

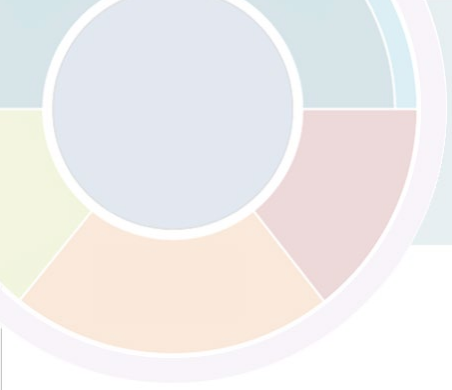


Primary Care First

Foster Independence. Reward Outcomes.

Introduction to Primary Care First (PCF) Patient Experience of Care (PEC) Survey Webinar Training

Center for Medicare & Medicaid Innovation



Section 1

Introduction and Overview of PCF PEC Survey



PCF PEC Survey Introduction

Training Session Reminders

- Key staff required for training: Project Manager, Mail Survey Supervisor, Telephone Survey Supervisor, Information Systems Specialist and Computer Programmer/Developer, Data Administrator, and Back-up Data Administrator
- Also required are subcontractors that have key roles in administering the PCF PEC Survey
- Complete the Training Evaluation Survey at the end of the webinar
- Complete the Training Certification
- Throughout the training, please note key dates and details pertinent to being a PCF Survey vendor



PCF PEC Survey Introduction

Overview of Survey



Overview of the background, purpose, and goals of the PCF PEC Survey



Brief review of the PCF PEC Survey Questionnaire



PCF PEC Survey Data Collection Schedule and General Timeline







Introduction to Primary Care First (PCF)

Overview of PCF

Primary Care First Goals

- 1 To **reduce Medicare spending** by preventing avoidable inpatient hospital admissions
- 2 To **improve quality of care and access to care** for all beneficiaries, particularly those with complex chronic conditions and serious illness

Primary Care First Overview

-  **5-year** alternative payment model
-  Offers greater **flexibility**, increased **transparency**, and **performance-based** payments to participants
-  Payment options for practices that specialize in **patients with complex chronic conditions** and high need, **seriously ill populations**
-  Fosters **multi-payer alignment** to provide practices with resources and incentives to enhance care for all patients, regardless of insurer



PCF PEC Survey Introduction

PCF Model Requirements

A

- Five performance years. Each performance year begins **January 1** and ends December 31

B

- Practice sites must meet standards of quality care to be eligible for a positive performance-based adjustment to their primary care revenue

C

- Focused set of clinical quality and patient experience measures to assess quality of care at practice site

D

- PCF practice sites are required to select a CAHPS survey vendor to administer an annual PEC survey on their behalf



PCF PEC Survey Introduction

Overview of CAHPS Surveys

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) ®
- Family of surveys designed to collect data from patients and other consumers about their experiences with the care they receive from their health care providers
- Developed by the Agency for Healthcare Research and Quality (AHRQ)
- CAHPS is a registered trademark of AHRQ, a U.S. government agency



PCF PEC Survey Introduction

Domains

PCF PEC Survey measures patient experience of care across five domains:



