

**Primary Care First (PCF) Patient Experience of Care (PEC) Survey  
Participation Form for Survey Vendors  
Performance Year (PY) 2025**

The following items are required for your organization to be a Centers for Medicare & Medicaid Services (CMS) survey vendor of the PCF PEC Survey:

1. Meet all Minimum Survey Vendor Business Requirements (See Part 2 below) at the time of submitting this form; and
2. Complete the participation form below. Please note sections indicated with an asterisk ("\*") are required.

*Note: Organizations must also adhere to the Rules of Participation (see Part 6).*

If your organization is approved to be a survey vendor for the PCF PEC Survey, all staff and all subcontractors must conduct all PCF PEC Survey business activities in the United States.

All vendor applications and materials must be submitted via the PCF PEC Survey website ([pcfpecs.org](https://pcfpecs.org)) by 5:00pm (ET) on January 31, 2025.

## **Part 1. General Information**

Complete Part 1 with your organization's contact information and CAHPS survey experience.

<b>1.1 APPLICANT ORGANIZATION</b>					
1.1.a. ORGANIZATION NAME*					
1.1.b. MAILING ADDRESS 1*					
1.1.c. MAILING ADDRESS 2					
1.1.d. CITY*		1.1.e. STATE*		1.1.f. ZIP CODE*	
1.1.g. TELEPHONE AND FAX (area code, number and extension)				1.1.h. WEB SITE*	
TEL *	EXT	FAX			
<b>1.2 APPLICANT CONTACT PERSON</b>					
1.2.a. PRIMARY CONTACT PERSON					
FIRST NAME*		MIDDLE INITIAL*		LAST NAME*	
1.2.b. TITLE*			1.2.c. DEGREE (e.g., RN, MD, PhD)		
1.2.d. MAILING ADDRESS 1*					

1.2.e. MAILING ADDRESS 2		
1.2.f. CITY*	1.2.g. STATE*	1.2.h. ZIP CODE*
1.2.i. TELEPHONE AND FAX (area code, number and extension)		1.2.j. EMAIL ADDRESS*
TEL	EXT	

<b>1.3 CMS-SPONSORED AND CAHPS SURVEY EXPERIENCE</b>	
*1.3.a. Please confirm that you have been approved as a vendor to implement other CMS or CAHPS surveys in the past three years.	Yes No
*1.3.b. Please list what CAHPS surveys you have been approved for in the past three years.	

## Part 2. PCF PECS

### Minimum Survey Vendor Business Requirements

PCF PEC Survey vendors must meet the following business requirements. Please read each minimum business requirement below and select Yes or No to show if you do or do not meet each one. Please provide supporting information in the chart below where asked. See the Minimum Business Requirements for more detail.

<b>2.1. RELEVANT ORGANIZATIONAL SURVEY EXPERIENCE</b>	
Recent experience (at least 3 years) in fielding patient experience of care surveys via Mixed-Mode (mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing [CATI] of non-respondents).	
*2.1.a. <b>Survey Experience:</b> Please confirm that you are currently approved by CMS to administer patient experience of care surveys in a Mixed-Mode methodology (mail survey administration followed by survey administration via Computer Assisted Telephone Interviewing [CATI] of non-respondents).	Yes No
Note: Mixed-Mode experience must be fulfilled by the applicant vendor and not its subcontractor.	
*2.1.b. <b>Vulnerable Populations:</b> Please confirm that you have experience interviewing vulnerable populations.	Yes No

Note: Experience with vulnerable populations must be fulfilled by the applicant vendor and not its subcontractor.	
<b>*2.1.c. Experience with multiple survey languages:</b> Please confirm that you are currently approved by CMS to administer patient experience of care surveys in English and Spanish.	Yes No

<b>2.2. ORGANIZATIONAL SURVEY CAPACITY</b> Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.	
<b>*2.2.a. Designate key PCF PEC Survey Personnel:</b> Does your organization have a: <ul style="list-style-type: none"> <li>• Project Manager who has administered Mixed-Mode surveys for at least 3 years; and</li> <li>• Information Systems Specialist/Programmer/Developer with survey experience for a minimum of 1 year; and</li> <li>• Call Center/Mail Center supervisor (with minimum 1 year of prior experience in role); and</li> <li>• Organizational back-up staff to cover key staff?</li> </ul> <p>Note: Volunteers are not permitted to be involved in any aspect of the PCF PEC Survey administration process.</p>	Yes No
<b>*2.2.b. System resources:</b> Does your organization have a secure commercial workplace with the physical plant resources to handle the volume of surveys being administered, including: <ul style="list-style-type: none"> <li>• Computer and technical equipment; and</li> <li>• An electronic survey management system to track fielded surveys through the entire protocol?</li> </ul> <p>Note: All system resources are subject to oversight activities, including site visits to physical locations (such as to vendor's mail facility to observe production of PCF PEC survey materials and/or call center where PCF PECS interviews are being conducted).</p>	Yes No
<b>*2.2.c. Mixed-Mode of survey administration:</b> Your organization will be given the mail and telephone versions of the PCF PEC Survey in electronic form and text for cover letters. Can you print and copy the survey materials in accordance with specifications and timeline provided and use commercial software/resources to make sure that the addresses and telephone numbers are up to date for all the sample patients? You will keep the information that identifies the people taking part in the survey confidential.	Yes No
Can you acknowledge that mail survey administration and telephone interviews are not to be conducted from a residence, or from a virtual office?	Yes No
<b>*2.2.d. Data submission:</b> Can your organization encrypt data files for transmission in accordance with required specifications?	Yes No
Does your organization have previous experience with XML format and submitting encrypted data to an external data warehouse?	Yes No

