusively home-based practice, then you should include all patients who had at least one visit with a primary care practitioner since January 1, 2025, regardless of where that visit took place. If you have questions about which visits to include, please contact **PCF Support** at [PCF@telligen.com](mailto:PCF@telligen.com) and by phone at **1-888-517-7753**.

Note that beginning in PY 2024, all outgoing survey envelopes have this message printed on the outside, to aid in survey completion by proxy respondents (friends and family members):

**If needed, someone like a friend or family member can assist you with this survey.**

### *2.13 Should I include patients seen at another of our practice locations?*

No, include only those with at least one in-person or telehealth visit to a primary care practitioner on the PCF practitioner roster at the practice site address listed in PCF since January 1, 2025. Each practice site/physical location participating in PCF must have a separate roster of patients. Please see the [Practice Management Guide](#) for more information about practice address.

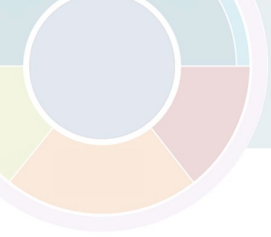
### *2.14 Should I include patients who do not want to be contacted for the survey?*

Yes, you should include patients who have expressed, either in writing or verbally, a clear request not to be contacted for survey purposes by the practice. These patients should be clearly marked as Do Not Contact on the roster by adding the words **“Do Not Contact” in the Address 1 field**. Patients who simply prefer one form of communication over another (for example, a patient who prefers to be emailed rather than called) should not be marked as Do Not Contact on the practice roster.

Please note that including a large number of Do Not Contact patients on your roster may negatively impact the practice’s response rate. CMS removes Do Not Contact patients before sampling for the PCF PEC Survey, reducing the available sample frame.

It is important to offer patients the opportunity to participate in the survey and share their experience. Their participation in this survey is voluntary; all information they give in this survey will be held in confidence. Their primary care provider will not see their individual answers, nor will they know whether or not they participated.

It is also important that you know that their decision to participate or not participate in this survey, and their answers to the survey questions, will not affect the health care benefits that they receive now or expect to receive in the future.



Patients can also skip or refuse to answer any question they don't feel comfortable with. If selected, CMS hopes they will participate because the feedback they provide will help their health care provider's office improve the experience and health of their patients.

Please point concerned patients to the survey poster and PEC Survey FAQs. They may also contact your survey vendor's Help Desk with questions. Please see [FAQ 5.1](#) for additional language if patients have concerns about HIPAA. To learn more about how to communicate with patients about the PEC Survey, please see the [Responsibilities of PCF Practice Sites for the PEC Survey](#).

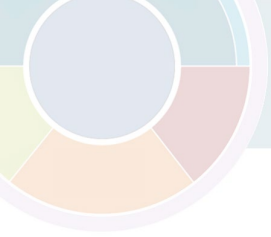
### *2.15 My practice ran a COVID testing/vaccine clinic this year. Should I include those patients in the patient roster?*

Please refer to [FAQ 2.6](#). Only patients who had an in-person or telehealth visit with a provider listed on the PCF practitioner roster should be included. If a patient **only** visited your practice site for a COVID test or vaccine and does not meet the requirements, then you would **not include** them on the patient roster.

The PEC Survey is intended to collect data from patients about their health care experiences with their primary care provider—for example, how hard or easy it is to get appointments, and whether their health care team listens to them and explains things in a way that is easy to understand. Patients who only visited a practice for a COVID test or vaccine would not be able to respond to the survey questions.

The table below shows examples of the HCPCS codes that qualify for inclusion in the patient roster (please note that these example codes have been updated for PY 2025). While it is not possible to provide an exhaustive list here, more potentially qualifying codes can be found on the AMA website. Practices may also wish to work with their Health IT vendor to identify any other primary billing codes used by their practice for patient visits or E&M services.

Services	HCPCS Codes
Office/outpatient visit E&M	99202–99205, 99211–99215
Home care/domiciliary care E&M	99324–99328, 99334–99337, 99339–99345, 99347–99350
Welcome to Medicare and Annual Wellness Visits	G0402, G0438, G0439
Advance care planning	99497
Collaborative care model	G0502–G0504, 99492–99494
Cognition and functional assessment for patient with cognitive impairment	99483
Outpatient clinic visit for assessment and management (critical access hospitals only)	G0463
Transitional care management services	99495, 99496



Services	HCPCS Codes
CCM services	99487, 99490, 99491
Prolonged non-face-to-face E&M services	99358
Assessment/care planning for patients requiring CCM services	G0506
Care management services for behavioral health conditions	G0507, 99484
Advanced Primary Care Management Services	GPCM1-GPCM3

CCM = Chronic Care Management; E&M = evaluation and management; HCPCS = Healthcare Common Procedure Coding System.

Note: Some HCPCS codes, such as 99324–99340 and 99343, have been removed from the Physician Fee Schedule. However, CMS will continue to use these codes for attribution purposes when historical claims analysis includes periods when these codes were in use.

## *2.16 How should practices assign a unique identifier to non-Medicare patients?*

For patients enrolled in Medicare, we prefer that you use the HICN/MBI. For non-Medicare patients, any number, such as a patient’s insurance number, account number, or electronic health record (EHR) patient number, is acceptable. This data item helps identify individual patients and reduces duplicate entries within the roster.

## *2.17 Can I submit patients’ SSN instead of MBI/MRN?*

No, please do not provide Social Security Numbers (SSNs) for any of your patients.

## *2.18 Can we submit non-binary gender options?*

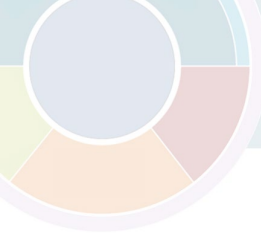
In the Gender field within the Patient Template tab, you can provide one of the following values: M or Male, F or Female, O or Other. Please convert all values that are neither Male nor Female to Other when populating the Gender field.

## *2.19 Why do you ask for patients’ email addresses if the survey is not contacting patients by email?*

We are continuing to assess the feasibility of conducting a web-based survey in the future. We also use email addresses during the secondary quality control process to verify the accuracy of the primary contact information. Therefore, we request email address information for your patients. Please provide this information if available.

## *2.20 Why do you ask for patients’ telephone number?*

The PCF PEC Survey is conducted via mail and telephone. Telephone numbers are collected to call patients who do not respond to mailed surveys. The telephone component of the survey is important to ensuring sufficient patient response for your practice, and CMS requests that all



practices supply telephone numbers for their patients. If you have multiple telephone numbers for your patients, please submit the patient's primary or best telephone number.

