



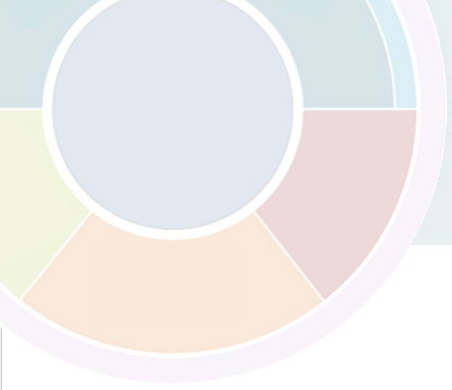
# Primary Care First

*Foster Independence. Reward Outcomes.*

## Patient Experience of Care (PEC) Survey Vendor Update Training

**March 5, 2025**

*Center for Medicare & Medicaid Innovation*



# **Welcome and Overview PCF PEC Survey Vendor Update Training for Performance Year (PY) 2025**



# Welcome and Overview

## *Training Session Logistics and Reminders*

- Attendees must remain connected via web and telephone/VoIP
- If you get disconnected or have technical problems, send a message via the “Q&A” web panel or call:

**1-833-997-2715**

- Participants will be muted during the presentation
- We will conduct a Q&A session at the end of the training
- Before the Q&A session, we will explain what you need to do to ask a question
- You can submit questions via the Q&A web feature
- Throughout training, please note key dates and details pertinent to the 2025 Performance Year



# Welcome and Overview

## *Reminder: Introduction to PCF PEC Survey Self-Paced Training*

**PCF PEC Survey Vendor Intro Training is a self-paced webinar recording**

### Who is required to take the Introduction Training?

**New vendor applicants** (and any subcontractors) are required to complete the self-paced Introduction to PCF PEC Survey training (found on the [Training tab](#) of the website).

**New staff from approved survey vendors** are strongly encouraged to complete the self-paced training.

### Who is required to take the Certification Exam?

**Any new survey administrators** (for new vendor applicants or returning vendors) are required to take and pass the training certification exam (found on the survey administrator's vendor dashboard on the website).

#### Key staff that should complete the Introduction Training include:

- Survey Administrator
- Project Manager
- Mail Center Supervisor
- Call Center Supervisor
- Project Staff Member(s) responsible for the following functions:
  - Decrypting the sample file and performing sample file quality checks
  - Programming the CATI script
  - Preparing and submitting the survey



# Welcome and Overview

## *Who is required to attend this Update Training?*

**This PCF PEC Survey Vendor Update Training is for returning approved vendor staff only**

## **Who is required to attend today's training?**

### **Returning approved vendor key staff, including:**

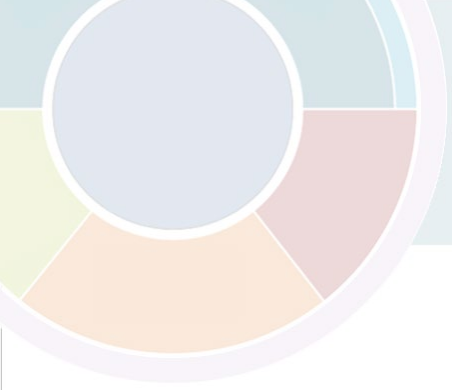
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# Welcome and Overview

## Agenda

- 1) Improvements made in PY 2024
- 2) PY 2024 Oversight in Review
- 3) PY 2025 PEC Survey Schedule
- 4) Important Reminders and Updates for PY 2025
  - Roles and Responsibilities (Quality Assurance Guidelines (QAG) Chapter 3)
  - Sampling Protocol (QAG Chapter 4)
  - Data Collection Protocol (QAG Chapter 5)
  - Data Analysis, Confidentiality, and Security (QAG Chapters 8 & 9)
  - Survey Vendor Oversight (QAG Chapter 10)
  - Materials Updates
- 5) Results & Response Rate Discussion
- 6) Supporting Target Response Rates
- 7) Closeout Reminders for Cohort 1



Section 1

# Improvements Made in PY 2024





# Improvements Made in PY 2024

## *Enhanced Education on Scoring & Implementing Change Based on Results*

- The PCF PEC Survey team identified a need for additional education for practices regarding their PEC Survey Summary Score and Supplemental Reports, covering topics such as:
  - How response rates and scores are connected
  - How to read the PEC Report
  - How to use results to improve patient care
- In response, the PEC Survey team:
  - Updated the [PEC Survey FAQs](#) and the [Understanding and Using Your PEC Survey Results webinar](#)
  - Created the [PCF PEC Survey Reports and Scoring Fact Sheet](#)





# Improvements Made in PY 2024

## *Roster Submission Process and Materials*

- Roster submission window for PCF practices was extended from four weeks to six weeks, as a continuance of the change made in PY 2023
- In both PY 2023 and PY 2024, over 99% of practices submitted a roster that passed both the primary and secondary validation stages before the deadline
- The PCF PEC Survey Team made improvements to the [PY 2024 Roster User Guide](#), aiming to provide easier-to-understand roster creation and submission instructions, and to add clarity on how to correctly use the Address 2 field
  - Results included reduced burden for practices (due to a decrease in required re-submissions) and reduction in the level of effort for the PEC Survey roster team
  - In PY 2024, there were 163 Auto Validator (AV) fails compared to 241 AV fails in PY 2023
- The AV, a tool used to perform the primary QC on rosters, was updated to assist the PCF Support team in identifying the cause and location of validation failure, so that they could better assist practices



# Improvements Made in PY 2024

## *Supporting Practice and Patient Engagement for Increased Response Rates*

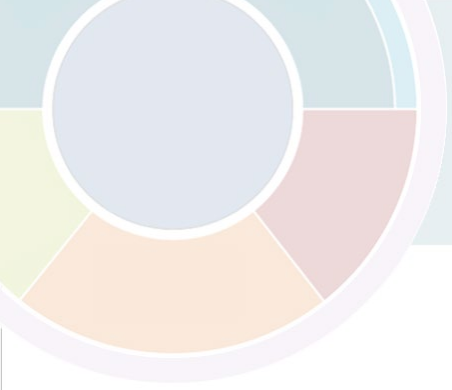
- Enhanced communication efforts to practices about engaging patients with the survey began in PY 2023 and continued into PY 2024
- As done in PY 2023, patient mailing materials and patient waiting room FAQs featured the HHS logo to enhance survey credibility
- To increase awareness of the proxy option, CMS added a statement about proxy respondents to the outgoing survey envelopes in PY 2024
- In August 2024, the PEC Survey team sent an email to practices (36% open rate, 43% click rate) with suggested actions and links to resources to help increase patient interest and engagement in the survey
  - The response rate for PY 2024 decreased by .34% (21.01% compared to 21.35% in PY 2023)



