

Questions and Answers from 2022 Primary Care First (PCF) Patient Experience of Care (PEC) Survey Vendor Trainings

In 2021, we had some practices whose full address 1 information was cut off by the 64-character limit. Will you consider enlarging the field or possibly check with such practices about moving some information to the address 2 field?

As noted in section 4.6.1 of the QAG, all vendors must ask their client practices to for the practice site's name and address that sample patients will recognize, and use that name in the survey cover letter, the mail survey questionnaire, and telephone script. It is possible the patient-recognizable name and address will differ from the name and address on the sample file, if the practice site has elected to use a legal or other name in the PCF model. Performing this check with practice site clients is also an excellent way to identify any typographical errors or issues with addresses that are cut-off in the sample file. Vendors may conduct this check at any time prior to printing.

"At no time should electronic data be stored offsite" (QAG, pg 105) Are offsite backups for disaster recovery allowed?

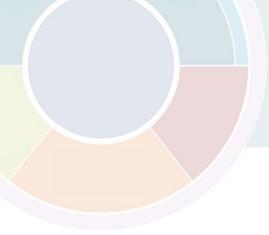
Survey vendors should submit an exceptions request in this instance.

Slide 6 says we should record a 00 if patient provides a name of the provider in q2, slide 36 says record a "0". Can you clarify?

Per the XML specifications, vendors should enter a 0. Apologies for the typo on slide 6.

Could you provide clarification on the information on slide 38: "After data submission, survey vendors must wait a minimum of three weeks before sending any of their client practices reports on their survey results. This gives the PCF PECS team time to review the data and response rates and provide initial feedback to vendors." I was unable to locate this requirement in section 8.4 of the QAG, as outlined on the slide. Would it be possible to point me in the right direction of the exact language from the QAG, specifying this requirement?

The three-week waiting period is not a specific requirement in the QAG. We are requesting that additional time so that vendors do not send out results that may be inaccurate, and possibly confusing to practices. For example, a vendor may code some cases as incomplete; upon further review by the PECS team, they may be found to pass the completeness criteria. If the



vendor sends the practice a report before that review is complete, the vendor report will not match the final CMS report.

Section 8.4 of the QAG provides an overall discussion of reporting for practices.

Additional information about communicating with practices for reports will be shared later this year.