

CAHPS<sup>®</sup> for Physician Quality Reporting  
System (PQRS) Survey

**Quality Assurance  
Guidelines**

**Version 1.0**

July 2015



**7500 Security Blvd., Baltimore, MD 21244-1850**



# **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

## **Quality Assurance Guidelines Version 1.0**

### **ACKNOWLEDGMENTS**

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# CAHPS FOR PQRS SURVEY QUALITY ASSURANCE GUIDELINES VERSION 1.0

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# I. READER'S GUIDE

## **Purpose of the Quality Assurance Guidelines**

The Centers for Medicare & Medicaid Services (CMS) developed the *Quality Assurance Guidelines* for the CAHPS<sup>®1</sup> for Physician Quality Reporting System (PQRS) Survey to standardize the data collection process and to make sure the survey data collected across survey vendors are comparable.

We designed this reader's guide to give survey vendors and group practices an overview of the content in the *Quality Assurance Guidelines Version 1.0*. For detailed information on requirements, protocols, and procedures in the CAHPS for PQRS Survey, check the various sections of the *Quality Assurance Guidelines Version 1.0*.

## **Quality Assurance Guidelines Version 1 Content**

The *Quality Assurance Guidelines Version 1.0* includes the following sections:

### **Introduction and Overview**

How the CAHPS for PQRS Survey was developed and a description of the survey.

### **Program Requirements**

Requirements for administering the survey, including communication with beneficiaries, and roles and responsibilities for CMS, group practices and survey vendors.

### **Technical Assistance and Communication**

Information about communication and technical support available to survey vendors, as well as other interested parties.

### **Sampling**

An overview of CMS' process for selecting a random sample of beneficiaries for the survey and information on how survey vendors will retrieve the survey sample.

### **Data Collection Protocol**

Details on the mixed-mode (mail with phone follow-up) data collection protocol survey vendors must use to administer the survey, including the data collection schedule, data receipt, data retention, and quality control guidelines.

### **Data Coding and Data Preparation**

Preparing the data files for submission to the PQRS Data Warehouse.

### **Data Submission**

Information on the survey vendor authorization and registration process, how and when to submit data, the data audit and validation checks, and data submission reports.

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

## Data Analysis and Public Reporting

Information on the reports CMS prepares for group practices and the data analysis of the CAHPS for PQRS Survey. This section also talks about data analyses that survey vendors may conduct for group practices.

## Oversight

Information on the oversight activities the CMS-sponsored CAHPS for PQRS Survey project team conducts to make sure survey vendors comply with all protocols and procedures for the administration of the CAHPS for PQRS Survey.

## Discrepancy Reports

How to notify CMS of any discrepancies from the standard CAHPS for PQRS Survey protocols and specifications that may occur during the data collection process.

## Appendices

- Minimum Survey Vendor Business Requirements
- 2015 Survey Vendor Authorization Form
- Data Use Agreement (DUA) Application Form
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- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Phone Surveys
- Frequently Asked Questions for Customer Support
- Instructions for Survey Vendors on Accessing the PQRS Data Warehouse
- Sample File Record Layout
- Survey File Record Layout
- Discrepancy Report
- Survey Items Applicable to All Respondents
- Twelve Summary Survey Measures
- Medicare Provider Experience Survey (English)
- Instructions and Computer Assisted Telephone Interview (CATI) Script (English)

## For More Information

Visit the CAHPS for PQRS Survey website, [www.pqrscahps.org](http://www.pqrscahps.org), for more information on the CAHPS for PQRS Survey program and to see important program updates and announcements.

## To Provide Comments or Ask Questions

- Contact the CAHPS for PQRS Survey project team at [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org) or toll free at 1-844-472-4294 for technical assistance and information.
- Contact the data coordination team at [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org).

## II. INTRODUCTION AND OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting on quality of health care from the consumer's perspective. Consumer evaluations of health care measure important aspects of a beneficiary's experience that can't be measured through other means.

[The CAHPS initiative](#) is a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service.

The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages eligible professionals (EPs) and group practices to report information on quality of care to Medicare. The program gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.

By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. Beginning in 2015, the program will apply a negative payment adjustment to EPs and group practices that did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule (MPFS) covered professional services in 2013. Those who report satisfactorily for the 2015 reporting period will avoid the 2017 PQRS negative payment adjustment.

The CAHPS for PQRS Survey includes the CAHPS Clinician & Group Survey (known as CG-CAHPS) supplemented with additional survey items to meet the needs of CMS and the PQRS program. The survey measures twelve key domains of beneficiaries' experiences of care that we refer to as summary survey measures (SSMs). A SSM is a collection of survey items that assess the same patient experience domain of care. The survey has been conducted yearly beginning with the 2013 reporting period, and CMS conducted data collection on behalf of group practices for 2013 and 2014. Per the 2013 Physician Fee Schedule final rule (77 FR 69167), the results of the survey can be publicly reported on the CMS Physician Compare website.

For 2013, the survey was required for group practices with 100 or more EPs participating via the Group Practice Reporting Option (GRPO) and reporting via the Web Interface. For 2014, the survey was required for group practices with 100 or more EPs participating via the GPRO and reporting via the Web Interface and optional for group practices of 25 or more EPs participating via the GPRO and reporting via a registry or EHR.

In 2015, survey administration is:

- Required for all group practices of 100 EPs that register for PQRS GPRO by June 30, 2015
- Optional for group practices of 2-99 EPs that register to take part in the PQRS GPRO by June 30, 2015. During registration, such groups must indicate whether they are participating in the CAHPS for PQRS Survey.

The CAHPS for PQRS Survey allows participating group practices the opportunity to assess the quality of care they are providing to their patients, helping to ensure the patients get the right care at the right time. CMS' analysis of the CAHPS for PQRS Survey data will allow group practices to compare their performance on a given measure with their peers.

Additional information regarding PQRS can be found on the CMS PQRS web page: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

### **About the Survey**

The CAHPS for PQRS Survey data are collected from a sample of original Medicare beneficiaries who get a plurality of their primary care from the participating group practice. The questions address care received from a specific provider within the group practice to help orient the beneficiary to the care he or she received. The named provider can be a physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

The CAHPS for PQRS survey includes the core questions contained in CG-CAHPS (Version 2.0), plus additional questions to measure access to and use of specialist care, experience with care coordination, patient involvement in decision-making, experiences with a health care team, health promotion and patient education, patient functional status, and general health. Items measuring these domains are organized according to the following twelve SSMs:

1. Getting Timely Care, Appointments and Information
2. How Well Your Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision-Making
7. Health Status and Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Between Visit Communication
11. Helping You to Take Medications as Directed
12. Stewardship of Patient Resources

**Table 1. Contents of CAHPS for PQRS Survey**

<b>Summary Survey Measure</b>	<b>Question(s) Included in the Measure</b>
<b>1. Getting Timely Care, Appointments and Information</b>	<p>In the last 6 months, when you phoned this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>In the last 6 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p>Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p>
<b>2. How Well Providers Communicate</b>	<p>In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p>In the last 6 months, how often did this provider listen carefully to you?</p> <p>In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p>In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p>In the last 6 months, how often did this provider show respect for what you had to say?</p> <p>In the last 6 months, how often did this provider spend enough time with you?</p>
<b>3. Patient’s Rating of Provider</b>	<p>Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p>

Summary Survey Measure	Question(s) Included in the Measure
<p><b>4. Access to Specialists</b></p>	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p>
<p><b>5. Health Promotion and Education</b></p>	<p><b>General Health Promotion and Education</b></p> <p>In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p><b>Mental Health Promotion and Education</b></p> <p>In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p>

Summary Survey Measure	Question(s) Included in the Measure
6. Shared Decision Making	<p><b>Making Decisions about Medications</b></p> <p>Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p>When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p>
	<p><b>Making Decisions about Surgery</b></p> <p>Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p>When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p>
	<p><b>Sharing Your Health Information</b></p> <p>In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p>

Summary Survey Measure	Question(s) Included in the Measure
7. Health Status/ Functional Status	<p><b>Self-Rated Health</b> In general, how would you rate your overall health?</p>
	<p><b>Self-Rated Mental Health</b> In general, how would you rate your overall mental or emotional health?</p>
	<p><b>Cognitive Functioning</b> Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p>
	<p><b>Beneficiaries without a Chronic Condition</b> In the past 12 months, have you seen a provider 3 or more times for condition or problem that has lasted for at least 3 months?  Do you need or take medicine to treat the condition?</p>
	<p><b>Beneficiaries' Functional Status</b> During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)? Do you have serious difficulty walking or climbing stairs?  Do you have difficulty dressing or bathing?  Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p>
8. Courteous and Helpful Office Staff	<p>In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?  In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?</p>
9. Care Coordination	<p>When you visited this provider in the last 6 months, how often did he or she have your medical records?  In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?  In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?</p>



Summary Survey Measure	Question(s) Included in the Measure
<b>10. Between Visit Communication</b>	In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment?
<b>11. Helping You Take Medications as Directed</b>	<p>In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?</p> <p>Was the written information this provider gave you easy to understand?</p> <p>In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p>
<b>13. Stewardship of Patient Resources</b>	In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

### Administration of the CAHPS for PQRS Survey

The CAHPS for PQRS Survey is conducted with a sample of beneficiaries with Original Medicare who are at least 18 years of age and assigned to the group practice based on the plurality of primary care claims from the first 3 quarters of the 2015 reporting period (data collection to be completed in 2016). CMS makes efforts to exclude beneficiaries who are deceased or who are known to be institutionalized at the time of the sample draw. The CAHPS for PQRS Survey is administered using only a mixed-mode data collection protocol that includes a pre-notification letter, survey mailings and phone follow-up of non-respondents.

CMS covered the cost of administering the survey for the 2013 and 2014 reporting periods. Beginning with the 2015 reporting period, CMS will NOT bear the cost of survey administration. Group practices participating in the CAHPS for PQRS Survey are required to select a CMS approved CAHPS for PQRS Survey vendor to collect and report survey data using the data collection timeline and procedures found in this manual. Although group practices select a survey vendor to administer the survey, CMS will select the sample and provide approved survey vendor sample files for each group practice.

### Public Reporting and Use of the CAHPS for PQRS Survey Data

The CAHPS for PQRS Survey results will be publicly reported by CMS for each group practice on CMS' Physician Compare website (<http://www.medicare.gov/physiciancompare/>). CMS also scores and reports survey results to the group practices. Each group practice receives an extensive report focused on its performance on the survey. The report includes an Excel worksheet of SSM scores for the group practice, and additional information on survey responses across all group practices.



## III. Program Requirements

### Overview

This section describes the program requirements for administering the CAHPS for PQRS Survey, including the requirements for communicating with Medicare beneficiaries about the survey; roles and responsibilities for participating organizations; and the minimum business requirements to administer the survey (Appendix A).

### Communicating with Beneficiaries About the CAHPS for PQRS Survey

Survey vendors and group practices are allowed to notify beneficiaries that they may be asked to participate in the CAHPS for PQRS Survey. However, certain types of promotional communication (either oral, written or in the survey materials, such as cover letters and phone script) are not permitted, since they may introduce bias in the survey results.

- Group practices, survey vendors, or their agents are encouraged not to ask any CAHPS for PQRS Survey questions of beneficiaries with Original Medicare 4 weeks prior to, during and 4 weeks after the CAHPS for PQRS survey administration for the 2015 reporting period (generally anytime from October 13, 2015 to March 3, 2016). This guidance does not apply to other CMS surveys.

Additionally, group practices, survey vendors, or their agents are not allowed to:

- Attempt to influence or encourage beneficiaries to answer survey questions in a particular way
- Imply that the group practice, its personnel or agents will be rewarded or gain benefits for positive feedback from beneficiaries by asking beneficiaries to choose certain responses or indicate that the practice is hoping for a given response
- Offer incentives of any kind for participation in the survey

### Roles and Responsibilities

#### CMS Roles and Responsibilities

CMS requires standardized survey administration and data collection methodology for measuring and reporting Medicare beneficiaries' perspectives on care they got from group practices.

CMS will:

- Provide CAHPS for PQRS Survey administration protocols, timeline and description of the data submission tools through the *CAHPS for PQRS Survey Quality Assurance Guidelines* for survey administration
- Train survey vendors to administer the CAHPS for PQRS Survey
- Provide technical assistance to survey vendors and group practices via a toll-free phone number at 1-844-472-4294, email at: [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org) and the CAHPS for PQRS Survey website at [www.pqrscahps.org](http://www.pqrscahps.org)
- Give survey vendors the tools, format and procedures for submitting collected data
- Process, review and analyze data files from survey vendors
- Prior to reporting, calculate and adjust CAHPS for PQRS Survey data for case-mix effects
- Give each group practice a report and Excel file detailing survey scores

## Group Practices' Roles and Responsibilities

Each group practice agrees to:

- Contract with a CMS approved CAHPS for PQRS Survey vendor to administer the CAHPS for PQRS Survey (group practices aren't allowed to administer the survey themselves). The list of approved survey vendors can be found on the CAHPS for PQRS Survey website at [www.pqrscahps.org](http://www.pqrscahps.org).
- Authorize the survey vendor to submit CAHPS for PQRS Survey data on their behalf by completing the Survey Vendor Authorization Form (Appendix B)
  - Group practices must submit a Survey Vendor Authorization Form by September 22, 2015

## Survey Vendor Roles and Responsibilities

Survey vendors agree to:

- Participate via webinar in the CAHPS for PQRS Survey vendor training and successfully complete the post-training quiz conducted immediately at the end of the mandatory training
- Follow the CAHPS for PQRS Survey administration requirements found in the *CAHPS for PQRS Survey Quality Assurance Guidelines*
- Meet all project specified due dates
  - Adhere to the specified Data Collection Schedule
- Execute a Data Use Agreement (DUA) (Appendix C) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA. The DUA signed by each survey vendor restricts the use of data and any approved appended items. Survey vendors requesting to append data by merging sample data OR survey data and the group practice's administrative data must submit to CMS for approval a specific list of the practice's administrative data items to be appended as well as an analytic plan or plan for data use. The survey vendor may not append data until it receives written permission from CMS that the analytic plans or data use plans and proposed appended items have been approved.

*Note: Survey vendors must not release any analytic results or measures to group practices based on cell size less than 11. This includes sample size, individual responses options, etc.*

- Complete and submit the Vendor Access to PQRS Data Warehouse Form by the specified due date (Appendix D).
- Receive and perform checks of each group practice sample file to make sure the sample file includes all required data elements
- Administer the CAHPS for PQRS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols and procedures established by CMS and contained in the *CAHPS for PQRS Survey Quality Assurance Guidelines* and published on the CAHPS for PQRS Survey website
  - To ensure the confidentiality of data, survey vendors may not use home-based or virtual interviewers to conduct the CAHPS for PQRS Survey, nor may they conduct any survey administration processes (e.g. mailings) from a residence.

- Verify that each group practice has authorized the survey vendor to submit data on behalf of the practice
- Submit data files to the PQRS Data Warehouse before CMS' data submission deadline following the data file specifications in the *CAHPS for PQRS Survey Quality Assurance Guidelines*
- Review the CAHPS for PQRS Survey data submission reports and make sure that survey data are submitted to CMS in an accurate and timely manner

*Note: If a survey vendor is non-compliant with program requirements for any of their client group practices, survey results from those affected practices may not be included in the survey scores for the affected quality reporting period.*

Approved survey vendors are required to maintain at least one active CAHPS for PQRS Survey client contract for each of two consecutive survey fielding cycles. **Survey vendors who don't obtain a contract with a group practice for each of two consecutive fielding cycles will lose their approval to administer the CAHPS for PQRS Survey** and will have to submit a new application for consideration of approval as a CAHPS for PQRS Survey vendor.

### **Survey Vendor CAHPS for PQRS Survey Training**

Conditionally-approved survey vendors must participate, via webinar, in the CAHPS for PQRS Survey training and any subsequent CAHPS for PQRS Survey training update sessions sponsored by CMS. At a minimum, the survey vendor's project manager, phone survey supervisor and mail survey supervisor are required to participate in the training programs in their entirety. Subcontractors (if applicable) with key roles in survey administration are also required to attend all training sessions. In addition, the survey vendor must successfully complete the post-training quiz given immediately after the mandatory training. We also recommend that the survey vendor's project director, programmer, or the programmer's supervisor, attend the training. Staff from the group practice do not need to attend training, but are welcome to do so.

### **Review and Follow the *CAHPS for PQRS Survey Quality Assurance Guidelines* and All Policy Updates**

The *CAHPS for PQRS Survey Quality Assurance Guidelines* has been developed to make sure the survey data collection process is standardized and to make sure reported data are comparable. Group practices and survey vendors must review and follow the protocols and procedures contained in this manual and all policy updates posted on the CAHPS for PQRS Survey website at [www.pqrscahps.org](http://www.pqrscahps.org).

### **Attest to the Accuracy of the Survey Vendor's Data Collection Process**

Survey vendors must attest to the accuracy of their organization's data collection processes and that data collection processes conform to the *CAHPS for PQRS Survey Quality Assurance Guidelines*. **Survey vendors are prohibited from subcontracting the data submission task.** Data collected in a non-approved manner may not be used in calculating and reporting the group practice's scores for the affected quality reporting period.

## Develop Survey Vendor CAHPS for PQRS Survey Quality Assurance Plan

Survey vendors must develop a Quality Assurance Plan (QAP) for survey administration in accordance with the *CAHPS for PQRS Survey Quality Assurance Guidelines*. The Model QAP document (Appendix E) offers guidelines for developing the QAP. You should update your QAP, when necessary, to reflect changes in resources and processes. You must send notice of changes in key personnel as soon as the changes are known, to CAHPS for PQRS Survey Technical Assistance at [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org).

Each survey vendor's QAP must include the following:

- Organizational background (organization chart) and role assignments for the project
- Work plan for survey administration
- Survey and data management system
  - Include a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
  - Include a detailed description of the process for obtaining and updating beneficiary phone numbers (including the length of history used to look up previous phone numbers by the phone look up service)
- Description of quality control processes and procedures
- Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
- Annual summary outlining the results from quality control activities
- Copies of the CAHPS for PQRS Survey materials used to field the survey, including mailing material envelopes

Each survey vendor must submit a QAP and materials that CMS determines are relevant to CAHPS for PQRS Survey administration (including mailing materials such as cover letters, the survey and screenshots of the phone script) by email to [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org) for the CAHPS for PQRS Survey project team to review. All materials must be received by the CAHPS for PQRS Survey project team by the specified due date.

*Note: While all survey vendors will be required to submit a QAP, only survey vendors with clients will be required to submit CAHPS for PQRS Survey materials.*

## Become a Registered User of the PQRS Data Warehouse

Each approved survey vendor is required to designate a primary data administrator within their organization responsible for retrieving (downloading) the sample files of the group practice the survey vendor has contracted with, and for submitting survey data to the PQRS Data Warehouse on behalf of those practices. In addition to the primary data administrator, each survey vendor **must** designate a second person within the organization as a back-up data administrator who will also have access to the PQRS Data Warehouse. The data administrator will serve as the main point of contact between the CAHPS for PQRS Survey data coordination team and the survey vendor regarding issues related to downloading or uploading files from the PQRS Data Warehouse. In addition, the data administrator is primarily responsible for making sure the survey vendor follows procedures for preparing and submitting survey data according to the requirements CMS outlined in this manual. The CAHPS for PQRS Survey data coordination team must be notified promptly of any personnel changes to the survey vendor's data

administrator and back-up data administrator roles. The new data administrator will be required to create a **new** password for the survey vendor's PQRS Data Warehouse account.

Each survey vendor's data administrator, as well as the back-up data administrator and the project manager, will be required to register with the CAHPS for PQRS Survey project team by completing a Vendor Access to PQRS Data Warehouse Form (Appendix D) and emailing this form to the CAHPS for PQRS Survey data coordination team at [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org). Once the team has verified the information on the Vendor Access to PQRS Data Warehouse Form and confirmed that the survey vendor has been authorized by one or more group practices to collect data on their behalf, the team will assign the survey vendor a unique ID and password for accessing the PQRS Data Warehouse. The CAHPS for PQRS Survey data coordination team will contact each survey vendor **by phone** to communicate the password directly to the designated data administrator for the survey vendor. Passwords won't be sent by email, Internet or other electronic methods and won't be left on voice mail. The CAHPS for PQRS Survey data coordination team will copy the data administrator, back-up data administrator and the project manager on all email communications related to the PQRS Data Warehouse and data submission.

Survey vendors will receive the sample files for the group practices they have contracted with via the PQRS Data Warehouse. In addition, survey vendors must submit CAHPS for PQRS Survey data to the PQRS Data Warehouse electronically using prescribed file specifications.

### **Participate in Oversight Activities Conducted by the CAHPS for PQRS Survey Project Team**

Survey vendors, including their subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as site visits and/or teleconference calls, as requested by the CAHPS for PQRS Survey project team, to make sure correct survey protocols are followed. All materials relevant to survey administration are subject to review.

### **Review and Acknowledge Agreement with the Rules of Participation**

CAHPS for PQRS Survey vendors must review and agree to the Rules of Participation in order to administer the CAHPS for PQRS Survey for their group practice client by completing and signing the CAHPS for PQRS Survey Participation Form.





## IV. TECHNICAL ASSISTANCE AND COMMUNICATION

### Overview

Survey vendors have access to a number of sources of information regarding the CAHPS for PQRS Survey.

### Information and Technical Assistance

For additional information and technical assistance, contact the *CAHPS for PQRS Survey project team*:

- Email: [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org)
- Phone (toll free): 1-844-472-4294

For additional information and technical assistance related to the use of the PQRS Data Warehouse or data submission issues, contact the *CAHPS for PQRS Survey data coordination team*:

- Email: [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org)

### General Information, Announcements and Updates

To learn more about the CAHPS for PQRS Survey and to see important new updates and announcements, visit the CAHPS for PQRS Survey website at [www.pqrscahps.org](http://www.pqrscahps.org).



## V. SAMPLING

### Overview

This section describes how CMS will select the sample for the CAHPS for PQRS Survey for the 2015 reporting period. The CAHPS for PQRS Survey data coordination team will use a sample frame provided by CMS to draw a random sample of 860 Original Medicare beneficiaries for each group practice. The sample draw will occur in October 2015.

### Sample Selection and Eligibility Criteria

A sample will be selected for each group practice participating in the CAHPS for PQRS Survey. (Group Practices are identified by a 5-character group practice identifier, assigned by CMS.)

To be included in the random sample for the survey, Original Medicare beneficiaries have to be 18 years of age or older at the time of the sample draw and be assigned to the group practice based on a plurality of primary care claims received in the first three quarters of the 2015 reporting period. Institutionalized beneficiaries are not eligible for selection, and they are excluded from the survey if identified during the data collection process. CMS will make efforts to exclude deceased beneficiaries or beneficiaries who are known to be institutionalized at the time of the sample draw.

Beneficiaries are sampled for the survey so that one quarter of the sample represents beneficiaries with high utilization of services. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's beneficiaries. (See Chapter IX for information on weighting.)

### Sample Preparation

CMS will provide addresses of beneficiaries for whom addresses are available in the CMS Integrated Data Repository (IDR) as of October 2015. The CAHPS for PQRS Survey data coordination team will conduct data checks for any irregularities in the sample file, such as truncated name or address information.

Below, and in Appendix I, is a complete list of the variables that CMS will provide in the sample file, as well as the file record layout for the sample file.