# Improvements Made in PY 2024

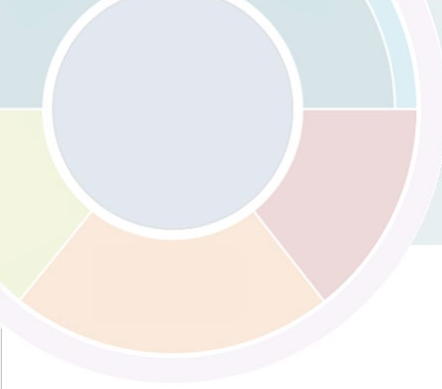
## *Vendor Authorization Process*

- In PY 2024, the PEC Survey team required vendors to provide a weekly status update on their practice contracts and Business Associate Agreements (BAAs)
  - These weekly updates allowed the PEC Survey team to more quickly identify vendors that were struggling to finalize practice BAAs and engage PCF Support to assist with outreach to practices



Section 2

# PY 2024 Oversight in Review



# Review of PY 2024 Vendor Oversight Activities

## *Virtual Site Visits*

- Total of 5 site visits conducted with each PY 2024 survey vendor
- Site visits focused on oversight of:
  - Overview of PCF PEC Survey Systems
  - Safeguarding Patient Confidentiality and Data Security Procedures
  - PCF Practice Engagement and Communication
  - File Receipt and Data Processing Procedures
  - Mail Survey Administration Process, Scanning, and Quality Control
  - Telephone Survey Administration Process, Survey Management, and Quality Oversight
  - Interim and Final File Preparation and Data Submission
- Each vendor received a Site Visit Summary Report following their visit

**Overall, site visits showed that vendors were implementing the PCF PEC Survey correctly and successfully for PY 2024**

**CMS and RTI thank you for successful PY 2024 site visits!**

# Review of PY 2024 Vendor Oversight Activities

## *Common Issues Identified During Site Visits*



### XML File Creation

- Vendors who are having their subcontractors create the XML file should take steps to improve manual quality control checks ensuring all data meet quality standards.



### QC Best Practices

- Vendors should follow best practices during all quality control activities by having a different staff member who has been trained on the project perform the quality assurance task and verify the work (e.g., the person who performs the task should not also perform the QC).



### Help Desk

- Vendors should make efforts to complete help desk calls on the initial call, rather than scheduling a call back. Scheduling a call back introduces the risk of not being able to reach the respondent again. Vendors must be able to handle telephone interview requests before the start of telephone follow-up.



# Review of PY 2024 Vendor Oversight Activities

## *Interviewer Monitoring*

- Seven interviewer monitoring sessions were conducted during the Computer-Assisted Telephone Interview (CATI) follow-up period across all five PY 2024 vendors
- Interviewer monitoring focused on evaluating interviewers based on:
  - Politeness to the respondent
  - Voice clarity
  - Proper use of FAQs to answer questions
  - Accuracy in reading questions on the interview
  - Appropriate speed
  - Proper interviewing procedures
- Each vendor received an email summary with high-level feedback following their monitoring session(s)

**Overall, interviewer monitoring showed that vendors were implementing the CATI follow-up portion of the PCF PEC Survey correctly and successfully for PY 2024**



# Review of PY 2024 Vendor Oversight Activities

## *Common Issues Identified During Interviewer Monitoring (1 of 2)*

See the [Telephone Interviewing Guidelines](#) for guidance

- Scheduling Callbacks
  - If a respondent indicates that now is not a good time, interviewers should ask the respondent for a better date/time to callback
  - Asking for both a date and time for a callback increases the likelihood that the respondent will be available to complete the survey
- Confused Respondents
  - Interviewers should maintain a neutral and slow pace for confused respondents
  - Interviewers should use probes to clarify responses for confused respondents
  - Interviewers should reread the entire question and answer choices for confused respondents





# Review of PY 2024 Vendor Oversight Activities

## *Common Issues Identified During Interviewer Monitoring (2 of 2)*

- Q59 of the PCF PEC Survey asks, “[Are you/Is the patient] male or female?”

### **Interviewers Should:**

- Read the question verbatim and pause to let the respondent answer
- If the respondent provides an answer other than male or female, please choose “Don’t know/Other”

### **Interviewers Should Not:**

- Assume the respondent’s sex based on information such as name, voice, or a previous response

- Reading Verbatim
  - Interviewers should read the entire question and answer choices exactly how it is presented in the script
  - All bold/underlined words must be emphasized accordingly



# Review of PY 2024 Vendor Oversight Activities

## *Interviewer Monitoring Documentation (1 of 2)*

**Interviewer Monitoring Documentation was  
due **January 31, 2025****

- Vendors submit interviewer monitoring documentation by January 31 following each year's data collection
- Interviewer monitoring documentation may be submitted as monitoring logs, individual monitoring sheets, or system-generated reports showing the number of calls monitored by the vendor during the field period
- Monitoring documentation must include the following:
  - Date of the monitoring session
  - Monitor's name or ID number
  - Number of calls monitored per session



# Review of PY 2024 Vendor Oversight Activities

## *Interviewer Monitoring Documentation (2 of 2)*

- A Common Issue Identified in Interviewer Monitoring Documentation:
  - Providing an accurate count of interviewer-conducted calls
    - Vendors using automatic call dispositioning may have some calls that are assigned a call outcome by the dialer and as such cannot be monitored
    - Vendors must specify the number of interviewer-conducted calls
    - This number must be included with the monitoring documentation submission

**Overall, PCF PEC Survey vendors correctly and successfully submitted interviewer monitoring documentation showing that they met the minimum of 10% interviewer monitoring requirement for PY 2024**



# Review of PY 2024 Vendor Oversight Activities

## *Common Issues in Interim Data Submissions*

**PY 2024 Interim Data Submissions were due  
October 21 and November 27, 2024**

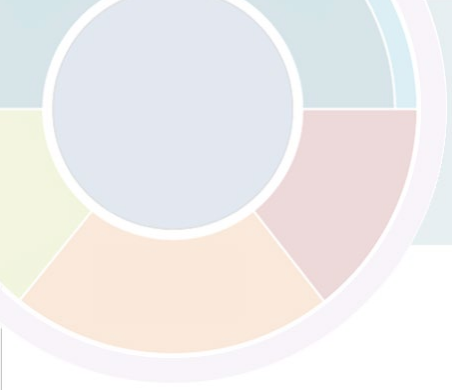
- Vendors are required to submit two interim data submissions during the field period.
  - These interim submission allow vendors to test their systems and procedures while also allowing RTI to conduct quality control reviews and provide early feedback to vendors.
- Ineligible: Did Not Receive Care at Practice cases
  - Patients who indicate that they have not received care at the practice within the last six months should be coded as 190 (Ineligible)
  - Code 190 (Ineligible) takes priority over code 200 (Excluded from Survey) and code 220 (Refusal)
  - Cases that meet the partial or completeness criteria should be coded as such
- Vendors should retain internal documentation on all cases coded as 190
  - Ineligible for future reference if necessary