Getting Timely Care, Appointments, and Information



How Well Providers Communicate



Patient's Rating of Provider



Attention to Care from Other Providers



Support Patients Taking Care of Own Health



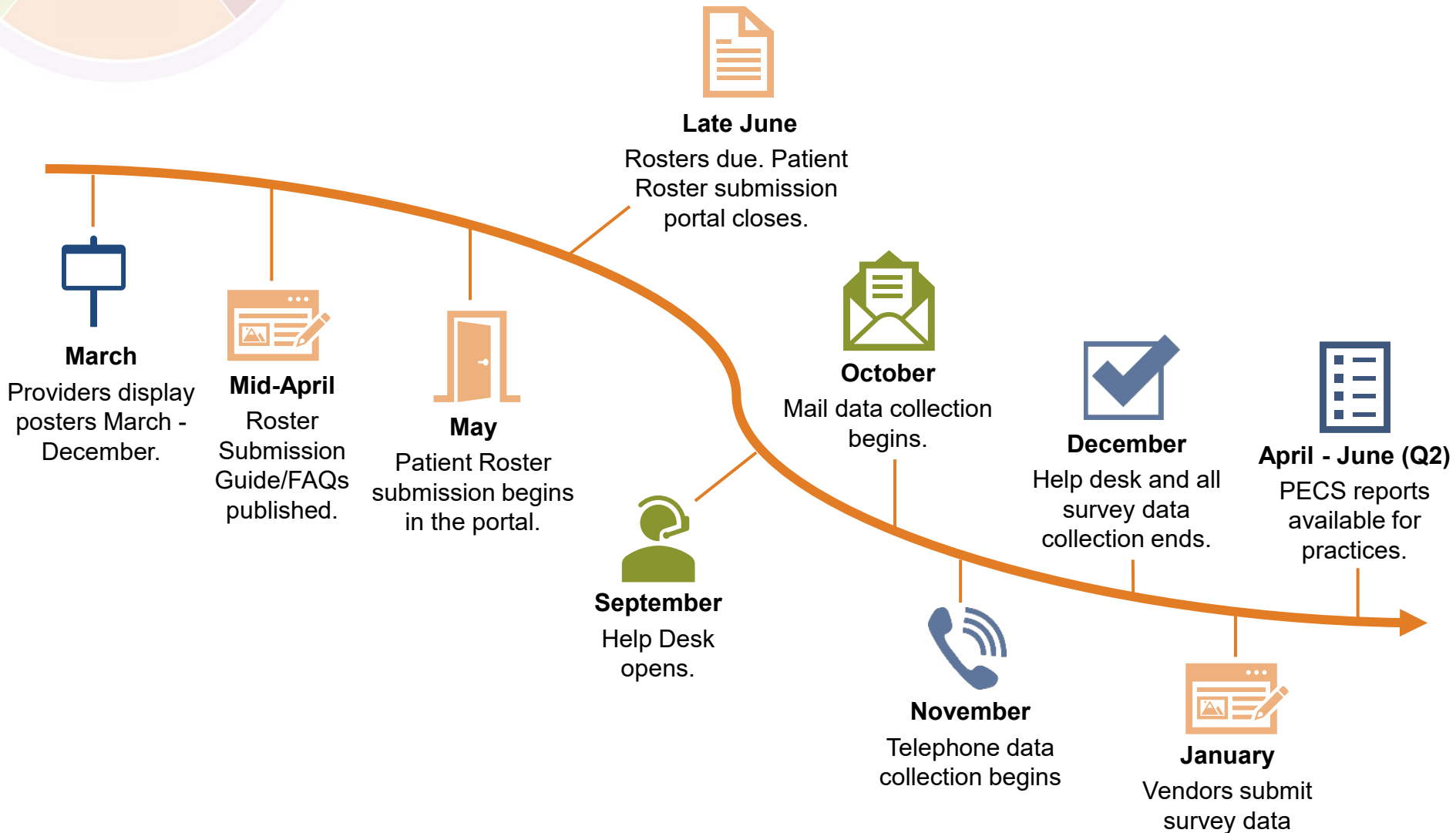
PCF PEC Survey Introduction

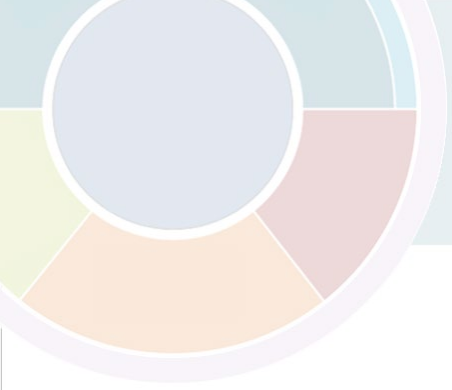
Questionnaire

- Annual mixed-mode survey (mail with telephone follow-up)
- Contains 64 questions
- Available in English and Spanish
- Based on CMS' Comprehensive Primary Care Plus (CPC+) instrument
- First PCF PEC Survey was conducted Fall 2021

PCF PEC Survey Introduction

Data Collection Schedule





Section 2

Roles and Responsibilities



Roles and Responsibilities – *Overview*





Roles and Responsibilities

CMS

1. Provide survey vendor training and approve vendors.

2. Provide survey administration procedures, technical assistance, and updated information to vendors.

3. Maintain and distribute a list of approved PEC Survey vendors to practices.

4. Collect patient rosters and provide survey vendors with sample files.

5. Review, score, and report personalized data to practice sites.



Roles and Responsibilities

Survey Vendors

- ✓ Meet minimum business requirements
- ✓ Register on the PCF PEC Survey Web Portal and submit vendor application
 - Attend training and pass training certification
 - Submit Quality Assurance Plan
 - Sign Business Associate Agreement with practice sites and adhere to data security protocols
 - Follow the PCF PEC Survey Quality Assurance Guidelines when conducting data collection and data processing activities
 - Attest to the accuracy of the data collection process
 - Coordinate with practice sites
 - Participate in oversight activities conducted by the PCF PEC survey project team

Roles and Responsibilities

Survey Vendors: Training Requirements



Attend Training

Attend the **Introduction to PCF PEC Survey Training** session



Certification

Complete Training Certification



Next Year

In future years, attend a PCF PEC Survey Update Training Webinar training session



Yearly Training Requirements

Failure to attend any required training — either **Introduction to the PCF PEC Survey**, or **PCF PEC Survey Update Training** — may lead to CMS' revocation of the vendor's approval status



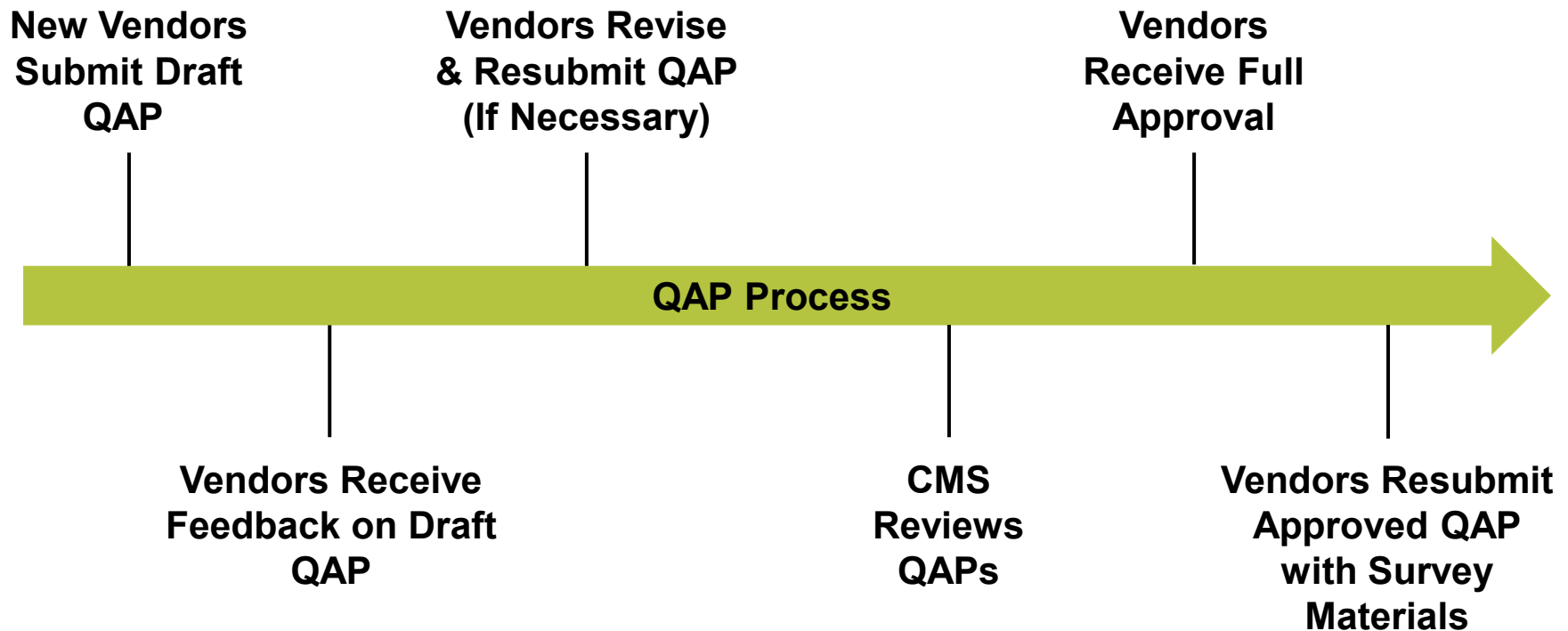
Roles and Responsibilities

Survey Vendors: Quality Assurance Plan (QAP) Requirements

- Vendors must submit a Quality Assurance Plan
- The main purposes of the QAP are to:
 - Provide documentation of survey vendors' understanding, application and compliance with the Quality Assurance Guidelines
 - Serve as the organization-specific guide for administering the PCF PEC Survey, training project staff to conduct the survey, and conducting quality control and oversight activities
- Submitted QAP must include materials that CMS determines are relevant to the survey
 - For example, mailing materials, the survey, and screenshots of the programmed telephone instrument or a test link

Roles and Responsibilities

Survey Vendors: Quality Assurance Plan (QAP) Requirements (cont'd, 2 of 2)



Roles and Responsibilities

Survey Vendors: BAA and Data Security Protocol Requirements

1

Execute

- A Business Associate Agreement (BAA) with practice site to permit vendor access to secure information

2

Ensure

- BAA contacts are accurate
- Current BAAs are extended before their expiration date

3

Appended Data

- Data appended must be approved in advance
- Restricted use of survey data and practice sample files

Business Associate Agreement



Roles and Responsibilities

Survey Vendors: Data Security Requirements

- Use systems, processes, and procedures to safeguard and protect the security of PCF PEC Survey data
- Do not share information that could identify sample patients and their survey response data
 - The sample file cannot be shared with practice sites, even after the survey is complete
- QAPs need to include how data containing PII or PHI are transferred within the organization and between the survey vendor and any subcontractors
- Must have a disaster recovery plan in place

See Chapter 9 of the Quality Assurance Guidelines for details.