### *2.21 Why do you ask for patients' preferred language?*

We offer the option to complete the PEC survey in Spanish or English. If your practice is able to indicate that a patient prefers Spanish and they are selected for the survey, your survey vendor will use this information to send the mail survey in Spanish to that patient. Sampled patients also have the option to request a Spanish survey from your survey vendor.

If the patient's preferred language is English, please leave this field blank. If the patient's preferred language is anything other than English, please note their preferred language in this field, even if it is a language other than English or Spanish. This will assist our efforts in considering additional translations for the future. When completing this field, please do not provide more granular details such as dialect, variety, or notes on reading, visual, or auditory impairment. If the patient's language is unknown, please leave this field blank.

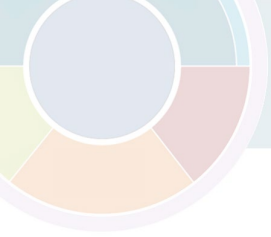
Please note that patients of all languages are encouraged to participate in the PEC Survey. The survey poster includes the following information in 12 languages: "Someone like a family member or friend can help the patient by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language." Vendors and practice sites are not permitted to translate the survey into other languages; only CMS-provided translations are permitted. CMS may provide other translations in upcoming years of PCF. Practice sites should inform their vendor of additional translation needs so that they may be shared with CMS. Sampled patients with a language barrier may still participate in the survey with assistance from a friend or family member, who can translate the survey (mail or telephone) for them. Practice site staff may not act as interpreters or translators. If you have further questions, please reach out to your PEC Survey vendor.

### *2.22 Why do you ask for the most recent office visit date?*

We ask for the most recent office visit date to help CMS obtain a sampling frame of active patients at the practice. To be as inclusive as possible, CMS asks practices to list all patients with a visit since January 1, 2025. We require the date of the most recent office visit to confirm this visit falls within the sampling window and validate that the patients are eligible for sampling.

Note that the office visit that identifies a patient as an active patient eligible for sampling may not be the same visit that they are surveyed about. The survey uses a 6-month lookback period, which is a standard part of the [CG CAHPS 3.0/3.1](#) and CAHPS Patient-Centered Medical Home v. 3.0 questionnaire item sets, and aids in respondent recall. The survey excludes patients that have not had a visit with the practice within 6 months of receiving the survey.

See the table below for a visual depiction of the data collection timing and the corresponding office visit window.



Data Collection Month	Corresponding Visit Window
October	April through October
November	May through November
December	June through December

### 2.23 Does “most recent office visit date” include Wellness visits or only regular office visits?

It includes either. On your patient roster, please supply the date of most recent in-person or telehealth visit with a primary care practitioner at your practice.

The table below shows examples of the HCPCS codes that qualify for inclusion in the patient roster (please note that these example codes have been updated for PY 2025). While it is not possible to provide an exhaustive list here, more potentially qualifying codes can be found on the AMA website. Practices may also wish to work with their Health IT vendor to identify any other primary billing codes used by their practice for patient visits or E&M services.

Services	HCPCS Codes
Office/outpatient visit E&M	99202–99205, 99211–99215
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Outpatient clinic visit for assessment and management (critical access hospitals only)	G0463
Transitional care management services	99495, 99496
CCM services	99487, 99490, 99491
Prolonged non-face-to-face E&M services	99358
Assessment/care planning for patients requiring CCM services	G0506
Care management services for behavioral health conditions	G0507, 99484
Advanced Primary Care Management Services	GPCM1-GPCM3

CCM = Chronic Care Management; E&M = evaluation and management; HCPCS = Healthcare Common Procedure Coding System.

Note: Some HCPCS codes, such as 99324–99340 and 99343, have been removed from the Physician Fee Schedule. However, CMS will continue to use these codes for attribution purposes when historical claims analysis includes periods when these codes were in use.

## 2.24 Should I include E-visits or telehealth visits in our patient roster for the "most recent office visit date"?

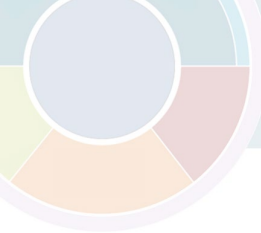
Yes. As far as determining whether to add a patient to the patient roster: if the patient had a visit since January 1, 2025 that was in-person or telehealth with a primary care practitioner at this practice site address, the patient should be added to the roster. The field "most recent office visit date" should reflect the date of their most recent visit regardless of whether it was in-person or telehealth.

The table below shows examples of the HCPCS codes that qualify for inclusion in the patient roster (please note that these example codes have been updated for PY 2025). While it is not possible to provide an exhaustive list here, more potentially qualifying codes can be found on the AMA website. Practices may also wish to work with their Health IT vendor to identify any other primary billing codes used by their practice for patient visits or E&M services.

Services	HCPCS Codes
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Note: Some HCPCS codes, such as 99324–99340 and 99343, have been removed from the Physician Fee Schedule. However, CMS will continue to use these codes for attribution purposes when historical claims analysis includes periods when these codes were in use.



### *2.25 Our EHR cannot generate the required information, and my practice does not have the resources to do this manually. How do I get an exemption?*

Section 7.03 of the PCF Participation Agreement requires your practice to share your patient roster information for providing practice feedback and for comprehensive quality score calculations. CMS will not grant exemptions from this requirement.

Your EHR/Health IT vendor may support this functionality. Please contact your EHR/Health IT vendor for more information. We encourage you to continue to work with your vendor to gather this information.

For specific issues, please contact PCF Support at [PCF@telligent.com](mailto:PCF@telligent.com) or by phone at 1-888-517-7753.

### *2.26 Were the EHR/Health IT vendors notified about the patient roster requirements?*

Yes. The PEC Survey roster requirements have been reviewed in Health IT vendor office hours. In February, EHR/health IT vendors receive, via email, the roster data collection timeline, the roster template, the example roster, and detailed specifications about the data needed in the roster. A [Patient Roster Success webinar](#) is also available on-demand to all vendors and practices and is updated each year in April, prior to the opening of the roster submission window.

### *2.27 Can I use PCF payments towards the purchase of an EHR upgrade or custom EHR software that would facilitate collection and submission of the patient roster?*

Practices may use model payments to offset the cost of model participation, according to the same payment rules as you would any fee-for-service payments.