# Review of PY 2024 Vendor Oversight Activities

## *Final Data Review*

| Final Data Submission Period | Total # cases submitted | # of cases that met completeness criteria BUT NOT coded as complete | # of cases that did not meet completeness criteria BUT coded as complete | Total # of cases coded incorrectly | Error Rate |
|------------------------------|-------------------------|---|--|------------------------------------|------------|
| PY 2021                      | 342,194                 | 6   | 4  | 10                                 | 0.003%     |
| PY 2022                      | 1,309,530               | 2   | 0  | 2                                  | 0.0008%    |
| PY 2023                      | 1,182,933               | 3   | 0  | 3                                  | 0.0003%    |
| PY 2024                      | 992,927                 | 8   | 1  | 9                                  | 0.0009%    |



Section 3

# PY 2025 PEC Survey Schedule



# PY 2025 PEC Survey Schedule

## *Key Dates and Highlights*

- Vendor Authorization Window (Mar 10, 2025 – June 20, 2025)
  - Closes one week later this year, on June 20, 2025
  - Staggered with the Roster Submission Deadline (June 27, 2025) to ease the burden on PCF Support helping practices with rosters
- CATI Follow-up Period (Nov 17 – Dec 16, 2025)
  - In PY 2025, CATI follow-up will begin on Nov 17, 2025, and first contact attempts on all samples must be made in the first week
  - Survey vendors may suspend calling for two days over the Thanksgiving holiday

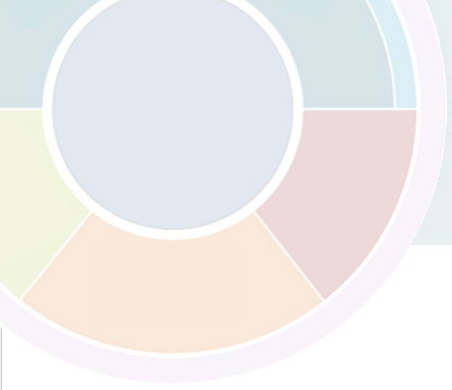
# PY 2025 PEC Survey Schedule (1 of 2)

| Activity   | Date(s)             |
|--|---------------------|
| <b>Vendor Application, Approval and Authorization</b>  |                     |
| Survey vendor application period   | 01/03/25 – 01/31/25 |
| Introduction to PCF PEC Survey Training for Vendors self-paced webinar (for conditionally approved vendors)    | 03/03/25 – 03/07/25 |
| PCF PEC Survey Vendor Update Training webinar (for fully approved vendors)                                     | 03/05/25            |
| Deadline for conditionally approved vendors to complete training certification exam                            | 03/07/25            |
| Updated vendor list with conditionally approved vendors is available on PCF PEC Survey website and PCF Connect | 03/13/25            |
| Vendors submit Quality Assurance Plans (QAPs)  | 03/03/25 – 04/25/25 |
| Practices authorize a vendor for the PY 2024 PEC Survey  | 03/10/25 – 06/20/25 |
| Final vendor list is available on PCF PEC Survey website and PCF Connect with list of fully approved vendors   | 05/13/25            |



# PY 2025 PEC Survey Schedule (2 of 2)

| Activity  | Date(s)             |
|---|---------------------|
| <b>Patient Roster Submission and Sampling</b>                   |                     |
| Patient roster submission open for practices                    | 05/12/25 – 06/27/25 |
| Sample files are posted to PCF PEC Survey website for vendors   | 09/09/25 – 09/12/25 |
| Survey vendors conduct batch tracing and print survey materials | 09/09/25 – 09/22/25 |
| <b>Patient Data Collection by Survey Vendors</b>                |                     |
| Teaser postcard mailing   | 09/22/25            |
| Help Desk opens   | 09/23/25            |
| 1st Questionnaire mailing                                       | 09/29/25            |
| Reminder/Thank you postcard mailing                             | 10/06/25            |
| 2nd Questionnaire mailing                                       | 10/27/25            |
| CATI non-response follow up                                     | 11/17/25            |
| Data Collection ends/Help Desk closes                           | 12/16/25            |
| <b>Data Submission</b>  |                     |
| 1st interim data submission due from vendors                    | 10/20/25            |
| 2nd interim data submission due from vendors                    | 11/26/25            |
| Final data submission due from vendors                          | 01/16/26            |



Section 4

# Important Reminders and Updates for PY 2025



# Important Reminders and Updates for PY 2025 *(1 of 3)*

- Roles and Responsibilities (Chapter 3)
  - **New for PY 2025:** Survey vendors required to confirm signed BAAs and contracts with practice sites in their Vendor Authorization Status Report
  - **New for PY 2025:** Encourage practice sites to send survey messaging to patients
    - Send two messages, one in September and the other in November
- Sampling Protocol (Chapter 4)
  - **New for PY 2025:** Language field in sample file updated to match XML
  - When to code cases as ineligible based on address standardization information

**See “Updates in This Release” table in the QAG for a full list of updates**





# Important Reminders and Updates for PY 2025 (2 of 3)

- Data Collection Protocol (Chapter 5)
  - Support Survey Administration in Spanish
  - Note that vendors may suspend CATI for Thanksgiving holiday
  - **New for PY 2025:** Requirement to securely destroy all white mail at the end of 3 years of storage
  - **New for PY 2025:** Requirement to securely destroy all paper surveys and electronic images of paper surveys at the end of 3 years of storage
  - **New for PY 2025:** Language clarifying how survey vendors should be handling gatekeeper refusals
  - **New for PY 2025:** Timing information for Exception Request Forms for remote workers
  - Requirements for interviewer training and certification

