

Section 5

Data Coding and Preparation



Data Coding and Preparation *Overview*

- Survey Status Codes
- Decision Rules and Coding Guidelines for Mail and Telephone Surveys
- Definition of a Completed Survey
- Computing the Response Rate



Data Coding and Preparation

Final Survey Status Codes

- The Primary Care First PEC Survey requires that vendors assign a final survey status code to each sampled case on XML data files submitted to the Data Center
- Vendors are free to use their own internal interim or pending status codes to track the status of work on a case before it is finalized
- Survey vendors must assign a final status code to each case to indicate the final result of work on case before submitting to CMS
- The CMS-approved final status codes can be found in the PCF Quality Assurance Guidelines (QAG)



Data Coding and Preparation

Final Survey Status Codes (cont'd, 2 of 3)

Code	Description
110	Completed Mail Questionnaire
120	Completed Phone Interview
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
190	Ineligible: Did Not Receive Care at Practice



Data Coding and Preparation

Final Survey Status Codes (cont'd, 3 of 3)

Code	Description
200	Excluded from Survey
210	Incomplete
220	Refusal
230	Hostile Refusal
240	Wrong, Disconnected, or 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)



Data Coding and Preparation

Vendor Review of Respondent Notes Included with Returned Questionnaires

- Review all questionnaires returned for respondent notes and review the notes
- Comments and notes written in the questionnaire or on separate paper included with the questionnaire may indicate whether the respondent is eligible to participate in the survey
- Assign the applicable final status code if the note indicates that the sample patient is ineligible to participate in the survey
- If the patient sends important information, such as a medical bill with a check, vendors must mail it back to the patient
- Non-survey items returned to vendor (i.e., "white mail") should not be sent to the PCF Practice site



Data Coding and Preparation

Decision and Coding Rules for Multiple Responses

- Only one answer choice is accepted for most questions
- If two or more answer choices are marked for a single-answer question:
 - Select the one that appears darkest, **OR**
 - Leave the response blank and code as “Missing” if it is not possible to determine the respondent’s answer

Data Coding and Preparation

Decision and Coding Rules for Multiple Responses (cont'd, 2 of 3)

If a response mark falls between two answer choices:

- Select the answer choice that is closest to the marked response; OR
- If the marked response is not clearly closer to one answer choice, code as “Missing”

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

- Yes
 No

Coding Guidance:
Use Yes

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

- Yes
 No

Coding Guidance:
Use M for Missing



Data Coding and Preparation

Decision and Coding Rules for Multiple Responses (cont'd, 3 of 3)

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

Questions 62 and 64 are the only questions in the survey for which multiple responses are allowed



Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions

- Screening questions: Q1, Q3, Q4, Q6, Q8, Q10, Q18, Q20, Q22, Q27, Q36 and Q38
 - Enter the response provided by the respondent regardless of whether the response agrees with the screener question
 - If the screener question is left blank, code it as “Missing”
- Survey vendors must not “clean” or correct skip pattern errors made by respondents

Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions (cont'd, 2 of 6)

18. 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 20

Coding Guidance:

Code as M for Missing

19. 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

Coding Guidance:

Code as 3 for Usually



Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions (cont'd, 3 of 6)

- Q6, Q8, Q10, Q12, Q20, Q22, Q26, Q29, Q38, Qs. 40–47, are follow-up questions:
 - If the follow-up question is blank because the respondent correctly followed the skip instruction beside the response option marked in the preceding screening question, assign the “not applicable” code (Code 88) to the response
 - If the follow-up question should have been answered but was left blank, assign Code M to indicate that the response is missing



Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions (cont'd, 4 of 6)

For follow-up questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question

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

Yes

No → If No, go to 26

Coding Guidance:
Code as 2 for No

23. 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

Coding Guidance:
Code as 1 for Yes



Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions (cont'd, 5 of 6)

If the follow-up question is correctly left blank because the answer marked for the preceding screener question was “No,” code the question as “Not Applicable”

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

Yes

No → If No, go to 26

Coding Guidance:
Code as 2 for No

23. 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

Coding Guidance:
Code as 88 for Not Applicable

Data Coding and Preparation

Decision and Coding Rules for Screening and Follow-up Questions (cont'd, 6 of 6)

If the follow-up question is incorrectly left blank because the respondent skipped it, enter “Missing”

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

Yes

No → If No, go to 26

Coding Guidance:
Code as 1 for Yes

23. 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

Coding Guidance:
Code as M for Missing



Data Coding and Preparation

Don't Know and Refused – Mail and Telephone

- Mail Survey:
 - “I don't know” or “Refused” should be coded as M for Missing
- Telephone Survey:
 - Use code “98” for “I don't know”
 - Use code “99” for refused
 - Don't Know or Refused for a screener question is treated as a “No” response for the skip pattern
 - The gated responses should be coded as “88” for Not Applicable



Data Coding and Preparation

Decision Rules for Coding Open-Ended Survey Item

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.

If the respondent provides a name, the response should be coded as 0.