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique beneficiary finder number assigned by CAHPS for PQRS Survey data coordination team
FNAME	9	30	Text	CMS beneficiary first name
MNAME	39	15	Text	CMS beneficiary middle name
LNAME	54	40	Text	CMS beneficiary last name
DOB_C	94	8	yyyymmdd	Date of birth
ZIP	102	9	Char	Mailing address zip code, leading zero possible
ADDR1FINAL	111	50	Text	Mailing address line 1
ADDR2FINAL	161	50	Text	Mailing address line 2
CITY	211	40	Text	Mailing address city name
PR_CD	251	28	Text	Puerto Rican urbanization code
STATE	279	2	Char	Mailing address USPS state code
FIPS_STATE	281	2	Char	CMS state FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS county FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = male, 2 = female
PQRSGROUP_ID	287	5	[G]nnnn	Five-character PQRS identifier: begins with a letter "G," followed by 4 numbers
GROUPPRACTICE_NAME	292	100	Free text	Group practice name provided by CMS
FOCALTYPE	392	1	Numeric	Provider type: 1= primary care, 2 = specialist
PRTITLE	393	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	428	30	Text	Provider first name
PRLNAME	458	50	Text	Provider last name
TELEPHONE NUMBER	508	10	Numeric	Beneficiary phone number

## **Delivery of the Sample File to Survey Vendor**

Once the CAHPS for PQRS Survey data coordination team receives and prepares the sample, the team will create and disaggregate a sample file for each group practice by survey vendor (creating separate sample files for each survey vendor). The CAHPS for PQRS Survey data coordination team will then distribute these files to the appropriate survey vendors through the PQRS Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix H for detailed instructions for accessing the PQRS Data Warehouse and for downloading a file from this Warehouse).

*Note: Survey vendors must be authorized by their group practice client to obtain the sample files and to collect data on the practice's behalf. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit a Vendor Access to PQRS Data Warehouse Form before the survey vendor can obtain their sample files for use in administering the CAHPS for PQRS Survey. Group practices must authorize a survey vendor by September 22, 2015. Sample files will be available in October 2015.*



## VI. DATA COLLECTION PROTOCOL

### Overview

This section describes the data collection protocol and procedures for the CAHPS for PQRS Survey. These data collection procedures allow for both the standardized administration of the survey instruments by different survey vendors, and the comparability of the resulting data.

To promote data validity and credibility, all survey vendors will use a standardized mixed-mode data collection protocol. The protocol calls for collecting data using a self-administered mail survey with phone follow-up of non-respondents using computer-assisted telephone interviewing (CATI). The survey protocol is designed to achieve as high a response rate as possible and ensures that data collection is consistent across participating group practices. Survey vendors must make every reasonable effort to ensure optimal response rates, and are expected to pursue contacts with potential respondents until the full data collection protocol has been completed. As part of survey vendor training, the CAHPS for PQRS Survey project team will provide survey vendors detailed instructions and training on the data collection protocol and procedures.

The CAHPS for PQRS Survey mail protocols start with a pre-notification letter mailed to all sampled beneficiaries, alerting them of the first mailing of the survey, and assuring the sampled beneficiaries that CMS sponsors the survey. If sampled beneficiaries fail to respond after **two survey mailings**, survey vendors will attempt **six phone follow-up calls**. The sampled beneficiaries may refuse to answer any or all of the survey questions, but the survey vendor must make the attempt(s) to contact the sampled beneficiaries to see whether he or she may be willing to respond to the survey. Survey responses may not be collected in any format other than the mail survey or the phone interview. If a sampled beneficiary calls the toll-free phone number **during the phone follow-up period** of the survey, survey vendors can transfer the call to a CATI interviewer who will attempt to complete the survey by phone, or schedule an appointment to conduct the interview at a time that is more convenient for the sampled beneficiary. CATI surveys must be available to the sampled beneficiaries in English. Survey vendors have the option of offering the CAHPS for PQRS Survey in these additional languages:

- Spanish
- Cantonese
- Korean
- Mandarin
- Russian
- Vietnamese

*Note: If a group practice gives the survey vendor a list containing individuals who have requested not to be contacted for the survey, the names on the list **must be excluded** from survey administration and any corresponding sample record should be coded as “excluded from survey.” Survey vendors may also use their own Do Not Survey list to exclude beneficiaries from survey administration. Documentation of request to be placed on a Do Not Survey/Call list must be maintained for a minimum of three years.*

## Data Collection Schedule (2015 Reporting Period)

The basic tasks and timing for conducting the CAHPS for PQRS Survey for the 2015 reporting period are summarized below. Survey vendors are required to follow the data collection schedule and may not depart from or modify this schedule in any way.

### Pre-Data Collection Tasks

Task	Date
Survey vendors must submit QAP to the CAHPS for PQRS Survey project team via <a href="mailto:pqrscahps@HCOIS.org">pqrscahps@HCOIS.org</a>	8/12/2015
Survey vendors must complete and email a Vendor Access to PQRS Data Warehouse Form to <a href="mailto:pqrs-datasupport@rand.org">pqrs-datasupport@rand.org</a>	9/8/2015
Survey Vendors must submit English mail survey materials to the CAHPS for PQRS Survey project team via <a href="mailto:pqrscahps@HCOIS.org">pqrscahps@HCOIS.org</a>	9/18/2015
Group practices must submit survey vendor authorization form for survey vendor contracted to administer the 2015 CAHPS for PQRS Survey	9/22/2015
Survey vendors complete and submit DUA to CMS and provide a confirmation to the CAHPS for PQRS Technical Assistance email ( <a href="mailto:pqrscahps@HCOIS.org">pqrscahps@HCOIS.org</a> ). Subcontractors that see beneficiary-level data (e.g., name, address, telephone number) must also have a DUA Addendum in place with CMS.	9/30/2015
Survey vendors provide toll-free customer support phone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2015 customer support must be provided to <a href="mailto:pqrscahps@HCOIS.org">pqrscahps@HCOIS.org</a> .) CMS will generate a customized pre-notification letter for each survey vendor that includes the phone number provided at a later date.	10/2/2015
Survey Vendors must submit English CATI script materials to the CAHPS for PQRS Survey project team via <a href="mailto:pqrscahps@HCOIS.org">pqrscahps@HCOIS.org</a>	10/9/2015
Group practice sample files become available to survey vendors	10/22/2015

### Data Collection Tasks

Survey Vendor Task	Date
Mail out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing	11/13/2015 - 11/16/2015
Customer support phone center opens (Toll-free phone number required)	11/16/2015
Mail-out of the first survey with cover letter within one week of the pre-notification letter	11/20/2015 - 11/23/2015
Submit interim data files to the PQRS Data Warehouse. Survey vendors may begin to submit data on 12/9/2015 and <u>must</u> have all interim data submitted by 12/11/2015 (including any requests for corrections).	12/9/2015 - 12/11/2015
Mail-out of second mailing of survey with cover letter to all non-respondents	12/15/2015 - 12/16/2015



Survey Vendor Task	Date
Initiate telephone follow-up by computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1 <sup>st</sup> attempt must occur during this time.)	1/6/2016 - 1/13/2016
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey <ul style="list-style-type: none"> <li>• Make no more than 6 call attempts</li> <li>• Call attempts must occur over a minimum of two different calendar weeks</li> <li>• Call attempts must be scheduled at different times of the day and on different days of the week</li> </ul>	1/14/2016 - 2/3/2016
All inbound and outbound phone interviews end	2/3/2016
Cutoff date for returned mail surveys	2/3/2016
Customer support toll-free line closed	2/3/2016
Submit final data files to CMS approximately 7 days after close of data collection via the PQRS Data Warehouse. Data can be submitted starting 2/10/2016. No files will be accepted after the submission deadline date of 2/12/2016.	2/10/2016 - 2/12/2016

## Mail Protocol

This section provides detailed information about the process for implementing the mail component of the CAHPS for PQRS Survey mixed-mode data collection protocol. With the exception of group practices located in Puerto Rico, survey vendors must be prepared to conduct the mail component of the mixed-mode survey administration in English. Survey vendors will have the option of offering translation of the CAHPS for PQRS Survey in one or more of the following languages: **Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese**. Survey vendors may include an insert with the pre-notification letter and first survey mailing that includes a number to call to request a translation of the survey.

The CAHPS for PQRS Survey project team will provide text for the insert, the survey cover letters and the mail survey in Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese.

*Note: Each survey vendor with a group practice client must submit copies of their survey mailing materials (survey cover letters, survey and mailing envelopes) for review by the CAHPS for PQRS Survey project team by the specified due date. Each survey vendor must also submit a copy of their phone script (screenshots) for review by the CAHPS for PQRS Survey project team by the specified due date. See the Oversight section of this manual for more information. If a survey vendor does not have a group practice client, the survey materials do not have to be submitted.*

For group practices located in Puerto Rico, all mailings will be in Spanish, and survey vendors may include an insert with the pre-notification letter and first survey mailing that includes a number to call to request an English version of the survey.

To make sure that survey results are comparable across modes of data collection (mail vs. phone) and across survey vendors, a survey vendor may not change the wording of survey questions, the response categories or the order of questions. In addition, survey vendors may not modify the wording of the pre-notification letter or the survey cover letters. Finally, survey vendors are not permitted to create or use any other translations of: the CAHPS for PQRS Survey; requests for translation inserts; cover letters; or any other survey materials; and may not modify the translation of the CMS provided surveys or related materials.

### Mail Materials

The mail component of the mixed-mode data collection protocol uses a standardized survey, a pre-notification letter and cover letters provided by CMS. The cover letters and the survey are available on the CAHPS for PQRS Survey website. CMS developed the letters and surveys, and survey vendors are not allowed to modify these materials.

The survey vendor is responsible for reproducing a volume of survey materials (including surveys, pre-notification letters and survey cover letters) sufficient to administer the survey, including enough surveys for sampled beneficiaries who request the survey in a language other than the one they received (that is, in English or one of the six optional languages).

### Pre-notification Letter

All correspondence sent to sampled beneficiaries must follow these guidelines:

- Full name and address are used to address all envelopes to the sampled beneficiary
- The pre-notification letter contains the salutation “Dear Medicare Beneficiary”
- The pre-notification letter will include the customer service phone number provided to CMS in advance by the survey vendor
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled beneficiaries that CMS sent the packet
- The pre-notification letter must include the signature of the CMS privacy officer
- The pre-notification letter envelope must be marked “Return Service Requested” or “Address Service Requested” or “Change Service Requested” in order to update records for beneficiaries who have moved. In addition, the CMS logo must appear with the survey vendor’s return address.

*Note: The “Return Service Requested” or “Address Service Requested” or “Change Service Requested” for the outgoing envelopes is **required** on the pre-notification letter but is **optional** for the survey mailing.*

- The pre-notification letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font

### Survey Cover Letters and Envelopes

- All surveys must include a survey cover letter printed on a separate sheet of paper and not attached to the survey
- The survey cover letters contain a salutation personalized to include the beneficiary’s name
- The survey cover letters for the first and second survey mailings must be signed by a senior employee of the survey vendor

- The survey cover letters must be printed using the survey vendor logo and return address
- The survey cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- The envelope in which the survey is mailed must be printed with the survey vendor's logo and return address
- Survey vendors have the option to include the CMS logo on the outbound survey envelopes

### Questionnaire Formatting and Printing Specifications

The survey vendor may make minor modifications to the format and layout of the surveys, but must adhere to the following specifications in formatting and producing the CAHPS for PQRS mail surveys:

- Full survey title must be placed at the top of page one
- The name of the clinician provided in the sample file must be printed in Question 1
- Question and answer category wording must not be changed.
- No changes are permitted to the order of the CAHPS for PQRS Survey questions
- No changes are permitted to the order of the answer categories for the CAHPS for PQRS Survey questions
- Question and answer categories must remain together in the same column and on the same page
- The beneficiary's name must not be printed on the survey
- Response choices must be listed individually for each question (not presented in a matrix format) unless otherwise indicated in the survey template. For example, when a series of questions is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories **must be repeated with every question**. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed.
- All instructions must be written at the top of the first page of the survey
- The "About You" questions cannot be eliminated from the survey
- The survey vendor's return address must be added to the bottom of the last page to ensure the survey is returned to the correct address in case the beneficiary misplaces the enclosed return envelope
- All surveys will be printed as booklets in black and white. However, survey vendors may opt to print the surveys in black and white with a highlight color.
- Each outgoing package must include a pre-paid Business Reply Envelope (BRE) addressed to the survey vendor or to the survey vendor's subcontracted scanning service
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on each survey. The form tracking ID may be printed on the first or last page of the survey.

*Note: Placement of an internal tracking barcode next to the form tracking ID on the survey and other materials is acceptable.*

- All surveys must be printed using a minimum font size equal to or larger than Arial 11 point

## Optional Formatting Guidelines

Survey vendors have some flexibility in formatting the CAHPS for PQRS Survey. Survey vendors may consider the following formatting recommendations so that surveys are easy to read, thus improving the chances of receiving a completed survey:

- Two-column format
- 12 point font size
- Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
- Additionally, a survey vendor may use ovals instead of boxes for response items
- Survey vendors may use windowed envelopes as a quality measure to ensure that each sampled beneficiaries' survey package is mailed to the address of record for that beneficiary

*Note: It is permissible to place a code at the bottom of the mail survey to assist the survey vendor's customer service staff in identifying the survey type.*

## Supplemental Questions

Supplemental questions are **not** approved for data collection for the 2015 reporting period. CMS may consider approving the addition of supplemental questions in future survey administration.

## Confidential Tracking ID

Survey vendors must label surveys with the confidential identification number (referred to as the Unique Respondent Finder Number in the sample file) created by the CAHPS for PQRS Survey data coordination team and assigned to each beneficiary. CMS provides this identifier as part of the sample file to track the status of all beneficiaries in the sample file. The Unique Respondent Finder Number links each survey to each beneficiary in the sample file, along with each beneficiary's identifying information (such as name and address). Survey vendors will use this information to generate all survey materials, such as cover letters and address labels, and to make sure each beneficiary gets the appropriate survey administration follow-up and disposition code. Survey vendors must create a master file that links the Unique Respondent Finder Number with the beneficiary's contact information and update the master file throughout the data collection period in order to track the status of each beneficiary in the survey sample.

*Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the back of the survey and other materials is acceptable.*

To maintain the confidentiality of beneficiaries, the master file must not contain the actual survey responses. Survey responses must reside in a separate and distinct data file developed by the survey vendor according to specifications provided by CMS (see the section on data coding and data preparation for more detailed information). The survey response data file must be linked to the master file by the Unique Respondent Finder Number. ***Under no circumstances will the master file be released to the group practice that contract with a survey vendor.***

## Mailing of Survey Materials

Survey vendors must follow these procedures when mailing out all survey materials:

- Make every reasonable attempt to contact each eligible sampled beneficiary, whether or not they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the CAHPS for PQRS Survey project team.
- Enclose a self-addressed, stamped BRE in the survey mail packet along with the cover letter and survey. The survey cannot be mailed without both a cover letter and a self-addressed, stamped BRE.
- Mail materials must be addressed to the sampled beneficiary using the address given in the sample file (unless the survey vendor obtains an updated mailing address)
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the surveys using first class postage or indicia

## Address Standardization

Survey vendors must employ address standardization techniques to ensure address information is current and formatted to enhance deliverability. Survey vendors must use commercial tools, such as the National Change of Address (NCOA) database, to update addresses provided by CMS for sampled beneficiaries and to standardize addresses to conform to U.S. Postal Service formats.

## Data Receipt of Questionnaires Completed by Mail

Survey vendors may use key-entry or scanning technology to capture survey data. Returned surveys must be tracked by date of receipt and must be processed and data entered or scanned in a timely manner. See survey completion guidelines section for additional information.

## Data Entry/Data Processing Procedures

Survey vendors must follow the data entry decision rules and the data storage requirements described below.

Survey vendors must review each returned mail survey for legibility and completeness. For ambiguous responses, a survey vendor's coding specialist shall use decision rules to code responses (see the data coding and data preparation section in this manual). In processing surveys returned by mail, survey vendors must incorporate the following features:

- Unique record verification system: The survey management system or scanning software must perform a check to identify duplicate surveys
- Valid range checks: The data entry system or scanning software must identify responses or entries that are invalid or out of range
- Validation: Survey vendors must have a process in place to validate data entered or scanned, regardless of the mode of data entry, in order to ensure that data entered accurately capture the responses on the original survey. For key-entered data, a different staff member should validate the data and reconcile any discrepancies found.

## Data Storage

Survey vendors must store returned paper surveys or scanned images of paper surveys in a secure and environmentally controlled location for a minimum of three years.

## Quality Control Guidelines

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractor(s) (such as fulfillment houses), and must conduct on-site verification of printing and mailing processes regardless of whether they're using organization staff or subcontractor(s) to perform this work.

To avoid survey administration errors and ensure surveys are delivered as required, survey vendors must:

- Perform interval checking of printed mailing pieces for:
  - Fading, smearing, and misalignment of printed materials
  - Appropriate survey content, accurate address information, and proper postage of the survey packet
  - Assurance that all printed materials in a mailing envelope have the same unique identifier
- Conduct “seeded mailings” to designated project staff to check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing
- Perform address validation to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available

*Note: Survey vendors must describe their quality control processes in detail in their QAP, and must retain records of all quality control activities conducted.*

## Phone Protocol

This section describes the protocol that survey vendors must follow for the phone phase of the mixed-mode survey administration of the CAHPS for PQRS Survey. This phase requires the use of CATI.

Survey vendors are not allowed to administer the phone protocol of the CAHPS for PQRS Survey before the specified timeline of the phone component of the CAHPS for PQRS Survey administration. Survey vendors must not attempt to have a beneficiary complete a survey by phone if a beneficiary calls the survey vendor's customer support line before the start of the phone phase of survey administration.

Phone interviews can't be completed manually using paper/pencil surveys and then key-entered after the interview.

## Phone Interviewing Systems

CATI has been shown to facilitate and cut the time needed to collect and edit data, cut interviewer error, improve data quality (by customizing the flow of the survey based on the answers given as well as information already known about the participant), and remove the need for data entry after data collection. CATI requires a phone interviewer to follow a script programmed into a software application. When contact is made with a respondent, the interviewer reads the survey questions that appear on the computer screen and records the respondent's answers directly into the computer.

Survey vendors may use the CATI system of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled beneficiary through the survey administration process. Survey vendors are responsible for programming the script and specifications for CATI application and for making sure there are adequate resources to complete the phone phase within the data collection protocol timeline.

The CATI system must incorporate programming that appropriately follows the survey's skip patterns.

*Note: Automated dialing may be used as long as a live interviewer is always available to interact with the beneficiary, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations.*

### **Timing of the Phone Phase of the Data Collection Protocol**

Following the mail phase of the data collection protocol for the CAHPS for PQRS Survey, survey vendors will identify beneficiaries who are eligible for phone follow-up. These include beneficiaries who didn't respond to the mail survey and beneficiaries who returned a blank or incomplete mail survey (see definition of an incomplete survey in the data coding and data preparation section).

Specifically, if a beneficiary hasn't returned a completed or partially completed survey by mail, survey vendors must follow-up by phone in order to attempt from scratch to complete the survey. Sampled beneficiaries with an invalid or undeliverable mailing address for whom the survey vendor nevertheless has a valid phone number should be assigned to phone follow-up after every reasonable effort has been made to get a valid address. In addition, beneficiaries who return a blank or incomplete mail survey must also receive follow-up phone calls that attempt to administer the interview in its entirety.

### **Obtaining Phone Numbers**

CMS will provide phone numbers, if feasible, as part of the sample. Survey vendors must attempt to obtain phone numbers for the subset of beneficiaries in the sample for which CMS is unable to provide a phone number. Survey vendors shall use a secondary source, such as phone matching services or software, directory assistance and other phone directory applications, to try to obtain a current phone number for all sampled beneficiaries. Survey vendors may request an entire beneficiary file from the group practice in order to obtain phone numbers, as long as no information is given to the group practice identifying which beneficiaries are in the sample.

### **Phone Attempts**

Survey vendors must attempt to reach each and every beneficiary identified for phone follow-up. Repeated attempts must be made until the beneficiary is contacted, found ineligible, or six attempts have been made. After six attempts to contact the beneficiary by phone have been made, no further attempts are to be made.

A phone attempt is defined as an attempt to reach the respondent by phone at different times of day, on different days of the week, and during different weeks over the 29-day phone follow-up period. All call attempts cannot occur in a single week, but must occur over no fewer than two weeks and no more than the 29-day phone follow-up period.

A phone attempt must meet the following criteria:

- The phone must ring at least six times with no answer
- The interviewer reaches a member of the beneficiary's household and is told that the beneficiary isn't available to come to the phone. The interviewer will attempt to schedule a callback date/time.
- The interviewer reaches the beneficiary but is asked to call back at a more convenient time
- The interviewer gets a busy signal during each of three consecutive phone attempts (if possible, the phone attempts must be made at approximately 20 minute intervals)
- The interviewer obtains an answering machine or privacy manager. The interviewer should then hang up the phone without leaving a message.
- The phone number has been disconnected or out of service

All sampled beneficiaries must be called six times during the phone follow-up period unless they are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a beneficiary is found to be ineligible for the survey, then the survey vendor must not continue to attempt to complete the survey by phone. If a beneficiary is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

### Phone Survey Materials

The phone component of the mixed-mode data collection protocol uses a standardized phone script provided by CMS. These materials are available on the CAHPS for PQRS Survey website. The text of the phone script was developed by CMS and must not be modified.

### Phone Script

Survey vendors are provided a standardized script for phone administration. Survey vendors are not permitted to translate the phone script into any other language and must use the language translations provided by CMS. The CAHPS for PQRS Survey project team will provide survey vendors with the CATI script in English, Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese.

*Note: Each survey vendor must submit a copy of their English-language CAHPS for PQRS Survey CATI screenshots for review by the CAHPS for PQRS Survey project team. Please see the Oversight section of this manual for more information.*

### Supplemental Questions

For the 2015 reporting period, supplemental questions are **not** approved for data collection. However, CMS may consider approving the addition of supplemental questions in future survey administration.



## Retention and Storage of Data Collected By CATI

CAHPS for PQRS Survey data collected by CATI must be retained in a secure and environmentally controlled location for a minimum of three years.

## Quality Control Guidelines

Survey vendors must make every reasonable effort to ensure optimal phone response rates on the phone component of the survey administration and must ensure the quality of data collected by CATI.

## Interviewer Training

Interviewer training is essential to ensure that interviewers are following protocols and procedures and that survey data are collected accurately and efficiently. Properly trained interviewers are thoroughly familiar with the phone survey protocol and procedures, skilled in general interviewing techniques including enlisting cooperation, refusal avoidance and conversion techniques. Interviewers must follow the phone script verbatim, use nondirective probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. Phone interviewers must record the outcome of all calls or attempts made to reach a sampled beneficiary, the current status of all beneficiaries designated for phone follow-up, and responses to all questions.

*Note: If the survey vendor subcontracts with another firm to conduct phone interviews, then the survey vendor is responsible for attending/participating in the subcontractor's interviewer training to make sure the subcontractor complies with the protocols, procedures and guidelines established for the phone component of the CAHPS for PQRS Survey.*

## Phone Monitoring and Oversight

Phone interviewers must be adequately supervised and monitored throughout the phone data collection period to ensure they're following established protocols and procedures. Each survey vendor must put into place a phone monitoring and evaluation program during the phone component of the data collection protocol.