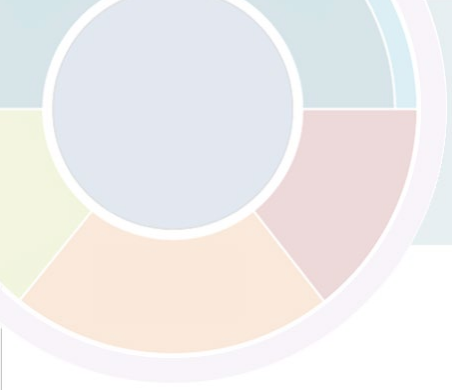
**See "Updates in This Release" in the QAG for a full list of updates**



# Important Reminders and Updates for PY 2025 (3 of 3)

- Data Analysis, Confidentiality, and Data Security (Chapters 8 & 9)
  - Requirements for vendor client reporting
  - Offsite data storage includes cloud-based storage
  - **New for PY 2025:** Requirement to securely destroy paper copies and electronic images of questionnaires at the end of 3 years of storage
  - **New for PY 2025:** Requirement to securely destroy electronic images of paper questionnaires and keyed data at the end of 3 years of storage
- Survey Vendor Oversight (Chapter 10)
  - **New for PY 2025:** PEC Survey Team will review any materials submitted before the site visit and follow-up with clarifying questions
- Materials Updates
  - Number of PCF participants and insurance providers in mailing one cover letter and CATI Script (English & Spanish)

**See “Updates in This Release” in the QAG for a full list of updates**



Section 4a

# **Roles and Responsibilities (QAG Chapter 3)**



# Roles & Responsibilities

## *Survey Vendor Authorization Report*

- Vendors are required to confirm weekly review of the Survey Vendor Authorization Report, and confirm that they have signed BAAs **and** fully executed contracts with all practice sites listed in the Survey Vendor Authorization Report during the vendor authorization window
- Any discrepancies should be noted in writing and this review must be confirmed via email to the PEC Survey Team
- **Vendors are responsible for outreach to practice clients about contract status**
- Practices may elect to switch vendors during the vendor authorization window

**PY 2025 Vendor Authorization Window:  
March 10, 2025 – June 20, 2025**

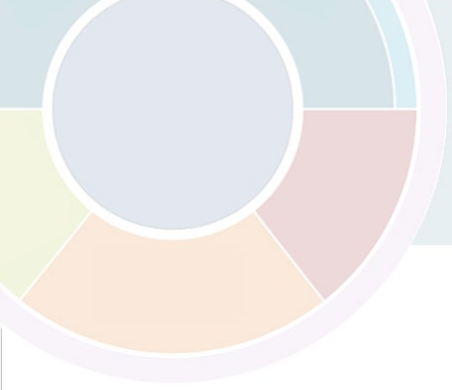


## Roles & Responsibilities

### *Encourage Practices to Resend Survey Messaging*

- Practices are asked to send a patient portal message using the PCF PEC Survey Messaging to Patients (found in Appendix Q of QAG) to let their patients know that they are participating in a survey and would appreciate their participation in September
- CMS recommends that vendors encourage practices to resend the portal message to their patients before telephone follow-up begins in November
- These messages may also be sent via mail or another medium that works best for communicating with the practice's patient population, and practices must use the language provided by CMS for this message





Section 4b

# Sampling Protocol (QAG Chapter 4)



# Sampling Protocol

## Sample File Update

- Language field in sample file updated to match XML
  - Vendors no longer need to recode

### Exhibit 4-2

#### Variables Included in PCF PEC Survey Sample Files

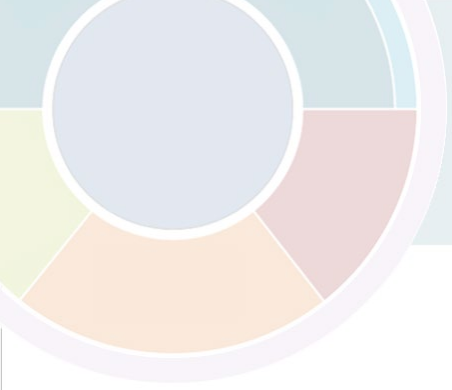
| Column Name | Field Length | Valid Codes | Field Contents   |
|-------------|--------------|-------------|--|
| Language    | 1            | Numeric     | 1= English 2= Spanish<br>If blank, patient is presumed to speak a language other than English or Spanish |



# Sampling Protocol

## *Data Quality*

- Please note that survey vendors are only allowed to code cases as ineligible if address standardization shows that the sampled patient resides out of the country or has moved out of the country during data collection
- Any other address standardization information is not permitted to be used to code cases as ineligible (i.e., addresses identified as prisons or nursing homes, or indication that the patient is deceased)



Section 4c

# Data Collection Protocol (QAG Chapter 5)





# Data Collection Protocol

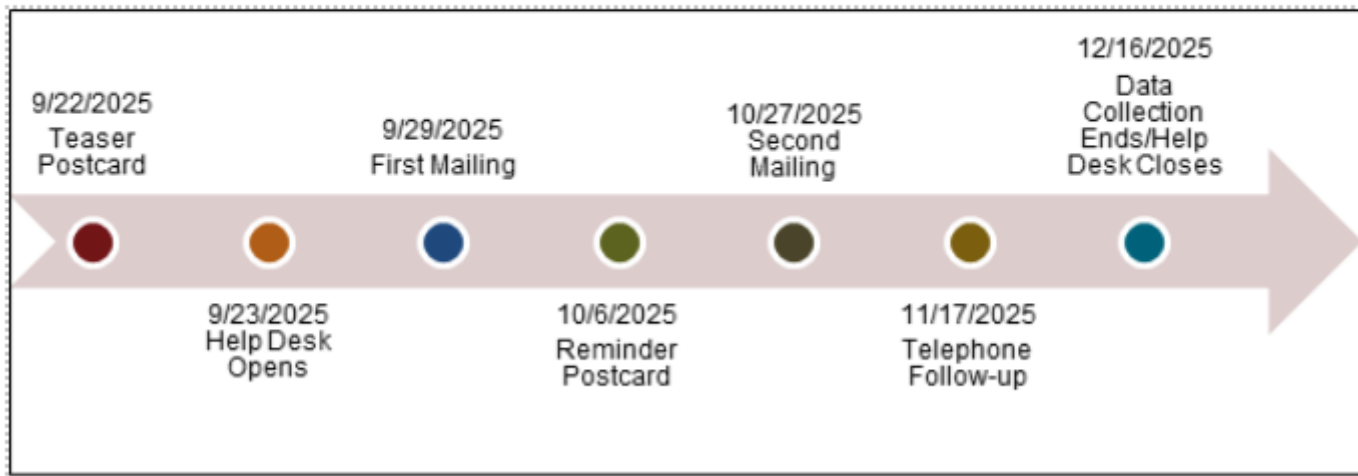
## *Support Survey Administration in Spanish*