### *2.28 Can my PEC Survey vendor help with the creation of my patient roster?*

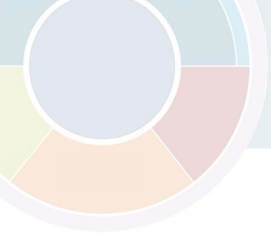
No, your survey vendor cannot help with the creation of your patient roster. However, PCF practices may work with their EHR/Health IT vendors to prepare patient rosters. Practices will not submit patient rosters on the PCF PEC Survey website or to their survey vendors. Rosters will be submitted on the [PCF Practice Portal](#).





## 2.29 *How can I check my patient roster before I submit?*

1. Confirm that the patient roster includes all Medicare, Medicaid, private insurance, and uninsured patients.
2. Confirm that the patient roster **excludes**:
  - a. Deceased patients
  - b. Fake patients or test data
  - c. Patients under the age of 18
  - d. Patients who were not seen by a primary care practitioner, as defined by PCF: physician (MD or DO), nurse practitioner (NP), physician assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Family, Adult, General Practice, Internal, Hospice and Palliative, or Geriatric Medicine. In addition, CMS encourages, but does not require, the addition of residents to the Practitioner Roster. When a resident is listed and billing under a supervising physician, the supervising physician must be listed and practicing on the same Practitioner Roster.
  - e. Patients who have visited the site **only** for COVID-19 testing or vaccination since January 1, 2025
  - f. Patients who reside in nursing homes/skilled nursing facilities
  - g. Patients who reside in other long-term facilities, such as jail or prison
  - h. Patients whose addresses are outside the U.S.
  - i. Patients with no address
3. Confirm you have included all patients seen by a PCF primary care practitioner at the PCF practice site since January 1, 2025.
4. Confirm that each patient in the roster has a most-recent office or telehealth visit date. The date must be from January 1, 2025, through the date the roster was assembled.
5. The count of a practice's rostered patients will be compared to the number of patients listed in the roster your practice submitted to CMS in Performance Year 2022, Performance Year 2023, and/or Performance Year 2024. If the two numbers are substantively dissimilar, PCF Support will follow up with practices to gather additional information about the discrepancy.
6. If you are the Point of Contact for multiple practices, be sure the naming convention of the file you upload reflects patients for the correct practice. During previous roster submissions for other surveys we have conducted, we received identical rosters for two or more practices because the Point of Contact had incorrectly named the patient roster file and uploaded a roster containing patients of a different practice.



7. Confirm that all the columns are present and in the correct order. Even if you do not provide data for the two optional fields (email address and language), these column headings must still be present in your roster.
8. Confirm that there are no extra columns or rows in the patient roster or any unrequested information. For example, summary rows at the bottom of your patient roster must be deleted before submission.
9. Confirm that the correct data element is in each column (e.g., first name and last name are in their own columns and not vice versa, and not combined in one column; the phone number field contains one phone number and not a merge of landline and cellphone numbers).
10. Confirm you are not submitting Social Security Numbers in the Medicare Billing Identifier or MRN field.
11. The preferred format for dates is MM/DD/YYYY. Zero filling is not necessary.
12. Confirm that none of the data are shifted. For example, mid-way through the roster file, one column is blank, and all the data is shifted over one column.

Confirm that there is no sorting or merging issues and that information (such as address and date of birth) matches the correct patient. To that end, it is beneficial to check a few randomly selected records in your roster before submitting. For example, a file's patient information could be misaligned by one or two lines so that patient names were incorrectly paired with addresses of other patients. We encourage you to spot check your file to ensure that all fields match for each patient.

To see how this might happen, please review the data below. **Roster 1 Left (Columns A–I)** below has patient data corresponding to the patient's name and the remaining first nine columns of data on the template. **Roster 1 Right (Columns A, B, J–N)** has patient data corresponding to the patient's name and the last five columns on the template. **Roster 1 Right (Columns A, B, J–N)** also has a test row that was not removed. To make the example easier to follow, we have filled every other patient line in these data files with a grey background and made the test row bold and filled it with a blue background.

Because the names line up at the start, the person putting these files together decides to cut and paste based on row position, creating the third roster, **Roster 1 (Full)**. In that roster, you can see that the first 10 rows of information are correctly matched, but the information starting at the test patient is now off one row from how it should be allocated based on the second roster. For example, patient "Pine Sky" has the MBI, email, phone, language, and most recent office visit information of patient "Brutus Buckeye," and all data that follows in the MBI, email, phone number, language, and date of last visit (DLV) columns are systematically mis-shifted (the mis-shifted data is bolded and italicized). Spot checking a small number of the rows for agreement across the entire data set would catch this error.

**Exhibit 2-3a  
Roster 1 Left (Columns A-I)**

A	B	C	D	E	F	G	H	I
First Name	Last Name	Address 1	Address 2	City	State	ZIP Code #####	Date of Birth MM/DD/YYYY (Can drop leading zeros on month and day)	Gender M, F, O
Jon	Doe	111 First St.	Apt. 2C	Anytown	TX	79762	10/26/1937	M
Lisa	Smith	231 Main St.		Springfield	MA	01103	3/29/1979	F
Isabel	Smith	989 West Elm Lane	Apt 7	Cooltown	MA	01432	9/2/2000	F
Brad	Trader	850 Capital Blvd		Big Town	MA	01298	12/12/1955	M
Suzy	Napa	45 Cabbage Ct.		Little Town	ME	04021	5/30/1948	F
Theodore	Kickapoo	89 Quail Ct		Best City	MA	01108	8/21/1964	M
Timmy	Viroqua	791 Wild Flower Way		Des Plaines	MA	01303	1/1/1972	M
Jackson	Corgi	654 Nap Lane		Snack Town	MA	01487	9/9/1994	M
Truffle	Corgi	654 Nap Lane		Snack Town	MA	01487	10/16/1990	O
Brutus	Buckeye	789 Lane Ave	Unit 2L	Fun Town	OH	43210	2/13/1982	M
Pine	Sky	2331 Water Way		Breezy Town	MA	02139	6/7/1958	F
Stone	Sky	2331 Water Way		Breezy Town	MA	02139	11/15/1960	M
Picasso	Tiles	4567 Main St		Beach Town	FL	23456	4/16/2001	M
Jane	Eyre	331 Morton St		Shiretown	MA	01623	7/26/1939	F
Clifford	Clipper	562 S. Lawn St		Best City	MA	01108	2/7/1974	M
Claudia	McDonald	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	3/6/1938	F
Josh	Nottingham	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	7/21/1939	M
Haley	Gose	64 Pitt Street	Lot 4	Big Town	MA	01298	12/24/1947	F
Violet	Spring	2808 River Rd		Little Town	MA	02137	11/4/2001	O
Rose	Brookes	1191 Winterville Blvd		Best City	MA	01108	4/18/1953	F