Roles and Responsibilities

Survey Vendors: Quality Assurance Guidelines for Data Collection and Data Processing Steps

- Access and sign into the [PCF PEC Survey web portal](#)
- Complete the attestation form and receive sample files to conduct the survey for client PCF practice sites
- Administer the PCF PEC Survey in accordance with the protocols and oversee the quality of work performed by staff and any subcontractor.
- Prepare and submit data files to CMS following the specified guidelines
- Review all data submission reports for practice sites to ensure that data have been successfully uploaded and received by CMS
- Follow specified guidelines when preparing reports for client practice sites

Roles and Responsibilities

Survey Vendors: Quality Assurance Guidelines



Attest to Accuracy

- Attest to the accuracy of your organization's data collection processes
- Attest that data collection processes conform to the requirements outlined



Do Not Subcontract the Data Submission Task

- Data collected that does not adhere to the PCF PEC Survey procedures or timeline may result in unusable data
- The Exceptions Request and Discrepancy Report processes let vendors document data collection that cannot adhere to procedures



Roles and Responsibilities

Survey Vendors: Coordinate With Practice Sites

- CMS requires a formal written contract between Survey vendors and PCF practices (BAA)
- CMS requests that survey vendors send email notification to pcfpecs@rti.org should survey vendors hear of changes in the practice composition, such as:
 - Merging with another practice site
 - Splitting into two or more practice sites
 - Withdrawal from PCF
- Vendors are responsible for understanding the details of those practice-facing requirements
- CMS and RTI cannot be involved in business arrangements between vendors and practices



Roles and Responsibilities

Survey Vendors: Coordinate With Practice Sites (cont'd, 2 of 2)

- Check Vendor Authorization Status Report regularly in the weeks leading up to the deadline for vendor authorization
 - Ensure all PCF practice site clients have contracts in place
- Review Practice site address because **PCF defines a practice site as a physical location where care is delivered**
 - Every practice site that joins PCF should have a unique address and receives a unique Practice site ID



Roles and Responsibilities

Survey Vendors: Oversight Activities

- Fully approved vendors, including subcontractors, must participate in all oversight activities, such as remote site visits and/or teleconference calls, as requested by CMS or RTI
 - Ensures correct survey protocols are followed
 - All materials relevant to survey administration are subject to review
- Maintaining status as an approved vendor is contingent upon receiving satisfactory reports during oversight activities
- All vendors who submitted their Vendor Application have already agreed to these requirements



Roles and Responsibilities

PCF Participating Practice Sites

Responsibilities:

- ✓ Authorize a vendor to conduct the survey
- ✓ Notify PCF Support of practice changes
- ✓ Submit a patient roster
- ✓ Notify vendor of residential care/assisted living facilities
- ✓ Communicate with patients about the survey in accordance with CMS specifications
- ✓ If administering additional surveys, follow CMS guidelines

Refer to the Practice Site Responsibilities Quick Link and the PCF PEC Survey Fact Sheet for Practices on our website



Roles and Responsibilities

Practice Sites: Vendor Authorization

- Practice sites must contract with a CMS-approved PCF PEC Survey vendor to administer the annual PCF PEC Survey
 - Approved survey vendors are on PCF Connect and on the [PCF PEC Survey web portal](#)
- It is critical to have the vendor relationship carefully documented in the vendor authorization
- Vendor authorization is completed for:
 - CMS to know which vendor should receive the sample for which practice sites
 - CMS to know which vendor is conducting the survey and submitting data for which practice site



Roles and Responsibilities

Practice Sites: Vendor Authorization (cont'd, 2 of 2)

- Practice sites are required to follow the below steps for vendor authorization:
 - Register on the [PCF PEC Survey web portal](#)
 - Sign a contract with an approved vendor to conduct PCF PEC Survey
 - Authorize vendor
 - Truthfully attest to the existence of an active BAA
 - Update authorization if needed. Circumstances for updating the Vendor Authorization include:
 - Switch to a different vendor
 - Withdrawals
 - Terminations
 - Practice site splitting into two PCF practice sites
 - Practice site mergers
 - Review Data Submission Summary

Roles and Responsibilities

Practice Sites: Roster Submission

Annually practice sites must submit the all-patient roster of patients



Submitted to PCF Support via the PCF Portal

CMS will communicate details via First Edition and PCF Connect



Roles and Responsibilities

Practice Sites: Residential Care/Assisted Living Facilities

- Patients residing in residential care facilities or assisted living facilities are eligible for PCF PEC Survey but are harder to reach
- CMS has developed an evidence-based protocol to mitigate these barriers when surveying these patients:
 - Practice sites must communicate to their vendor the names and addresses of residential care facilities and assisted living facilities
 - Vendor will be responsible for identifying these patients residing at these facilities if they are sampled
 - Vendor will treat these patients differently in the survey
 - Special envelope which is designed to catch the attention of facility staff and solicit proxy respondents
 - Will not receive telephone follow-up



Roles and Responsibilities

Practice Sites: Communication with Patients

- Practices must hang the CMS-developed poster that is provided
- Practices must display the CMS-developed Waiting Room FAQs that are provided
- Staff should become familiar with Waiting Room FAQs and the survey basics so they can respond to questions with confidence
- Once the practice contracts with a survey vendor, there is a customizable version of the poster and the FAQs available so that the practice may include the vendor's Help Desk contact information
- Practices may send a message to patients via their patient portal about participating in the PCF PEC Survey using approved language from CMS



Roles and Responsibilities

Practice Sites: May NOT Do Any of the Following

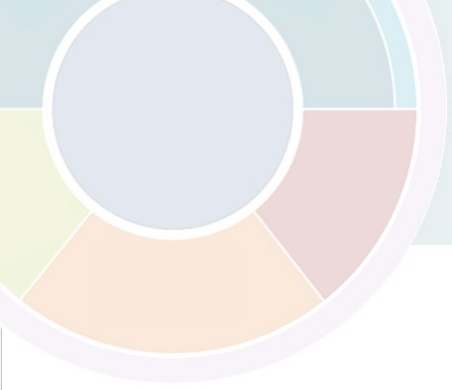
- Provide a copy of the PCF PEC Survey questionnaire or survey materials to their patients
- Attempt to determine which patients were sampled. Vendors are strictly prohibited from sharing this information with practice sites both before and after the survey administration
- Ask their patients if they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



Roles and Responsibilities

Practice Sites: Administering Other Surveys

- Refrain from conducting other patient surveys
 - 4 weeks prior to and during the period when the PCF PEC Survey is actively surveying
- Refrain from conducting census surveys
- When conducting other surveys, practice sites must follow these rules:
 - Do not ask patients any additional survey questions that are the same as or similar to those included in the PCF PEC Survey questionnaire
- Other surveys can include questions that ask for more in-depth information as long as the questions are different from those included in the PCF PEC Survey