<b>*2.2.e. Data security:</b> Can your organization register with the CMS PCF PEC Survey Contractor and follow data specifications and procedures in order to send and receive encrypted data from the Internet?	Yes No
Will authorizations and business associate agreements be established between your organization and the practice site or virtual practice site?	Yes No
<b>*2.2.f. Confidentiality:</b> Can your organization meet all HIPAA rules and regulations and store PCF PECS Survey data files securely and confidentially?	Yes No
<b>*2.2.g. Technical assistance/customer support:</b> Can your organization provide toll-free customer telephone support and respond within 24-48 hours in both English and Spanish?	Yes No

<b>2.3 QUALITY CONTROL PROCEDURES</b>	
Personnel training and quality control mechanisms used to collect valid, reliable survey data.	
<b>*2.3.a. Demonstrated Quality Control Procedures:</b> Can your organization set-up and document quality control procedures for all phases of survey implementation including: training; printing, mailing and recording receipt of surveys; telephone administration of survey (electronic telephone interviewing system); coding, editing, or keying in survey data; preparing final person-level data files for submission and all other functions and processes that affect the administration of the PCF PEC Survey?	Yes No
Can you provide documentation as requested for site visits and conference calls, including but not limited to: HIPAA compliance, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation?	Yes No

<b>2.4 EXPLANATION</b> Please explain why you replied "NO" to any of the questions above.

## Part 3. Key Project Staff

Please list the key staff members who will be working on the PCF PEC Survey.

<b>3.1 LIST OF KEY PROJECT STAFF</b>			
*Project staff name	Role	Email	Telephone
1.	Project Manager		
2.	Mail Survey Supervisor		

3.	Telephone Survey Supervisor		
4.	Information Systems Specialist/Programmer/ Developer		

#### Part 4. List of Subcontractors

4.1.a. <input type="checkbox"/> Check here if your organization does not plan to use subcontractors for the PY 2025 PCF PEC Survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors.	
4.1.b. Subcontractor name and experience	
Subcontractor 1 name:	What will subcontractor do in administering the PY 2025 PCF PEC Survey?
How many years has your organization worked with the subcontractor?	
How many years has the subcontractor administered surveys?	
How many years has the subcontractor been in business?	
What experience does the subcontractor have related to how it will administer the PCF PEC Survey?	
What general survey experience does the subcontractor have?	
Subcontractor 2 name:	What will subcontractor do in administering the PY 2025 PCF PEC Survey?
How many years has your organization worked with the subcontractor?	
How many years has the subcontractor administered surveys?	
How many years has the subcontractor been in business?	
What experience does the subcontractor have related to how it will administer the PCF PEC Survey?	
What general survey experience does the subcontractor have?	

## Part 5. Curriculum Vitae (CV)

5.1. Please email CVs for all of your key project staff listed in Table 3.1 List of Key Project Staff via the PCF PEC Survey Technical Assistance email at [pcfpecs@rti.org](mailto:pcfpecs@rti.org).

## Part 6. Rules of Participation

All PCF PEC Survey vendors must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Take part in a teleconference with the PCF PEC Survey Project Team to talk about your organization's relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
2. Attend and successfully complete all PCF PEC Survey Training Sessions in Spring 2025. In addition to the Project Manager, we require the following staff to attend training, as applicable: Mail Survey Supervisor; Telephone Survey Supervisor; Information Systems Specialist and Computer Programmer/Developer; Data Administrator; and Back-up Data Administrator. Your organization's subcontractors that have key roles in administering the PCF PEC Survey are also required to attend training.
3. Review and follow the PCF PEC Survey Quality Assurance Guidelines and policy updates.
4. Attest to the accuracy of your organization's data collection (as determined by CMS), following guidelines in the most current version of the PCF PEC Survey Quality Assurance Guidelines.
5. Write and send a PCF PECS Quality Assurance Plan (QAP) by March 28, 2025. Also, send in materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, envelopes, and questionnaires) and telephone scripts.
6. Participate and cooperate (including subcontractors) in all oversight activities conducted by the PCF PEC Survey Project Team.
7. Send in an interim and final PCF PEC Survey data file to CMS (see data collection timeline).
8. Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation and reporting of results to practices. (See Section 7 to acknowledge)

## Part 7: Applicant Organization Qualification and Acceptance

<p>I certify that:</p> <ul style="list-style-type: none"><li>• I have reviewed and agree to meet the Rules of Participation for participating in the PCF PEC Survey.</li><li>• The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the PCF PEC Survey Minimum Survey Vendor Business Requirements.</li></ul>	<p>*AUTHORIZED REPRESENTATIVE:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>_____</p> <p>Date: _____</p>
--	--

If you need help completing this application, please contact the PCF PEC Survey Project Team by email at [pcfpecs@rti.org](mailto:pcfpecs@rti.org).

When you have completed this form, hit "Submit."