**Exhibit 2-3b  
Roster 1 Right (Columns A, B, J-N)**

A	B	J	K	L	M	N
First Name	Last Name	Medicare Beneficiary Identifier (MBI) or unique Medical Record Number	Email (If known/available)	Phone Number ###-###-####	Language (If known/available)	Most recent office or telehealth visit date MM/DD/YYYY (Can drop leading zeros on month and day)
Jon	Doe	1EG4-TE5-MK73	<a href="mailto:jon@anytowntx.org">jon@anytowntx.org</a>	111-111-1111		1/7/2025
Lisa	Smith	4289-FT9-987M	<a href="mailto:lsmith244@gmail.com">lsmith244@gmail.com</a>	231-942-3456		5/4/2025
Isabel	Smith	CF39-7XZ-L278	<a href="mailto:izzy67@yahoo.com">izzy67@yahoo.com</a>	617-789-6336	Spanish	3/25/2025
Brad	Trader	2RD4-8HG-WE71	<a href="mailto:bradtrader@company.org">bradtrader@company.org</a>	231-395-1274		3/5/2025
Suzy	Napa	D89T-3RF-EN7Q	<a href="mailto:cabbagepatch5@gmail.com">cabbagepatch5@gmail.com</a>	207-372-7523		5/28/2025
Theodore	Kickapoo	8P9Y-S35-B8FT	<a href="mailto:tkick@comcast.net">tkick@comcast.net</a>	231-589-0064		3/9/2025
Timmy	Viroqua	Y45C-2WL-131M	<a href="mailto:viroqua_tim@yahoo.com">viroqua_tim@yahoo.com</a>	231-611-7942		2/4/2025
Jackson	Corgi	2GT8-9KR-T7Y6	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		2/20/2025
Truffle	Corgi	E48F-WDB-985H	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		4/7/2025
<b>TEST</b>	<b>PATIENT</b>	<b>1A1A-1A1A-1A1A</b>	<a href="mailto:testpatient@test.com">testpatient@test.com</a>	<b>999-999-9999</b>		<b>1/31/2022</b>
Brutus	Buckeye	QW2T-V7T-XC7P	<a href="mailto:buckeyefan@osu.edu">buckeyefan@osu.edu</a>	614-844-2755		3/16/2025
Pine	Sky	R59J-P87-U25D		617-283-6134		1/18/2025
Stone	Sky	JM41-N25-YG6Z	<a href="mailto:ssky@gmail.com">ssky@gmail.com</a>	617-283-2899		5/1/2025
Picasso	Tiles	73RT-9UD-X44A	<a href="mailto:picasso879@yahoo.com">picasso879@yahoo.com</a>	231-564-8116	Spanish	3/30/2025
Jane	Eyre	B61M-9DT-K6H8		231-832-1967		5/17/2025
Clifford	Clipper	A3B1-25Y-74WD	<a href="mailto:clipperclifford@company.org">clipperclifford@company.org</a>	617-928-0737		2/19/2025
Claudia	McDonald	654T-MN1-9UD3	<a href="mailto:cmcdonald@yahoo.com">cmcdonald@yahoo.com</a>	231-942-7711		1/31/2025
Josh	Nottingham	E7Q4-2TD-HQ3X	<a href="mailto:jnottingham72@yahoo.com">jnottingham72@yahoo.com</a>	231-942-9292		4/22/2025
Haley	Gose	7P1J-3MN-K841	<a href="mailto:hg6242@gmail.com">hg6242@gmail.com</a>	231-179-2332	Chinese	2/28/2025
Violet	Spring	2L67-3BX-45RT	<a href="mailto:springviolets@gmail.com">springviolets@gmail.com</a>	617-377-8671		5/19/2025
Rose	Brookes	8Y64-S3W-FQR2	<a href="mailto:rbrookes@company.org">rbrookes@company.org</a>	231-589-3207		5/21/2025