Section 3

Sampling Overview



Sampling Overview

- CMS prepares sample files
- Accessing the sample files
- Sample File Variables
- Vendors prepare the survey sample



Sampling Overview

CMS Prepares Sample Files

- All payers, self-pay, and no insurance
- Ages 18 and above
- Had at least one visit between January 1 of the Performance Year and when the practice site submits the roster
- People who live in residential care/assisted living facilities are eligible
- Must have an address to be eligible
- Ineligible: deceased, nursing homes/skilled nursing facilities, and addresses outside the US



Sampling Overview

Roster Cleaning and Quality Control

- Before CMS creates the sample file:
 - Extensive quality control on the rosters
 - Practice sites may be asked to repair and resubmit rosters
 - Removes ineligible patients
 - Removes patients with insufficient information about their names and insufficient contact information
 - Searches for duplicated patients within a practice site and across practice sites
- If a patient is duplicated across practice sites, the patient is assigned to the practice site nearer to their home. If both practice sites are near the patient's home the patient is assigned to the practice site with the more recent visit



Sampling Overview

Sampling Size

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





Sampling Overview

Vendors Download Sample for Practice Site(s)

- Vendors will use credentials to log into the web portal and follow download instructions
- Vendors will also receive a supplemental sample file:
 - Sample File Summary Report—shows the number of patients sampled for each of the authorized practice sites
- Before downloading, each vendor will be required to attest that it is taking responsibility for the sample file
- Once downloaded, vendors will use the password sent to the Survey Administrator to open, decrypt, and review the sample file

Step-by-step instructions on downloading sample files can be found in a [Quick Link](#) on the PCF PEC Survey web portal.



Sampling Overview

Sample File Variables

Column Name	Field Length	Valid Codes	Field Contents
VendorID	3	Numeric	Individual identification number assigned to each vendor
practiceid	6	Alphanumeric	The PCF practice site ID
practice	100	Alphanumeric	PCF Practice site Name
P_Street_Address1	64	Alphanumeric	PCF Practice site Street Address 1
P_Street_Address2	64	Alphanumeric	PCF Practice site Street Address 2
P_CITY	64	Alphanumeric	PCF Practice site City
P_STATE	2	Alphanumeric	PCF Practice site State
P_ZIP_Code	5	Numeric	PCF Practice site ZIP Code
First_Name	30	Alphanumeric	Sample Patient's first name
Last_Name	40	Alphanumeric	Sample Patient's last name



Sampling Overview

Sample File Variables (cont'd, 2 of 2)

Column Name	Field Length	Valid Codes	Field Contents
Street_Address_1	50	Alphanumeric	Patient's mailing address (Line 1—street address)
Street_Address_2	50	Alphanumeric	Patient's mailing address (Line 2—street address)
CITY	40	Alphanumeric	Patient's mailing address—City
STATE	2	Alphanumeric	Patient's mailing address—State
ZIP_Code	5	Numeric	Patient's mailing address—ZIP Code
Telephone_Number	10	Numeric	Patient's telephone number
DOB	10	MM/DD/YYYY	Patient's date of birth
Sex	2	Alphanumeric	Gender Code: M = Male, F = Female, O = Other
Language	1	Numeric	1 = Spanish 2 = Language other than English or Spanish. If blank, patient is presumed to speak English.
sampleid	16	Alphanumeric	The unique patient sample identification number assigned to the sample patient. Must be maintained with the patient.
PRO_Names1to4	120	Alphanumeric	Provider 1 First Name Last Name, Provider 2 First Name Last Name, Provider 3 First Name Last Name, Provider 4 First Name Last Name Medical staff in practice. First and last names are delimited by a space. Staff are delimited by a comma followed by a space.



Sampling Overview

Required Sample File Download QC Procedures

- Appropriate electronic equipment and software to securely download sample files
- Ensure controlled access to the data
- Vendors must open the file and verify it contains a sample for all their practice sites
- The sample file will contain the number of patients sampled for each practice site
- If the file does not contain a practice site sample, vendors must verify that the practice site has completed the vendor authorization
- If the practice site has not done so, the vendor and practice site should notify CMS immediately by contacting pcfpecs@rti.org
- If you confirm that a PCF practice site has completed the vendor authorization and you did not receive a sample file, contact pcfpecs@rti.org immediately



Sampling Overview

Required Sample File Download QC Procedures (cont'd, 2 of 2)

- If you received a sample file for a practice site that you will not be collecting data from because of nonpayment or other issues, please alert pcfpecs@rti.org immediately
- Survey vendors must check the file to verify:
 - One or more patients were sampled for each of their practice site clients
 - The number of sampled patients matches the number of patients indicated as having been sampled on the Sample File Summary Report
 - The number of sampled patients aligns with the number of anticipated sampled cases
- Immediately report any discrepancies or problems detected with the sample file to pcfpecs@rti.org or calling the PCF PEC Survey toll-free telephone number at 833-997-2715



Sampling Overview

Recommended Sample File Download QC Procedures

- Vendors are advised to store the sample files in an encrypted format
- Vendors should only use unencrypted sample files when access to the patient information is required
- Vendors will be required to download the sample file within 2 business days after the sample files are made available on the PCF PEC Survey web portal
- Do NOT wait until the final day to download the sample file. Downloading the sample file early ensures sufficient time to notify CMS of any technical issues, problems or discrepancies in the sample file



Sampling Overview

Vendors Prepare the Survey Sample

1 Maintain SID

- If an internal patient ID number is assigned, vendors must have a secure way to link the internal ID assigned to each patient to the SID number assigned by CMS

2 Ask practice site about their name and physical address

- Vendors should use the recognizable practice site's name in the survey cover letter, the mail survey questionnaire, and telephone script

3 Updates from the practice site

- Survey vendors are permitted to ask practice sites to provide updated addresses and/or telephone numbers for patients



Sampling Overview

Identify Patients Residing in Facilities

- Each practice site must give its vendor names and addresses of residential care facilities/assisted living facilities where its patients live
- Vendors must flag all patients on the sample file who live in one of these facilities

Facility cases have a different data collection protocol.