Data Coding and Preparation

Decision and Coding Rules for Handling Returned Mail Surveys

From Patient or Proxy



Blank questionnaire and contains note indicating refusal or ineligibility: Stop all contact and assign a final status code



Blank questionnaire and **no** note, vendors proceed with:

1. Sending the second package if there is time, otherwise include in telephone follow-up
2. If second package is returned blank, include in telephone follow-up
3. All cases not finalized from mail must have telephone follow-up, including cases returned blank & undeliverable mail



From USPS

If a viable address can be obtained, the vendor should send the second questionnaire package if there is time



If there is no time for a second mailing, the patient should be included in telephone follow-up





Data Coding and Preparation

Handling Duplicate Surveys by Mail and Phone

- Vendors must have processes to know if duplicate questionnaires are received/completed
 - Two mail questionnaires, or
 - Mail questionnaire and telephone interview
- In the event of duplicates, the vendor should retain the **most complete** survey
- If both are equally complete, the vendor should use the **first** survey

Data Coding and Preparation

Definition of a Completed Survey and a Partially Completed Survey



Completed Survey

- Responses for 16 or more of the 32 Applies to All (ATA) items
- A response to at least 1 Scored survey item



Partially Completed Survey

- Responses for fewer than 16 of the 32 Applies to All (ATA) items
- A response to at least 1 Scored survey item

Chapter 6 of the Quality Assurance Guide lists the Applies to All and Scored Items



Data Coding and Preparation

Definition of a Completed Survey and a Partially Completed Survey (cont'd, 2 of 4)

- Many “Applies to All” questions are screener items
 - If a respondent leaves the screener question blank, but answers the gated questions, the screener question does **not** count toward the number needed for completeness
 - The response to the gated question is counted as a response to Scored surveys items
- The multiple-response items (race & proxy) count as a single item for completeness



Data Coding and Preparation

Definition of a Completed Survey and a Partially Completed Survey (cont'd, 3 of 4)

18. 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 20

19. 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

- Question 18 is an "Applies to All" question and is a gate question
- It is blank and the responses to subsequent questions will not affect how vendors calculate completeness

Data Coding and Preparation

Definition of a Completed Survey and a Partially Complete Survey (cont'd, 4 of 4)

COUNT ATA

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

If 16+



If scored items = 1 or more



Complete

COUNT SCORED ITEMS

Respondent answered at least one scored item

If less than 16 ATA



If scored items = 1 or more



Partially Complete



Data Coding and Preparation

Incomplete Surveys

- INCOMPLETE: <50% of the Applies to All questions and 0 Scored questions
- INCOMPLETE: >50% of the Applies to All questions and 0 Scored questions
 - If no patient ineligibility, assign final status code 210 (Incomplete) for these surveys (mail and telephone surveys)
- For mail surveys, prioritize a Complete or Partially Complete final status code over a final status code of 190 (Ineligible: Did Not Receive Care at Practice)



Data Coding and Preparation

Determining Completeness (Examples)

Survey	Count of ATA Responses	Count of Scored Item Responses	Completeness Outcome
1	18	1	Complete
2	20	3	Complete
3	14	4	Partially Complete
4	3	1	Partially Complete
5	10	0	Incomplete
6	2	0	Incomplete
7	17	0	Incomplete



Data Coding and Preparation

Computing a Response Rate

- Vendors are not required to compute a response rate
- There are no penalties for low response rates
- Final status codes used to calculate response rates are shown in parentheses

Total # of Completed and Partially Completed Surveys
(Codes 110 + 120 + 130 + 140)

Total # of Surveys Fielded – Total # of Ineligible Surveys
(Codes 150 + 160 + 170 + 180 + 190 + 200)



Data Coding and Preparation

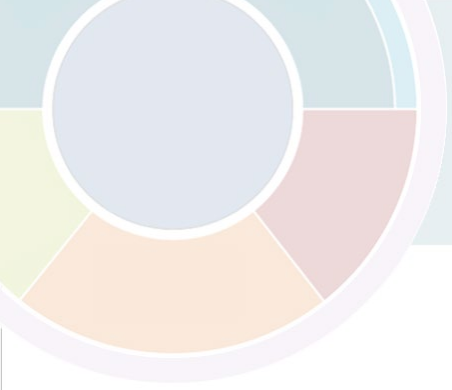
Computing a Response Rate (Example) (cont'd, 2 of 2)

- A vendor receives a sample of 200 patients
- At the conclusion of data collection there are 90 completed surveys and 13 partially completed surveys
- Thirteen cases had final status codes indicating the sample member is ineligible for the survey

Total # of Completed and Partially Completed Surveys (n=103)

Total # of Surveys Fielded (n=200) – Total # of Ineligible Surveys (n=13)

- The response rate is $103 / 187$ or 55.08%



Section 6

Data Submission



Data Submission *Overview*

- File Specifications
- Data Preparation and Submission Procedures
- Quality Control



Data Submission

Data Submissions Required

- **2 Interim Data Submissions**
 - PCF PEC Survey Team will review and provide feedback
 - Vendors should use the XML Schema Validation Tool to identify any problems before data submission
- **1 Final Data Submission**
 - Vendors should use the XML Schema Validation Tool to identify any problems before data submission
 - PCF PEC Survey Team will review and provide feedback



Data Submission

XML File Specifications

- Vendors will submit de-identified PCF PEC Survey data as XML (Extensible Markup Language) files using the PCF PEC Survey website
- Vendors can download and review the required XML template from the PCF PEC Survey website, under the Data Submission menu
- Vendors will submit **one Standard XML file per Practice Site**
- An XML file should consist of three sections:
 - Header Record
 - Patient Administrative Data Record
 - Patient Response Record



Data Submission

XML Header Record – Overview

- All XML files **must** contain a Header Record
- The header record **MUST** contain the following data variables:
 - Data type (1st Interim, 2nd Interim, or Final Submission)
 - Practice Site Name
 - Practice Site ID
 - Performance Year
 - Number of Patients Sampled
 - Date data collection period began
 - Date data collection period ended
- All fields in the Header Record must have a valid entry and Patient Administrative Record