### Exhibit 2-3c Roster 1 (Full)

A	B	C	D	E	F	G	H	I	J	K	L	M	N
First Name	Last Name	Address 1	Address 2	City	State	ZIP Code #####	Date of Birth MM/DD/YYYY (Can drop leading zeros on month and day)	Gender M, F, O	Medicare Beneficiary Identifier (MBI) or unique Medical Record Number	Email (if known/available)	Phone Number ###-###-####	Language (if known/available)	Most recent office or telehealth visit date MM/DD/YYYY (Can drop leading zeros on month and day)
Jon	Doe	111 First St.	Apt. 2C	Anytown	TX	79762	10/26/1937	M	1EG4-TE5-MK73	<a href="mailto:jon@anytowntx.org">jon@anytowntx.org</a>	111-111-1111		1/7/2025
Lisa	Smith	231 Main St.		Springfield	MA	01103	3/29/1979	F	4289-FT9-987M	<a href="mailto:lsmith244@gmail.com">lsmith244@gmail.com</a>	231-942-3456		5/4/2025
Isabel	Smith	989 West Elm Lane	Apt 7	Cooltown	MA	01432	9/2/2000	F	CF39-7XZ-L278	<a href="mailto:izzv67@yahoo.com">izzv67@yahoo.com</a>	617-789-6336	Spanish	3/25/2025
Brad	Trader	850 Capital Blvd		Big Town	MA	01298	12/12/1955	M	2RD4-8HG-WE71	<a href="mailto:bradtrader@company.org">bradtrader@company.org</a>	231-395-1274		3/5/2025
Suzy	Napa	45 Cabbage Ct.		Little Town	ME	04021	5/30/1948	F	D89T-3RF-EN7Q	<a href="mailto:cabbagepatch5@gmail.com">cabbagepatch5@gmail.com</a>	207-372-7523		5/28/2025
Theodore	Kickapoo	89 Quail Ct		Best City	MA	01108	8/21/1964	M	8P9Y-S35-B8FT	<a href="mailto:tkick@comcast.net">tkick@comcast.net</a>	231-589-0064		3/9/2025
Timmy	Viroqua	791 Wild Flower Way		Des Plaines	MA	01303	1/1/1972	M	Y45C-2WL-131M	<a href="mailto:viroqua_tim@yahoo.com">viroqua_tim@yahoo.com</a>	231-611-7942		2/4/2025
Jackson	Corgi	654 Nap Lane		Snack Town	MA	01487	9/9/1994	M	2GT8-9KR-T7Y6	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		2/20/2025
Truffle	Corgi	654 Nap Lane		Snack Town	MA	01487	10/16/1990	O	E48F-WDB-985H	<a href="mailto:jtcorgi@gmail.com">jtcorgi@gmail.com</a>	617-429-6228		4/7/2025
<b>TEST</b>	<b>PATIENT</b>								<b>1A1A-1A1A-1A1A</b>	<a href="mailto:testpatient@test.com">testpatient@test.com</a>	<b>999-999-9999</b>		<b>1/31/2022</b>
Brutus	Buckeye	789 Lane Ave	Unit 2L	Fun Town	OH	43210	2/13/1982	M	<b>1A1A-1A1A-1A1A</b>	<a href="mailto:testpatient@test.com">testpatient@test.com</a>	<b>999-999-9999</b>		<b>1/31/2025</b>
Pine	Sky	2331 Water Way		Breezy Town	MA	02139	6/7/1958	F	<b>QW2T-V7T-XC7P</b>	<a href="mailto:buckeyefan@osu.edu">buckeyefan@osu.edu</a>	<b>614-844-2755</b>		<b>3/16/2025</b>
Stone	Sky	2331 Water Way		Breezy Town	MA	02139	11/15/1960	M	<b>R59J-P87-U25D</b>		<b>617-283-6134</b>		<b>1/18/2025</b>
Picasso	Tiles	4567 Main St		Beach Town	FL	23456	4/16/2001	M	<b>JM4I-N25-YG6Z</b>	<a href="mailto:ssky@gmail.com">ssky@gmail.com</a>	<b>617-283-2899</b>		<b>5/1/2025</b>
Jane	Eyre	331 Morton St		Shiretown	MA	01623	7/26/1939	F	<b>73RT-9UD-X44A</b>	<a href="mailto:picasso879@yahoo.com">picasso879@yahoo.com</a>	<b>231-564-8116</b>	Spanish	<b>3/30/2025</b>
Clifford	Clipper	562 S. Lawn St		Best City	MA	01108	2/7/1974	M	<b>B61M-9DT-K6H8</b>		<b>231-832-1967</b>		<b>5/17/2025</b>
Claudia	McDonald	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	3/6/1938	F	<b>A3B1-25Y-74WD</b>	<a href="mailto:clipperclifford@company.org">clipperclifford@company.org</a>	<b>617-928-0737</b>		<b>2/19/2025</b>
Josh	Nottingham	972 West Lake Road	Sunrise of Springfield	Springfield	MA	01103	7/21/1939	M	<b>654T-MN1-9UD3</b>	<a href="mailto:cmcdonald@yahoo.com">cmcdonald@yahoo.com</a>	<b>231-942-7711</b>		<b>1/31/2025</b>
Haley	Gose	64 Pitt Street	Lot 4	Big Town	MA	01298	12/24/1947	F	<b>E7Q4-2TD-HQ3X</b>	<a href="mailto:jnottingham72@yahoo.com">jnottingham72@yahoo.com</a>	<b>231-942-9292</b>		<b>4/22/2025</b>
Violet	Spring	2808 River Rd		Little Town	MA	02137	11/4/2001	O	<b>7P1J-3MN-K841</b>	<a href="mailto:hq6242@gmail.com">hq6242@gmail.com</a>	<b>231-179-2332</b>	Chinese	<b>2/28/2025</b>
Rose	Brookes	1191 Winterville Blvd		Best City	MA	01108	4/18/1953	F	<b>2L67-3BX-45RT</b>	<a href="mailto:springviolets@gmail.com">springviolets@gmail.com</a>	<b>617-377-8671</b>		<b>5/19/2025</b>

### 3. How do I submit a patient roster?

#### 3.1 Who should submit the patient roster from the practice?

In the PCF Practice Portal, patient rosters should be submitted by an organizational leader in the practice familiar with patient records such as a Practice Executive Lead or Primary Point of Contact for patient records.

#### 3.2 Will practices have access to the patient roster Excel template within the PCF Practice Portal prior to **Monday, May 12, 2025, at 8 AM ET?**

Yes, practices will have access to the patient roster Excel template on April 10, 2025. It will be shared via the First Edition newsletter and posted on PCF Connect.

#### 3.3 How do I access the patient roster page within the PCF Practice Portal?

In the PCF Practice Portal (<https://portal.cms.gov/>), go to the tab “My Practice Info,” and then to the sub-tab “Patient Survey Roster.” See [Exhibit 3-1](#) below.

**Exhibit 3-1**  
**Accessing the Patient Survey Roster Page<sup>1</sup>**



<sup>1</sup> Actual PCF Practice Portal screens may differ slightly, including the year displayed in the screenshot below as the current Performance Year will display in the PCF Practice Portal. You may also view the [on-demand webinar “Patient Rosters: How to Support a Successful Patient Experience of Care Survey for Your Practice”](#) for step-by-step instructions.

On the Patient Survey Roster tab, you will find a copy of these Instructions/FAQs, as well as a patient roster template and an example roster available for download. An example roster is discussed in [FAQ 2.3](#) and is also available for download in PCF Connect.

## Exhibit 3-2 Patient Survey Roster Instructions and Template

CMS.gov | My Enterprise Portal My Apps

PCF Home My Practice Info Practice Reporting Payment & Attribution Reports Admin Resources

Demographic Information Practice Information Health IT Details Practice Composition Request History Practice Documents Patient Survey Roster

### Patient Survey Roster

All practices are required to submit a Patient Survey Roster. The Patient Survey Roster is due by the end of the submission period. Please refer to the [Patient Roster](#) download below, for answers to questions on assembling the roster and other helpful information. You may submit your Patient Survey Roster in Excel (.xls, .xlsx)

Your roster must comply with the CMS-provided Roster Template (available for download below). We recommend you use the template as the base file into which an [example](#) of what your completed roster should look like.