- Facility cases will receive a different mailing envelope
- No telephone follow-up for facility cases

Sampling Overview

Sampled Cases to Remove

Do Not Contact List



Hostile Refusals



Do not send any PCF
PEC Survey mailing
materials or call patient

Vendors must share all hostile
refusals if a practice site leaves



Assign a final status code of
200
– Excluded from Survey

Assign a final status code of 230
– Hostile Refusal



Sampling Overview

Address Standardization and Forwarding Address Techniques

After the sample file is downloaded, vendors must:



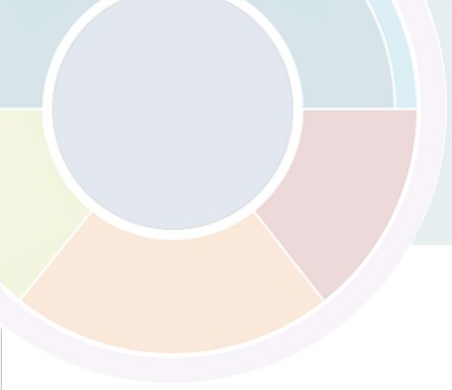
Verify Addresses

- Verify each mailing address using a commercial address update and standardization service, such as the National Change of Address



Update Addresses

- When a new/forwarding address for a patient is known, the vendor should send the mailing to the forwarding address



Section 4

Data Collection Protocol



Data Collection Protocol

- 1) Data Collection Overview**
- 2) Administer Mail Protocol**
- 3) Conduct Telephone Follow-up Protocol**
- 4) Other Data Collection Items**



Part 1: Data Collection Overview



Standardized mixed-mode data collection protocol



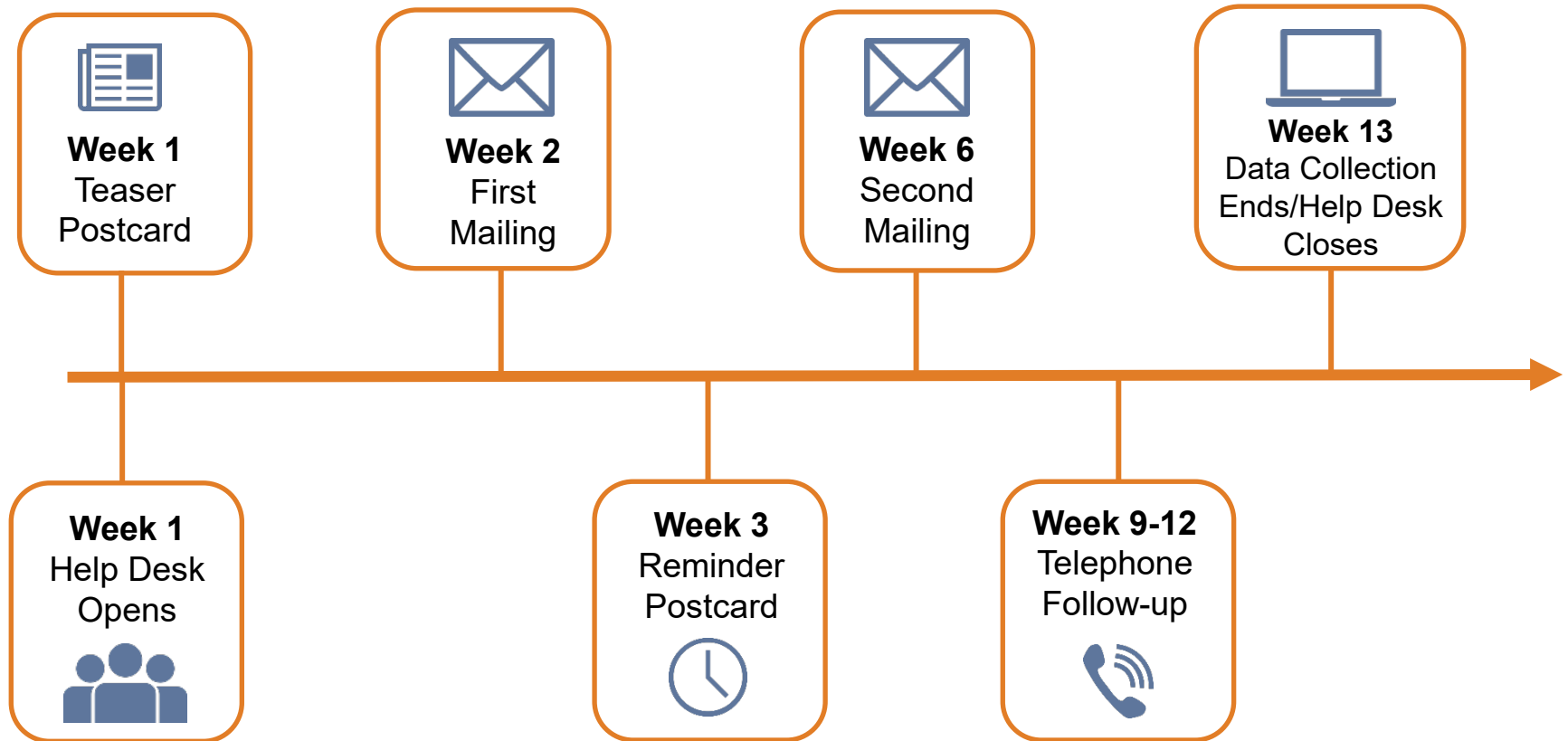
12-week duration



35.5% response rate goal

Data Collection Overview

Schedule





Data Collection Overview

Spanish Survey Administration



Mail

- Poster and waiting room FAQs
- Postcards
- Initial and non-response letters
- First questionnaire
- Second questionnaire



Telephone

- Help desk
- Telephone interviewers



Data Collection Overview

Sample Member Helpers and Proxies

Read Questions

Write Down the
Answer the Patient
Gave

**Helpers and
Proxies**

Translate the
Questions into the
Patient's Language

Help in Other Ways

Practice staff CANNOT be a helper or proxy.



Part 2: Administer Mail Protocol

- Postcards
- Questionnaire Mailout #1
- Envelopes
- Questionnaire Mailout #2
- Practice-Specific Questions
- Mailing Quality Control Measures
- Data Receipt of Mail Questionnaires
- Process Data from Mail Questionnaires
- Process White Mail
- Store Data
- Staff Training for Mail Survey



Administer Mail Protocol

Postcards

Teaser Postcard

- Sent to all sampled patients ~2 weeks after sample file receipt
- Provides information about the survey
- Alerts patients that they will be invited to participate

Reminder Postcard

- Sent to all sampled patients ~1 week after Questionnaire 1 is mailed
- Serves as a Thank You note to patients who have completed the survey
- Reminds all other patients to complete their survey or contact the Help Desk with any questions
- The formatting and printing requirements of the teaser postcard apply to the reminder postcard



Administer Mail Protocol

Questionnaire Mailout #1

Letter

- Separate paper with English & Spanish
- Customizable template on PCF PEC Survey website
- Font size = or > than Times New Roman 11 or Arial 11
- DHHS letterhead and CMS signature

Questionnaire

- Sent to all sampled patients ~3 weeks after sample file receipt
- The image and full survey title must be placed on the cover
- The name of the practice, office location, and Spanish sentence must be placed on the cover
- A tracking ID linked to the Unique Sample ID must be printed on each survey. A barcode is also acceptable

Please see QAG Section 5.5 for all requirements.