The monitoring and evaluation program must include, but is not limited to, these oversight activities:

- Survey vendors must randomly monitor a minimum of 10 percent of all interviews through silent monitoring of interviewers using the electronic phone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers, times of the day, and days of the week.
- Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor's interviewers, give the subcontractor feedback regarding interviewer performance, and make sure the subcontractor's interviewers correct any areas that need improvement
- If a survey vendor uses a subcontractor for phone interviewing, the subcontractor and survey vendor combined must silently monitor a minimum of 10 percent of all interviews

- Interviewers who consistently fail to follow the phone script verbatim, fail to employ proper probes, fail to remain objective and courteous, or who are difficult to understand or have difficulty in using the computer, must be identified and retrained or, if necessary, replaced

## Proxy Respondents

While beneficiaries are encouraged to respond directly to the mail or phone surveys, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family beneficiary or other proxy complete the survey for them. Sampled beneficiaries who are unable to respond to the phone interview must grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

## Incentives

CMS does not allow group practices or survey vendors to offer incentives of any kind to beneficiaries or caregivers.

## Confidentiality

Sampling procedures are designed so that participating group practices cannot identify beneficiaries selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of beneficiaries and may not give the group practice the names of beneficiaries selected for the survey or any other beneficiary information that could be used to identify an individual sampled beneficiary (either directly or indirectly).

## Survey Administration in Other Languages

All group practices must administer the survey in English with one exception: group practices operating in Puerto Rico must administer the survey in Spanish, offering English to beneficiaries who request it.

All sampled beneficiaries residing in Puerto Rico shall receive a Spanish-language pre-notification letter. The pre-notification letter will include the survey vendor's toll-free number that beneficiaries must call if they want an English version of the CAHPS for PQRS Survey. Otherwise, all sampled beneficiaries residing in Puerto Rico shall get a Spanish-language version of the CAHPS for PQRS Survey on first mailing and subsequent mailings, if needed. Sampled beneficiaries assigned to phone follow-up who reside in Puerto Rico shall be called by a Spanish or bilingual (Spanish and English) interviewer, and CATI programmed in Spanish shall be conducted with these sampled beneficiaries.

A group practice that serves a beneficiary population with a plurality of individuals who speak one of the six optional languages (Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese) has three options for implementing data collection in a language other than English.

- The group practice can give the survey vendor information on the language preferences of *all* Medicare beneficiaries seen by a provider within the group practice, but the survey vendor is prohibited from giving the group practice information on which beneficiaries have been sampled for survey administration. The survey vendor may use the group

practice's language preference information to mail survey packets in the preferred language. Survey vendors must conduct phone follow-up in the same languages.

- The group practice can contract with the survey vendor to conduct dual language survey mailings that include cover letters and surveys in English and one or more of the optional languages (double stuffing). Survey vendors must conduct phone follow-up in the same languages.
- The group practice can contract with the survey vendor to include an insert with the pre-notification and first survey mailing that contains instructions for the beneficiary to request a survey in the target, optional language. Survey vendors are required to conduct follow-up phone calls in the same languages.

### **Timing of PQRS Data Collection Efforts**

To avoid imposing on beneficiaries, we encourage group practices not to conduct other surveys of beneficiaries with Original Medicare, four weeks prior, during or four weeks after the CAHPS for PQRS Survey administration period of November 13, 2015 to February 3, 2016. Other CMS sponsored surveys are exempt from this guidance.



## VII. DATA CODING AND DATA PREPARATION

### Overview

The CAHPS for PQRS Survey uses standardized protocols for file specifications, coding, and data submission. Survey vendors will submit data files through the PQRS Data Warehouse.

This section contains information about preparing the CAHPS for PQRS Survey data files for submission, including information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys. Survey vendors will submit data files that contain the data for every group practice that has contracted with that survey vendor. If a survey vendor needs assistance with preparing data files for submission to the PQRS Data Warehouse, it should send an email message to the CAHPS for PQRS Survey data coordination team at [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org).

### File Encryption

Survey vendors are required to encrypt survey data files using PGP File Share software, distributed by Symantec, before submitting the files to the PQRS Data Warehouse. PGP File Share is a widely used, commercially available data encryption computer program that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP File Share license if they don't already have one. PGP File Share may be purchased online at <http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>. The CAHPS for PQRS data coordination team will give all survey vendors the PGP Public Key that must be used to encrypt survey data files before they are uploaded to the PQRS Data Warehouse. The PQRS data coordination team will place a copy of the Public Key in each survey vendor's folder. Encrypted sample files for each survey vendor will also be placed in each vendor's folder. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. The CAHPS for PQRS data coordination team will encrypt each survey vendor's sample files using the PGP Public Key provided by the survey vendor's data administrator. Data files submitted to the PQRS Data Warehouse that are not encrypted will be rejected and must be resubmitted.

### ASCII File Specifications

Survey vendors will use a flat ASCII file format to submit the survey data files. This format allows the survey vendor to submit all group practice's sampled beneficiary records in one file. Survey vendors are required to submit a record for all sampled beneficiaries included in the original sample file received by the survey vendor for a group practice. No substitutions for valid data element values are acceptable.

*Note: For details on the ASCII file record layouts for the CAHPS for PQRS Survey, see Appendix J.*

The survey data will contain one record for each sampled beneficiary. **Each record will consist of the Survey Status Section and the Beneficiary Survey Data Section.** The data record for each sampled beneficiary must have a completed survey status section.

### Survey Status Section

- The Survey Status Section contains the Unique Respondent Finder Number for the sampled beneficiary, Group Practice ID, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, and Survey Received/Completed date
- Each field of the Survey Status Section requires an entry for a valid data submission
- Use code “8 – Not Applicable” if appropriate (for example, survey mode when a mail survey that was not returned AND no phone number was obtained)
- Survey Status information must be submitted for all beneficiaries selected for the survey sample, including beneficiaries found to be ineligible
- A complete layout of the Survey Status Section can be found in Appendix J

### Beneficiary Survey Data Section

The second part of the data file is the Beneficiary Survey Data Section, which contains responses to the CAHPS for PQRS Survey from every beneficiary who completed, partially completed, or returned a blank or incomplete survey. If a Beneficiary Survey Data Section is being submitted for a given beneficiary, all response fields must have a valid value, which can include “M – Missing” or “88 – Not Applicable.”

It’s possible to select more than one response category in questions that ask the respondent to “Please choose one or more.”

- For the mail survey administration of the “race” question, enter all of the response categories that the respondent has selected
  - Where one or more race categories are marked and some of the race categories are left blank, code the categories left blank as “2” for “No”
  - If **no** race categories are selected, enter “M – Missing” for all categories
- For the CATI administration of the “race” question where the respondent answers “Yes” to one category, i.e. white, and refuses to answer the remaining response options, then this question would be coded 1, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99. If the respondent answers “Yes” to one category, i.e. white, and answers “No” to all the remaining response options, then this question would be coded 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2.

Appendix J also includes a description of the file layout for the Beneficiary Survey Data Section, including the valid codes for each data element as well as a description of the codes.

*Note: All CAHPS for PQRS Survey data files must contain a Survey Status Section for each beneficiary who was sampled from the group practice. The Beneficiary Survey Data Section is required for “final survey disposition of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned.” The Beneficiary Survey Data Section is blank for all other disposition codes.*

### Decision Rules and Coding Guidelines

The CAHPS for PQRS Survey decision rules and coding guidelines have been developed to address situations in which survey responses are ambiguous, missing or provided incorrectly, and to capture appropriate information for data submission. Survey vendors must use the following guidelines to ensure valid and consistent coding of these situations.

## Mail Surveys

To ensure uniformity in data coding, survey vendors must use the following decision rules to resolve common ambiguous situations when scanning or key-entering mail surveys:

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value of the item as “M – Missing”
- If a value is missing, code as “M – Missing.” Survey vendors must not impute a response.
- When more than one response option is marked, code the value as “M – Missing”
  - Exception: Several questions that have instructions to “mark one or more” (for example, questions on race and help received on the survey) may have multiple responses. For these questions, enter ALL responses that the respondent selected.
- When more than one response choice is marked and the beneficiary’s intent is obvious, select that obvious response

## CATI

When a respondent breaks off the interview and subsequent questions aren’t asked, then use “M – Missing” to code the unanswered questions.

## Survey Skip Patterns

There are several items in the CAHPS for PQRS Survey that certain beneficiaries can and should skip. These items form skip patterns.

Use the following decision rules to code beneficiary responses to skip pattern questions.

- Do not correct an answer to a screener question by imputing a response based on the beneficiary’s answers to the dependent questions. Enter the value provided by the beneficiary.
- For mail survey skip patterns
  - If the screener question is left blank, code it as “M – Missing.” In this scenario, code any appropriately skipped dependent questions as “M – Missing.” Do not impute responses based on how the beneficiary answers questions.
  - In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response given by the beneficiary in the data submission files. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. However, these questions are not counted toward the number of “applicable to all” (ATA) or summary measure items in the calculation to determine a complete or partially complete survey.
  - Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
- For CATI survey skip patterns
  - In instances where the beneficiary answers “I don’t know” or refuses to answer the screener question, use response option codes of “98 – Don’t Know” or “99 – Refused” respectively

- When answer options of “98 – Don’t Know” or “99 – Refused” are used for coding screener questions, the skip pattern should be programmed into the electronic phone interviewing system. The resulting associated dependent questions should be coded as “88 – Not Applicable.”
- Appropriately skipped dependent questions should be coded as “88 – Not Applicable”

*Note: For phone follow-up via CATI, skip patterns should be programmed into the electronic phone interviewing system. Coding may be done automatically by the phone interviewing system or later during data preparation.*

## Interim Data Coding Instructions

For beneficiary records where no mail survey was returned and no phone number was obtained, MODE for data submission should be coded as “8 – Not Applicable.”

In the mail survey, when no response is selected for any answer option for a multi-mark question, all answer options are coded as “M – Missing.” For multi-mark questions in phone interviews, the marked boxes are coded in accordance with the respondent’s choices and the corresponding codes in Appendix J.

When submitting the interim data submission file, if the survey vendor has obtained a completed survey or exhausted all attempts to do so, one of the final survey disposition codes, listed later in this chapter, should be used for the corresponding beneficiary survey. If any attempt to contact a beneficiary is planned after the interim submission (i.e., the survey vendor has not completed work on the survey), the survey vendor should use code “33” to indicate no response at the time of interim file submission.

When the survey vendor has exhausted all attempts to contact the beneficiary and the result is a non-deliverable mail piece for which a valid phone number was not obtained, the survey vendor should use code “35” to indicate unable to obtain a viable address and/or phone number for the beneficiary.

## Survey Completion Guidelines

A completed survey includes response items answered for at least one question from the twelve SSMs and *greater than or equal to* 50 percent ( $\geq 50\%$ ) of the ATA items.

A partially completed survey includes response items answered for at least one question from the twelve SSMs and *less than* 50 percent ( $< 50\%$ ) of the ATA items.

A blank or incomplete survey is a returned mail survey or initiated CATI interview that does not meet the threshold for partial complete. The survey has no response items answered from the twelve SSMs and has response items answered for *less than* 50 percent ( $< 50\%$ ) of the ATA items. A survey with this disposition may be blank or may contain data.

Refer to the “Final Survey Disposition Codes” table found later in this chapter for a list of survey disposition codes and specific information on when to assign each code.



See Appendix M for a list of the questions that make up the twelve SSMs and see Appendix L for ATA items in the survey.

Receipt of a completed or partially completed mail survey removes the need for the survey vendor to send additional mailings or make phone calls. Receipt of a blank or incomplete survey by mail does not eliminate the need for the survey vendor to follow up. Mailings and calls made after the receipt of a blank or incomplete survey must start “from scratch” —that is, the survey vendor will send another blank survey to the beneficiary or will attempt to complete the survey by phone from the beginning rather than attempting to fill in just the missing items from a previous partially completed survey.

If the survey vendor receives more than one completed survey, the *first* received completed survey is submitted. If exactly one completed survey is received, the completed survey is submitted. If more than one partially completed survey is received but no completed survey is received, data from the *first* received partially completed survey is submitted. If exactly one partially completed survey is received but no completed survey is received, the partially completed survey is submitted.

When a beneficiary responds by returning a survey but didn’t answer at least one question from the twelve SSMs, and in addition, follow-up phone attempts to reach the beneficiary to complete the survey were unsuccessful, the survey vendor should assign the record a final disposition code of “34 – Blank or Incomplete survey returned” in the final data file submitted to CMS through the PQRS Data Warehouse.

*Note: When submitting the data file, include all survey responses collected in this record.*

When calculating “percent complete” using Appendix L (Survey Items Applicable to All Respondents):

- The multi-answer race question counts as a single question no matter how many responses are chosen

*Note: Therefore, the multi-answer question contributes only 1 item to the total number of questions ATA respondents. This means the denominator for the “percent complete” calculation is also less than the total number of ATA items, to account for the multi-answer question.*

- When a question response option is coded “98 – Don’t Know” or “99 – Refused,” the response is treated as though it is a missing answer and not counted toward the “SSM” or “Survey Item Applicable to All Respondents.”

*Note: Dependent questions answered by a beneficiary as a result of not following the skip pattern correctly are not counted toward the number of ATA or summary measure items in the calculation to determine a complete or partially complete survey. However, these questions are coded with the response given by the beneficiary in the data submission files.*

A screener question that is left blank does not trigger a skip, so any subsequent responses to dependent questions should be counted. For example, if the options for Question 3 are:

- 1 – Yes
- 2 – No → If No, go to #5

and Question 3 is left blank and Question 4 has a valid response, then the answer to Question 4 should be included in the count of answered survey items.

### Survey Disposition Codes

Maintaining up-to-date survey disposition codes is a required part of the CAHPS for PQRS Survey administration process. Using the Unique Respondent Finder Number assigned to each beneficiary by the CAHPS for PQRS data coordination team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a survey or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection—that is, “Final Disposition Code”).

Survey vendors should use interim disposition codes only for internal tracking purposes and should not report such codes to CMS. However, survey vendors must include interim disposition codes with a crosswalk to final disposition codes in their QAP.

After the survey vendor completes data collection, each sampled beneficiary must be assigned a final survey disposition code from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If a beneficiary responds or completes or attempts to complete the survey, assign an appropriate code of 10, 31 or 34
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from 22, 24, 32, or 33, describing the reason
- If no viable contact information can be obtained for the beneficiary, assign code 35
- If a beneficiary is found to be institutionalized, assign code 11
- If the beneficiary is deceased, assign code 20
- If a beneficiary is found to be ineligible or excluded after the sample is drawn for any reason not listed above, the beneficiary should be assigned a final survey disposition code of “40 – Excluded from survey”
- Surveys assigned a code of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned” must contain the date the survey was received, the mode of survey administration and the language in which the survey was administered
- Surveys assigned a code of 11, 20, 22, 24, 32, 33, 35, 40 (that is, any final survey disposition code OTHER THAN 10, 31, or 34) don’t need to contain the date the survey was received

Final Survey Disposition Codes Table

Final Disposition	Code	Description	Criteria
Completed survey	10	A completed survey includes a response to at least one question in the 12 SSMs and $\geq 50\%$ of the ATA items	A completed survey includes a response for at least one question from the 12 SSMs and <i>greater than or equal to 50%</i> of the ATA items. Appropriately skipped questions don't count against the required 50 percent. There must be no evidence that the beneficiary is ineligible.
Partially completed survey	31	A partially completed survey includes a response to at least one question from the 12 SSMs and $< 50\%$ of the ATA items	A partially completed survey includes a response to at least one question from the 12 SSMs and <i>less than 50%</i> of the ATA items. There must be no evidence that the beneficiary is ineligible.
Institutionalized	11	Institutionalized	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.).
Deceased	20	Deceased	Deceased at the time of survey administration.
Language barrier	22	Unable to complete the survey in English and any offered optional language	Unable to complete the survey in English and any offered optional language.
Mentally or physically unable to respond	24	Mentally or physically unable to respond to either mail or phone portion of the survey	Mentally or physically unable to respond either to mail or phone portion of the survey.
Refusal	32	Refused to complete the survey	Refused to complete the survey.
Non-response	33	No response collected	No response collected either by mail or by phone when there is no indication of bad address or bad phone number.
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, no answers to any question from the 12 SSMs	Responded by mail or CATI, with no answers to any question from the 12 SSMs. There must be no evidence that the beneficiary is ineligible.
Bad address and/or Bad phone number	35	Unable to obtain a viable address or phone number for the beneficiary	Unable to obtain a viable address and/or phone number.
Excluded from survey	40	Was excluded from all survey processes	Beneficiary was determined to be ineligible after sample selection but before data collection was initiated (see sampling section of manual).

### Assigning Bad Address and/or Bad Phone Number Disposition Codes

The survey vendor assigns final survey disposition code “35 – Bad address and/or bad phone number” after all attempts to obtain a valid address and/or a valid phone number have been exhausted. Survey vendors must track attempts to obtain a correct mailing address and phone number for each beneficiary during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest it is not. If the survey vendor can’t show sufficient evidence that the contact information is not usable, the survey vendor must continue attempting to contact the beneficiary until the required number of attempts have been exhausted.

*Note: If the survey vendor is unsuccessful in obtaining a viable mailing address and/or phone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.*

For the *mail component* of survey administration, sufficient evidence that a beneficiary’s address isn’t viable includes:

- CMS provides an incomplete address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the beneficiary
- Mail is returned marked “Address Unknown”
- Mail is returned marked “Moved – No Forwarding Address”

For the *mail component* of survey administration, insufficient evidence that a beneficiary’s address is not viable includes:

- Address validation search does not result in an exact “match.” In this case, the survey vendor must attempt to send mail using the available address.

For the *phone component* of survey administration, sufficient evidence that a beneficiary’s phone number is not viable includes:

- The survey vendor is unable to obtain a phone number for the beneficiary
- The phone interviewer dials the beneficiary’s phone number and receives a message that the phone number is non-working or out of order, and no updated number is available
- The phone interviewer dials the beneficiary’s phone number, speaks to a person, and is informed that he/she has the wrong phone number

For the *phone component* of survey administration, insufficient evidence that a beneficiary’s phone number is not viable includes:

- The survey vendor hears a busy signal every time a phone attempt is made

## VIII. DATA SUBMISSION

### Overview

This section contains information about preparing and submitting survey data files to the CAHPS for PQRS Survey data coordination team, including the survey vendor authorization process, the survey vendor data submission registration process, and the data submission process itself (through the PQRS Data Warehouse). The CAHPS for PQRS Survey will use a standardized protocol for preparation and submission of all data. If you encounter any problems when submitting data to the PQRS Data Warehouse, contact the CAHPS for PQRS Survey data coordination team by email at [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org).

### Data Submission Process

The CAHPS for PQRS Survey data coordination team has developed a secure PQRS Data Warehouse hosted by the RAND Corporation. This PQRS Data Warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2015 CAHPS for PQRS Survey and to submit survey data to CMS. Except for the purchase of PGP File Share license for file encryption, survey vendors don't need to install special software or need a licensing fee to submit data through the PQRS Data Warehouse. The PQRS Data Warehouse interface is user-friendly and requires minimal training.

### Data File Submission Dates

Survey vendors are required to submit an interim data file by 11:59 PM Eastern Time December 11, 2015 and the final survey data file by 11:59 PM Eastern Time on February 12, 2016. Submitting an interim data file gives survey vendors an opportunity to test the data submission process before they have to submit the final data file. Survey vendors are required to provide a replacement data submission to correct any data file errors/problems.

*Note: Survey vendors may begin to submit interim data on December 9, 2015; however, a correct, error-free interim data file must be submitted by the December 11, 2015 deadline.*

### Survey Vendor Authorization Process

Group practices must submit documentation to the CAHPS for PQRS Survey data coordination team authorizing survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Upon receipt of the Survey Vendor Authorization Form (see Appendix B), the CAHPS for PQRS data coordination team will verify contact information at both the group practice and survey vendor level.

### Preparation for Data Submission

As mentioned earlier in this manual, each survey vendor participating in the CAHPS for PQRS Survey is required to designate a primary data administrator within their organization. This person is responsible for retrieving (downloading) the sample file for the group practice the survey vendor has contracted with and for submitting survey data (uploading) to the PQRS Data Warehouse on behalf of the group practice. In addition to a primary data administrator, each survey vendor must designate a second person within the organization to act as a backup data administrator. The backup data administrator will also have access to the PQRS Data Warehouse. The primary data administrator will be the main point of contact between the CAHPS for PQRS

Survey data coordination team and the survey vendor regarding issues related to downloading or uploading files to/from the PQRS Data Warehouse. In addition, the data administrator is primarily responsible for making sure the survey vendor follows procedures for preparing and submitting survey data according to CMS' requirements as outlined in this manual. The survey vendor must notify the CAHPS for PQRS Survey data coordination team of any personnel changes to the survey vendor's data administrator role. A new data administrator will be required to create a new password for the survey vendor's PQRS Data Warehouse account.

Each survey vendor's data administrator, as well as the backup data administrator and the project manager, will be required to register with the CAHPS for PQRS Survey data coordination team by completing a Vendor Access to PQRS Data Warehouse Form (see Appendix D) and emailing it to the data coordination team at [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org). Once the data coordination team has verified the information on the Vendor Access to PQRS Data Warehouse Form and confirmed that a survey vendor has been authorized by one or more group practices to submit data on their behalf, the survey vendor's primary and backup data administrators will be granted write access to the PQRS Data Warehouse (created by the CAHPS for PQRS Survey data coordination team) and the vendor project manager will be granted read only access to the PQRS Data Warehouse. The data coordination team will copy the data administrator, backup data administrator and the project manager on all email communications related to the PQRS Data Warehouse or data submission. Vendors must email a completed Vendor Access to PQRS Data Warehouse Form no later than September 8, 2015.

## Survey File Submission Naming Convention

When submitting CAHPS for PQRS Survey data files, survey vendors must use the following file naming convention:

Vendorname.submissionN.mmddyy.txt.pgp

Where:

- N = number of the submission sent in that day—for example, “1” for first file, “2” for second, “3” for third, etc.. N can be any number of characters. *If more than one submission is made on the same day this number should be different for each submitted file.*
- mm = number of month of submission (justify leading zero)
- dd = day of the month of submission (justify leading zero)
- yy = 2 digit year of submission

Example: XYZResearch.submission1.021216.txt.pgp

*Notes:*

1. Survey vendors should submit all records for all group practices in a single file.
2. Files should include a record for every beneficiary present in the sample file the survey vendor received. For interim data submission, if the survey vendor has not yet obtained a completed survey for a beneficiary, that beneficiary record shall be assigned the disposition code “33.”
3. Survey vendors need to accept an email invitation (described below) to access the PQRS Data Warehouse before the interim data submission period. Survey vendors can send an email to [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org) if they have any questions about how to do this or need assistance in updating passwords.

## Password Authentication

Upon successful authentication of the survey vendor’s username and password, survey vendors will have access to their organization’s designated folder in the PQRS Data Warehouse. Survey vendors will be given instructions for re-authenticating their password, including the requirements and recommended guidelines for creating a password:

- Passwords must be at least seven (7) characters in length
- Passwords must contain at least one character from three (3) of the five (5) classes of characters
  - Uppercase letters
  - Lowercase letters
  - Digits
  - Punctuation
  - Symbols

## Organization of the PQRS Data Warehouse

Sample files and uploaded data files are stored in a secure PQRS Data Warehouse at the RAND Corporation. Each survey vendor will have its own folder in the PQRS Data Warehouse and won’t be able to see, locate, or access another survey vendor’s folder.