- The first questionnaire must be sent in English to all patients, and includes a line in Spanish stating that they can request a questionnaire in Spanish if they call the vendor's toll-free number
  - Vendors must honor these requests and send the patient a Spanish questionnaire
- The second questionnaire must be sent in Spanish to patients who are indicated as Spanish speakers in the sample file

# Data Collection Protocol

## CATI Telephone Follow Up

Figure 5-7  
Telephone Follow-up Timing



- Note that vendors may suspend CATI calling on November 28 and 29, 2025 for the Thanksgiving holiday
- Survey vendors are required to complete a first attempt on all sample in first week of CATI follow-up, November 17 – 24, 2025



# Data Collection Protocol

## *Securely Destroy Data After 3 Years*

- Patients and family members occasionally send white mail, or notes or other items (e.g., literature, other surveys, medical bills) along with or instead of their questionnaires, and the information received is stored for 3 years
  - At the end of 3 years all white mail received (paper or scanned images) must be securely destroyed
- Survey vendors must also store returned paper surveys or scanned images of paper surveys in a secure and environmentally controlled location for 3 years, excluding surveys received after the cutoff date for returned mail surveys
  - At the end of 3 years all paper surveys and electronic images of paper surveys must be securely destroyed



# Data Collection Protocol

## *Handling Gatekeeper Refusals*

- When attempting to contact patients, an interviewer may reach a gatekeeper or member of the patient's household and may clearly be told that they are refusing the survey on behalf of the patient
  - Interviewers should code the case as a refusal
- Otherwise, if the gatekeeper or household member did not refuse on behalf of the patient, interviewers should schedule a callback for a different time/date to attempt to speak with the patient or proxy





# Data Collection Protocol

## *Exceptions Request Forms for Remote Workers*

- Information in the vendor QAPs should match any current approved Exceptions Request Form (ERF)
- Vendors who plan to submit an ERF to request permission to use remote worker staff must do so before the QAP submission deadline for that performance year
  - For PY 2025, the deadline is March 28, 2025
  - See Exhibit 10-1 for additional information regarding QAP timing
- Vendors who need to submit a remote worker ERF after that deadline should contact the PCF PEC Survey team for guidance

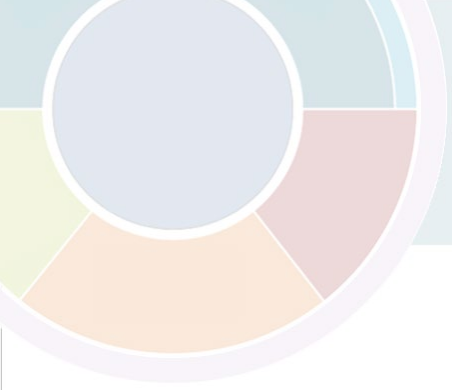


# Data Collection Protocol

## *Interviewer Training & Certification*

- Required interviewer certification process for each interviewer AND all help desk personnel
  - Verbal, written, or both
  - At minimum, the certification should include a test (written or verbal)
- Bilingual interviewers must be certified in English AND Spanish
- The telephone interviewer training and certification process should take place as close to the start of the telephone follow-up portion as possible

**Reminder:** Documentation of training and certification of all telephone interviewers and Help Desk staff and outcomes will be subject to review by CMS



Section 4d

# **Data Analysis, Confidentiality, & Security (QAG Chapter 8 & 9)**



# Data Analysis, Confidentiality, & Reporting

## *Data Analysis and Reporting*

- For PY 2025, the PEC Survey benchmark will be 77.00 and a practice's PEC Survey Summary Score must meet or exceed this benchmark to be eligible to pass the Quality Gateway
- CMS set this benchmark—which is informed by historical PCF practice performance—to be both motivational and attainable
- The PY 2025 Quality Gateway will be assessed for Cohort 2 practices only and will not be assessed for Cohort 1 practices
- Direct practices with questions to contact PCF Support or consult the PY 2025 PCF Payment and Attribution Methodologies Paper

Refer to the [PY 2025 PCF Payment and Attribution Methodologies Paper](#)



# Data Analysis, Confidentiality, & Security

## *Client Reports (1 of 3)*

**All reports provided to PCF PEC Survey practice sites must include a disclaimer printed in a minimum 14-point font size on the first page:**

“[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.”

**See Quality Assurance Guidelines Section 8.4 for details**



# Data Analysis, Confidentiality, & Security

## *Client Reports (2 of 3)*

- Reports must include a clear explanation and context for the numbers presented in the report
- If the vendor calculates a domain composite score, they must describe how it is calculated and how it differs from the CMS-calculated score

Refer to Section 4.1.1.3 of the [Payment Attribution and Methodologies document \(PMP\)](#) for a thorough explanation of CMS domain scoring

# Data Analysis, Confidentiality, & Security

## Client Reports (3 of 3)

### The following CMS definitions must be used:



**Top-box scoring:** The raw, unadjusted percentage of respondents who submitted the highest possible response (e.g., always, yes, a lot, or 10 out of 10) for each question on a scale from 0-100 percent. For questions with only 2 possible responses, the Top-box score is the same as the Raw score



**Risk-adjusted scoring:** A risk-adjusted score is calculated by adjusting the raw score for patient age, sex, level of education, self-reported physical health status, proxy response, and survey mode, then rescaling to a 100-point scale



**Raw scoring:** The unadjusted average of scores from all returned surveys for a given question

# Data Analysis, Confidentiality, & Security

## *Offsite Data Storage*

- Offsite data storage includes cloud-based storage



Vendors must have an approved Exception Request Form (ERF) for any offsite data storage

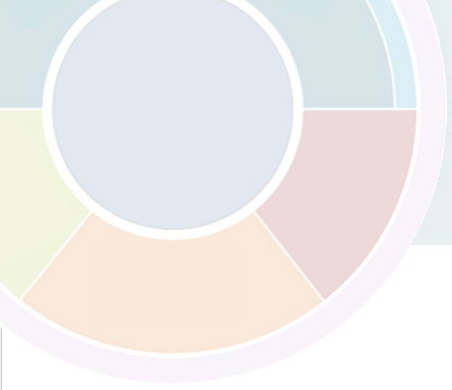




# Data Analysis, Confidentiality, & Security

## *Securely Destroy Data After 3 Years*

- Survey vendors must store returned paper surveys or scanned images of paper surveys in a secure and environmentally controlled location for 3 years, excluding surveys received after the cutoff date for returned mail surveys
  - At the end of 3 years all paper surveys and electronic images of paper surveys must be securely destroyed
- Electronic images of paper questionnaires or keyed data, including CATI data, must be retained for 3 years, also in a secure location at the survey vendor's facility
  - At the end of 3 years, all electronic images of paper questionnaires and keyed data must be securely destroyed