Chapter 7 of the Quality Assurance Guidelines (QAG) has detailed information about each of these data elements



Data Submission

XML Patient Administrative Data Record

- There **must** be a Patient Administrative Data Record for every patient in the sample
- Data variables in the Patient Administrative Data Record include:
 - Practice Site ID
 - Performance Year
 - Sample ID (SID) (as assigned by RTI to the patient)
 - Final Survey Status
 - Date Survey received or completed
 - Survey Language
 - Completion Mode
- If no survey has been received (Interim Submissions) or completed by the end of data collection (Final Submission), enter “88888888” for Date Completed and “X” for Survey Language and Completion Mode



Data Submission

XML Patient Response Record

- The Patient Response Record contains the recorded responses to each question in the questionnaire for an individual patient
- All data variables in the Patient Response Record are required (Missing/Don't Know option is provided)
- Please do not submit data for the open-ended response for Question 2
 - Q2- Provider Name, should be coded as "0" if the respondent provided a response on the mail or telephone version of the survey



Data Submission

XML Patient Response Record (cont'd, 2 of 4)

- There must be a Patient Response Record for every sample case assigned one of the following final status codes:
 - 110 (Completed mail questionnaire)
 - 120 (Completed telephone questionnaire)
 - 130 (Partially completed mail questionnaire)
 - 140 (Partially completed telephone questionnaire)
 - 210 (Incomplete)



Data Submission

XML Patient Response Record (cont'd, 3 of 4)

- Cases assigned to the following codes should also have a Patient Response Record if **any** questionnaire data were captured:
 - 150 (Ineligible: Deceased)
 - 160 (Ineligible: Does not meet eligibility criteria)
 - 170 (Language Barrier)
 - 180 (Ineligible: Mentally or physically incapacitated)
 - 190 (Ineligible: Did not receive care at practice site)
 - 220 (Refusal)
 - 230 (Hostile Refusal)



Data Submission

XML Patient Response Record (cont'd, 4 of 4)

- Cases assigned the following codes most likely will not have any questionnaire data captured, and therefore will not need a Patient Response Report:
 - 200 (Excluded from survey)
 - 240 (Wrong, disconnected, or no telephone number)
 - 250 (No response after maximum attempts)
 - 260 (No response to mail survey – RCF patients)



Data Submission

XML Patient Response Record – Interim Data Submissions

- Many cases may not have obtained a final status code by the time either interim data submissions are due
 - Those cases can be assigned: 270 (Pending)
- No cases should be assigned a 270 (Pending) code on the final data submission



Data Submission

Data Submission Procedures

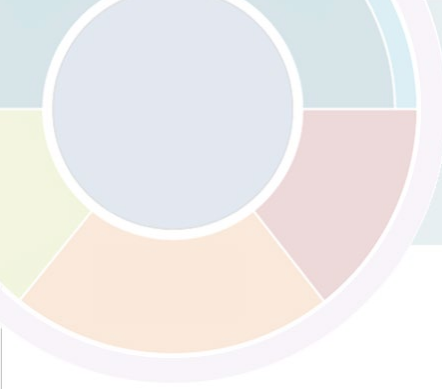
- Log into the PCF PEC Survey website
- Proceed to the Data Submission Tool via the Data Submission tab
- Survey vendors can upload:
 - a single XML file
 - multiple XML files, or
 - multiple XML files in one ZIP file
- Submit file(s) using the Upload button
- The system will run validation checks on each file as it is being uploaded and provide results via the Data Submission Report



Data Submission

XML Data File Validation

- XML files will be validated immediately upon upload. The validation program will:
 - check for valid vendor authorization
 - check for required sections
 - check for required data variables
 - check for duplicate sample IDs
 - check existing data variables against valid ranges



Data Submission

Key Points

- Do not alter the XML template. This will create data upload errors
- Make sure to use the Data Submission Validation Tool available on the PCF PEC Survey website
 - This tool can be used as often as you'd like to test your file and identify problems to be fixed
- Clearly name your XML file
 - Include the Practice Site ID and Survey Year in the file name
 - Follow CMS' naming convention

Example file name:

VENDOR_Practice ID_Year.xml: RTI_ZZ1234_2022.xml



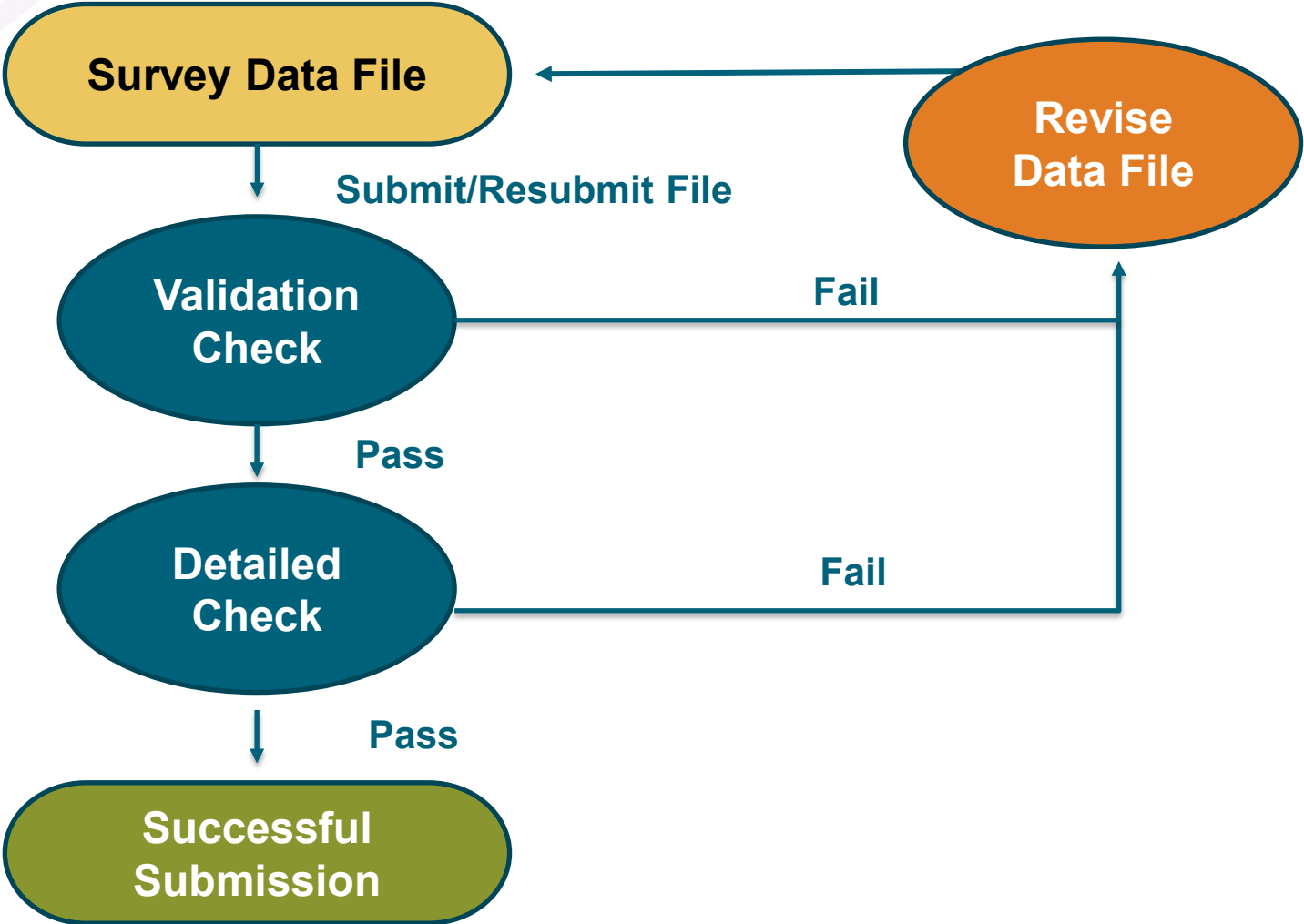
Data Submission

Key Points (cont'd, 2 of 2)

- Check the Data Submission Reports
- A file must pass all validation checks
- Recommend submission at least two days before the data submission deadlines to ensure files are accepted
- If you resubmit an XML file, the system will overwrite the data from the previously submitted file
 - **IMPORTANT:** Interim data files will not be saved. The data file for the final data submission should contain all survey data collected on all patients in the sample

Data Submission

Data Submission Process





Data Submission

Reasons Files May Be Rejected



Most Common Reasons that Files May be Rejected

- Values for some variables are out of range
- Data for some variables are left blank (a value must be entered for every variable, even if it is Missing)
- The XML file is not named properly
- The survey vendor attempts to submit the file after the data submission deadline



Data Submission

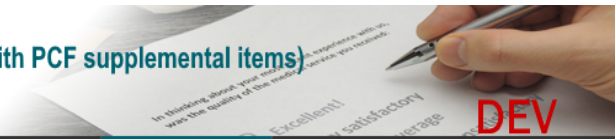
Understanding Data Submission Reports: Overview

- Reports for Survey Vendors
 - Data Submission Summary Report
 - Survey Vendor Authorization Report
- Reports for Practice Sites
 - Data Submission Summary Report

Data Submission

Reports for Survey Vendors: Data Submission Summary Report

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



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Data Submission / Data Submission Reports / History ← Back

Data Submission History

Practice: ZZ9973 -- RTI Practice Site 73 ▾
Date Range: Start Year: 2021 ▾ End Year: 2021 ▾
Validation Status: All ▾ Report Type: Summary ▾

- Show records with missing/invalid sample year
- Hide records that have been replaced

Show Report

Export to Excel

Survey Year	Practice ID	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status	Replaced	Authorized
2021	ZZ9973	1_ZZ9973_2021.xml.xml	10/18/2021	10	10	0	Failed		
2021	ZZ9973	15_ZZ9973_2021.xml.xml	09/08/2021	10	9	1	Failed		
2021	ZZ9973	12_ZZ9973_2021.xml.xml	09/08/2021	10	0	0	Passed	Yes	
2021	ZZ9973	12_ZZ9973_2021.xml.xml	09/08/2021	10	9	1	Failed		
2021	ZZ9973	15_ZZ9973_2021.xml.xml	08/11/2021	10	9	1	Failed		
2021	ZZ9973	12_ZZ9973_2021.xml.xml	08/11/2021	10			Failed		