## File Encryption

All survey vendors must adhere to file format specifications and encrypt survey data files using PGP File Share software (<http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>) prior to submitting files to the PQRS Data Warehouse. The CAHPS for PQRS Survey data coordination team will give all survey vendors the PGP Public Key that must be used to encrypt survey data files before they are uploaded to the PQRS Data Warehouse. The data coordination team will place a copy of the Public Key in each survey vendor’s folder. Encrypted sample files for each survey vendor will also be placed in each vendor’s folder. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. The data coordination team will encrypt each survey vendor’s sample files using the PGP Public Key provided by the survey vendor’s data administrator. Survey vendors are cautioned to make certain they export only their Public Key before posting it to their folder. Do not share the associated **private** key.

Any file uploaded to the survey vendor's folder that doesn't have the ".pgp" extension, indicating the prescribed PGP encryption, will be quarantined and automatically deleted. An automated email will be sent to the survey vendor's data administrator, backup data administrator and project manager, informing them they have uploaded a file that does not comply with the established naming standards. Therefore, the file won't be processed and will need to be resubmitted correctly. The CAHPS for PQRS Survey data coordination team will also be notified by automated email that the event occurred. We require this file encryption as a redundant security precaution.

## Survey Vendor Instructions for Accessing the PQRS Data Warehouse

1. Once the survey vendor's data administrator has completed Vendor Access to PQRS Data Warehouse Form, the data administrator will receive an email from The RAND Corporation with an invitation to the PQRS Data Warehouse. This mail will contain a link that will allow you to login to the PQRS Data Warehouse.
2. The survey vendor's data administrator will be prompted for his/her user ID and a password
3. On the first login only, the survey vendor's data administrator will be presented with a page to change his or her password
4. Once the password has been updated, the survey vendor data administrator will be transferred to the File Manager tab of the PQRS Data Warehouse
5. Selecting the folder name link in the File Manager tab will allow the user to Download and Add Files.

*Note: A copy of the instructions for survey vendors on accessing the PQRS Data Warehouse can be found in Appendix H.*

## Data Auditing and Validation Checks

The CAHPS for PQRS Survey data coordination team will audit data files as they're submitted by survey vendors for compliance with the file specifications outlined in the section on data coding and data preparation in this manual.

The data audit process involves various checks of the survey data submitted by survey vendors. The first check will be integrated into the PQRS Data Warehouse. It involves testing for the appropriate file extension .pgp, to indicate that a survey file has been encrypted. As mentioned above, any file uploaded to the PQRS Data Warehouse that doesn't have the ".pgp" extension will be automatically deleted. In such instances, an automated email will be sent to the survey vendor's data administrator, backup data administrator and project manager, informing them they've uploaded a file that doesn't comply with the established naming standards that the file won't be processed, and therefore they need to resubmit the file correctly.

Properly encrypted files will receive additional edit checks on submitted data files, including:

- Morphological tests (logical record lengths, appropriate character set, naming conventions, etc.)
- Checks for the presence of required data fields
- Range checks



The survey vendor's data administrator, backup data administrator and project manager will receive a second email that contains the full detail of the edit check report by 8:00 PM Eastern Time on the next business day after submission. If the submitted data file fails the edit checks described above, the email notification to survey vendors will indicate that they're required to resubmit a corrected survey data file and will include details of the discrepancies found during the edit checking. Survey vendors are responsible for submitting a corrected file by the submission deadline. If the data file they submitted passes the edit checks, the email notification will indicate that no additional action is required and will include a summary of the submitted data file for survey vendor verification. Data files not received and accepted before 11:59 PM Eastern Time on the deadline date won't be included in the results that are scored and reported. Therefore, it's essential that survey vendors submit acceptable data files before the data submission deadline.



## IX. DATA ANALYSIS AND PUBLIC REPORTING

### Overview

This section describes the public reporting of the 2015 CAHPS for PQRS Survey results on the Physician Compare website ([www.medicare.gov](http://www.medicare.gov)), reports prepared for the group practices and the data analysis of the CAHPS for PQRS Survey conducted by CMS. It also provides a discussion of data analyses that survey vendors may conduct for their group practice clients. Survey results for the CAHPS for PQRS Survey for the 2015 reporting period will be available to group practices by October 2016.

### Reporting

#### Reporting of CAHPS for PQRS Survey Data

Per the 2014 Physician Fee Schedule final rule (78 FR 74452), the twelve CAHPS for PQRS SSMs are available for public reporting on Physician Compare beginning with the 2014 CAHPS for PQRS Survey. Although all twelve measures are available for public reporting, only 11 of the 12 will be included on the website. Eleven of the twelve SSMs will be included in the patient experience aspect of a practice's total quality score for the value-based payment modifier. Public reporting of the survey results is designed to create incentives for group practices to improve their quality of care and also serves to enhance public accountability in healthcare by increasing the transparency of the quality of care provided by group practices serving Medicare beneficiaries. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions. Additionally, public reporting of results enables Medicare beneficiaries to make objective and meaningful comparisons among medical group practices on areas of care that patients have identified as being important to them.

#### Reporting of CAHPS Data to PQRS

CMS gives each group practice a detailed report that summarizes each practice's survey results and compares the practices' scores to average scores from all participating group practices.

In addition to including individual items and SSMs, the reports include a response rate for the organization. The response rate calculation includes completed and partially completed surveys in the numerator, and excludes from the denominator sample cases with a final disposition of Institutionalized (code 11), Deceased (code 20), Excluded from survey (code 40), and Mentally or physically unable to respond (code 24).

CAHPS data are organized and displayed within the report according to their different purposes. The report to group practices includes the scores for the twelve (12) SSMs.

#### Summary Survey Measures:

- Getting Timely Care, Appointments, and Information
- How Well Your Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion and Education
- Shared Decision Making

- Health Status and Functional Status
- Courteous and Helpful Office Staff
- Care Coordination
- Between Visits Communication
- Helping you to Take Medication as Directed
- Stewardship of Patient Resources

The SSMs are reported using a 0-100 scale. The individual survey items within each SSM are case-mix adjusted, appropriately weighted based on sample design, and linearly transformed to a 0-100 scale for scoring.

## **CMS Analysis of CAHPS for PQRS Survey Data**

### **Final Analysis Dataset**

The final analysis dataset will include all completed and partially completed surveys.

### **Use of SSMs**

When a survey covers many topics, a report that simply lists the answers to every question can be overwhelming to readers. To keep survey reports shorter and more comprehensible without sacrificing important information, we combine answers to questions related to the same topic to form SSMs. The items in a SSM are typically given equal weight in calculating the SSM score. The only exception is for the percent of beneficiaries without a chronic condition. Beneficiaries were counted as not having a chronic condition if they reported that they had NOT seen a provider three or more times in the past 12 months for a condition lasting at least three months or that they had seen a provider at least three times in the past 12 months for such a condition but did NOT take medicine to treat that condition. All SSMs were transformed linearly to a 0-100 possible range, as were more specific (subsidiary) measures and individual questions.

### **Reliability**

Reliability is assessed for each question and SSM. Reliability may be interpreted as the fraction of variation in practice mean scores that is attributable to actual differences among practices (“signal”) rather than sampling variability (“noise”). In other words, reliability summarizes the extent to which variation in patient experience responses reflect true differences between organizations. Thus reliability close to 1 indicates that sampling variability is negligible, while reliability close to 0 means that we are unable to detect any true variation among practices and differences in the data are only random error. Questions and summary measures for which reliability is between 0.60 and 0.75 are considered to have low reliability. Questions and summary measures for which reliability is less than 0.60 are considered to have very low reliability.

Reliability of the estimates is affected by a number of other factors including the fraction of the practice’s respondents who are eligible to answer an item based on their experiences, the variability of responses within the practice, and the amount by which practices differ from each other nationally on that measure.

*Note: Scores with very low reliability will not be publicly reported on the Physician Compare website*

## Case-Mix Adjustment and Weighting

Certain respondent characteristics, such as age and education, aren't under the control of the organization, but are related to the sampled beneficiary's survey responses. To make sure comparisons between organizations reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing organizations.

In general, individuals who are older, those with less education, and those in better overall and mental health give more positive ratings and reports of care. The case-mix model used for analyzing CAHPS for PQRS Survey data includes these four self-reported characteristics, together with indicators of Medicaid dual eligibility/eligibility for low-income subsidy status, Asian language of survey completion (Cantonese/Korean/Mandarin/Vietnamese), and information indicating whether another person helped the respondent complete the survey. Although proxy reporting contributes weakly to differences in organization means, it's been retained as an adjustor to address concerns occasionally voiced about the effects of proxy responses on scores.

Case-mix adjustment is implemented via linear regression models predicting CAHPS measures from case-mix adjustors and organization indicators. In these models, missing case-mix adjustors are imputed as the organization mean. Adjusted means represent the mean that would be obtained for a given organization if the average of the case-mix variables for that organization were equal to the national average across all participating organizations.<sup>2</sup>

Beneficiaries were sampled for the survey such that one quarter of the sample represented beneficiaries with high utilization of services. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's beneficiaries.

*Note: The case-mix adjustors referenced above are current as of the time of printing.*

## Scoring the Survey

Survey responses for individual survey items are case-mix adjusted, weighted, and linearly transformed to a 0-100 scale prior to performance evaluation. The following approach is used to compare practice-level SSM scores to the national PQRS participating group score averages. First, each SSM mean on the 0-100 scale is converted to a standardized score based on a national weighted mean and weighted standard deviation<sup>3</sup>. Next, eleven of the twelve practice-level standardized SSM scores are then averaged to obtain an overall estimate of practice performance. Note that the Health Status and Functional Status SSM does not contribute to the overall standardized score. Finally, tests of statistical significance and assessments of the magnitude of the difference between each practice's overall score and the national mean form the basis for the patient experience contribution to the value-based payment modifier.

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<sup>2</sup> Consequently, the national mean across organization means for any rating or report is unchanged by case-mix adjustment.

<sup>3</sup> National SSM means and standard deviations are weighted by the number of responses each practice contributes

## Survey Vendor Analysis of CAHPS for PQRS Survey Data

CMS-calculated results for the CAHPS for PQRS Survey are the official survey results. CMS will continue to provide organizations with reports that contain information that can be used for quality improvement purposes. However, a survey vendor may analyze the survey data in order to provide organizations with additional information that organizations can use for quality improvement purposes, as long as **cell sizes are not too small (fewer than 11 observations)**. Survey vendors should ensure that the group practice clearly recognize that these survey vendor analyses are **not** official survey results and should **only** be used for quality improvement purposes.

Survey vendors may provide group practices with preliminary survey data that the survey vendor develops specifically for the practice **as long as the vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations**.

- No information based on fewer than 11 sampled members can be released, meaning no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms
- No number smaller than 11 should appear in any material provided to your client
  - For example, if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed, even if 11 or more responses were received for the corresponding question as a whole

As with all vendor analyses, the survey vendor scores may differ slightly from the official CMS results. **All reports provided to the group practices must include a statement that vendor results are unofficial and are for practices' internal quality improvement purposes only.** Survey vendors and practices must keep in mind that the sample design for CAHPS for PQRS Survey is not designed for analysis at the provider-level.

In addition, survey vendors can't provide practices with beneficiary-level datasets, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents.

## X. OVERSIGHT

### Overview

The CMS-sponsored CAHPS for PQRS Survey project team conducts oversight of participating survey vendors to ensure compliance with CAHPS for PQRS Survey protocols. This section describes the oversight activities for the CAHPS for PQRS Survey. All materials and procedures relevant to survey administration are subject to review. **By signing the CAHPS for PQRS Survey Participation Form, you are signifying that you agree with all of the Rules of Participation, including all CAHPS for PQRS Survey oversight activities.**

### Survey Vendor Oversight Activities

All survey vendors that participate in the CAHPS for PQRS Survey are required to take part in all oversight activities, which include but aren't limited to:

➤ CAHPS for PQRS Survey Quality Assurance Plan (QAP)

The CAHPS for PQRS Survey QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors for documenting their current administration of the survey and compliance with the CAHPS for PQRS Survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The CAHPS for PQRS Survey project team will review each QAP to make sure the survey vendor's stated processes are compliant with CAHPS for PQRS Survey protocols. In addition, survey vendors are required to submit materials relevant to the CAHPS for PQRS Survey administration, including mailing materials (e.g., envelopes, cover letters and surveys), phone script, tracking of key events, and documentation that quality control procedures are conducted. After the first year of survey administration, survey vendors are also required to submit a summary of the results from previous survey administration quality control activities and any corrective action plan(s) implemented. CMS may also request additional survey-related materials for review as needed.

*Note: While all survey vendors will be required to submit a QAP, only survey vendors with clients will be required to submit CAHPS for PQRS Survey materials.*

➤ Analysis of Submitted Data

The CAHPS for PQRS Survey data coordination team will review all survey data that survey vendors submit to the PQRS Data Warehouse. This review will include, but isn't limited to: statistical and comparative analyses, preparation of data for reporting, and other activities as required by CMS. If data anomalies are found, the CAHPS for PQRS Survey project team will follow-up with the survey vendor.

➤ Site Visits/Conference Calls

All survey vendors (and their subcontractors, as applicable) are required to participate in site visits and conference calls conducted by the CAHPS for PQRS Survey project team. The site visits allow the CAHPS for PQRS Survey project team to review and observe systems, procedures, facilities, resources, and documentation used to administer the

CAHPS for PQRS Survey. The conference calls allow the CAHPS for PQRS Survey project team to discuss issues with the survey vendor related to administering the CAHPS for PQRS Survey.

*Note: If the site visit, conference call, or any other oversight activity conducted by the CAHPS for PQRS Survey project team suggests that actual survey processes differ from CAHPS for PQRS Survey protocols, immediate corrective actions may be required and sanctions may be applied.*

➤ Additional Activities

Additional activities as specified by CMS may be conducted in addition to the above.

## CAHPS for PQRS Survey Quality Assurance Plan

Survey vendors approved to administer the CAHPS for PQRS Survey are required to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the CAHPS for PQRS Survey protocols.

The main purposes of the QAP are to:

- Provide documentation of survey vendors' understanding, application and compliance with the *CAHPS for PQRS Survey Quality Assurance Guidelines*. The QAP must address the following components:
  - Organizational background and structure for project
  - Work plan for survey administration
  - Survey and data management system
    - Detailed description of the process for updating beneficiary addresses and phone numbers
  - Quality controls
  - Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  - Description of quality control activities, including a summary of the results from previous survey administration quality control activities and any corrective action plan(s) implemented
  - CAHPS for PQRS Survey materials
- Serve as the organization-specific guide for administering the CAHPS for PQRS Survey, training project staff to conduct the survey, and conducting quality control and oversight activities. **The QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations.**
- Ensure high quality data collection and continuity in survey processes

The survey vendor must submit the QAP by the date announced during the CAHPS for PQRS Survey training session. The date will be posted on the CAHPS for PQRS Survey website following training. You can find a Model QAP in Appendix E. We expect survey vendors to use the Model QAP as a template for developing and updating their own QAP. You can also download the Model QAP from the CAHPS for PQRS Survey website, [www.pqrscahps.org](http://www.pqrscahps.org).



Along with the QAP, survey vendors may be required to submit other materials relevant to the CAHPS for PQRS Survey administration. The CAHPS for PQRS Survey project team's acceptance of a QAP submission does not constitute or imply approval or endorsement of the survey vendor's CAHPS for PQRS Survey processes. The site visit and other oversight activities are used to examine, verify and accept the actual processes by which the CAHPS for PQRS Survey is administered.

### **Analysis of Submitted Data**

The CAHPS for PQRS Survey data coordination team will review and analyze all submitted survey data to ensure the integrity of the data. If the team identifies significant issues, it may contact the survey vendor. Survey vendors must adhere to all submission requirements as specified in the *CAHPS for PQRS Survey Quality Assurance Guidelines*, and those periodically posted on the CAHPS for PQRS Survey website. Please check the CAHPS for PQRS Survey website on a regular basis for additional data submission information and updates.

### **Site Visits/Conference Calls**

The CAHPS for PQRS Survey project team will conduct site visits and conference calls with survey vendors to ensure compliance with the CAHPS for PQRS Survey requirements. The size and composition of the review team may vary. Site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

The CAHPS for PQRS Survey project team will conduct its site reviews in the presence of the survey vendor's staff, and a confidentiality agreement will be signed by all parties at the start of the site visit. The CAHPS for PQRS Survey project team will coordinate with survey vendor staff to cover agenda items presented in advance to the survey vendor. The CAHPS for PQRS Survey project team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. *Survey vendors must make their subcontractors available to participate in the site visits and conference calls as needed.*

In addition to other activities, the CAHPS for PQRS Survey project team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The CAHPS for PQRS Survey project team will review specific data records and trace the documentation of activities from the receipt of the sample through the uploading of the data. The site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the site visit review will remain confidential, as per CMS guidelines.

During the site visit and/or conference call, the CAHPS for PQRS Survey project team will review the survey vendor's survey systems and will assess protocols based upon the *CAHPS for PQRS Survey Quality Assurance Guidelines*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but isn't necessarily limited to:

- Survey management
- Data systems
- Printed materials

- Printing, mailing and other related facilities
- Phone materials, interview areas and other related facilities
- Data receipt and entry
- Response rates
- Data storage facilities
- Written documentation of survey processes
- Specific and/or randomly selected records

After the site visit, the CAHPS for PQRS Survey project team will give the survey vendor a summary of findings from the site review, and may include follow-up questions and/or request additional information.

After the site visit or conference call, organizations will be given a defined time period to correct any problems, if identified, and provide follow-up documentation of corrections for review. Survey vendors will be subject to follow-up site visits and conference calls, as needed.

### **Non-compliance and Sanctions**

Non-compliance with CAHPS for PQRS Survey protocols, including program requirements, successful completion of all required training activities, annual timely submission of the QAP, and participation and cooperation in oversight activities, may result in sanctions being applied to a survey vendor, including:

- Loss of approved status to administer the CAHPS for PQRS Survey
- Increased oversight activities
- Adjustment to survey scores, as needed
- Refusal to accept survey data for scoring and analysis
- Other sanctions as deemed appropriate by CMS

## XI. DISCREPANCY REPORTS

### Overview

This section describes how to notify the CAHPS for PQRS Survey project team of discrepancies that occurred during survey data collection or submission.

Survey vendors are required to notify the CAHPS for PQRS Survey project team of any discrepancies or variations in following standard CAHPS for PQRS Survey protocols that have occurred during survey administration. Survey vendors **must** notify the CAHPS for PQRS Survey Project Team as soon as the discrepancy is identified. The Discrepancy Report Form must be submitted within one business day of the survey vendor becoming aware of a discrepancy, regardless of whether the root cause, scope of issue or a resolution has been identified. The date the discrepancy was discovered must be clearly identified on the form.

### Discrepancy Report Process

On occasion, a survey vendor may identify discrepancies from CAHPS for PQRS Survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with CAHPS for PQRS Survey protocols. Survey vendors are required to notify CMS of these discrepancies as soon as they are identified. In its oversight role, the CAHPS for PQRS Survey project team may also identify discrepancies that require correction.

- **Survey vendors are required to complete and submit an initial Discrepancy Report to formally notify CMS within one business day after the discrepancy has been discovered.** The survey vendor must submit the discrepancy report form (Appendix K) online through the CAHPS for PQRS Survey website at [www.pqrscahps.org](http://www.pqrscahps.org). This report notifies the CAHPS for PQRS Survey Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy, to the extent this information is immediately available.
  - All form fields must be completed to the extent this information is available
    - For information not immediately available, complete required form fields with “to be updated”
  - If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information
    - Discrepancy Report updates are due with one week of the initial Discrepancy Report submission
  - The survey vendor must include the group practice ID number on the form.

### Discrepancy Report Review Process

CMS and the CAHPS for PQRS Survey project team will review the discrepancy report, and they will make a determination of the actual or potential impact of the discrepancy on reported results. Depending on the nature and extent of the discrepancy, the project team may undertake a formal review of the survey vendor’s procedures and/or conduct an on-site visit or conference call. The project team will notify the survey vendor if additional information must be submitted to document and correct the issue. The project team will notify the survey vendor once the outcome of the review has been determined.



## **Appendix A**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **Minimum Survey Vendor Business Requirements**

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## Appendix A

### CAHPS for Physician Quality Reporting System (PQRS) Survey Minimum Survey Vendor Business Requirements

Applicant Organizations (Vendor and Subcontractors) must currently possess all required facilities and systems to implement the CAHPS for PQRS Survey. Subcontractors will be subject to the same requirements as the applicant Vendor. Organizations that are approved to administer the CAHPS for PQRS Survey must conduct all their business operations within the United States. This requirement applies to all staff and subcontractors.

Purpose: any interested survey vendor is required to possess the following minimum business requirements to ensure that all participating survey vendors are capable of administering the CAHPS for PQRS Survey in an unbiased and competent manner. At a minimum, this includes basic quality assurance and control systems and activities.