Section 4e

# Survey Vendor Oversight (QAG Chapter 10)



# Survey Vendor Oversight

## *General Updates*



Repeated missed deadlines may result in a Corrective Action Plan



PEC Survey Team may request that a vendor submit live proofs in advance of the teaser postcard mailing



Strongly recommend preparing a presentation for virtual site visits – the PEC Survey Team will review prior to the meeting and the site visit will consist of follow-up questions



# PY 2025 PEC Survey Schedule

## *QAP Updates*



Quality Assurance Plan updates for returning vendors are due on **March 28, 2025**

All updates should be made in **tracked changes**

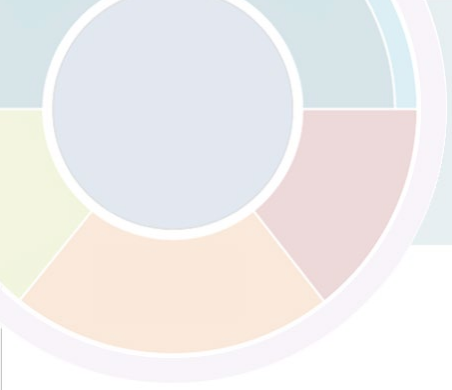


The PCF PEC Survey Team will review QAPs and provide feedback to returning vendors no later than **April 11, 2025**

Returning vendors will resubmit QAPs with revisions by **April 25, 2025**



Returning vendors resubmit their approved QAP with completed templates of all mail and telephone survey materials by **June 20, 2025**



Section 4f

# Materials Updates



# Materials Updates

## Cover Letter

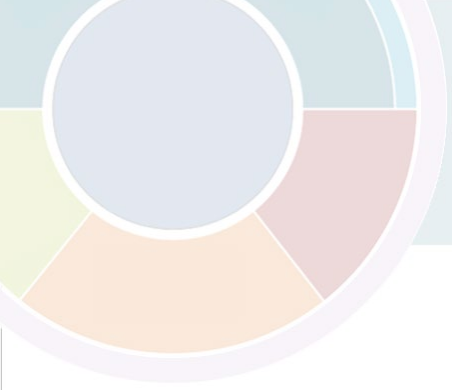
- Updated number of PCF participants and health insurance partners in:
  - Mailing 1 cover letter

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

I am writing to ask you to complete the attached Patient Experience of Care Survey. Across the nation, approximately 2,000 primary care providers' offices including your primary care provider's office are working with 17 health insurance partners including your local plans to make health care better and more affordable.

- CATI script (English and Spanish)

**INTRO1** I am calling today to ask you to take part in the Patient Experience of Care Survey for [PRACTICE]. Your health care provider's office, [PRACTICE] is part of a program along with approximately 2,000 other practices across the nation to learn how they can improve the experience and health of their patients. This program is run by the U.S. Department of Health & Human Services in partnership with 17 other insurance companies.



Section 5

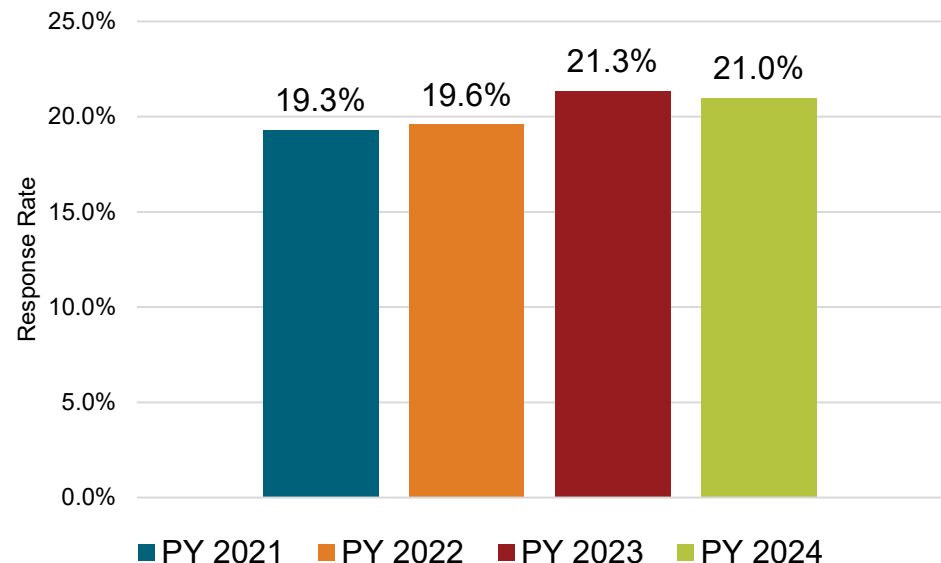
# Results & Response Rate Discussion

# PEC Survey Results and Reporting

## PY 2024 Response Rates Discussion (1 of 3)

- Response rate slightly decreased in PY 2024
- Response Rate for PY 2024 is 21.0%
  - Response rate is calculated by:  
$$\frac{(\text{Completes} + \text{Partial Completes})}{(\text{Cases fielded} - \text{ineligible cases})}$$
- Practices with high response rates typically served an older population
- Practices with low response rates had much higher non-contact rates. The majority of patients in the bottom 200 practices were labeled “No Contact After Max Attempts”