Data Submission

Reports for Survey Vendors: Error Messages

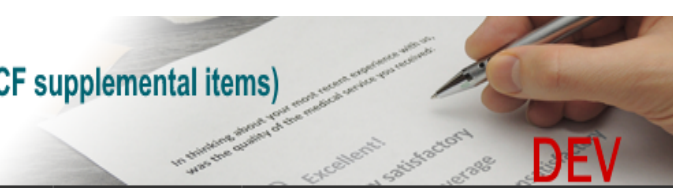
Error	Error message
XML file not properly formatted	Rejects file immediately
Missing values for required variables	Report will list each variable with missing values
Invalid values	Report will list any value that is outside of the allowed range
Duplicate records	Report will list any sample ID that is duplicated for given practice site
Missing response record values	Report will list any missing values
Patient response record does not pass the completeness test	Report will list any sample ID that does not pass the completeness test

Data Submission

Reports for Survey Vendors: Survey Vendor Authorization Report

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** | Survey and Protocols | Training | Data Submission

Vendors / Survey Vendor Authorization Report

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Survey Vendor Authorization Report

Export to Excel

Practice Site Name	Practice Site ID	Beginning Survey Period	Ending Survey Period	Create Date
RTI Practice Site 73	ZZ9973	PY2021 Survey	PY2021 Survey	10/18/2021 9:51:06 AM

1 record(s) in report.



Data Submission

Report for Practice Sites: Data Submission Summary Report

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 Survey and Protocols Training Data Submission

Practice Sites / Data Submission Report

Data submission History

Practice: ZZ9900 --
Date Range: Start Year: 2021 End Year: 2021

Show Report

Export to Excel

Vendor	Survey Year	Practice ID	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
RTI	2021	ZZ9900	RTIVENDOR_ZZ9900_10.xml	10/20/2021	10	10	0	Passed

1 record(s) in report.



Data Submission *Data Collection* *Quality Control Guidelines – Mail*

Required Mail Data Processing and Submission Quality Control Measures:

- A sample of completed questionnaires (10% minimum) must be rescanned and compared with the original scanned image of the questionnaire
- All keyed questionnaires must be 100% reentered by a different staff member
- A minimum of 5% of completed surveys must be reviewed to ensure that the coding rules were followed correctly



Data Submission *Data Collection Quality Control Guidelines – Mail (cont'd, 2 of 2)*

Recommended Mail Data Processing and Submission Quality Control Measures:

- Develop a way to measure error rates of both data receipt staff (recognizing marginal notes and passing these on to someone for review), data entry or scanning operators, and coders
 - Vendors should work with their staff to minimize error rates



Data Submission

Telephone Quality Control Guidelines

Required Telephone Survey Data Processing and Submission Quality Control Measures:

- Survey vendors must compare the survey responses for a sample of cases included on the XML data files directly with the survey responses that were entered on the CATI system file to ensure that the responses match



Data Submission *Telephone Quality Control Guidelines (cont'd, 2 of 2)*

Recommended Telephone Data Processing and Submission Quality Control Measures:

- Survey vendors should generate and review frequencies of cases at the various pending and final status codes



Data Submission

XML File Quality Control Guidelines

Required XML Quality Control Measures:

- Use the XML Schema Validation tool to conduct initial quality control on the XML file
 - The Schema Validation tool is available on the PCF PEC Survey website under the Data Submission Menu
- Make sure information is included on the XML file for every sample patient included on the sample file provided by the PCF PEC Survey Team
- Make sure that the SID numbers included in the Patient Administrative Record on the XML file match the same set of SID numbers that were included on the sample file



Data Submission

XML File Quality Control Guidelines (cont'd, 2 of 4)

Required XML Quality Control Measures (cont.):

- Make sure patient survey response data are matched to the correct patient
- Make sure the appropriate final code is assigned based on the results of the completeness criteria check
- Compare the variables included in the Patient Survey Response section on the XML file to the hardcopy questionnaire (for mail) or to the CATI file (for telephone) on a sample of cases

XML File Quality Control Guidelines (cont'd, 3 of 4)

Required XML Quality Control Measures (cont.):

- Make sure questions that are appropriately skipped are correctly coded “88” for “Not Applicable/Legitimate Skip,” rather than “M” for missing

Recommended XML Quality Control Measures:

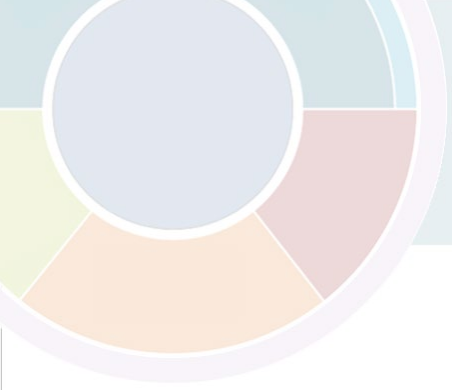
- Conduct a final check of the final status codes assigned to all sampled cases on the Patient Administrative Record
- Generate response distributions (also referred to as frequencies) and compare the survey response record with the data on the hardcopy mail questionnaire or the CATI file to look for anomalies or outliers and for unusual patterns of missing data



Data Submission

Systems Quality Control

- Vendors are strongly urged to check all systems, computer programs, and equipment (including optical scanners) used to administer the PCF PEC Survey on a regular basis to ensure that all are working properly and as intended
 - Vendors should also check to make sure that the scanning parameters or settings are large enough to scan response options that are not directly inside the circle or box for the response option, and that the scanner is sensitive enough to pick up marked responses that might be lighter than some others



Section 7

Data Analysis and Reporting



Data Analysis and Reporting *Overview*

- Overview
- CMS Analysis of the Primary Care First Patient Experience of Care Survey Data set
 - Domain scores
 - Case-mix adjustment
 - Domain-level reliability
 - Quality Gateway
- CMS' reports and training given to Practice Sites
- Survey Vendor Analysis and Reporting