<b>Criteria</b>	
<b>Relevant Organizational Survey Experience</b>	
Relevant Survey Experience	<ul style="list-style-type: none"> <li>• Demonstrated experience (minimum of 3 years) in Mixed-Mode of administration that includes a combination of mail and telephone follow-up. The 3 years Mixed-Mode experience must be fulfilled by the applicant vendor and not its subcontractor.</li> <li>• Demonstrated experience (minimum of 2 years) with patient-specific experience of care surveys, surveying vulnerable populations, and experience in a health care setting</li> <li>• Demonstrated experience (minimum of 2 years) conducting surveys of the Medicare population</li> <li>• Demonstrated experience in implementing a statistical sampling process</li> <li>• Demonstrated experience in implementing HIPAA and other data security requirements</li> </ul>
Number of Years in Business	<ul style="list-style-type: none"> <li>• Minimum of 3 years</li> </ul>
Number of Years Conducting CAHPS Surveys	<ul style="list-style-type: none"> <li>• Minimum of 2 years conducting CAHPS surveys of individuals</li> </ul>

<b>Criteria</b>	
<b>Survey Capability and Capacity</b>	
Personnel	<p>Designate key CAHPS for PQRS Survey personnel:</p> <ul style="list-style-type: none"> <li>• Project Manager with 2 years of mode-specific relevant survey experience</li> <li>• Information Systems Specialist(s) and Computer Programmer(s)/Developer(s) with experience receiving large encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization</li> <li>• Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum 1 year prior experience in role</li> <li>• Have organizational back-up staff for coverage of key staff</li> <li>• Volunteers are not permitted to be involved in any aspect of the CAHPS for PQRS Survey administration process</li> </ul>
Facilities and Systems (all administration modes)	<p>Has the following:</p> <ul style="list-style-type: none"> <li>• Physical facilities and electronic equipment and software to collect, process and report data securely</li> <li>• A secure commercial office/facility in which all survey activities are conducted</li> <li>• Facilities and processes to protect the confidentiality of personally identifiable information and patient response data (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building)</li> <li>• Systems needed to protect the confidentiality of personally identifiable information AND survey data received from patients. (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection)</li> <li>• Computers and other equipment needed for survey implementation</li> <li>• Systems and ability to receive electronic sample files containing patient-level data (the sample) needed to administer the survey</li> <li>• Electronic survey management system to track fielded surveys</li> <li>• All System Resources are subject to oversight activities, including site visits to physical locations</li> </ul>
Experience with Multiple Survey Languages	<p>Must have:</p> <ul style="list-style-type: none"> <li>• Prior experience required in conducting survey administration in both English AND one of the following languages: <ul style="list-style-type: none"> <li>○ Spanish</li> <li>○ Cantonese</li> <li>○ Mandarin</li> <li>○ Korean</li> <li>○ Russian</li> <li>○ Vietnamese</li> </ul> </li> </ul>



<b>Criteria</b>	
Mixed-Mode Survey Administration	<p>Must have capability to adhere to the following Mixed-Mode survey administration requirements:</p> <ul style="list-style-type: none"> <li>• Mail – Must have capability to: <ul style="list-style-type: none"> <li>○ Verify addresses of sampled patients</li> <li>○ Print according to formatting guidelines professional-quality survey instruments and materials</li> <li>○ Merge and print sample name and address on personalized mail survey cover letters and print their unique sample identification number and PQRS provider name associated with each sampled beneficiary on the mail surveys</li> <li>○ Receive and process (key entry or scanning) completed mail surveys received</li> <li>○ Track and identify non-respondents for follow-up mailing</li> <li>○ Assign final status codes to describe the final result of work on each sampled case</li> <li>○ Track cases from mail survey through telephone follow-up activities</li> </ul> </li> <li>• Telephone <ul style="list-style-type: none"> <li>○ Must have the equipment, software and facilities to conduct interviews using computer assisted technology for interviewing (e.g., CATI) and to monitor interviewers</li> <li>○ Must have capability to: <ul style="list-style-type: none"> <li>▪ Verify telephone numbers</li> <li>▪ Develop computer programs for electronically administering the survey</li> <li>▪ Collect data using computer assisted technology for interviewing (e.g., CATI)</li> <li>▪ Schedule call backs to non-respondents at varying times of the day/week</li> <li>▪ Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases</li> </ul> </li> <li>○ Accommodate inquiries in all languages the survey was administered in</li> </ul> </li> <li>• Mail Survey administration and telephone interviews are not to be conducted from a residence, nor from a virtual office</li> </ul>

<b>Criteria</b>	
Data Processing and File Submission	<p>Must have capability to:</p> <ul style="list-style-type: none"> <li>• Scan or key data from completed mail surveys</li> <li>• Develop data files and edit and clean data according to standard protocols</li> <li>• Follow all data cleaning and data submission rules, including verifying that data files are de-identified and contain no duplicate cases</li> <li>• Export data from the electronic data collection system into the specified ASCII format, confirm that the data were exported correctly and that the ASCII files are formatted correctly and contain the correct data headers and data records</li> <li>• Encrypt data files for transmission per specifications</li> <li>• Submit data electronically in the specified format (ASCII) to the CAHPS for PQRS Survey secured website</li> <li>• Work with CMS' contractor to resolve data problems and data submission problems</li> </ul>
Data Security	<ul style="list-style-type: none"> <li>• Execute business associate agreement with the Group Practice and receive annual authorization from the Group Practice to collect data on their behalf and submit to CMS</li> <li>• Store returned paper surveys in a secure and environmentally safe location (e.g., locked file cabinet, room, or building)</li> <li>• Utilize firewalls and/or other mechanisms to protect electronic files</li> <li>• Employ electronic security via implementation of access levels and passwords</li> <li>• Implement daily data back-up procedures that safeguard system data</li> <li>• Utilize required encryption protocols for transmitting data files</li> <li>• Develop procedures for identifying and handling breaches of confidential data</li> <li>• Data custodian must be accountable for all data security for data collection as specified in the Data Use Agreement with CMS</li> </ul>
Data Retention	<ul style="list-style-type: none"> <li>• Retain all data files for a minimum of 3 years</li> </ul>
Confidentiality	<ul style="list-style-type: none"> <li>• Include content regarding confidentiality and disclosure that is HIPAA compliant in the Quality Assurance Plan</li> <li>• Store CAHPS for PQRS Survey data files (paper or electronic) securely and confidentially in accordance with requirements specified in the Quality Assurance Guidelines</li> </ul>
Customer Support	<ul style="list-style-type: none"> <li>• Provide toll-free customer support telephone lines with live operator during regular business hours (to be established from the time of the pre-notification letter through the end of data collection) <ul style="list-style-type: none"> <li>○ Customer support must be offered in all languages that the survey vendor administers the survey in</li> <li>○ Respond to calls within 24-48 hours</li> </ul> </li> </ul>

<b>Criteria</b>	
<b>Adherence to Quality Assurance Guidelines and Participation in QA Activities</b>	
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> <li>• Demonstrated ability to incorporate well-documented quality control procedures (as applicable) for:               <ul style="list-style-type: none"> <li>○ In-house training of staff involved in survey operations                   <ul style="list-style-type: none"> <li>▪ Printing, mailing and recording of receipt of mail surveys</li> </ul> </li> <li>○ Telephone administration of survey (electronic telephone interviewing system)                   <ul style="list-style-type: none"> <li>▪ Coding and editing of survey data and survey-related materials</li> </ul> </li> <li>○ Scanning or keying in survey data</li> <li>○ Preparing final person-level data files for submission</li> <li>○ All other functions and processes that affect the administration of the CAHPS for PQRS Survey</li> </ul> </li> <li>• Participate in any conference calls and mandatory site visits requested by the Oversight Team as part of overall quality monitoring activities</li> <li>• Develop and submit annual Quality Assurance Plans by a due date CMS specifies</li> </ul>
<b>Documentation Requirements</b>	
	<p>Must provide documentation as requested for site visits and conference calls, including but not limited to: staff training records, telephone interviewer monitoring records, and file construction documentation.</p> <p>Must have capability to:</p> <ul style="list-style-type: none"> <li>• Keep electronic or hard copy files of individuals trained, and training dates</li> <li>• Maintain electronic or hard copy records of interviewers monitored (for telephone administration)</li> <li>• Maintain electronic or hard copy records of mailing dates</li> <li>• Maintain other documentation necessary to allow the CAHPS for PQRS Survey Oversight Team to review survey protocol implementation during site visits</li> <li>• Maintain documentation of actions required (and taken) as a result of any decisions made during site visits by the Oversight Team</li> </ul>

<b>Criteria</b>	
<b>Adhere to all Protocols, Specifications and Agree to Participate in Training Sessions</b>	
Survey Training	<ul style="list-style-type: none"> <li>• Attend and successfully complete the CAHPS for PQRS Survey Webinar Training Session and all CAHPS for PQRS Survey Update Training Sessions               <ul style="list-style-type: none"> <li>○ Vendor and subcontractor organizations with the following personnel (at a minimum)                   <ul style="list-style-type: none"> <li>▪ Project Manager</li> <li>▪ Mail Survey Supervisor</li> <li>▪ Telephone Survey Supervisor</li> </ul> </li> </ul> </li> </ul> <p>Recommended: Programmer/Developer and/or their supervisor</p> <p><i>Note: Minimum of one person per subcontractor performing key roles are required to attend the training session</i></p> <ul style="list-style-type: none"> <li>• Complete an assessment measuring comprehension of CAHPS for PQRS Survey protocols</li> </ul>
Approval Term	<ul style="list-style-type: none"> <li>• 1 year subject to annual re-approval</li> <li>• Approved survey vendors are required to maintain at least one active CAHPS for PQRS Survey client for each of two consecutive survey fielding cycles.</li> </ul>
Administer the Survey According to all Survey Specifications	<ul style="list-style-type: none"> <li>• Must review and follow all procedures described in the <i>CAHPS for PQRS Survey Quality Assurance Guidelines</i></li> <li>• Agree to all conditions in the Vendor Participation Form</li> </ul>

## **Appendix B**

# **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

## **2015 Survey Vendor Authorization Form**

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## Appendix B

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey 2015 Survey Vendor Authorization Form

Group practices must authorize an approved CAHPS for PQRS Survey vendor to submit data on their behalf for the 2015 administration of the CAHPS for PQRS Survey. The 2015 survey covers the 2015 quality reporting period.

To authorize a survey vendor, a group practice must complete the CAHPS for PQRS Survey Vendor Authorization Form. The person who completes this form for the group practice will be the CAHPS for the PQRS Survey Administrator for that group practice. The PQRS Administrator should be the point of contact at the group practice who would be most familiar with the use of the CAHPS for PQRS Survey

One form can be submitted for multiple group practices. On the form itself, please print “see attached list of [insert number] group practices” in the spaces provided for group practice’s name. The list should include the ID and name of each group practice covered by the form. Be sure that the CAHPS for the PQRS Survey Administrator signs and dates the form. The form must be signed and dated in the presence of a notary public, notarized, and sent to the RAND Corporation by **September 22, 2015**.

Note: When completing a CAHPS for PQRS Survey Vendor Authorization Form affecting multiple group practices, a list of practices may be attached to the form signed and dated by the group practice’s administrator.

If form is sent via U.S. Mail, address to:

RAND Corporation  
ATTN: Julie Brown  
CAHPS for PQRS Survey  
1776 Main Street  
PO BOX 2138  
Santa Monica, CA 90407-2138

If form is sent via Federal Express, UPS or other overnight delivery service, address to:

RAND Corporation  
ATTN: Julie Brown  
1776 Main Street  
Santa Monica, CA 90401

Phone: 310-393-0411, extension 6212

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey  
2015 Survey Vendor Authorization Form**

I, \_\_\_\_\_ (print name of the designated CAHPS for PQRS Survey Administrator), acknowledge and accept the role and all of the responsibilities of the CAHPS for PQRS Survey Administrator for \_\_\_\_\_ (print name of group practice and group practice ID). For multiple group practices, print “see attached list of [insert number] group practices.”

In this role I will be responsible for:

- 1) Designating another individual within the organization as the Back-up Administrator.
- 2) Authorizing a survey vendor to collect and submit data on behalf of \_\_\_\_\_ (print name of group practice or “see attached list”).
- 3) Notifying CMS and RAND immediately if the group practice revokes their authorization as a survey vendor.
- 4) Serving as the main point of contact with the CAHPS for PQRS Survey Project Team.
- 5) Notifying the CAHPS for PQRS Survey Project Team if my role as the CAHPS for PQRS Survey Administrator for the group practice is no longer valid and identifying my successor.

By signing this form, I authorize \_\_\_\_\_ (print survey vendor name) to collect data for the group practice I represent as part of the 2015 administration of the CAHPS for PQRS Survey and to submit data to CMS on behalf of the group practice.

Group practice Administrator first and last name: \_\_\_\_\_

Group practice Administrator signature: \_\_\_\_\_

Group practice Administrator title: \_\_\_\_\_

Group practice Administrator phone number: (\_\_\_\_\_) \_\_\_\_\_

Group practice Administrator email address: \_\_\_\_\_

Group practice Administrator mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Back-up Administrator first and last name: \_\_\_\_\_

Survey Vendor name/address: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_

Seal: \_\_\_\_\_

Date notarized: \_\_\_\_\_



## **Appendix C**

# **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

## **Data Use Agreement (DUA) Application Form**

Guidelines for completing and submitting this DUA will be forthcoming after training.

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## INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235

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### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

**Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.**

- First paragraph, enter the Requestor's Organization Name.
- Section #1, enter the Requestor's Organization Name.
- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.
- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names. The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.
- Section #6, complete by entering the Study/Project's anticipated date of completion.
- Section #12 will be completed by the User.
- Section #16 is to be completed by Requestor.
- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.
- Section #18 will be completed by a CMS representative.
- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.
- Sections #20a AND 20b will be completed by a CMS representative.
- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

## DATA USE AGREEMENT

DUA #

### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and \_\_\_\_\_ enter into this agreement to comply with the following specific paragraphs. *(Requestor)*

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and \_\_\_\_\_, hereinafter termed "User." *(Requestor)*
2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.
3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

\_\_\_\_\_  
Name of Study/Project

\_\_\_\_\_  
CMS Contract No. *(if applicable)*

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).



9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. **This policy stipulates that no cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed.** Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries.

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.
11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.
12. The parties mutually agree that the following specified Attachments are part of this Agreement:

- 
13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by e-mail notification at [cms\\_it\\_service\\_desk@cms.hhs.gov](mailto:cms_it_service_desk@cms.hhs.gov) within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.
16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

\_\_\_\_\_  
 Name and Title of User *(typed or printed)*

\_\_\_\_\_  
 Company/Organization

\_\_\_\_\_  
 Street Address

City	State	ZIP Code
------	-------	----------

Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---------------------------------------------	---------------------------------------

Signature	Date
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17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

\_\_\_\_\_  
 Name of Custodian *(typed or printed)*

\_\_\_\_\_  
 Company/Organization

\_\_\_\_\_  
 Street Address

City	State	ZIP Code
------	-------	----------

Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---------------------------------------------	---------------------------------------

Signature	Date
-----------	------

18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) \_\_\_\_\_

19. On behalf of \_\_\_\_\_ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name		Title of Federal Representative	
Signature			Date
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative (typed or printed)			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.



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## DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) \_\_\_\_\_ or for new DUA study/project name \_\_\_\_\_

---

**Part A**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

---

**Part B**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

---

**Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff**

Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Please send as an email attachment to [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov), and see our website at [www.cms.gov/privacy](http://www.cms.gov/privacy)

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Md. 21244-1850.



## **Appendix D**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **2015 Vendor Access to PQRS Data Warehouse Form**

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## Appendix D

### CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey 2015 Vendor Access to PQRS Data Warehouse Form

The CAHPS for PQRS Survey Data Warehouse is maintained by RAND. All vendors contracting with group practices to implement the 2015 reporting period survey must have a user account on the Data Warehouse. Complete this form and submit it as an email attachment to [pqrs-datasupport@rand.org](mailto:pqrs-datasupport@rand.org) or by fax to the PQRS Data Support Team (310) 451-6921. **Your form must be received by September 8, 2015.**

Provide contact information for your group practice's Data Administrator, Back-up Data Administrator and Project Manager. All three are required to authorize a user account on the Data Warehouse.

Your Group Practice name: \_\_\_\_\_

#### Data Administrator

First and last name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Data administrator email address: \_\_\_\_\_

#### Back-up Data Administrator

First and last name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Back-up administrator email address: \_\_\_\_\_

#### Project Manager

First and last name: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Project Manager email address: \_\_\_\_\_



**Appendix E**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**Model Quality Assurance Plan**

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## Appendix E

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Model Quality Assurance Plan

## Overview and Background

Survey vendors who are approved to administer the CAHPS for PQRS Survey are required to submit an annual quality assurance plan (QAP). The QAP must describe the survey vendor's implementation of and compliance with all required protocols to administer the CAHPS for PQRS Survey.

This document serves as a model or guide for preparing the survey vendor's QAP in order to ensure that all required items are addressed in sufficient detail for review by the CAHPS for PQRS Survey project team. The project team will review the QAP and give the survey vendor feedback that indicates whether the QAP has been "accepted," "conditionally accepted" (pending completion of follow up of required items – usually minor) or "requires revision" (major changes needed in order for the QAP to be considered complete).

The survey vendor must give sufficient detail in the QAP so that the project team can determine whether the survey vendor is following survey administration guidelines and has put in place rigorous quality checks or controls. The survey vendor must submit all survey materials (mail materials and screenshots of the telephone script in English). In addition, survey vendors should include examples of templates, logs, tracking tools or other relevant documentation as appendices. These materials should be templates only and must not contain any protected health information (PHI).

The survey vendor's QAP must address the following required content in this sequence:

### I. Organizational Background and Structure

A. Provide survey vendor contact information on the first page of the QAP, including:

1. Survey vendor name
2. Mailing address
3. Physical address, if mailing address is different
4. Web site address
5. Name of contact person, direct telephone number and email address
6. Total number of contracted group practices
7. Date of the QAP

- B. Provide a table of the organization that identifies all staff by name and title (including any subcontractors if applicable) who are responsible for the following key tasks in the administration of the CAHPS for PQRS Survey. This organizational chart should include the reporting relationships for all CAHPS for PQRS Survey project staff.
1. Overall project management
  2. Mail survey administration
  3. Phone survey administration
  4. Data receipt and entry
  5. Tracking of key survey events
  6. Survey process quality checks
  7. Preparation and submission of encrypted data
  8. Data security
  9. Staff training
- C. Describe the training of personnel involved in CAHPS for PQRS Survey administration, including subcontractor(s) and temporary staff agencies, if applicable.

## **II. Work Plan for Survey Administration**

- A. For the following key CAHPS for PQRS Survey administration tasks, identify the staff responsible for each task; the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality checks performed, including the documentation maintained as evidence that the quality checks were completed.
1. Describe the process vendor used to download the sample from RAND.
  2. Describe how sampled beneficiaries are tracked throughout the data collection schedule provided in the Quality Assurance Guidelines (QAG) and the procedures in place to assure data collection modes are applied according to the data collection schedule.
    - a) Describe in detail the quality check activities conducted to ensure all dates in the fielding timeline are met.
  3. Describe the processes for updating addresses, producing mailing materials and mailing out the surveys.
  4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings).
  5. Describe the processes for obtaining and updating telephone numbers, programming the CATI systems, software used, and type of CATI system.
    - a) Describe the quality control checks of electronic (CATI) procedures to confirm that programming is accurate and in accordance with CAHPS for PQRS Survey protocols, and that data integrity is maintained.
  6. Describe the process for conducting phone interviews.

7. Describe the process for ensuring that phone interviewers are following data collection protocols and procedures during the telephone survey administration phase.
  - a) Indicate whether any refusal conversion is attempted and the procedures followed.
  - b) Detail monitoring procedures and indicate what percentage of interviews is monitored.
8. Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.
9. Describe data receipt activities.
  - a) Describe the processing of surveys when they are returned by mail.
  - b) Describe the process for capturing beneficiary survey responses during phone interviewing.
10. Describe data entry procedures.
  - a) Describe the use of the decision rules. Include the quality control processes used to verify the accuracy of decision rule applied to mail surveys.
  - b) Describe the key entry or scanning procedures and equipment used.
  - c) Describe the quality control processes to validate the accuracy of key entry and/or electronic scanning procedures.
11. Describe the data preparation and submission procedures.
  - a) Describe the processes for preparing encrypted data files.
  - b) Describe the processes for uploading data files.
  - c) Describe the quality control processes to validate the accuracy of data submission.
12. Describe your organization's data storage and retention policies.
  - a) Describe the backup process for survey administration related data or files, including the quality control checks that are in place to ensure the backup files are retrievable.

B. Describe the customer support telephone line and how it will be operated

1. Identify who is responsible for responding to questions regarding the CAHPS for PQRS Survey.
2. Provide the customer support telephone number.
3. Include a written transcript of the customer support telephone line voice mail message.
4. Include the hours of live/voice mail operations for the customer support line and the timeframe for returning calls.

C. In the appendices to the QAP, include all forms used in CAHPS for PQRS Survey administration that may assist the CAHPS for PQRS Survey project team to review the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status and/or productivity reports, etc.). NOTE: Provide templates only. Do not include any PHI.

1. Provide a copy of the log to be used for customer support calls. The template should contain all fields to be populated.
2. Provide a template of the CAHPS for PQRS Survey report your organization plans to provide to clients

### **III. Confidentiality, Privacy and Data Security Procedures**

- A. Describe the security and storage procedures used to protect patient identified files and survey data in hard copy and electronic form. Include the length of time that these materials will be retained.
- B. Include a copy of the confidentiality agreement signed by staff and subcontractor(s) (if applicable) involved in any aspect of CAHPS for PQRS Survey administration.

### **IV. Required Submission of CAHPS for PQRS Survey Materials**

- A. Provide samples of the these items:
  - 1. Copies of all survey materials including cover letters, mailing envelopes and questionnaires in English.
  - 2. Copy of phone script (screenshots) in English.

## **Appendix F**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **General Interviewing Guidelines for Conducting Phone Surveys**

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## Appendix F

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey General Interviewing Guidelines for Conducting Phone Surveys

### Overview

These guidelines are provided to assist phone interviewers who are conducting the CAHPS for PQRS Survey in collecting the highest quality data possible.

As an interviewer, your role in the success of this survey is important. You'll interact with many respondents and you are the person who assures the respondents that their participation is important.

### General Interviewing Techniques

To collect the highest quality data, phone interviewers must follow the CAHPS for PQRS Survey guidelines, apply appropriate techniques for probing, and ensure that the response choices to the survey questions are recorded accurately. Phone interviewers should speak in an upbeat and courteous tone and maintain a professional and neutral relationship with the respondent at all times. The phone interviewer must not provide personal information or offer opinions about the survey. It is critical that the phone interviewer not introduce bias into the interview.

### Administering Survey Questions

- Study and thoroughly familiarize yourself with the Frequently Asked Questions list before you begin conducting phone interviews so that you are knowledgeable about the CAHPS for PQRS Survey.
- Lower case lettering must be read out loud to the respondent.
- Emphasize all words or phrases within a question that are in **one** of the following styles. Survey vendors may choose only one style to indicate emphasis: underline, **bold**, **highlight**, UPPER CASE, or *italic*.
- Do not read words that appear in < > to the respondent. These words are instructions or for informational purposes. Example: < READ THE QUESTIONS TO SAMPLED PERSON >
- Text that appears within parentheses and in both *UPPER CASE AND ITALIC* indicates instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- Text that appears within brackets indicates programming instructions and is not to be read to the respondent. Example: [GO TO Q11]
- You should not read "DON'T KNOW" and "REFUSED" answer categories that appear within < > and in upper case. However, you may use these categories for coding a response.

- Read all questions and response choices in the indicated order and exactly as they are worded.
- Read all transitional statements exactly as they are worded. Don't create your own transition statements.
- Ask every question specified. Never skip a question because you think the respondent has answered the question already, even when a respondent seemingly has given the answer as part of the response to an earlier question.
- When reading the survey questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving.
- Listen carefully to any questions the respondent might have and give concise answers as found in the Frequently Asked Questions reference document. Don't give extra information or long explanations.
- Never suggest answers to the respondent. Read the questions and answers exactly as they're worded and repeat the question and/or response categories again if necessary.

### **Phone Survey Interview Introduction and Refusal Avoidance**

The introduction to the phone interview plays a critical role in getting the respondent to participate in the survey. Keep in mind that respondents may be reluctant to participate, as indicated by their lack of returning the initial mail survey. It's important for the phone interviewer to establish rapport quickly with the respondent in an attempt to avoid refusal of participation.

- Read the phone survey introduction verbatim and in a confident manner.
- Be prepared to respond to questions from the respondent or the respondent's concern about participation in the survey.
- Be prepared to address reasons the respondent may give for their reluctance to participate in the survey.
- Pronounce words clearly and don't rush through the introduction.
- Avoid pausing too long while reading the introduction and between transitioning from the introduction to the survey questions.
- Listen to the respondent and don't assume you know what the respondent will say.
- Consider the population you're interviewing. Many of the respondents are elderly, some may be hard of hearing, leery of being taken advantage of by scams, or simply afraid to give personal information. Before rushing to code an answer to a question as "Missing/Don't Know/Refused", make sure they heard the question.