PCF PEC Survey Final Response Rate Comparison By Year

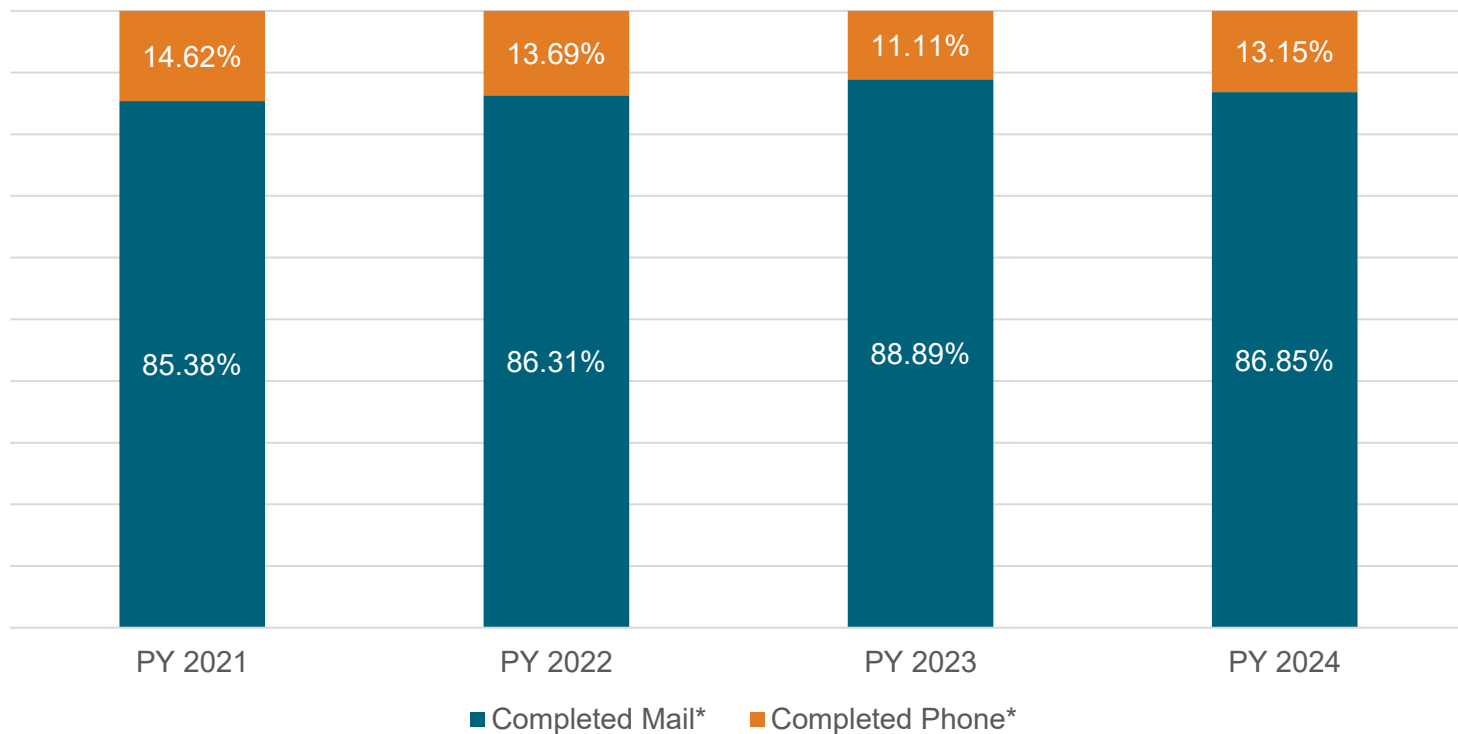




# PEC Survey Results and Reporting

## PY 2024 Response Rates Discussion (2 of 3)

### Final PEC Survey Completes by Mode

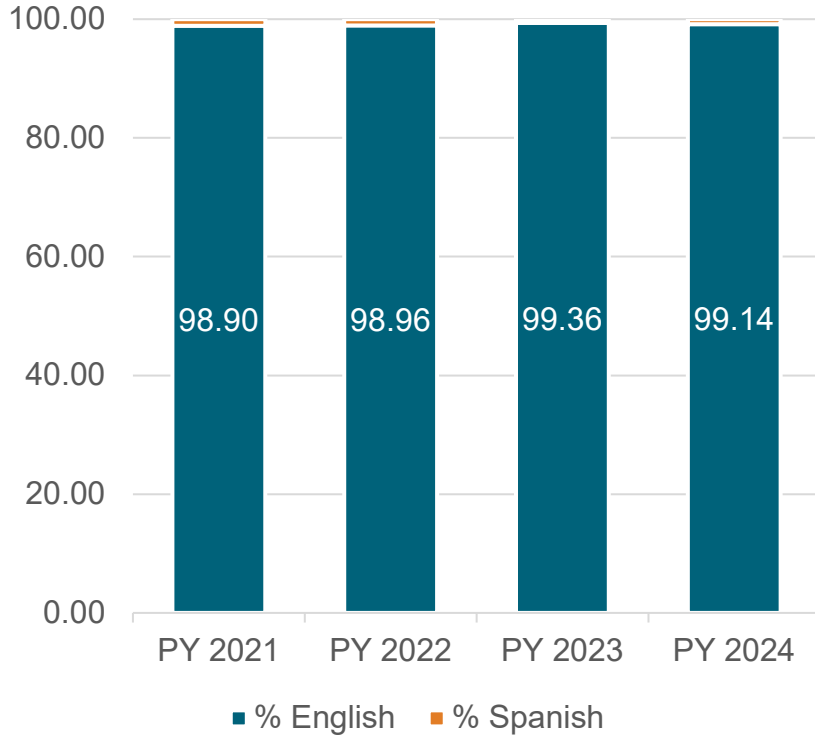


\*Percent completed includes partial complete surveys

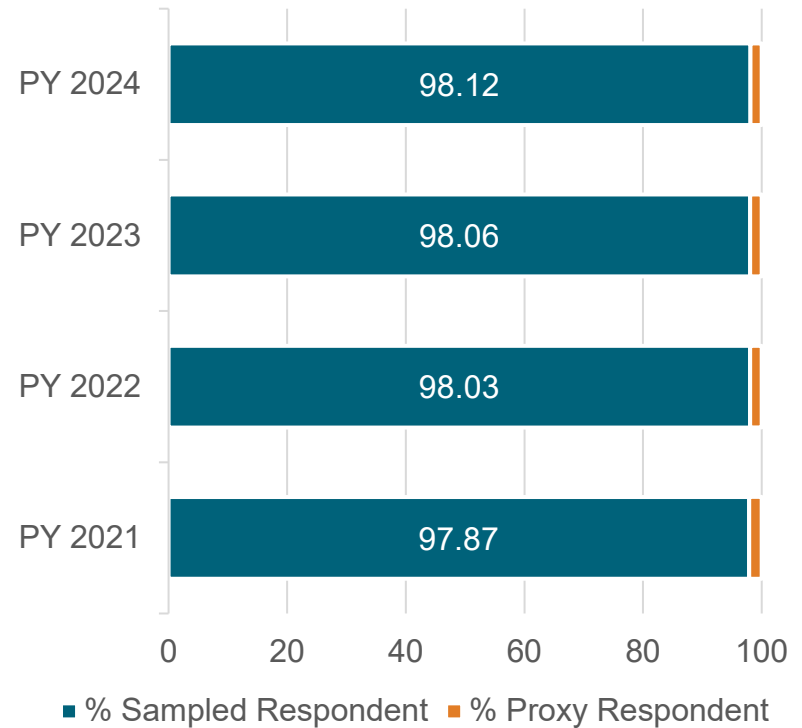
# PEC Survey Results and Reporting

## PY 2024 Response Rates Discussion (3 of 3)

### Completes by Language



### Completes by Sampled Patient v. Proxy

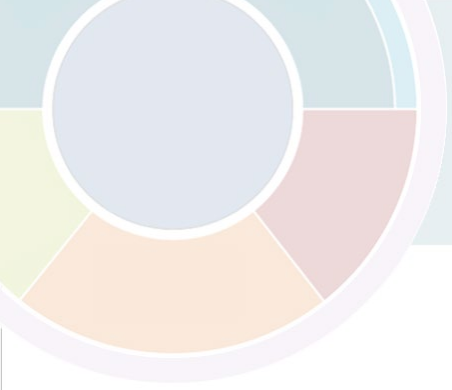




# PEC Survey Results and Reporting

## *Factors Impacting Response Rates*

- CMS added a statement about proxy respondents to outgoing survey envelopes
  - Increase awareness of proxy option
- CMS and the PCF PEC Survey team continued to enhance outreach to practices
  - Practice engagement resources email and First Edition articles
  - PCF PEC Survey Reports & Scoring Fact Sheet
- Survey fatigue due to election year
- Natural disasters
  - Hurricane Helene (Sept 2024) and Hurricane Milton (Oct 2024)
  - The average response rate for both groups was slightly higher than the overall response rate for PY 2024



Section 6

# Supporting Target Response Rates

# Supporting Target Response Rates

## Vendor Actions



### Communicate with Clients about Patient Needs

- Practices that serve geriatric patients, non-English speakers, or other accessibility limitations may need more proxy respondents



### Send Portal Messages

- Remind clients to send a portal message in September & provide language
- Encourage clients to resend the portal message before telephone follow-up
- Option to send as a different form of communication

## Encouraging Patient Engagement



### Encourage Phone Proxy Option

- Train staff to overcome barriers by promoting proxy option over the phone
- Proxy phone interviews can overcome mental and physical limitations as well as language barriers



### Help Patients Identify the Survey

- Send an example of the mailing envelope to practices to show patients
- Point out HHS logo
- Let practices know what the Caller ID will say when patients get a PEC Survey call



# Supporting Target Response Rates

## *Examples of Client Outreach*

- Client Newsletter
- Let practices know that all survey materials are available on PCF Connect
- Reminder emails for specific dates and deadlines
  - Display the PEC Survey Posters & FAQs (March)
    - Note the FAQs have been updated for PY 2025 and should be re-printed
    - Small poster (8.5 x 11) can be printed and used as handout
  - Send list of Residential Care Facilities (August)
  - Send name and address of facility that patients will recognize (August)