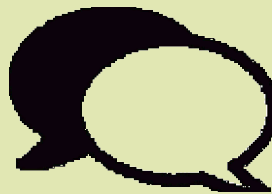
Questions About Data Analysis and Reporting



PCF@telligen.com



Toll-Free Number
888-517-7753



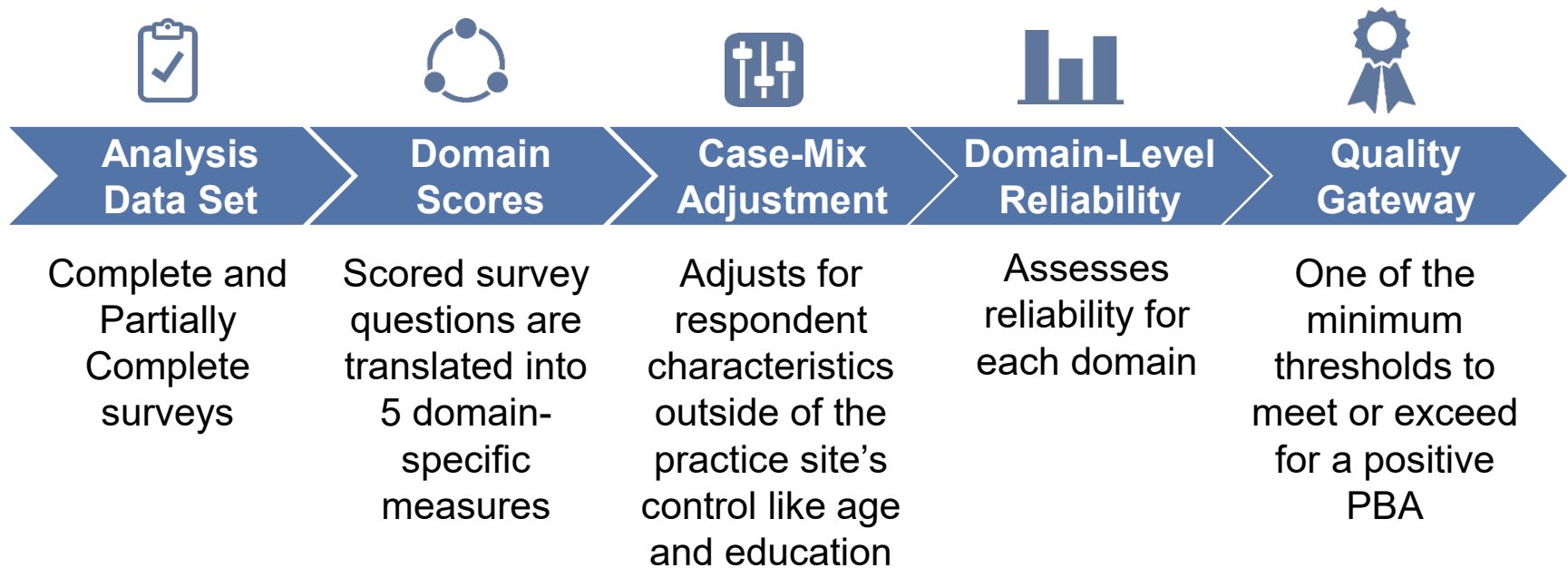
PCF Connect



Payment
Methodology Paper

Data Analysis and Reporting Overview

Analysis and Reporting



Data Analysis and Reporting

Create Domain Scores



**Get Timely Care,
Appointments,
and Information**



**How Well Providers
Communicate**



**Support Patients
Taking Care of Own
Health**



**Attention to Care
from Other
Providers**



**Patient's Rating of
Provider**



Data Analysis and Reporting

Create Domain Scores (cont'd, 2 of 2)

- Transform each scored survey question into numeric values assigned to responses for one of the five domains
- The domain-specific measures are calculated from the contributing survey questions, and the PEC Survey Summary Score is calculated as the average of the 5 PEC Survey domain-specific measures



Data Analysis and Reporting

Conduct Case-Mix Adjustment

- CMS adjusts for characteristics outside of the practice site's control
- Example: older respondents, those with less education, and those with better health give more positive ratings and reports about their care
- CMS uses case-mix adjustment to ensure comparisons between practice sites reflect true differences in quality performance and not differences in the populations served
- CMS uses the CAHPS Analysis Program (version 5.0) for this adjustment
- The case-mix adjusted domain scores at the practice-level let CMS make valid comparisons of quality performance
- PCF PEC Survey adjusts for 6 respondent characteristics



Data Analysis and Reporting

Conduct Case-Mix Adjustment (cont'd, 2 of 2)

PCF PEC Survey Adjusters



Age



Gender



Education



Self-Reported
Physical Health



Proxy
Responses



Survey Mode



Data Analysis and Reporting

Calculate Domain-Level Reliability

- CMS calculates reliability for each of the 5 domains
- Reliability is the percentage of variation in scores that is attributed to actual differences in sites rather than sampling variability
- Reliability scores closer to one indicate minimal sampling variability while scores closer to zero mean we are unable to detect true differences
- Domains with scores below 0.60 are considered to have low reliability
- Factors that affect reliability include responses to screener questions, variation of response within a practice, and variation between sites on survey items