## Answering Questions and Probing

You may find it necessary to probe to obtain a more complete or adequate answer from a respondent. It's important to remain neutral when probing to get a response to the survey questions. The phone interviewer should not interpret any answer the respondent gives. Probes should stimulate the respondent to give a response without increasing the likelihood of one answer over another.

- Pay attention to the respondent and what they might say during the interview.
- Repeat the question. After hearing the question the second time, the respondent may understand the question and the response categories more clearly.
- Probe for a response by using a silent approach. Pause briefly to allow the respondent time to consider the questions and response choices. Consider using one of the following probes:
  - “Take a minute to think about it. (AND REPEAT THE QUESTION, IF APPROPRIATE)”
  - “So, would you say that it is...(AND REPEAT THE RESPONSE CATEGORIES),”
  - “Which would be closer? (REPEAT THE RESPONSE CATEGORIES).”
- Use one of the following probes to encourage a respondent to elaborate on an inadequate response:
  - “What do you mean?”
  - “How do you mean?”
- Other clarifying probes are indicated by PROBE “IF NEEDED: TEXT IN CAPITAL LETTERING.”
- Encourage the respondent to give his or her best guess if a respondent gives a “don't know” response.

## Do Not Introduce Bias

- Don't attempt to interpret a question for the respondent. Repeat the question and response choices as necessary.
- Don't paraphrase or change any questions.
- Never give your personal opinion.
- Be aware of body language that can be heard while on the phone and could influence a response. Examples include yawning, coughing, and sighing.
- Never argue, antagonize or take a respondent's answers personally. Your reaction could trigger a response that may affect the survey results. Remain neutral.



## **Appendix G**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **Frequently Asked Questions for Customer Support**

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## Appendix G

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Frequently Asked Questions for Customer Support

### Overview

We've compiled questions and responses in this document to assist survey vendor staff in responding to frequently asked questions (FAQs) related to the "Medicare Provider Satisfaction Survey." Answers have been provided to general questions about the survey, concerns about participating in the survey and questions about completing the survey.

*Note: Survey vendors conducting the CAHPS for PQRS Survey and group practices participating in the survey initiative must NOT attempt to influence or encourage beneficiaries to answer survey questions in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Guidelines Version 1 for more information on communicating with beneficiaries about the CAHPS for PQRS Survey.*

### General Questions About the Survey

- **Who is conducting this survey?**

I'm an interviewer from [SURVEY VENDOR NAME]. The Centers for Medicare & Medicaid Services (CMS) and your Medicare providers have asked us to conduct this survey.

- **Who is sponsoring this survey?**

The survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). This federal agency is part of the U. S. Department of Health and Human Services. CMS oversees Medicare health services and coordinates Medicaid services with state agencies.

- **What is CMS?**

CMS stands for the Centers for Medicare & Medicaid Services. It's a federal agency that oversees Medicare. This federal agency is part of the U.S. Department of Health and Human Services.

- **What is the purpose of the survey?**

The purpose of this survey is to collect information from you, and other people with Medicare, to help CMS to learn about the quality of the health care you get through Medicare. The survey will help CMS and Medicare providers understand where and how that care may need to be improved. The survey does this by asking you about your experiences with a specific provider you have visited in the last 6 months.

- **What is a Medicare provider?**

A Medicare provider is any doctor, nurse, physician assistant or other health care provider who's paid by Medicare. It includes the medical offices and clinics you visit, not just individual doctors and nurses.

- **How will the data be used?**

Your answers will be combined with answers from other people with Medicare that we interview. CMS and Medicare providers will look at these combined results to understand how well they're meeting their patients' needs. CMS and Medicare providers can also use the data to understand how to improve the care and health outcomes of people with Medicare.

- **How can I verify this is a legitimate survey?**

You can call Medicare at 1-800-MEDICARE to confirm this survey is legitimate.

- **Who can I contact to find out more about this survey?**

You can contact the Centers for Medicare & Medicaid Services, a federal agency within the U. S. Department of Health and Human Services through the survey technical assistance by email at [pqrscahps@HCQIS.org](mailto:pqrscahps@HCQIS.org) or phone toll-free at 1-855-472-4294.

- **How long will this take?**

The Medicare Provider Experience Survey takes about 20 minutes to complete.

- **What questions will be asked?**

The survey asks questions about your experiences in the last 6 months with a specific doctor or other health care provider you've visited. The questions ask about the kind of experiences that only patients like you can evaluate - like how well your provider listens to his or her patients.

## Concerns About Participating in the Survey

- **Why are you calling me?**

Your opinions are important in helping CMS and Medicare providers understand how the needs of patients are met. By sharing your experiences you will help them to learn how to improve the care you and others get through Medicare.

- **Who will see my answers?**

Your answers will be kept confidential and will be seen by authorized persons at the Centers for Medicare & Medicaid Services and [SURVEY VENDOR]. We won't share your individual answers with any of your doctors or other Medicare providers.

- **I thought privacy laws protected my confidentiality. How did you get my contact and medical information?**

We understand your concern about the privacy of your health information. [VENDOR NAME] was only given your contact information and your provider's name. We don't have access to any of your medical records.

IF NEEDED: The survey that we're conducting fully obeys privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We've been authorized by the Centers for Medicare & Medicaid Services to conduct this survey and we'll keep all information about you confidential.

- **How did you get my name? How was I chosen for the survey?**

You were selected at random from among the people with Medicare who saw this provider in the last 6 months.

- **How did you get my phone number?**

Medicare gave us the contact information for all people with Medicare who were randomly selected for this survey.

- **I do not participate in surveys.**

I understand. However, I hope you'll consider participating in this very important study for your doctors and other health care providers. Medicare will use the results of the survey to help understand the quality of healthcare services you're getting.

- **I'm not interested.**

CMS and your Medicare providers could really use your help. Your participation will help improve of healthcare services not just for you, but for other beneficiaries as well.

- **I'm extremely busy. I don't really have the time.**

We understand that your time is valuable. It's a very important survey, and I would really appreciate your help today. The interview will take about 20 minutes. I can schedule the survey interview at another time that is more convenient for you.

- **You called my cell phone. Can you call back after [BENEFICIARY SPECIFY] so that the call does not use any of my cell phone minutes?**

Yes, we can call you back at [BENEFICIARY SPECIFY].

*[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME, SET A FUTURE DATE AND TIME FOR THE PHONE INTERVIEW].*

- **I don't want to answer a lot of personal questions.**

We understand and appreciate your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with Medicare and I don't see why I should help them with this survey.**

I'm sorry to hear that you're unhappy with Medicare. By participating in this survey you will help Medicare to understand what improvements are needed.

- **Do I have to complete the survey?**

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey and your answers will help improve the quality of care your doctors and other providers give to their patients.

- **Will I get junk mail if I answer this survey?**

No, you won't get any junk mail as a result of participating in this survey. We keep names, phone numbers and addresses strictly confidential and use them solely for the purpose of this survey

- **I don't want anyone to come to my house.**

No one will come to your home because of this survey. We gather information for this survey only through mailings or phone interviews.



- **I am on the *Do Not Call List*. You should not be calling me.**

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We're a survey research firm working on behalf of the Centers for Medicare & Medicaid Services (CMS).

- **I don't want to buy anything.**

We're not selling anything. We want to ask you some questions about your health care through Medicare.

- **I didn't have many visits to the provider named in my survey. I don't think you want to speak with me.**

You and everyone selected for this survey give very important information that can help in improving healthcare for all.

- **Will my responses affect any of my doctors?**

No. Your doctors won't see your individual survey responses and they won't know which of their patients took part in this survey.

- **I have already mailed the survey back.**

Our records indicate we don't have a survey on file from you and our records are updated regularly. Your responses are very important and we want to make sure we share your feedback with CMS. We would appreciate it if you could complete this survey now over the phone.

- **Can you mail me another survey?**

Sorry, we're not able to mail another survey at this time. Your responses are very important and we want to make sure we share your feedback with CMS. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS BEGUN] We would appreciate it if you could complete this survey now over the phone. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS **NOT** BEGUN] If we don't receive a completed survey by mail, we'll contact you by phone at a later date.

## Questions About Completing the Survey

- **Where do I put my name and address on the questionnaire?**

Please do not write your name or address anywhere on the survey booklet. Each survey has been assigned an identification number that allows us to keep track of who has returned a completed questionnaire.

- ***Survey vendor receives an inbound call before the start of the phone component of survey administration such as: I got a letter telling me I'm going to get a survey in the mail. Can I complete the survey now while we're talking on the phone?***

Sorry, we're not able to complete the survey by phone at this time. If you don't return a completed survey by mail, we'll contact you by phone at a later date.

- ***My husband/wife/other person visited this provider much more than I did. Can they fill out the survey?***

No. The survey can only be filled out by you, if your name was on the letter and envelope. You were selected as part of a scientific sample.

- ***I never visited this provider/doctor in the last 6 months. What do I do?***

If you didn't visit the provider named in your survey in the last 6 months, answer "no" to the first question and follow the instructions in the survey.

- ***I am not able to complete this by myself. Can I have my \_\_\_\_\_ help me?***

If you feel you're not able to complete the survey by yourself, you can have a "proxy" complete the survey for you. A "proxy" is generally a family member or relative but it could also be a caregiver or a close friend. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf. We can only interview a proxy if you give your permission.

#### **CONDUCTING A PROXY INTERVIEW – INTERVIEWER INSTRUCTIONS**

*WHILE BENEFICIARIES ARE ENCOURAGED TO RESPOND DIRECTLY TO THE SURVEY, NOT ALL ELDERLY OR DISABLED RESPONDENTS ARE ABLE TO DO SO. IN SUCH CASES, PROXY RESPONSES ARE ACCEPTABLE. A FAMILY MEMBER OR OTHER PROXY MAY COMPLETE THE SURVEY FOR THE BENEFICIARY. FOR PHONE INTERVIEWS, BE SURE TO FOLLOW THE SCRIPT FOR GETTING BENEFICIARY APPROVAL TO INTERVIEW A PROXY.*

## **Appendix H**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **Instructions for Survey Vendors on Accessing the PQRS Data Warehouse**

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## Appendix H

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Instructions for Survey Vendors on Accessing the PQRS Data Warehouse

## Logging in to the PQRS Data Warehouse

### Accessing the Data Warehouse

Once you have completed Vendor Access to PQRS Data Warehouse Form, you will receive an e-mail from The RAND Corporation with an invitation to the PQRS Data Warehouse. This email will contain a link that will allow you to login to the PQRS Data Warehouse.

Vendors accessing the RAND Data Warehouse for the first time will receive the following email:

**You have been invited to collaborate securely.**  
Secure Workspace: [SurveyQual](#)

---

You have been authorized to retrieve and submit files to the PQRS CAHPS Data Warehouse. You will use the e-mail address that received this message, and shown below ("User id"), to login to the Warehouse. Use the link above, "PQRS CAHPS Data Warehouse", to access the warehouse.

If you have access to another CAHPS Warehouse use your same password to access the PQRS Warehouse.

If this is your first login to a CAHPS Warehouse enter your User id and the First time password. You will be prompted to enter a new password of your choice and when that is successful you will be transferred to your Warehouse folder.

Please refer to the PQRS CAHPS Quality Assurance Guidelines, Appendix H for additional information.

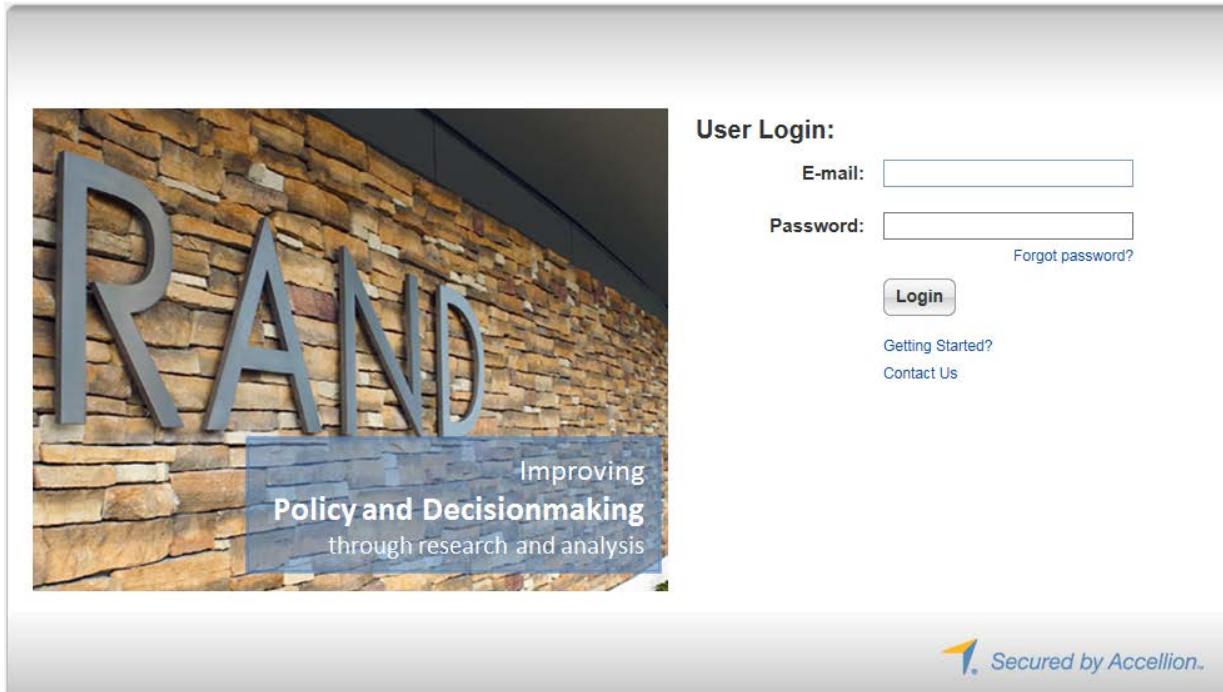
Thank you,

Data Coordination Team

To access it, please log in using the following details:  
User id: [surveyqual4@gmail.com](mailto:surveyqual4@gmail.com)  
First time password: v5mdVx

For help, please contact RAND Information Services at [\(310\) 393-0411 x6000](tel:(310)393-0411x6000).

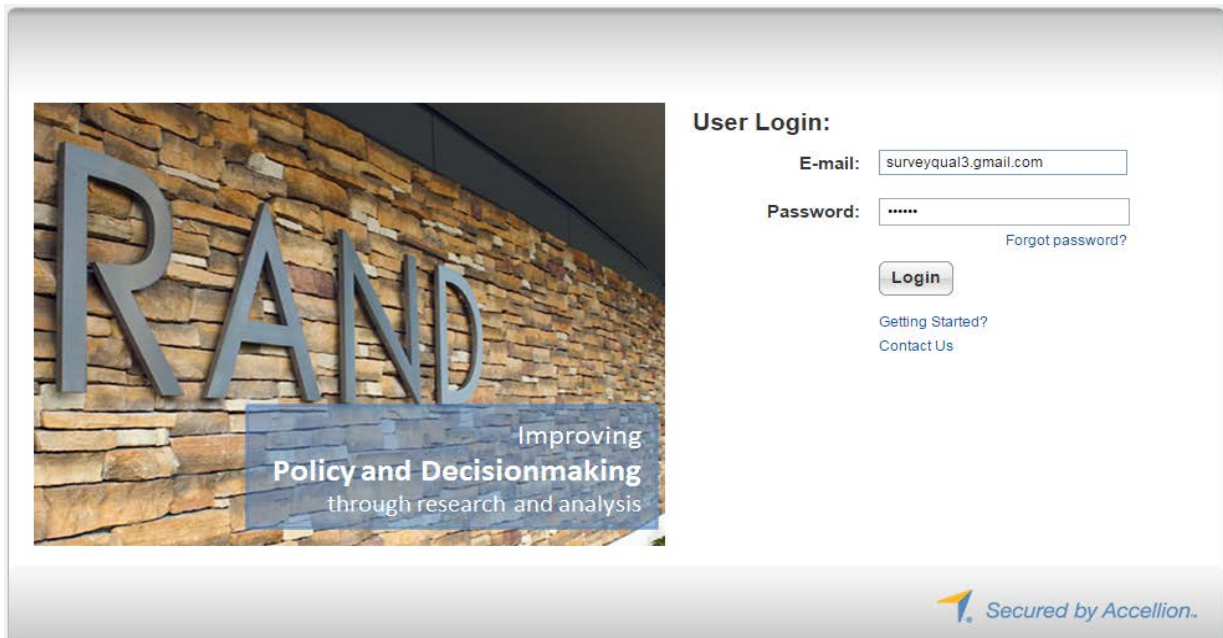
**Step-1** Click on the CAHPS for PQRS Secure File Sharing link. You will be directed to the Data Warehouse login page.



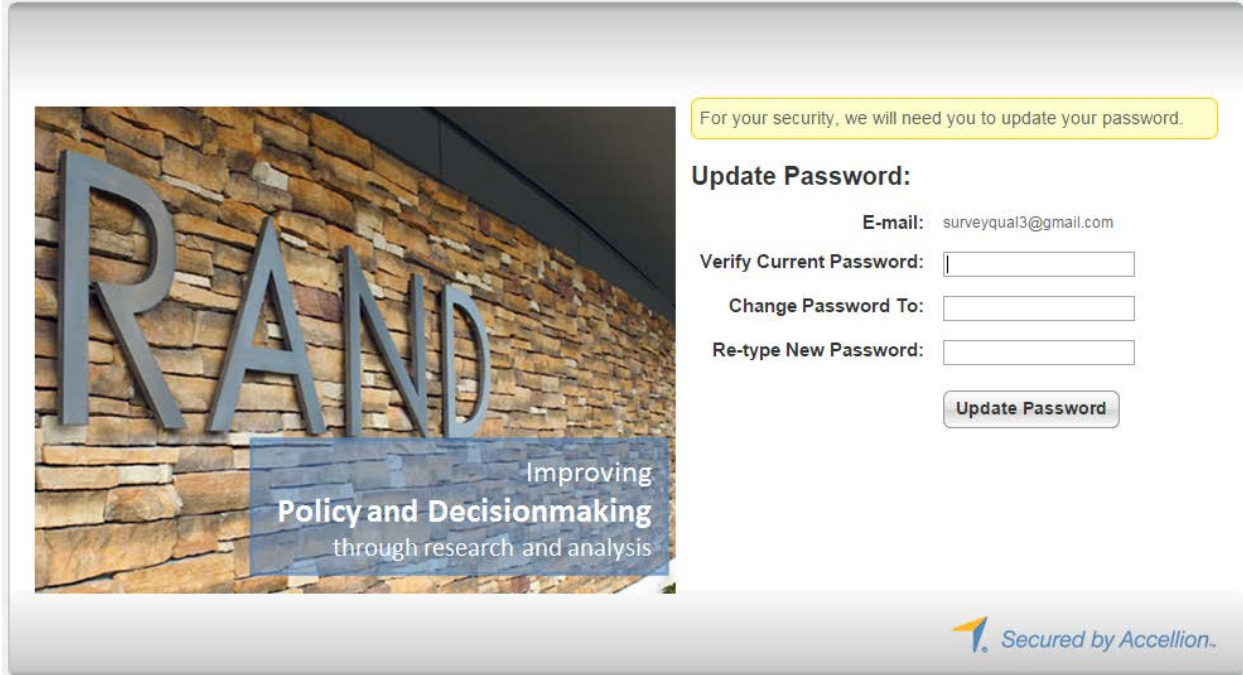
**Step-2** Enter your email address and temporary password from your invitation email:

*Please note that vendors with access to another CAHPS Data Warehouse hosted by the RAND Corporation should use the same User ID and password to access the PQRS Data Warehouse and proceed to Step-6 below.*

**Step-3** Click the Login button

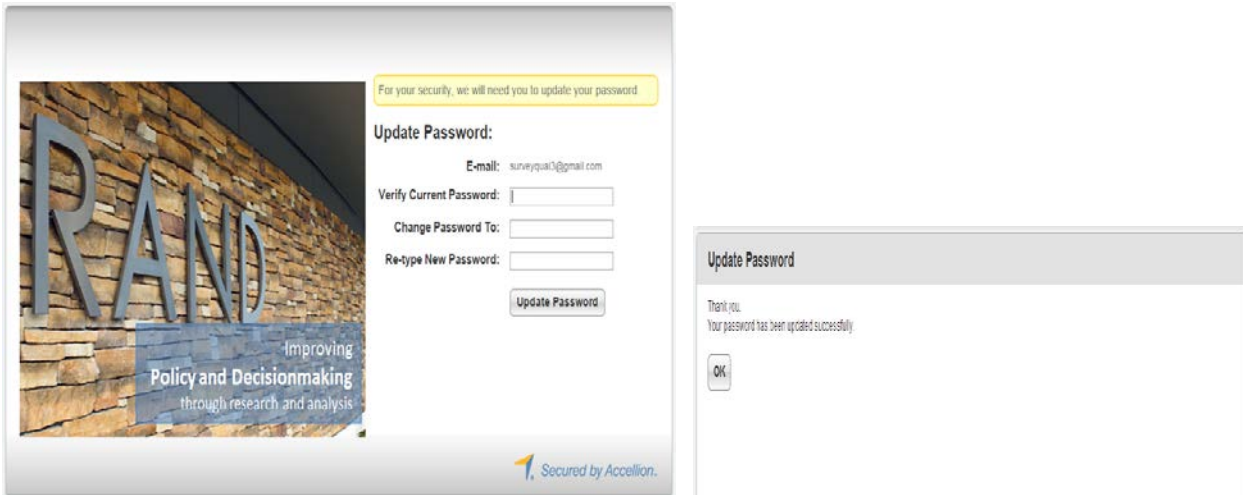


**Step-4** The first time you login, you will be prompted to choose a new password



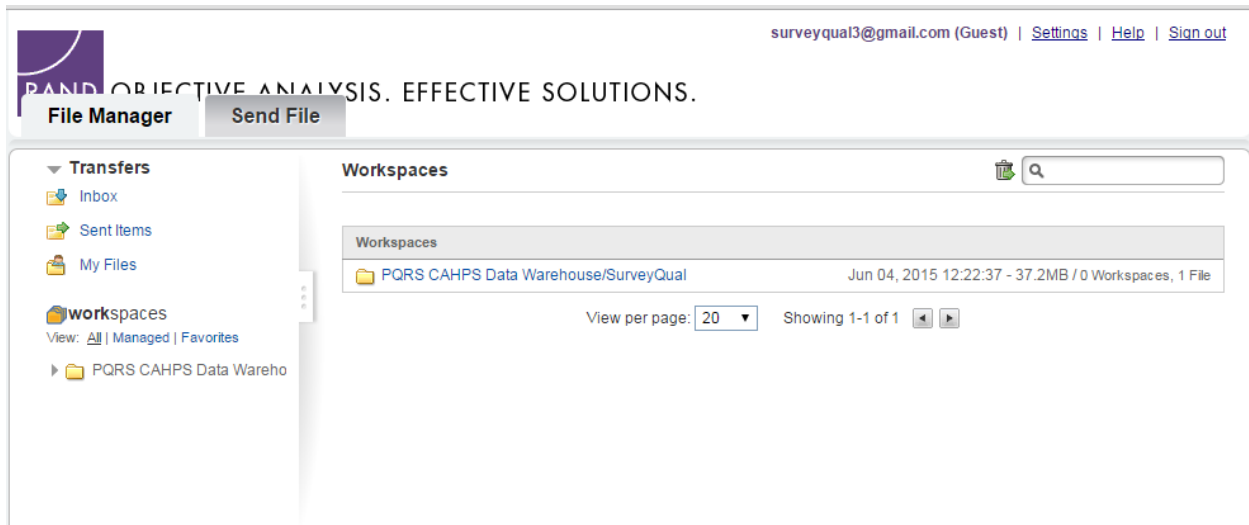
The screenshot shows a web interface for updating a password. On the left is a banner for RAND with the text "Improving Policy and Decisionmaking through research and analysis". On the right, a yellow box contains the message "For your security, we will need you to update your password." Below this, the "Update Password:" section includes the email "surveyqual3@gmail.com" and three input fields: "Verify Current Password:", "Change Password To:", and "Re-type New Password:". An "Update Password" button is at the bottom right. The Accellion logo is in the bottom right corner.