If you have any questions about whether your practice is required to submit a roster, or about assembling your roster, please contact PCF Support at 888-517-775:

\* Indicates required field

Program Year \*  Region \*  Portal Status \*

Practice

[Patient Survey Roster Instructions, Template, and Example](#)

File Name	Date Uploaded
Patient Roster Example.xlsx	12/22/2022 4:02 PM
TestFile.txt	12/16/2022 9:32 PM
Patient Survey Roster Instructions.xlsx	11/29/2022 1:02 PM

### 3.4 In what format should I submit the roster?

You must submit your patient roster in Excel xlsx format. Your patient roster file must comply with the Excel template (which is in .xlsx format).

Please do **not** submit a template in the older .xls Excel format (note that .xls format was replaced by .xlsx format starting with Microsoft Excel 2007).


### 3.5 How do I comply with the Excel template? Do I have to use it? Can I use my own?

You must use the CMS-provided PCF patient roster template. This template is available on the Patient Survey Roster page in the PCF Practice Portal. It is also available via the First Edition newsletter and PCF Connect. Please download the patient roster template by selecting the

download icon in the Patient Survey Roster Instructions, Template and Example box in the PCF Practice Portal. Your patient roster **must comply with the CMS-provided template**—meaning it must have the same 14 columns A through N, in the same order, named the same way as the CMS-provided template. If your practice submits a roster that does not comply with the approved template, your roster will fail initial validation checks and your practice will be informed that your roster cannot be used. Practices must attest to using the approved template as part of the Submission Checklist on the submission screen.

### Exhibit 3-3 Downloading the Excel Roster Template

Patient Survey Roster Instructions, Template, and Example

File Name	Date Uploaded	Download
Patient Roster Example.xlsx	12/22/2022 4:02 PM	
TestFile.txt	12/16/2022 9:32 PM	
Patient Survey Roster Instructions.xlsx	11/29/2022 1:02 PM	

### 3.6 How do I name the file for upload?

Name the completed patient roster file using the following naming convention:

**PracticeID\_PatientRosterYYYY\_YYYYMMDD** (for this Performance Year:

**PracticeID\_PatientRoster2025\_YYYYMMDD** where YYYYMMDD is the date of roster creation.

For example, if your Practice ID is AR1212 and you created the patient roster on June 1, 2025, the filename should be **AR1212\_PatientRoster2025\_20250601**.

### 3.7 How do I upload the file?

Files may be uploaded between **Monday, May 12, 2025**, at 8 AM ET when the PCF Practice Portal opens for roster collection and **Friday, June 27, 2025**, at 11:59 PM ET when roster collection closes.

Once you are ready to submit your patient roster, go to the PCF Practice Portal's Patient Roster tab. Go to the Patient Survey Roster File(s)—Required section and follow these steps:

*Please note that actual PCF Practice Portal screens may differ slightly, including the year displayed in the screenshot below as the current Performance Year will display in the PCF Practice Portal. You may also view the [on-demand webinar "Patient Rosters: How to Support a Successful Patient Experience of Care Survey for Your Practice"](#) for step-by-step instructions.*

1. Select the Program Year, Region, Portal Status, and Practice from the drop-down menu.

### Exhibit 3-4 Selecting Program Year, Region, Portal Status and Practice

#### Patient Survey Roster

All practices are required to submit a Patient Survey Roster. The Patient Survey Roster is due by the end of the submission period. Please refer to the [Patient Roster](#) download below, for answers to questions on assembling the roster and other helpful information. You may submit your Patient Survey Roster in Excel (.xls, .xlsx)

Your roster must comply with the CMS-provided Roster Template (available for download below). We recommend you use the template as the base file into which an **example** of what your completed roster should look like.

If you have any questions about whether your practice is required to submit a roster, or about assembling your roster, please contact PCF Support at 888-517-775.

\* Indicates required field

Program Year \* [SELECT] v

Region \* [SELECT] v

Portal Status \* Active v

Practice

Search Practice Name

2. Choose **Select File**.

### Exhibit 3-5 Selecting the File

#### Patient Survey Roster Instructions, Template, and Example

File Name	Date Uploaded
Patient Roster Example.xlsx	12/22/2022 4:02 PM
TestFile.txt	12/16/2022 9:32 PM
Patient Survey Roster Instructions.xlsx	11/29/2022 1:02 PM

14 < 1 / 1 > 10 items per page

#### Patient Survey Roster File(s) - (Required)

\* Indicates required field

Upon file upload, please complete the "Submission Checklist" along with the "Confirmation" section, and save the page to successfully complete the Patient Survey Roster reporting.

Select a Patient Survey Roster File

Select File

3. Browse for the desired file.
4. Select the file.
5. Verify the selected file name is displayed under **Select File**.
6. Note: The file must follow the naming convention of **PracticeID\_PatientRosterYYYY\_YYYYMMDD**.



7. Complete the Submission Checklist by acknowledging the accuracy of each statement listed. If you select "No" to any of the statements, you will still be allowed to upload your roster, but you will need to explain why you answered "No" in the space provided.

### Exhibit 3-6 Completing the Submission Checklist

Submission Checklist \*

Please read and acknowledge each of the following statements. Correct all issues before submitting. If you select "No" for any of the statements, a text box will appear after the statement. You must explain why you selected "No" to the statement in the text box.

**This patient roster file contains patients with all types of insurance, or no insurance at all. \***

Yes  
 No

**The patients in the file are all age 18 years or older.**

Yes  
 No

**You have included all adult patients with an office visit from January 1, 2021 through the day you created the file.**

Yes  
 No

**The patients listed in the roster were checked to confirm they were seen at this practice. If you are submitting rosters for multiple practices, you have verified you are submitting the correct patient list for this practice.**

Yes  
 No

**The practice name and address listed on the demographics page of the PCF practice portal will be recognizable to patients as the place they received care.**

Yes  
 No

Additional Notes about the Patient Roster file (Optional)

8. You may also provide additional notes about your patient roster.
9. Provide a response for Reporting Point of Contact and provide the Patient Survey Roster Primary Contact details, if applicable.

10. Certify the accuracy of the information provided by completing the Confirmation section.
11. Select Save.

### Exhibit 3-7 Reporting the Point of Contact

Reporting Point of Contact

Are you the primary contact for Patient Survey Roster for this year?

Yes  
 No

Confirmation \*

I have reviewed the information above and certify that it is accurate to the best of my knowledge.