Administer Mail Protocol

Questionnaire Envelopes

- Use the envelope from the PCF PEC Survey web portal
- Outgoing envelopes must include the DHHS logo and the return address
- Survey vendors may not alter the DHHS logo
- The survey vendor's logo should not appear on the envelope
- No size requirement as long as all other requirements are met
- May be printed in black and white or color
- Include a pre-paid BRE addressed to the survey vendor
- Perform address validation to check for missing or incorrect information
- Retain a record of attempts to acquire missing address data
- Address to the sampled patient using the sample file address
- Use first class postage or indicia (strongly encouraged)
- Use special outgoing envelopes for patients living in residential care facilities



Administer Mail Protocol

Questionnaire Mailout #2

Vendors must not send the second mailout to:

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

Second mailout includes:

- Second letter template
- Questionnaire
- Second envelope template

Please see QAG Section 5.5 for all requirements.



Administer Mail Protocol

Mailout Procedures

- **Must:**
 - Perform address validation
 - Retain a record of attempts to acquire missing address data
 - Address mail to the sampled patient using the sample file address
 - Mail the questionnaire package using first class postage (strongly encouraged)
- **Must not:**
 - Offer incentives of any kind to patients or proxy respondents



Administer Mail Protocol

Practice Specific Questions

- The maximum number of practice-specific questions is 10
- Questions must be placed after the final PCF question and before the About You section
- If the question asks patients to write comments in their own words, the wording must make it clear that their comments will be shared with the practice staff
- Survey vendors and/or practice sites are responsible for translating the practice-specific questions into Spanish
- Survey vendors must not include responses to the practice-specific questions on the PCF PEC Survey data files. Note that:
 - Survey vendors may not append identifying information from the sample file to data from practice-specific questions
 - All other rules apply as well
- Survey vendors do not need to obtain CMS' approval of the practice-specific questions before adding them to the survey. CMS recommends avoiding sensitive questions or lengthy additions because of the potential to reduce expected response rates



Administer Mail Protocol

Quality Control Measures

- Employ an address update and standardization service
- Permitted to ask the client practice sites to provide updated address information for all patients they treated during the sampling window
- Prepare and maintain written documentation that all staff members involved were properly trained on the survey specifications and protocols
- Check a minimum of 10 percent of all printed materials
- Check a sample of cases for each practice to make sure that the name and address printed on letters match



Administer Mail Protocol

Quality Control Measures (cont'd, 2 of 2)

- Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and have SID number
- Check that the number of questionnaire packages to be mailed matches the number of sampled cases
- All staff involved are thoroughly trained on the survey specifications, protocols and equipment

Recommended quality control measures:

- Survey vendors are advised to “seed” each mailing (postcards and questionnaires)
 - Seeded cases are not to be included in telephone follow up, nor data submission files



Administer Mail Protocol

Data Receipt of Mail Questionnaires

- Enter date of questionnaire receipt into the data record
- Log questionnaires into the tracking system in a timely manner
- Visually review questionnaires prior to scanning for notes/comments
- Remove deceased patients
- If two surveys are received from the same patient, retain the survey with the more complete data. If equally, use the first one received
- Dispose of all questionnaires which arrive after the data collection cutoff
- Assign a PCF PEC Survey final status code to each case



Administer Mail Protocol

Final Status Codes

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



Administer Mail Protocol

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

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



Administer Mail Protocol

Process Data from Mail

Requirements:

- ✓ Must not permit out-of-range or invalid responses
- ✓ Must either alert staff to any duplicate questionnaires entered or prevent duplicate questionnaires
- ✓ Select the response that is closest to the marked response if a response falls between two answer choices
- ✓ Select the answer that appears darkest if two responses are checked for the same question
- ✓ Code answer as “missing” if a mark is between two answer choices
- ✓ Code answer as “missing” if a response is missing
- ✓ Must not include responses to any practice-specific questions



Administer Mail Protocol

Process Data from Mail (cont'd, 2 of 2)

For optical scanning:

- 10 percent must be rescanned and compared with the original scanned image of the questionnaire
- 10 percent must be compared to the entries scanned for that case

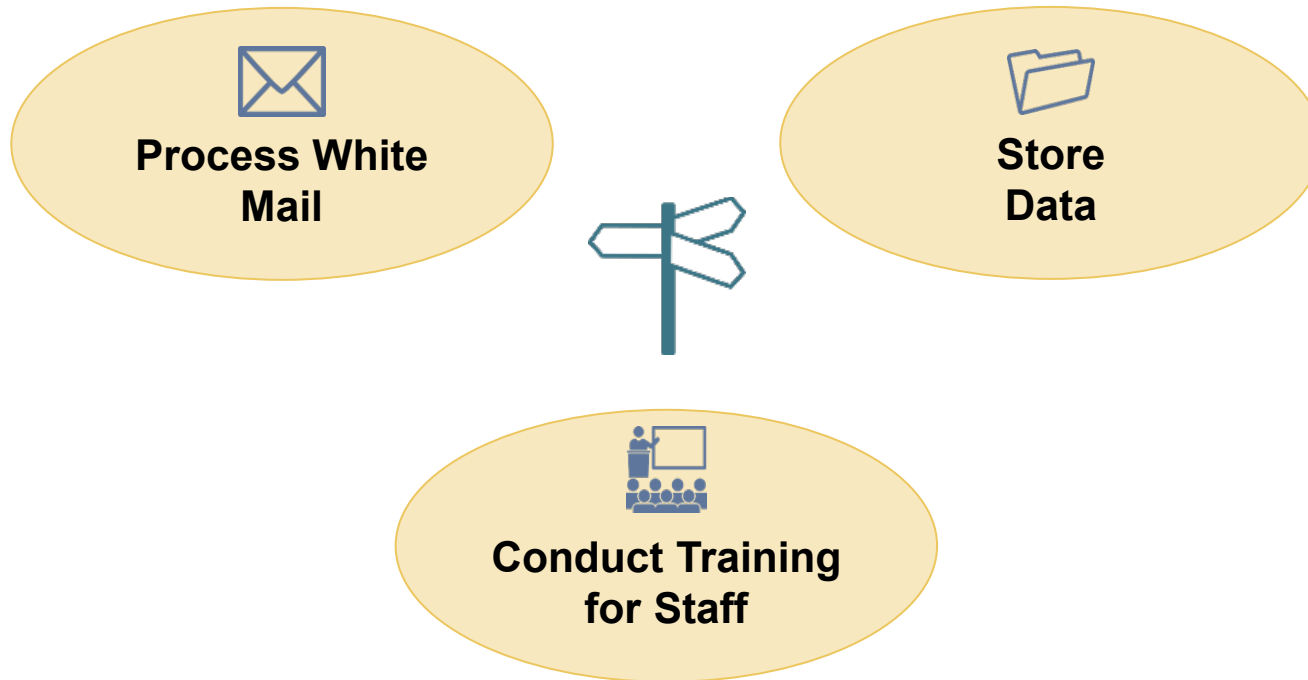
Mandatory quality control measures for data entry:

- Must have a process in place to validate data entered



Administer Mail Protocol

Mail Questionnaire Protocols





Part 3: Conduct Telephone Follow-up Protocol

- Batch Tracing Service
- Inbound Telephone and Email Help Desk
- Telephone Interviewing System
- Required Attempts
- Approved FAQs and Interview Telephone Script
- Assign Status Codes after Every Call
- Distressed Sample Members
- Train Telephone Interviewers
- Telephone Monitoring and Oversight