**Step-5** Re-enter your temporary password in the Verify Current Password box. Enter your new password in both the Change Password To and Re-type New Password boxes. Click Update Password. You will see the confirmation screen:

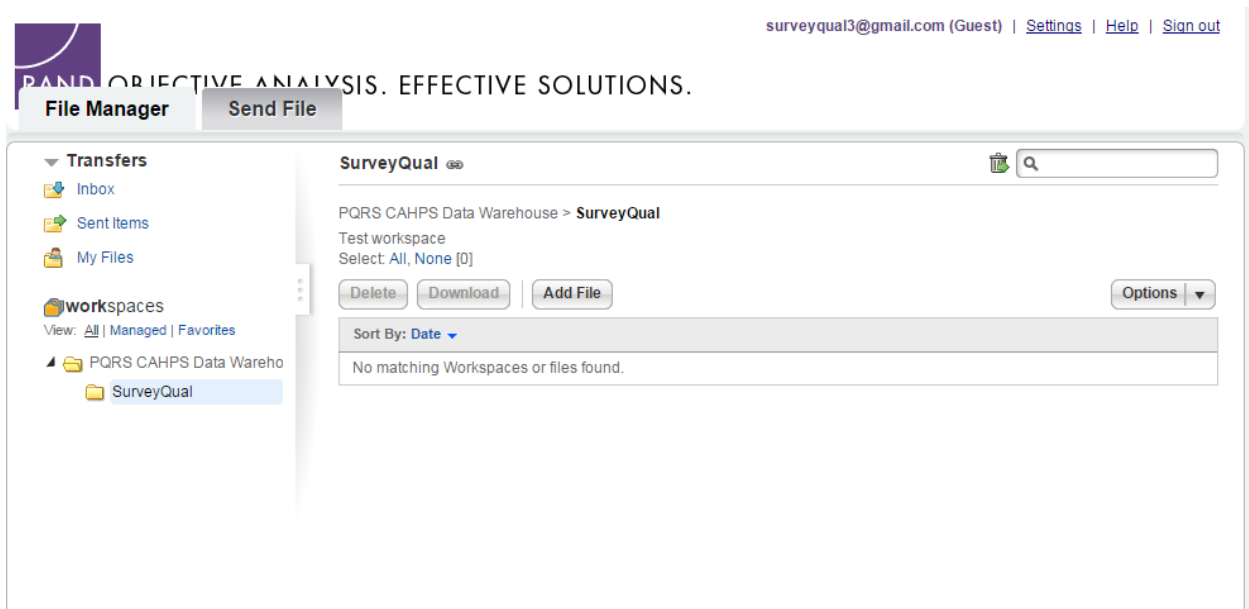


This screenshot shows the same password update form as in Step 4, but with the "Update Password" button clicked. To the right, a confirmation dialog box titled "Update Password" is displayed, containing the text "Thank you. Your password has been updated successfully." and an "OK" button.

**Step-6** Click OK, you will be transferred to the File Manager from where you can access your secure folder within the PQRS Data Warehouse. When you login, you will have access to the File Manager tab:

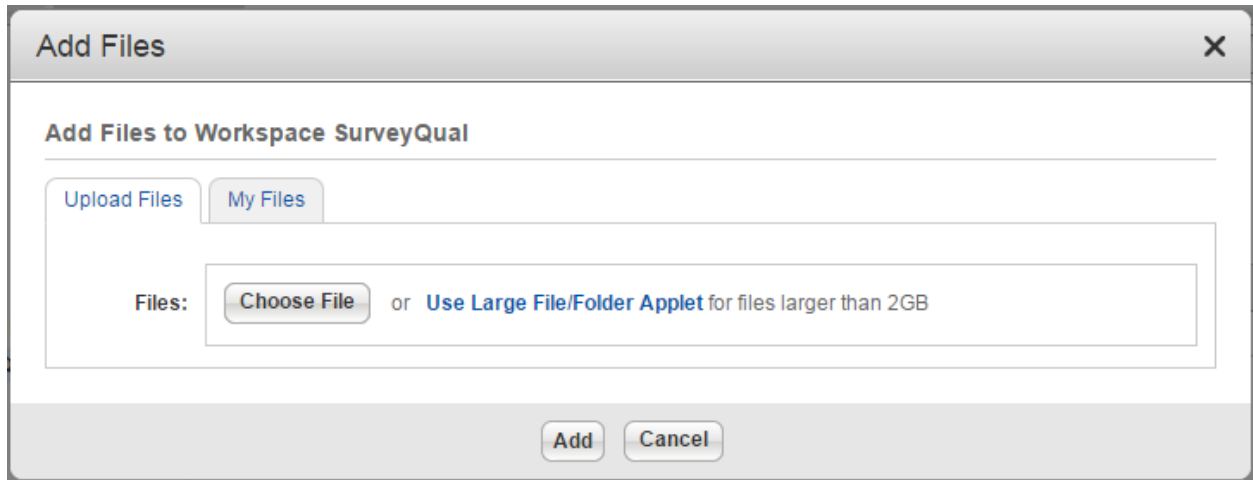


**Step-7** Click your folder name to open the folder and enable action buttons:

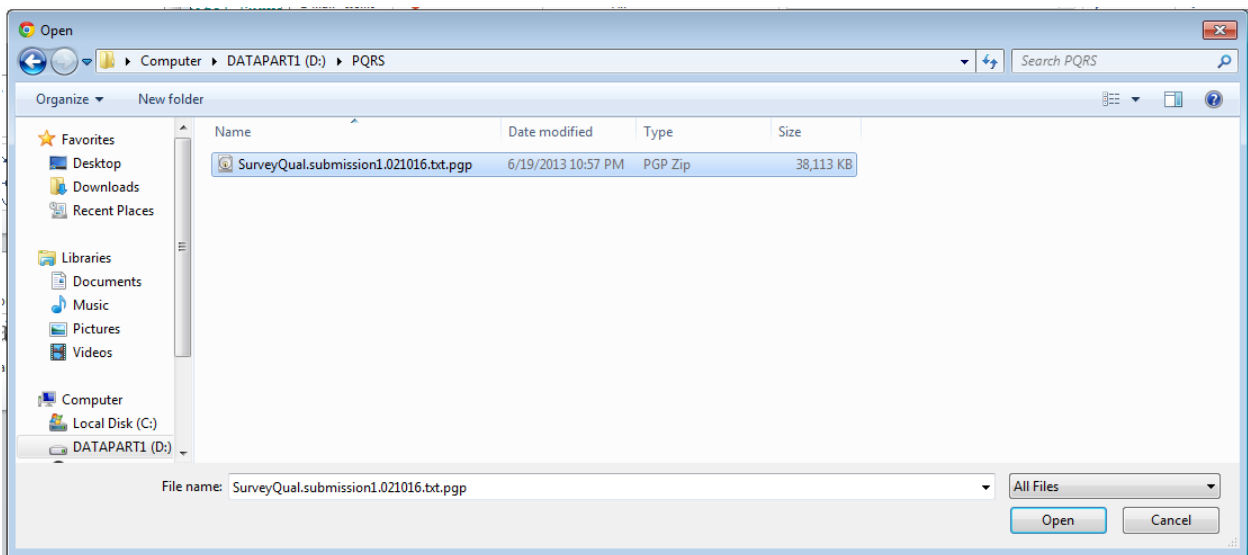




**Step-8** To send a file to your workspace within the PQRS Data Warehouse, click the Add File button to start the Add Files dialog

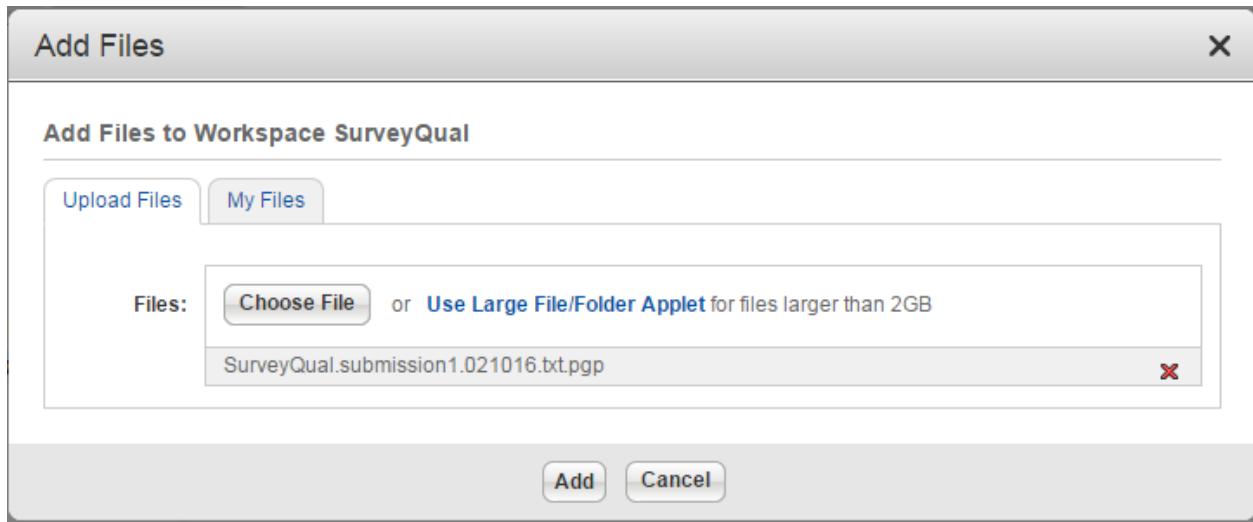


**Step-9** Click Choose File, navigate to the folder where your file is located



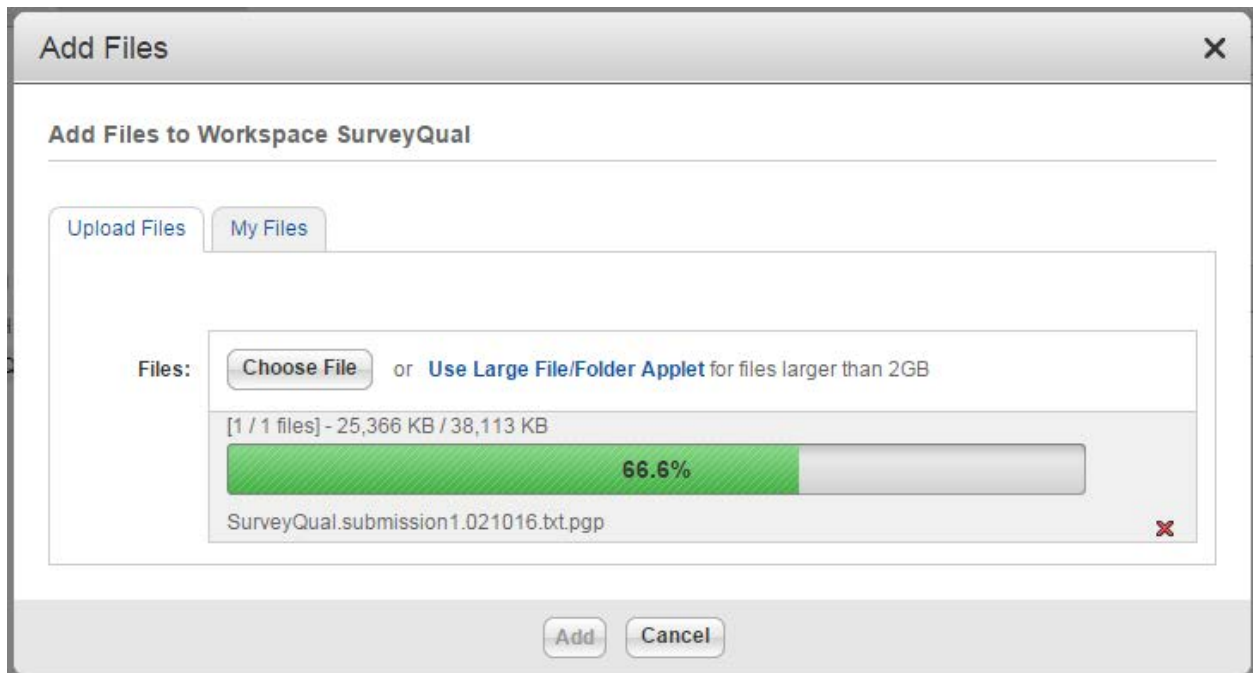
**Step-10:** Select the file then click Open

**Step-11** The file name will appear in the Add Files window:



**Step-12** Click Add to submit the file to the secure workspace of the PQRS Data Warehouse. To remove the file without submitting, click the red X.

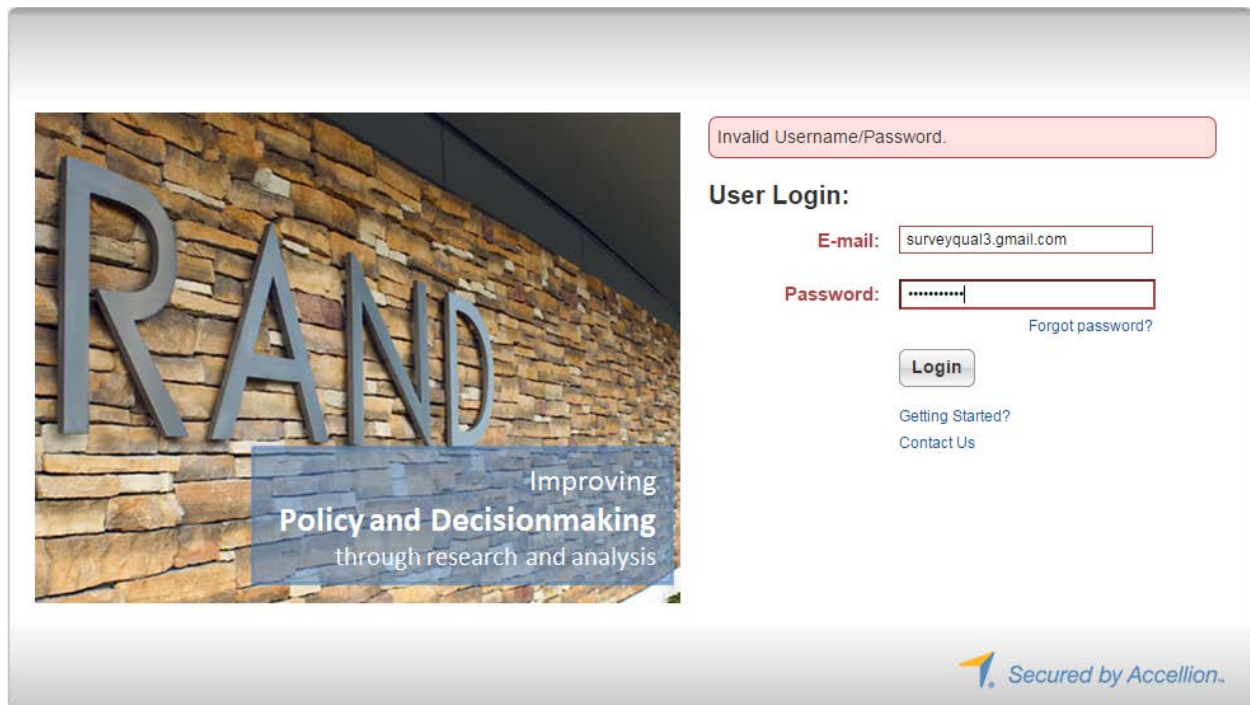
**Step-13** During the secure transfer you will see a progress bar:



**Step-14** When the upload is complete, the file will appear in the secure workspace:

The screenshot shows a web-based file manager interface. At the top right, the user is identified as 'surveyqual3@gmail.com (Guest)' with links for 'Settings', 'Help', and 'Sign out'. The main header area contains the text 'RAND OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' and two tabs: 'File Manager' (active) and 'Send File'. On the left, a sidebar lists 'Transfers' (Inbox, Sent Items, My Files) and 'workspaces' (PQRS CAHPS Data Wareho, SurveyQual). The main content area is titled 'SurveyQual' and shows the path 'PQRS CAHPS Data Warehouse > SurveyQual'. It indicates a 'Test workspace' and 'Select: All, None [0]'. Action buttons include 'Send', 'Download', 'Delete', 'Add File', and 'Options'. A table lists a file: 'SurveyQual.submission1.021016.txt.pgp' (37.2MB) uploaded on 'Jun 04, 2015 12:22:37 by You'. At the bottom, it shows 'View per page: 20' and 'Showing 1-1 of 1'.

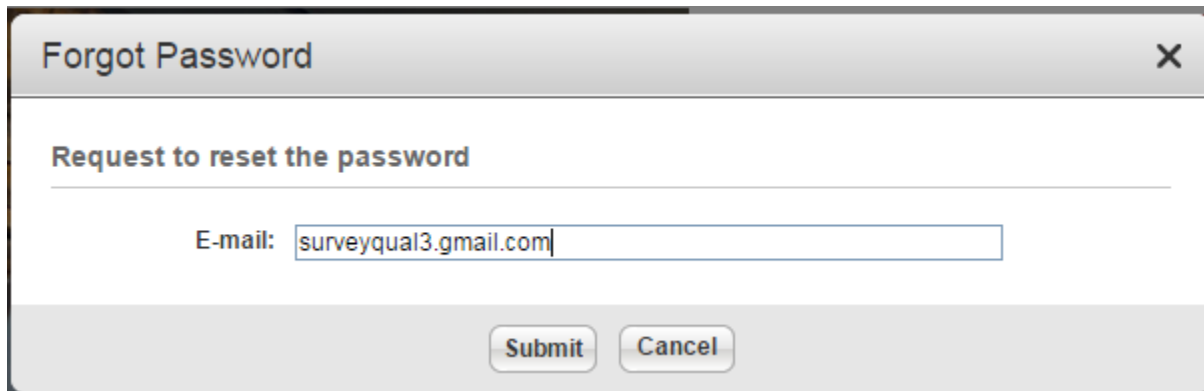
## If you forget your password



The screenshot displays the RAND user login interface. On the left, there is a banner for RAND with the tagline "Improving Policy and Decisionmaking through research and analysis". On the right, the login form includes a red error message "Invalid Username/Password." at the top. Below this, the "User Login:" section contains an "E-mail:" field with the value "surveyqual3@gmail.com" and a "Password:" field with masked characters. A "Forgot password?" link is positioned to the right of the password field. A "Login" button is located below the password field. At the bottom of the login section, there are links for "Getting Started?" and "Contact Us". The Accellion logo and "Secured by Accellion." text are visible in the bottom right corner of the page.

Follow the instructions on the next pages for password retrieval.

**Step-1** Click Forgot Password?



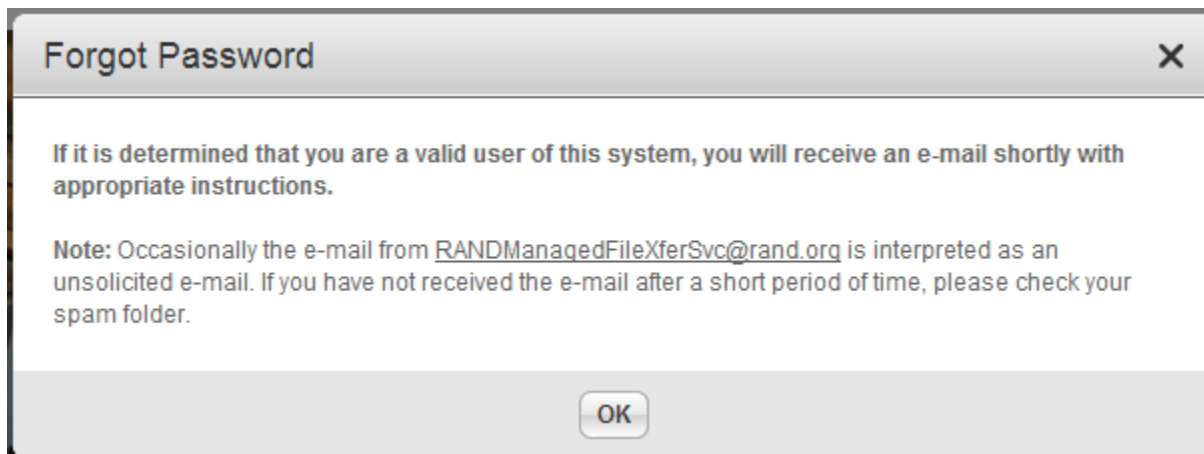
Forgot Password

Request to reset the password

E-mail:

Submit Cancel

**Step-2** Enter your email address and click the Submit button. The system will verify that you are authorized to access the Secure Workspace then send e-mail with additional instructions:



Forgot Password

If it is determined that you are a valid user of this system, you will receive an e-mail shortly with appropriate instructions.

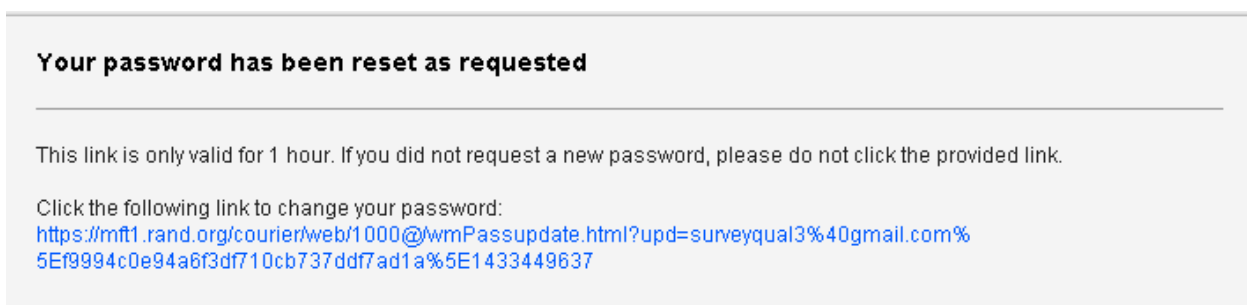
Note: Occasionally the e-mail from [RANDManagedFileXferSvc@rand.org](mailto:RANDManagedFileXferSvc@rand.org) is interpreted as an unsolicited e-mail. If you have not received the e-mail after a short period of time, please check your spam folder.