First Name  Last Name

Email  Position with PCF Practice site  System-generated date

12. Once you have successfully uploaded your roster and saved your supporting information, a green bar stating "Patient Survey Roster information is saved successfully" will appear at the top of the PCF Practice Portal page. You will also see that the File Status shows as Submitted in the 'Uploaded File(s)' section of the PCF Practice Portal page.

## Exhibit 3-8 Roster Information Saved Successfully

### Patient Survey Roster

 Patient Survey Roster information is saved successfully.

All practices are required to submit a Patient Survey Roster. The Patient Survey Roster is due by the end of the submission period. Please refer to the [Patient Roster Instructions](#) and Frequently Asked Questions, available for download below.

Your roster must comply with the CMS-provided Roster Template. We recommend you use the template as the base file into which you copy your patient list information. Available for download below is an [example](#) of what you

if you have any questions about whether your practice is required to submit a roster, or about assembling your roster, please contact PCF Support at 833-226-7278 or [PCF@telligen.com](mailto:PCF@telligen.com).

 Patient Survey Roster submission for PY2021 is available from April 01, 2021 - April 30, 2021.

Program Year \*  Practice Type \*  Practice \*

#### Patient Survey Roster instructions and Template

#### Patient Survey Roster File(s) - (Required)

\* Indicates required field

Select a Patient Survey Roster File



#### Uploaded File(s)

File Name	Uploaded By	Date Uploaded	File Status
Test.xlsx	AVPKTD DULTIFRK	04/14/2021 05:36 PM	Submitted

Note: When the table contains no files, the file status will be displayed as “**Not Submitted.**”

### 3.8 *Can I update previously submitted patient roster information (e.g., roster file, Reporting Point of Contact information, Submission Checklist notes)?*

During the roster submission period (May 12–June 27, 2025), you can make edits to your practice’s previously submitted patient roster information by doing the following:

1. Please contact **PCF Support at [PCF@telligen.com](mailto:PCF@telligen.com) or by phone at 1-888-517-7753.**
2. Once Support “invalidates” the original roster, your practice will be able to upload a new one.
3. In the Patient Survey Roster tab, choose **Select File.**
4. Upload a new roster file or make desired changes to the Submission Checklist or Reporting Point of Contact.
5. Certify the accuracy of the information provided by completing the **Confirmation** section.
6. Select **Save.**

**Note:** If you upload a new patient roster file, you are required to re-enter responses for the **Submission Checklist** and **Reporting Point of Contact.**

## Exhibit 3-9 Selecting a File

Patient Survey Roster File(s) - (Required)

\* Indicates required field

Select a Patient Survey Roster File

 Select File

Uploaded File(s)

File Name	Uploaded By	Date Uploaded	File Status
TestTestTestTestTestTTTTTTTTTTTTTTTTTTTTTTTaa	AVPXTD DULTIFRK	04/14/2021 11:32 AM	Incomplete

1 / 1 items per page

## Exhibit 3-10 Submission Confirmation


Patient Survey Roster

 Patient Survey Roster information is saved successfully.

All practices are required to submit a Patient Survey Roster. The Patient Survey Roster is due by the end of the submission period. Please refer to the [Patient Roster Instructions](#) and Frequently helpful information. You may submit your Patient Survey Roster in Excel (.xls, .xlsx) or .csv format.

Your roster must comply with the CMS-provided Roster Template. We recommend you use the template as the base file into which you copy your patient list information. Available for download

If you have any questions about whether your practice is required to submit a roster, or about assembling your roster, please contact PCF Support at 833-226-7278 or PCF@telligen.com.

 Patient Survey Roster submission for PY2021 is available from April 01, 2021 - April 30, 2021.

Program Year \*  Practice Type \*  Practice \*

[Patient Survey Roster Instructions and Template](#)

Patient Survey Roster File(s) - (Required)

\* Indicates required field

Select a Patient Survey Roster File

 Select File

Uploaded File(s)

File Name	Uploaded By	Date Uploaded	File Status
TestTestTestTestTestTTTTTTTTTTTTTTTTTTTTTTTaa	AVPXTD DULTIFRK	04/14/2021 11:52 AM	Submitted
TestTestTestTestTestTTTTTTTTTTTTTTTTTTTTTTTaa	AVPXTD DULTIFRK	04/14/2021 11:32 AM	Void

1 / 1 items per page



### 3.9 *Can I edit the roster I submitted after the June 27, 2025, deadline?*

After the deadline of June 27, 2025, rosters can no longer be submitted or edited. PCF Support may contact you after this date to make specific corrections if needed.

### 3.10 *My roster submission was rejected, and I received an error message that the naming convention does not match.*

The patient roster file must use the following naming convention:

**PracticeID\_PatientRosterYYYY\_YYYYMMDD** (for this Performance Year:

**PracticeID\_PatientRoster2025\_YYYYMMDD**, where YYYYMMDD is the date of roster creation). For example, if your Practice ID is NC1572 and you created the roster on May 12, 2025, the filename should be **NC1572\_PatientRoster2025\_20250512**.

### 3.11 *What do I do if the size of my patient roster file is larger than 25 MB?*

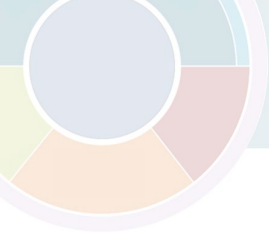
If you submit a file that is larger than 25 MB, you will receive an error message. If the size of your patient roster file is larger than 25 MB, please contact **PCF Support at [PCF@telligen.com](mailto:PCF@telligen.com) or by phone at 1-888-517-7753** indicating that you will need assistance in securely delivering a file that is larger than 25 MB. Remember that your patient roster contains Personally Identifiable Information (PII) and Protected Health Information (PHI) and must not be sent by unsecure email. Please do not email the file directly to PCF Support until a team member has established a secure mechanism for the file transfer.

### 3.12 *What can I expect after I upload the roster? Will I receive confirmation?*

**Immediately after submission**, once you have successfully uploaded your roster and saved your supporting information, a green bar stating “Confirmation! Your changes have been saved” will appear at the top of the PCF Practice Portal page. You will also see that the File Status shows as Submitted in the “Uploaded File(s)” section of the PCF Practice Portal page.

**Within 5 business days of submission**, your roster will be validated for correct format and construction. PCF Support will notify your practice’s patient roster Reporting Point of Contact identified in the PCF Practice Portal to inform them if the roster failed or passed this initial validation. Please contact PCF Support if you do not receive an email with your validation results within 5 business days after uploading the file onto the PCF Practice Portal. You will also see that the File Status shows as Complete if the patient roster has passed validation or Incomplete if the patient roster has failed validation in the “Uploaded File(s)” section of the PCF Practice Portal page after your patient roster has been reviewed.