  - Sending the PEC Survey message to their patients through the patient portal or another venue (September and November)
  - Start of data collection (September)
  - End of data collection (December)



# Supporting Target Response Rates

## *Tracking Practice Client RRs*

- Vendors should monitor response rates by practice and troubleshoot any practices with low response rates
- Potential issues affecting response rates:



### **High rates of undeliverable mail surveys**

Could indicate an issue with the practice's sample file



### **High rates of 170: Language Barrier**

Patient population may need more emphasis on proxy option



### **High rates of Ineligible: Did not receive care at practice**

Confirm name of practice that patients will recognize with client

# PEC Survey Results and Reporting

## *Relationship Between Response Rate & PEC Survey Score*

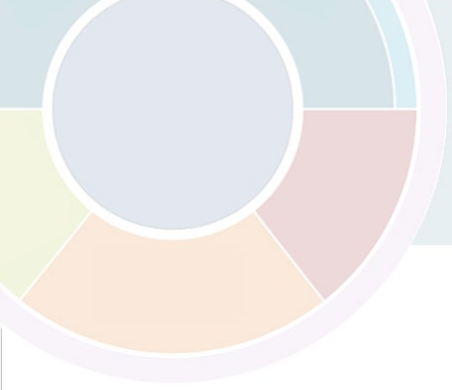
### Response Rates vs. PEC Survey Summary Scores

Practice response rate does not affect the PEC Survey Summary Score. However, a high response rate means that your survey vendor has heard from a wide variety of patients served by your practice.

The PEC Survey Summary Score reflects how the responding patients reported their experience of care on the survey.







Section 7

# Closeout Reminders for Cohort 1



# Closeout Reminders for Cohort 1 (1 of 2)

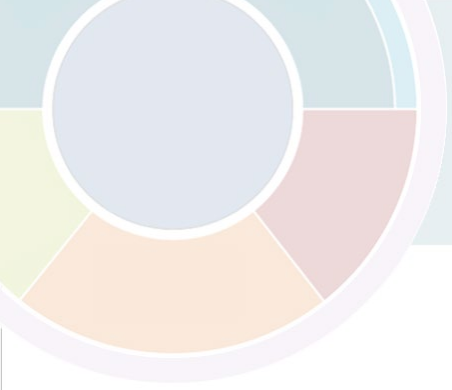
- Cohort 1 practices will not be participating in the PEC Survey in PY 2025 - no additional practice action, such as submitting a patient roster or authorizing a vendor, is required
- The PEC Survey team will inform survey vendors of Cohort 1 practices who will not participate in PY 2025 data collection
- Vendors should have submitted PY 2024 data for Cohort 1 practices in January 2025 after the completion of data collection



# Closeout Reminders for Cohort 1

## *(2 of 2)*

- Before losing access to their dashboard on March 3, 2025, practice sites should have reviewed their Data Submission Report to confirm that their survey vendor has submitted data on time and without data problems
- Vendors may still provide Cohort 1 practices with client level reports based on PY 2024 data
- Both Cohort 1 and Cohort 2 practices will receive their PY 2024 PCF PEC Survey Summary Report in June 2025



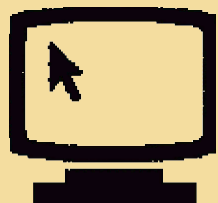
## Q&A

Please **submit questions via the Q&A pod** on the bottom of your screen

For questions **specific to your organization**, please email PCF PEC Survey Team at [pcfpecs@rti.org](mailto:pcfpecs@rti.org)



# Questions



[pcfpecs.org](http://pcfpecs.org)



**Toll-Free Number**  
**833-997-2715**



[pcfpecs@rti.org](mailto:pcfpecs@rti.org)



**Quality Assurance**  
**Guidelines**