Data Analysis and Reporting

Quality Gateway

- The PEC Survey is one of several measures in the Quality Gateway
- The Quality Gateway is a performance threshold based on a set of clinical quality and patient experience measures
- PCF practice sites must meet or exceed benchmarks to be eligible for a positive Performance Based Adjustment
- Details about the benchmarks for a specific performance year can be found in the Payment and Attribution Methodologies Paper
- All practices share the identical PEC Survey requirement
- Vendors should direct practices with questions about scoring and benchmarks to PCF Support (pcf@telligen.com or 1-888-517-7753)



Data Analysis and Reporting

CMS' Reports and Training Given to Practice Sites

- CMS prepares personalized, easy to understand score reports for each practice site
- These are delivered in Q2 (April-June)
- The report reflects all Complete and Partially Complete surveys for that practice site
- The 5 domains and the PEC Survey Summary Score are presented
 - Raw data
 - Risk-adjusted
 - Final performance scores
 - Comparisons to the region-level and overall PCF level
- CMS also provides support based on the PEC Survey scores and other quality measures

Data Analysis and Reporting

CMS' Reports and Training Given to Practice Sites (cont'd, 2 of 2)

Example of the CMS Official PEC Survey Report

Scored Survey Questions			
	Your Practice	Average Rate in Your Region	Average Rate Across PCF
PEC Summary Score	80.40	79.53	81.26
Total Number of Respondents	144	146	142
Getting Timely Appts, Care, and Info			
Domain Score - Risk Adjusted Performance Rate	82.09	80.57	83.60
Number of Non-Missing Respondents	132	134	130
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?			
Raw Score	3.47	3.44	3.51
Risk Adjusted Performance Rate	82.40	81.25	83.54
Topbox (Always) Percentage	0.63	0.61	0.66
Number of Non-Missing Respondents	70	71	68

Data Analysis and Reporting

Requirements for Survey Vendors



Include disclaimer that vendor reports are not official CMS results



Provide clear explanation and context for numbers



Suppress data with fewer than 11 responses



Obtain CMS approval to append sample file to survey data



Protect respondent identity



No patient names to practice sites



Open-ended results cannot identify patients



Contact the PCF PEC Survey Team for guidance



Data Analysis and Reporting

Requirements for Survey Vendors (cont'd 2 of 6)

- CMS-calculated results for the PCF PEC Survey and the practice-level report CMS releases in Q2 are the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring
- Required disclaimer for reports and dashboards:
 - “VENDOR results are not official CMS results and are for PRACTICE’s internal quality improvement purposes only. Official PCF PEC Survey Supplemental reports will be released from CMS in Q2. There is no required minimum response rate for scoring. The PEC Survey benchmark is calculated concurrently with annual PCF practice performance and based on overall PCF practice performance”
 - Minimum 14-point font size
- Clear explanation and context for numbers
 - Use CMS definitions or explain how they differ (for example, top-box scoring)
- See Section 8.4 of the Quality Assurance Guidelines for a full overview of the requirements



Data Analysis and Reporting

Requirements for Survey Vendors (cont'd, 3 of 6)

- Survey vendors may provide PCF practice sites with survey data or information from their practice as long as the survey vendor suppresses any display of data that includes cell sizes with fewer than 11 observations
 - No information based on fewer than 11 respondents can be released. This means no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms
 - No number smaller than 11 should appear in any material provided to client practice sites
 - 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



Data Analysis and Reporting

Requirements for Survey Vendors (cont'd, 4 of 6)

- 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, the vendor must submit to CMS 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



Data Analysis and Reporting

Requirements for Survey Vendors (cont'd, 5 of 6)

- 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
- Survey respondents cannot give permission for their name to be shared with the practice, even if they wish to do so
- 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

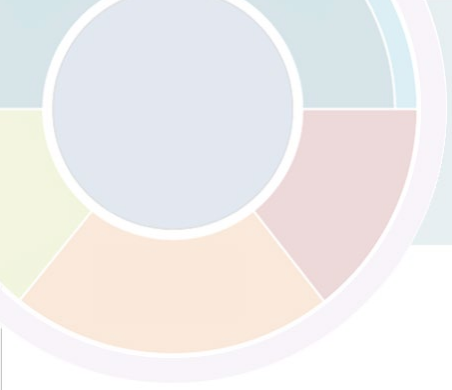


Data Analysis and Reporting

Requirements for Survey Vendors

(cont'd, 6 of 6)

- 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
- It is recommended that survey vendors wait until their final data submission has been officially approved by the PCF PEC Survey Team before releasing any reports to PCF PEC Survey practice sites



Section 8

Data Confidentiality and Data Security



Data Confidentiality and Data Security *Overview*

- Assuring Sample Patients' Confidentiality
- Safeguarding Patient Data
- Develop Procedures for Identifying and Handling Breaches of Confidential Data
- Required Confidentiality Agreements



Data Confidentiality and Data Security

Assuring Sample Patients of Confidentiality

- Patients are more willing to participate when they feel confident that their identity is confidential and not disclosed to practices
- Several steps are taken to ensure this confidence from sample members
- Telephone scripts and letters for sampled patient's state:
 - Answers are confidential
 - Will not be shared with their provider
 - Will not affect health care benefits
 - Introductory statements in the telephone interview reference protection under the Privacy Act
- Help Desk and Telephone Interviewing staff are trained to provide information to sampled patients concerned about confidentiality



Data Confidentiality and Data Security

Safeguarding Patient Data

- HIPAA training requirements are required for all approved survey vendors and their subcontractors
- Identifying information associated with a patient should be considered private and must be protected
- 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