**In June and July 2025**, all rosters will undergo additional quality control checks. PCF Support will notify your practice’s patient roster Reporting Point of Contact if there is a problem with the roster. This can occur even if the roster successfully passed initial validation for correct format



and construction. PCF Support will work with your practice to resolve the issue and, if necessary, facilitate the repair and resubmission of your roster.

## **4. What's next with my patient roster?**

### *4.1 Which patients receive the PEC Survey?*

The PEC Survey will be administered to a random sample of eligible patients from your practice site and will be addressed to 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 cannot 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.

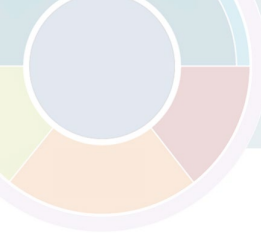
### *4.2 How will my roster be shared with my PEC survey vendor?*

CMS will validate the rosters submitted by practices and will conduct extensive quality control, which includes deduplicating the patients across rosters from all practices. CMS will select a systematic random sample of patients commensurate with your practice site size and provide the sample file to your authorized PEC survey vendor via a secure portal.

The vendor will keep all answers to the survey questions confidential. The patients' names, addresses, and phone numbers are only used to contact them. The vendor will destroy all identifying information after the survey period ends.

### *4.3 How will the survey be conducted?*

Sampled patients will receive up to 2 mail surveys and 6 telephone calls over the 12-week data collection period. CMS will select a random sample of patients from the rosters submitted by practices in May or June. The sample will consist of patients ages 18 and above who had an in-person or telehealth visit during the visit window. The visit window begins January 1, 2025 and ends whenever the practice site submits their roster (between May 12 and June 27, 2025). All payer types are eligible, as well as patients who live in residential care/assisted living facilities. Patients who are deceased, who are under the age of 18, who reside in nursing homes/skilled nursing facilities/jails/prisons, patients without an address, and patients whose addresses are outside of the US are ineligible.



#### 4.4 *How many patients will you sample from my practice? How do you decide how many to sample? Is there a minimum response rate?*

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

There is no required minimum response rate for Performance-Based Assessment (PBA) scoring. The target number of completed surveys are based on a reliability criterion recommended by the CAHPS Consortium for quality reporting programs like PCF. If a practice does not meet the reliability threshold, CMS will use the responses that were received, and the scores will be calculated based on those responses.

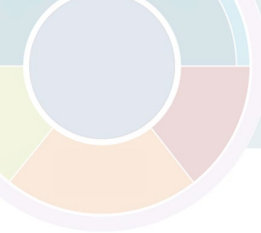
Practice response rate does not affect the PEC Survey Summary Score. However, a high response rate means that your vendor has heard from a wide variety of patients served by your practice. The PEC Survey Summary Score reflects how responding patients reported their experience of care on the survey.

## 5. Miscellaneous

### 5.1 *Will protections in the Health Insurance Portability and Accountability Act (HIPAA) prevent my practice from submitting these data?*

All patient information will be kept private and confidential. CMS holds patient privacy as a top priority. Thus, CMS carefully assessed the privacy concerns around collecting patient names and other sensitive information from practices for the purposes of the PEC survey. These data are necessary for conducting the PCF program. Section 7.04.b of the PCF Participation Agreement requires your practice to share your entire patient panel's roster information for providing practice feedback and for comprehensive quality score calculations. HIPAA covers contractors of CMS. The contractors work on behalf of the agency, and thus have the same rights and responsibilities under HIPAA and other privacy laws and regulations as CMS. Further, CMS has regulatory authority to request patient level data under the Access to Identifiable Data for CMMI Models rule. You can find this regulation [Federal Register volume 79, number 219](#) at pp. 67751-5.

If patients express concerns about their information being shared with the survey vendor, please let them know that CMS takes patient privacy and confidentiality very seriously. Providers share patient names and telephone numbers 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.

*5.2 My practice has a DBA (Doing Business As) name, familiar to our patients, that is different from our legal name. How do I ensure that the survey sent to our patients contains the name by which they can recognize our practice?*

Please review your Practice Name, Practice Legal Name, and Address listed on the Demographic Information tab of the PCF Practice Portal. **Note that the survey cover and letter will display the Practice Name** on record, not the Practice Legal Name. Ensuring the Practice Name and address in the PCF Practice Portal are up-to-date will help improve survey response rates. For instructions on how to update your practice name, refer to Section 2.2 of the [PCF Practice Management Guide](#).

Your PEC survey vendor should also work with your practice to confirm the correct practice name and address for printing on the survey prior to the start of data collection.

*5.3 If patients were seen at multiple practice locations, is it possible for them to receive multiple surveys?*

This is possible but not likely in a medical home model and not something that should affect your practice's roster or results. Additionally, if we discover the same patient across multiple rosters, we deduplicate and ensure the patient is only eligible to be sampled for the survey from a single practice.

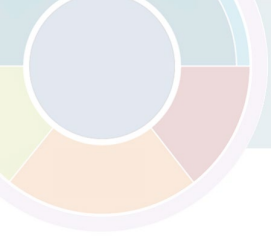
*5.4 Can I use PCF payments to reimburse the staff for the time spent on the patient roster submission?*

Yes, you may use PCF funds to cover staff time for completing activities that are required as part of your participation in PCF.

*5.5 I received a survey data report for my survey vendor. Are these my official results?*

No, the results provided by your survey vendor are not the official CMS results and are for internal quality improvement purposes only. CMS-calculated results are considered as the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring. The following resources are available for practices interested in using your PEC Survey results to identify areas of the patient experience in which your practice is performing well and where it needs improvement:





- **PCF PEC Survey Reports:** Available in the [PCF Practice Portal](#) for all Cohort 1 and Cohort 2 practices that participated in the PEC Survey. These detailed reports are released in Q2 for the previous performance year.
- [Understanding and Using Your PEC Survey Results On-Demand Webinar](#): Overview of every PEC Survey Report section and details on how your practice may implement changes based on your results.
- [PEC Survey Reports and Scoring Fact Sheet](#)
- [Introduction to the PCF PEC Survey On-Demand Webinar](#): Overview of survey protocols, instrument, and the role of the PEC Survey in the PCF model

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