Conduct Telephone Follow-up Protocol



Use of computer assisted telephone interviewing (CATI) system



Begin 3 weeks after questionnaire 2 is mailed



May not be completed manually and later keyed



Conduct Telephone Follow-up

Batch Tracing Service

- CMS will provide telephone numbers as part of the sample
- Vendor must attempt to obtain telephone numbers for any sample members who do not have one
- Vendors may use a batch tracing service
- Vendors should not put limits on the types of telephone numbers their batch tracing service returns (i.e., only landline number or only cell phone numbers)



Conduct Telephone Follow-up

Inbound Telephone and Email Help Desk

- Vendors must operate a help desk
- Includes both telephone and email

Teaser Postcard





Conduct Telephone Follow-up

Inbound Telephone and Email Help Desk

(cont'd, 2 of 2)



Use the Provider Name Lookup

- Common concern among help desk users
- Remember the name of the provider, not the practice



Notify Practice Sites of Help Desk

- Practice poster and waiting room FAQs
- Vendors must share help desk contact information





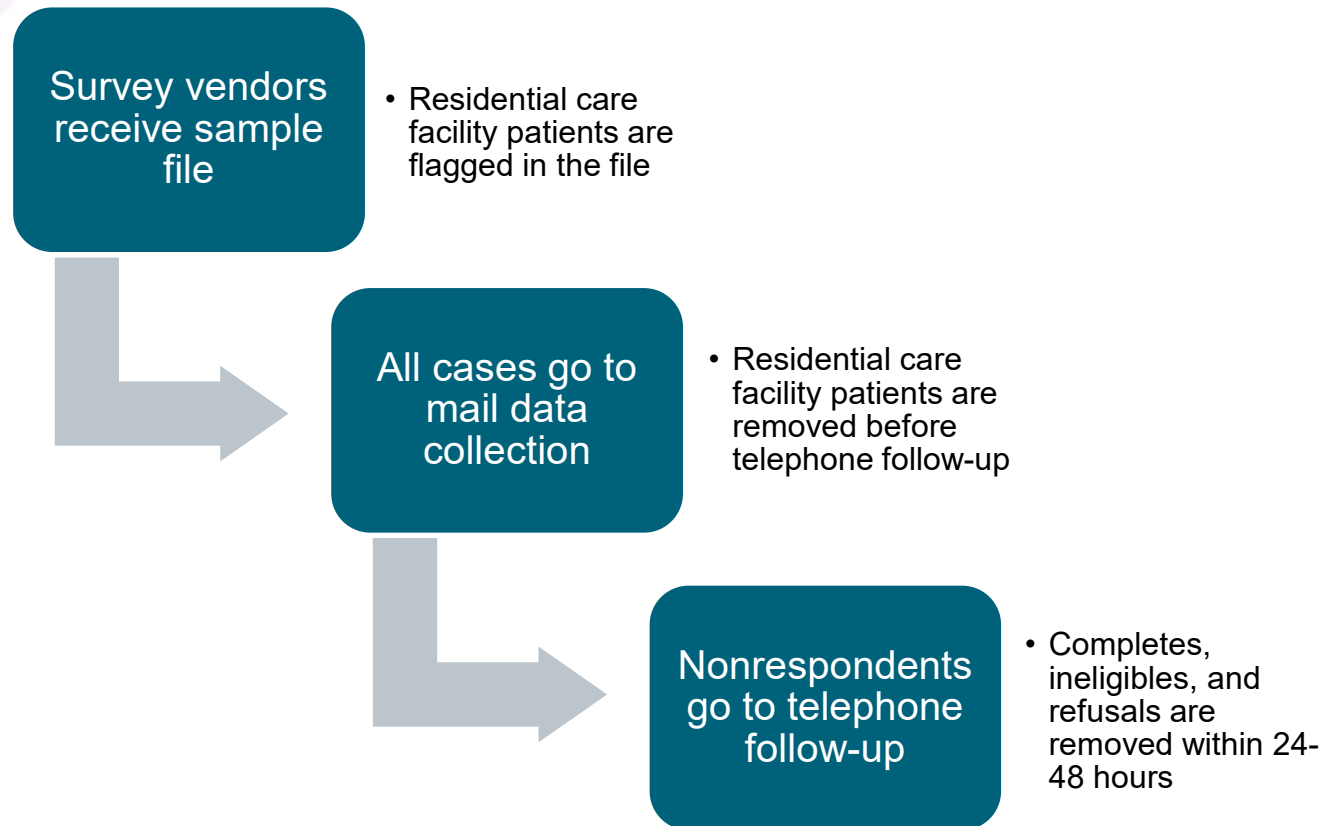
Conduct Telephone Follow-up

Telephone Interviewing System

- Benefits of CATI
 - Facilitates interviews
 - Decreases time needed to collect and edit data
 - Reduces interviewer errors
 - Improves data quality
- CATI System Requirements
 - Be linked electronically to the survey management system to allow tracking of the sampled patient through the survey administration process
 - Save data from partially-completed interviews and allow interviewers and respondents to later resume the partial interview beginning with the first unanswered question
 - Ensure patients are called at different times of the day and across multiple days of the week
 - Be linked to the calling system so that the number of calls made can be tracked, appointments set, and follow-up calls made at appropriate times
 - Allow the appropriate pending and final status codes to be easily accessible for all cases
- Survey Vendor Responsibilities
 - Programming the CATI script and specifications, including skip patterns
 - Ensuring there are adequate resources to complete telephone follow up within the data collection timeline

Conduct Telephone Follow-up

Case Removal





Conduct Telephone Follow-up

Telephone Dialers



Predictive or Automatic Dialers

- Permitted
- FTC and FCC compliant



Auto-dialing of Cell Phones

- FCC prohibits auto-dialing of cell phones
- Vendors need to comply with state and federal regulations



Conduct Telephone Follow-up

Telephone Protocols



Outgoing Caller-ID



Calling Times



**Prevent Calls
From Being
Filtered as Spam**



**Complete “Breakoff”
Interviews**



Conduct Telephone Follow-up

Required Attempts

- Attempt to reach every patient identified for telephone follow-up
- Maximum of 6 telephone contact attempts
- A call is considered a telephone attempt if it meets one of the following criteria:
 - ✓ The telephone must ring at least six times with no answer
 - ✓ The interviewer is told that the patient is not available to come to the telephone
 - ✓ The interviewer is asked to call back at a more convenient time
 - ✓ The interviewer gets a busy signal three consecutive telephone dialings
 - ✓ The interviewer obtains an answering machine or privacy manager
 - ✓ There is a message that the number has been disconnected or is out of service
 - ✓ There is a fast busy signal



Conduct Telephone Follow-up

Required Attempts (cont'd, 2 of 2)

Other requirements for attempting to contact patients:

- ✓ If an interviewer receives a new telephone number for the sampled patient, the 6 attempts should start over with the new telephone number
- ✓ An effort must be made to recontact the respondent on that requested date/time
- ✓ Maintain a call log that keeps track of the date and time calls were made and apply the appropriate final status code to the case
- ✓ The use of incentives of any kind is not permitted
- ✓ If a respondent cannot complete the interview, resume the interview at the last unanswered question
- ✓ If on the Do Not Contact List or a Hostile Refusal, honor that patient's request. Such cases should be coded as a refusal



Conduct Telephone Follow-up

Out of Service & Voicemails

- When to code numbers as Permanently Out of Service:
 - 1st “temporarily out of service” message: redial the number 3 to 5 days after the initial call
 - 2nd “temporarily out of service” message: call the number 5 days after the second call attempt was made
 - 3rd “temporarily out of service” message: apply the appropriate final status code to the case
 - Fast-busy signal: Redial the number immediately. If the interviewer receives the same fast busy signal, call the number on a different day of the week and different time of day. If the third attempt results in the same fast busy signal, apply the appropriate final status code to the case
- Voicemail messages should be left on the 2nd and 4th dials

Conduct Telephone Follow-up

Approved FAQs & Telephone Script

Primary Care First (PCF) Patient Experience of Care Survey (PECS) CAHPS® with PCF Supplemental Items Interviewing FAQs

Purpose of the Study/ Why should I do this?

"The purpose of this study is to improve primary care in America. Your primary care provider conducts this survey to learn how they can improve the quality of care you and other patients receive. Your feedback tells them how they are doing and where they can improve."

IF NEEDED: "We will combine your answers with those of other people to create a summary report for your provider."

"Participation is voluntary, confidential, and very important to your provider in helping improve primary care in America."

Where are you calling from?

"I am calling on behalf of the U.S. Department of Health and Human Services to administer the Patient Experience of Care Survey."

Project Contact Information

Included in the survey letters
 Helpdesk: [INSERT VENDOR PHONE NUMBER HERE]
 Helpdesk Email: [INSERT VENDOR EMAIL HERE]

Sponsor

"Your provider's office has joined a program run by the U.S. Department of Health and Human Services (DHHS) to learn how they can improve the experience and health of their patients. DHHS and your provider's office are working with an independent survey vendor to conduct the survey. Your provider supplied the vendor with a list of their active patients to contact."

What kinds of questions will be asked?

"This survey asks questions about your health care experiences with your primary care provider. We ask questions such as,

- How easy or hard was it for you to make appointments and get care?
- Did you feel listened to?
- How clearly did providers explain what you needed to know to take care of yourself and stay healthy?

It also asks some general health and demographic questions. Your participation in the survey provides valuable feedback that your provider's office can use to make improvements to the quality of care you receive. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered."

How do I know you really are an interviewer for this survey?

"You can contact my supervisor [SUPERVISOR NAME], at [TELEPHONE NUMBER] for information about the survey."

How did you get my name?

"Your name was randomly selected from all patients at [Practice Name]."

IF NEEDED: "I am calling from [INSERT VENDOR NAME HERE], an independent survey vendor contracted by the U.S. Department of Health and Human Services to conduct this survey in partnership with your primary care provider's office."

IF NEEDED: "You may not remember seeing a doctor at that practice or that location, but the practice provided your name as a current or recent patient. If you'll bear with me, I have a list of medical providers at this office you might recognize."

Will my doctor/provider know my answers to these questions?

"All the information we collect through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients."

IF NEEDED: "The survey vendor has your name, address, and phone number so they know how to contact you. The vendor destroys all identifying information after the survey ends."

How are the results from the study going to be used?

"Your answers will help your health care provider's office improve the experience and health of their patients."





Conduct Telephone Follow-up

Status Codes

Assign status codes after every call

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



Conduct Telephone Follow-up

Distressed Sample Members

- Provide assistance if the situation indicates that the respondent's health and safety are in jeopardy
- Incorporated into all telephone interviewers and help desk training
- Distressed respondent protocols balance respondents' rights to confidentiality and privacy
- It is important to note that respondents can be upset and distressed without being in immediate danger
- We cannot provide specific guidelines on how to evaluate or handle distressed respondents
- Consult your Committee for the Protection of Human Subjects IRB for guidance

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



Conduct Telephone Follow-up

Train Telephone Interviewers

- Resources related to telephone interviewer training are available on the PCF PEC Survey Web Portal [here](#)
- Refer to the **General Guidelines for Telephone Interviewers** document for training guidelines
- Refer to the **PCF PECS Interviewer Monitoring Form** for guidance on how telephone interviewers will be evaluated

Conduct Telephone Follow-up

Telephone Monitoring & Oversight

Required



Recommended



Maintain written documentation

Use CATI to live monitor



Monitor 10% of interviews

Provide feedback and conduct quality meetings



States that require two-party or all-party consent for monitoring or audiotaping: CA, CT, FL, IL, MD, MA, MT, NH, PA, and WA



Part 4: Other Data Collection Items

- Exceptions Request Procedure
- Discrepancy Report Procedure



Other Data Collection Items

Exceptions Request Procedure

- Request an exception to the protocols using the exceptions request form via the web portal
- Request is sent to CMS
- No deviations from data collection mode type are permitted

1. EXCEPTION REQUEST

1a. Exception Request Classification (Select one) *

- New Exception
- Update List of Applicable PCF PECS Practice Sites
- Appeal of Exception Denial

1b. Specify Reason for Exception Request: *

1c. Survey Year *

<Select Survey Year> v

2. DESCRIPTION OF EXCEPTION REQUEST

2a. Purpose of requested exception (e.g., data issues) *

2b. How will the exception be implemented? *

2c. Provide evidence that exception will not affect survey results. *

Other Data Collection Items

Discrepancy Request Procedure

- Notify CMS of an unplanned deviation using the discrepancy notification report via the web portal
- Must be submitted within 24 hours
- CMS will review the report and evaluate the impact

Primary Care First (PCF) Patient Experience of Care Survey (PECS) - Discrepancy Notification Report

Date Submitted: 11/11/2022

One DNR is required for each discrepancy reason. If you have multiple Practice Site IDs with the same discrepancy reason, please include all IDs on one DNR. If you have more than one discrepancy reason, you will need to submit a DNR for each discrepancy reason.

I. Survey Year and Discrepancy Reason

Please select the affected Survey Year and the reason for the discrepancy from the dropdown boxes.

SURVEY YEAR:* DISCREPANCY REASON:*

II. LOOKUP PRACTICE SITES *

Please enter your Practice Site ID number(s) for which you are filing the discrepancy.

If you have multiple ID numbers, please enter them as a comma separated list, as shown in the example below. After entering your Practice Site ID number(s), click on the "Lookup Practice Site Names" button. Do not include dashes in the ID number. See below for example Practice Site ID formats.

Example: ZZ1111,ZZ2222,ZZ3333

Practice
Site
ID #s

Lookup Practice Site Names