Data Confidentiality and Data Security

Safeguarding Patient Data (cont'd 2 of 2)

1 Limit Access to Confidential Data to Authorized Staff

Action Steps

- Consider which staff need access
- Ensure only those staff have access

2 Physical Security of Patient Data

Action Steps

- Store paper copies in a secure location
- Never remove paper copies
- Store and lock paper copies for 3 years and securely destroy at the end of 3 years

3 Electronic Security of Patient Data

Action Steps

- Protect electronic data from confidentiality breaches
- Do not transfer data via email
- Web portal files contain de-identified data only
- Electronic data should not be stored offsite
- Secured and stored for 3 years and securely destroy at the end of 3 years
- Disaster recovery plan for survey data



Data Confidentiality and Data Security

Develop Procedures for Identifying and Handling Breaches of Confidential Data

- Required to develop protocols for identifying a breach in security with PCF Survey data
 - Includes unauthorized individuals gaining access to or distributing confidential data
- Plans must include:
 - A system to notify the PCF PEC Survey Team within 24 hours of learning of a security breach
 - Means to detect the level of risk represented by the breach in security
 - Means to take corrective action against the individual who created the breach
 - Means of notifying any persons affected by the breach, including sample patients, if necessary



Data Confidentiality and Data Security

Required Confidentiality Agreements



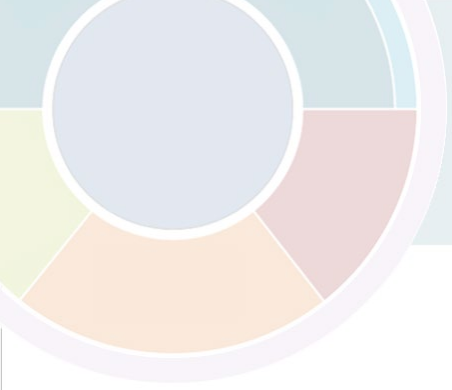
Business Associate Agreement with Practice

- Become Business Associates of their client practices
- Follow all applicable HIPAA guidelines regarding privacy and security of practice-generated PII



Vendor and Subcontractor Staff Confidentiality Agreement

- Receive HIPAA-appropriate training before receiving access to patient data
- Includes telephone interviewers, supervisors, Help Desk staff, coders, fulfillment, programming staff, etc.
- Sign and retain electronic and hard copies of the affidavits



Section 9

Oversight





Oversight

Part 1: QA Timeline and QAP

- Oversight Activities
- Quality Assurance Plans (QAPs)

Oversight

Oversight Activities



**Ensure Vendor
Compliance**



**Review Survey
Administration
Materials**



Oversight

Quality Assurance Plan (QAP)



Document survey administration procedures



Used to train subcontractors and staff



Needed to obtain “Fully Approved” status



Oversight

Quality Assurance Plan (QAP) (cont'd, 2 of 2)



**Organization
Background and
Staff Experience**



Work Plan



**Questionnaire and
Materials**



**Survey
Implementation Plan**



**Data Security,
Confidentiality, and
Privacy Plan**



Oversight

QAP Materials

Required for Revised Submission



Mail

- Teaser postcard
- Questionnaire #1
- Reminder postcard
- Questionnaire #2
- Spanish Questionnaire



Telephone

- CATI Screenshots or test link



Oversight

Part 2: Review and Site Visits

- Data Review
- Telephone Interviewer Monitoring and Documentation
- Remote Site Visits
- Corrective Action Plans



Oversight *Data Review*

1

Interim File

- Uncovering and explaining problems
- Vendor's revisions

2

Final File

- Repair of problems
- Prompt resubmission



Oversight

Telephone Interviewer Monitoring and Documentation

- Remote one to two-hour monitoring sessions of live calls with each vendor organization or their CATI subcontractor(s)
- Evaluating interviewers on:
 - Politeness to the respondent
 - Voice clarity
 - Proper use of FAQs to answer questions
 - Accuracy in reading questions
 - Appropriate speed
 - Proper interviewing procedures
- Vendors required to submit documentation confirming that they have met the 10% monitoring requirement to the PCF PEC Survey Website



Oversight

Virtual Site Visits

Concerns surfacing during the vendor application process

Quality issues surfacing during the oversight process

Ensuring Compliance

Major or numerous quality issues arising during survey implementation

As a follow-up after a prior site visit, issue, or Corrective Action Plan

Oversight

Virtual Site Visits (cont'd, 2 of 2)



Team



**Agenda and
Materials**

Virtual Site Visits



**Confidential Disclosure
Agreement**



Post-Site Visit



Oversight

What if a Vendor Does Not Follow PCF PEC Survey Protocols?

- RTI may:
 - Notify the vendor that they are being placed on a **Corrective Action Plan**
 - Notify the vendor that:
 - their data submissions and oversight deliverables will be given heightened scrutiny, and
 - they will be given the opportunity to supply additional quality-related documentation. If their performance is found to be unsatisfactory after these opportunities, they will be placed on a **Corrective Action Plan**
- Vendors must meet all deadlines



Training Certification

Final Reminder

All conditionally approved PCF PEC Survey Administrators for vendors must log onto the PCF PEC Survey website and complete the Training Certification

Please complete the Training Session Evaluation Form before disconnecting from this webinar session



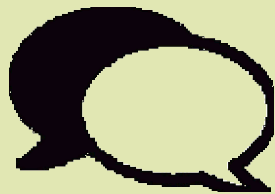
Questions



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Quality Assurance
Guidelines