OK

**Step-3** Click OK. You will receive e-mail that appears like:

RANDManagedFileXferSvc    RAND Corporation QA System Secure File Sharing Password Reset Notification

**Step-4** Open the message and click on the link that appears:

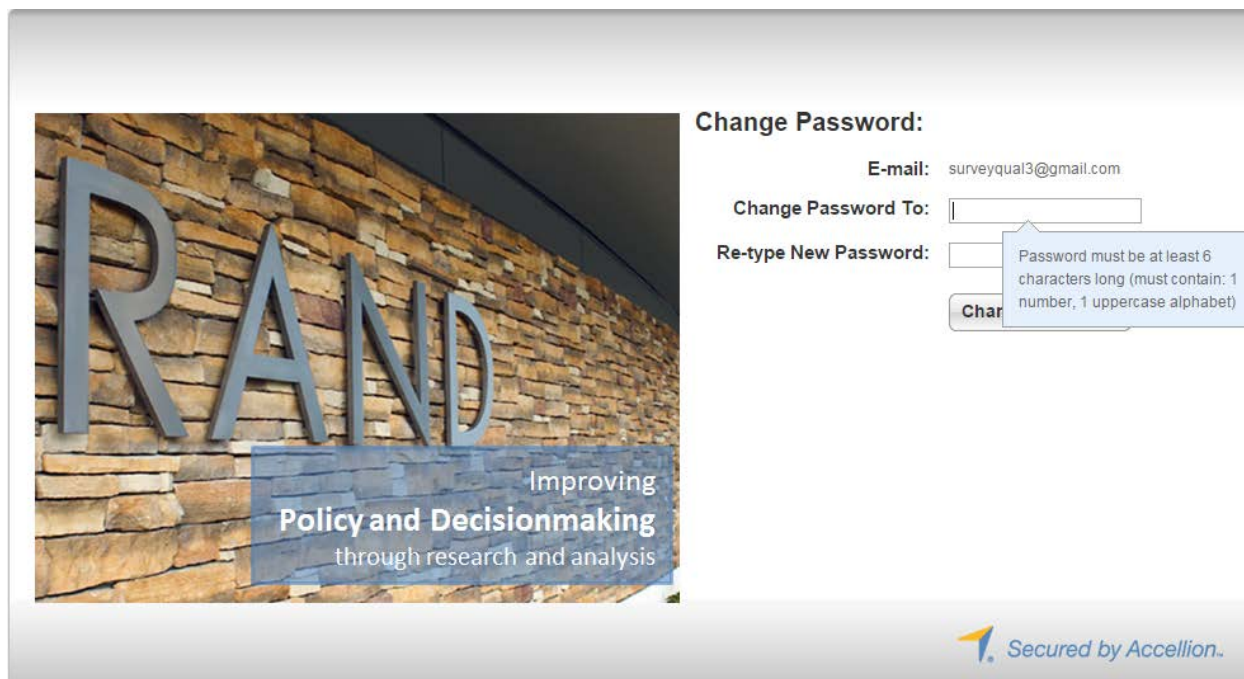


**Your password has been reset as requested**

This link is only valid for 1 hour. If you did not request a new password, please do not click the provided link.

Click the following link to change your password:  
<https://mft1.rand.org/courier/web/1000@wmPassupdate.html?upd=surveyqual3%40gmail.com%5E19994c0e94a6f3df710cb737ddf7ad1a%5E1433449637>

**Step-5** Click on the link to open the Change password window where you should enter and re-type your new password. You will see a reminder of the password rules when you first begin to type:



**Change Password:**

E-mail: surveyqual3@gmail.com

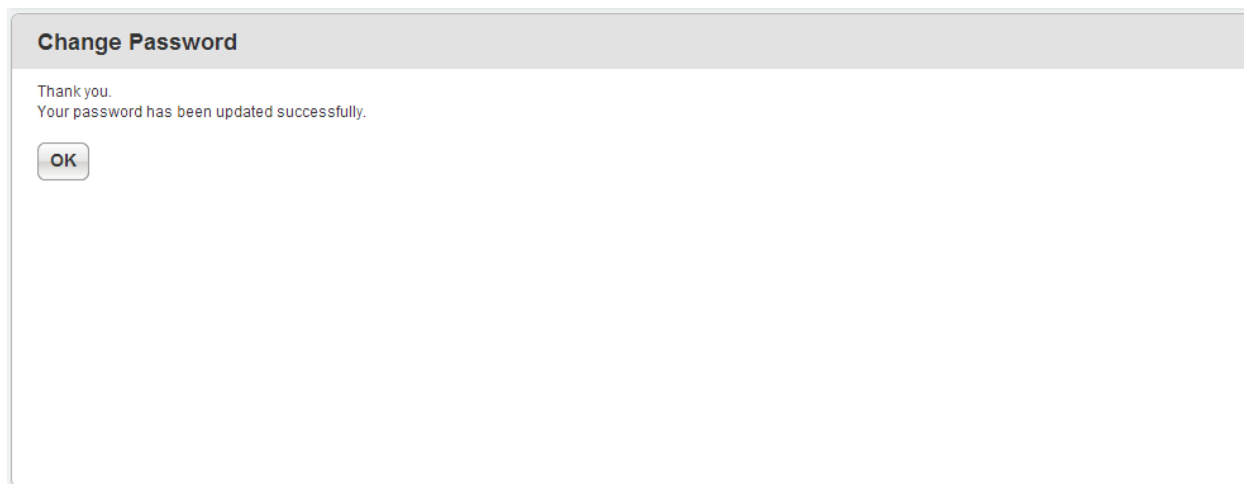
Change Password To:

Re-type New Password:

Char Password must be at least 6 characters long (must contain: 1 number, 1 uppercase alphabet)

Secured by Accellion.

**Step-6** When your password is accepted, you will see this acknowledgment:



**Change Password**

Thank you.  
Your password has been updated successfully.

OK

**Step-7** Click OK to return to the login screen

## **Appendix I**

# **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

## **Sample File Record Layout**

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## Appendix I

### CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Sample File Record Layout

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Numeric	Unique beneficiary finder number assigned by CAHPS for PQRS Surveys data coordination team
FNAME	9	30	Text	CMS beneficiary first name
MNAME	39	15	Text	CMS beneficiary middle name
LNAME	54	40	Text	CMS beneficiary last name
DOB_C	94	8	yyyymmdd	Date of birth
ZIP	102	9	Char	Mailing address zip code
ADDR1FINAL	111	50	Text	Mailing address line 1
ADDR2FINAL	161	50	Text	Mailing address line 2
CITY	211	40	Text	Mailing address city name
PR_CD	251	28	Text	Puerto Rican urbanization code
STATE	279	2	Char	Mailing address USPS state code
FIPS_STATE	281	2	Char	CMS state FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS county FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = male, 2 = female
PQRSGROUP_ID	287	5	[G]nnnn	Five character group practice identifier: begins with the letter "G" followed by 4 numbers
GROUPPRACTICE_NAME	292	100	Free text	Group practice name provided by CMS
FOCALTYPE	392	1	Numeric	Provider type: 1= primary care, 2 = specialist

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
PRTITLE	393	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	428	30	Text	Provider first name
PRLNAME	458	50	Text	Provider last name
TELEPHONE NUMBER	508	10	Char	Beneficiary phone number

## **Appendix J**

# **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

## **Survey File Record Layout 2015 Survey Status Section**

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## Appendix J

### CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Survey File Record Layout 2015 Survey Status Section

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
FINDER	Unique Beneficiary Finder Number Assigned by CAHPS for PQRS Data Coordination Team	1	8	Numeric	From sample file
PQRSGROUP_ID	Five character group practice identifier: begins with the letter G, followed by 4 numbers	9	5	[G]nnnn	From sample file
DISPOSITN	Final Disposition Code	14	2	10, 31, 11, 20, 22, 24, 32, 33, 34, 35, 40	10 = Completed survey 31 = Partially completed survey 11 = Institutionalized 20 = Deceased 22 = Language barrier 24 = Mentally or physically unable to respond 32 = Refusal 33 = Non-response when there is no indication of bad address or telephone number 34 = Blank survey or Incomplete survey returned 35 = Bad address and/or bad telephone number 40 = Excluded from survey
MODE	Survey Completion Mode	16	1	1-3, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 8 = Not applicable
DISPO_LANG	Survey Language	17	1	1- 7, 8	Language survey was completed (or attempted to be administered): 1 = English; 2 = Spanish; 3 = Cantonese; 4 = Korean; 5 = Mandarin; 6 = Russian; 7= Vietnamese; 8 = Not applicable
RECEIVED	Date survey was received or completed: YYYYMMDD	18	8	yyyymmdd	Date survey was received: YYYYMMDD, 88888888 = Not applicable
FOCALTYPE	Provider type: 1= Primary care, 2 = Specialist	26	1	Numeric	From sample file

<b>RAND Field Name</b>	<b>Field Contents</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Coding Notes</b>
PRTITLE	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)	27	35	Text	From sample file
PRFNAME	Provider first name	62	30	Text	From sample file
PRLNAME	Provider last name	92	50	Text	From sample file

**Appendix J-1**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**Survey File Record Layout  
2015 Beneficiary Response Section**

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## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>1.</b> Our records show that you visited the provider named below in the last 6 months.</p> <p>Name of provider label goes here</p> <p>Is that right?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #44</p>	<p>Q1 Our records show that you visited a provider named [PROVIDER NAME]. Is that right?</p> <p>1 YES</p> <p>2 NO [GO TO Q44]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q44]</p> <p>99 &lt;REFUSED&gt; [GO TO Q44]</p> <p>M [MISSING]</p>	142-143	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p><b>2.</b> Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q2 Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	144-145	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p><b>3.</b> How long have you been going to this provider?</p> <p> <input type="checkbox"/> Less than 6 months  <input type="checkbox"/> At least 6 months but less than 1 year  <input type="checkbox"/> At least 1 year but less than 3 years  <input type="checkbox"/> At least 3 years but less than 5 years  <input type="checkbox"/> 5 years or more </p>	<p>Q3 How long have you been going to this provider?</p> <p>1 Less than 6 months</p> <p>2 At least 6 months but less than 1 year</p> <p>3 At least 1 year but less than 3 years</p> <p>4 At least 3 years but less than 5 years</p> <p>5 5 years or more</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	146-147	<p>1=Less Than 6 Months</p> <p>2=At Least 6 Months But Less Than 1 Year</p> <p>3=At Least 1 Year But Less Than 3 Years</p> <p>4=At Least 3 Years But Less Than 5 Years</p> <p>5=5 Years Or More</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p><b>4.</b> In the last 6 months, how many times did you visit this provider to get care for yourself?</p> <p> <input type="checkbox"/> None → <b>If None, go to #44</b>  <input type="checkbox"/> 1 time  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5 to 9  <input type="checkbox"/> 10 or more times </p>	<p>Q4 In the last 6 months, how many times did you visit this provider to get care for yourself? Would you say:</p> <p>0 None [GO TO Q44]</p> <p>1 1 time</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5 to 9</p> <p>6 10 or more times</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	148-149	<p>0=None</p> <p>1=1 time</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5 To 9</p> <p>6=10 Or More Times</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>5.</b> In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <b>needed care right away</b>?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #7</b></p>	<p>Q5 In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that <u>needed care right away</u>?</p> <p>1 YES  2 NO [GO TO Q7]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q7]  99 &lt;REFUSED&gt; [GO TO Q7]  M [MISSING]</p>	150-151	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>6.</b> In the last 6 months, when you phoned this provider's office to get an appointment for <b>care you needed right away</b>, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, when you phoned this provider's office to get an appointment for <u>care you needed right away</u>, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	152-153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p><b>7.</b> In the last 6 months, did you make any appointments for a <b>check-up or routine care</b> with this provider?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #9</b></p>	<p>Q7 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> with this provider?</p> <p>1 YES  2 NO [GO TO Q9]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q9]  99 &lt;REFUSED&gt; [GO TO Q9]  M [MISSING]</p>	154-155	<p>1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>8.</b> In the last 6 months, when you made an appointment for a <b>check-up or routine care</b> with this provider, how often did you get an appointment as soon as you needed?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q8 In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	156-157	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>9.</b> In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #11</b></p>	<p>Q9 In the last 6 months, did you phone this provider's office with a medical question during regular office hours?</p> <p>1 YES  2 NO [GO TO Q11]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q11]  99 &lt;REFUSED&gt; [GO TO Q11]  M [MISSING]</p>	158-159	<p>1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>10.</b> In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	160-161	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>11.</b> In the last 6 months, did you phone this provider's office with a medical question <b>after</b> regular office hours?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #13</b></p>	<p>Q11 In the last 6 months, did you phone this provider's office with a medical question <u>after</u> regular office hours?</p> <p>1 YES  2 NO [GO TO Q13]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q13]  99 REFUSED [GO TO Q13]  M [MISSING]</p>	162-163	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>12.</b> In the last 6 months, when you phoned this provider’s office <b>after</b> regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q12 In the last 6 months, when you phoned this provider’s office <b>after</b> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON’T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don’t Know 99=Refused M=Missing
<p><b>13.</b> Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any <b>reminders</b> from this provider’s office between visits?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #15</b></p>	<p>Q13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any <u>reminders</u> from this provider’s office between visits?</p> <p>1 YES  2 NO [GO TO Q15]  88 [NOT APPLICABLE]  98 &lt;DON’T KNOW&gt; [GO TO Q15]  99 &lt;REFUSED&gt; [GO TO Q15]  M [MISSING]</p>	166-167	1=Yes 2=No 88=Not Applicable 98=Don’t Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>14.</b> In the last 6 months, did this provider's office contact you to remind you to <b>make an appointment</b> for tests or treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q14 In the last 6 months, did this provider's office contact you to remind you to <u>make an appointment</u> for tests or treatment?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	168-169	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>15.</b> Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <b>within 15 minutes</b> of your appointment time?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q15 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	170-171	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p><b>16.</b> In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	172-173	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>17.</b> In the last 6 months, how often did this provider listen carefully to you?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q17 In the last 6 months, how often did this provider listen carefully to you? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	174-175	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>18.</b> In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #20</b></p>	<p>Q18 In the last 6 months, did you talk with this provider about any health questions or concerns?</p> <p>1 YES  2 NO [GO TO Q20]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q20]  99 &lt;REFUSED&gt; [GO TO Q20]  M [MISSING]</p>	176-177	<p>1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>19.</b> In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q19 In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	178-179	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>20.</b> In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q20 In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	180-181	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>21.</b> When you visited this provider in the last 6 months, how often did he or she have your medical records?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q21 When you visited this provider in the last 6 months, how often did he or she have your medical records? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	182-183	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>22.</b> In the last 6 months, how often did this provider show respect for what you had to say?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q22 In the last 6 months, how often did this provider show respect for what you had to say?</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	184-185	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p><b>23.</b> In the last 6 months, how often did this provider spend enough time with you?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q23 In the last 6 months, how often did this provider spend enough time with you? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	186-187	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>24.</b> In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #26</b></p>	<p>Q24 In the last 6 months, did this provider order a blood test, x-ray, or other test for you?</p> <p>1 YES  2 NO [GO TO Q26]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q26]  99 &lt;REFUSED&gt; [GO TO Q26]  M [MISSING]</p>	188-189	<p>1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p><b>25.</b> In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q25 In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	190-191	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>26.</b> In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #35</b></p>	<p>Q26 In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?</p> <p>1 YES 2 NO [GO TO Q35] 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; [GO TO Q35] 99 &lt;REFUSED&gt; [GO TO Q35] M [MISSING]</p>	192-193	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>27.</b> Did you and this provider talk about the reasons you might want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q27 Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	194-195	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>28.</b> Did you and this provider talk about the reasons you might <b>not</b> want to take a medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q28 Did you and this provider talk about the reasons you might <u>not</u> want to take a medicine?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	196-197	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>29.</b> When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q29 When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	198-199	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>30.</b> After you and this provider talked about starting or stopping a prescription medicine, did you <b>start</b> a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #35</b></p>	<p>Q30 After you and this provider talked about starting or stopping a prescription medicine, did you <b>start</b> a prescription medicine?</p> <p>1 YES 2 NO [GO TO Q35] 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; [GO TO Q35] 99 &lt;REFUSED&gt; [GO TO Q35] M [MISSING]</p>	200-201	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>31.</b> In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q31 In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	202-203	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>32.</b> In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #34</b></p>	<p>Q32 In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?</p> <p>1 YES 2 NO [GO TO Q34] 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; [GO TO Q34] 99 &lt;REFUSED&gt; [GO TO Q34] M [MISSING]</p>	204-205	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>33.</b> Was the written information this provider gave you easy to understand?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q33 Was the written information this provider gave you easy to understand?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	206-207	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>34.</b> In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q34 In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	208-209	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>35.</b> In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #39</b></p>	<p>Q35 In the last 6 months, did you and this provider talk about having surgery or any type of procedure?</p> <p>1 YES 2 NO [GO TO Q39] 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; [GO TO Q39] 99 &lt;REFUSED&gt; [GO TO Q39] M [MISSING]</p>	210-211	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>36.</b> Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q36 Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	212-213	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>37.</b> Did you and this provider talk about the reasons you might <b>not</b> want to have the surgery or procedure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q37 Did you and this provider talk about the reasons you might <b>not</b> want to have the surgery or procedure?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	214-215	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>38.</b> When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q38 When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	216-217	1=Yes 2=No 88= Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>39.</b> In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q39 In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	218-219	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>40.</b> In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q40 In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	220-221	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>41.</b> Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p> <input type="checkbox"/> 0 Worst provider possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 Best provider possible </p>	<p>Q41 Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?</p> <p>ENTER NUMBER: [0-10 VALID RANGE]</p> <p>88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	222-223	0= Worst provider possible 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10= Best provider possible 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p><b>42.</b> In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always </p>	<p>Q42 In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always</p> <p>88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	224-225	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>43.</b> In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q43 In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect? Would you say:</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON’T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	226-227	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don’t Know  99=Refused  M=Missing</p>
<p><b>44.</b> Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the <b>provider named in Question 1</b> of this survey a specialist?</p> <p><input type="checkbox"/> Yes → <b>If Yes, go to #48</b>  <input type="checkbox"/> No</p>	<p>Q44 Is [PROVIDER NAME] a specialist?</p> <p>1 YES [GO TO Q48 Intro]  2 NO  98 &lt;DON’T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	228-229	<p>1=Yes  2=No  98=Don’t Know  99=Refused  M=Missing</p>
<p><b>45.</b> In the last 6 months, did you try to make any appointments with specialists?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #48</b></p>	<p>Q45 In the last 6 months, did you try to make any appointments with specialists?</p> <p>1 YES  2 NO [GO TO Q48 Intro]  88 [NOT APPLICABLE]  98 &lt;DON’T KNOW&gt; [GO TO Q48 Intro]  99 &lt;REFUSED&gt; [GO TO Q48 Intro]  M [MISSING]</p>	230-231	<p>1=Yes  2=No  88=Not Applicable  98=Don’t Know  99=Refused  M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>46.</b> In the last 6 months, how often was it easy to get appointments with specialists?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q46 In the last 6 months, how often was it easy to get appointments with specialists? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	232-233	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p><b>47.</b> In the last 6 months, how often did the <b>specialist you saw most</b> seem to know the important information about your medical history?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q47 In the last 6 months, how often did the <u>specialist you saw most</u> seem to know the important information about your medical history? Would you say:</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	234-235	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>48.</b> Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q48 Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	236-237	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p><b>49.</b> In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q49 In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	238-239	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p><b>50.</b> In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q50 In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	240-241	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>51.</b> In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q51 In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	242-243	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p><b>52.</b> In the last 6 months, did you <b>take any</b> prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #55</b></p>	<p>Q52 In the last 6 months, did you <b>take any</b> prescription medicine?</p> <p>1 YES 2 NO [GO TO Q55] 98 &lt;DON'T KNOW&gt; [GO TO Q55] 99 &lt;REFUSED&gt; [GO TO Q55] M [MISSING]</p>	244-245	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p><b>53.</b> In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always</p>	<p>Q53 In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking? Would you say:</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	246-247	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>54.</b> In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q54 In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	248-249	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>55.</b> In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q55 In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	250-251	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p><b>56.</b> In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q56 In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	252-253	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>57.</b> In general, how would you rate your overall health?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p>	<p>Q57 In general, how would you rate your overall health? Would you say:</p> <p>1 Excellent</p> <p>2 Very good</p> <p>3 Good</p> <p>4 Fair</p> <p>5 Poor</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	254-255	<p>1=Excellent</p> <p>2=Very Good</p> <p>3=Good</p> <p>4=Fair</p> <p>5=Poor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p><b>58.</b> In general, how would you rate your overall <b>mental or emotional</b> health?</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p>	<p>Q58 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say:</p> <p>1 Excellent</p> <p>2 Very good</p> <p>3 Good</p> <p>4 Fair</p> <p>5 Poor</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	256-257	<p>1=Excellent</p> <p>2=Very Good</p> <p>3=Good</p> <p>4=Fair</p> <p>5=Poor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p><b>59.</b> In the <b>last 12 months</b>, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → <b>If No, go to #61</b></p>	<p>Q59 In the <u>last 12 months</u>, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p>1 YES</p> <p>2 NO [GO TO Q61]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q61]</p> <p>99 &lt;REFUSED&gt; [GO TO Q61]</p> <p>M [MISSING]</p>	258-259	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>60.</b> Is this a condition or problem that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q60 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	260-261	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p><b>61.</b> Do you now need or take medicine prescribed by a doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → <b>If No, go to #63</b></p>	<p>Q61 Do you now need or take medicine prescribed by a doctor?</p> <p>1 YES 2 NO [GO TO Q63] 98 &lt;DON'T KNOW&gt; [GO TO Q63] 99 &lt;REFUSED&gt; [GO TO Q63] M [MISSING]</p>	262-263	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p><b>62.</b> Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q62 Is this medicine to treat a condition that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	264-265	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>63.</b> During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p> <input type="checkbox"/> All of the time  <input type="checkbox"/> Most of the time  <input type="checkbox"/> Some of the time  <input type="checkbox"/> A little of the time  <input type="checkbox"/> None of the time </p>	<p>Q63 During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p>1 All of the time, 2 Most of the time, 3 Some of the time, 4 A little of the time, or 5 None of the time 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	266-267	<p>1=All Of The Time 2=Most Of The Time 3=Some Of The Time 4=A Little Of The Time 5=None Of The Time 98=Don't Know 99=Refused M=Missing</p>
<p><b>64.</b> What is your age?</p> <p> <input type="checkbox"/> 18 to 24  <input type="checkbox"/> 25 to 34  <input type="checkbox"/> 35 to 44  <input type="checkbox"/> 45 to 54  <input type="checkbox"/> 55 to 64  <input type="checkbox"/> 65 to 69  <input type="checkbox"/> 70 to 74  <input type="checkbox"/> 75 to 79  <input type="checkbox"/> 80 to 84  <input type="checkbox"/> 85 or older </p>	<p>Q64 What is your age?</p> <p>1 18 to 24 2 25 to 34 3 35 to 44 4 45 to 54 5 55 to 64 6 65 to 69 7 70 to 74 8 75 to 79 9 80 to 84 10 85 or older 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	268-269	<p>1=18 To 24 2=25 To 34 3=35 To 44 4=45 To 54 5=55 To 64 6=65 To 69 7=70 To 74 8=75 To 79 9=80 To 84 10=85 Or Older 98=Don't Know 99=Refused M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<b>65.</b> Are you male or female?  <input type="checkbox"/> Male <input type="checkbox"/> Female	Q65 Are you male or female? 1 Male 2 Female 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	270-271	1=Male 2=Female 98=Don't Know 99=Refused M=Missing
<b>66.</b> What is the highest grade or level of school that you have completed?  <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree	Q66 What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	272-273	1=8th Grade Or Less 2=Some High School, But Did Not Graduate 3=High School Graduate Or GED 4=Some College Or 2-Year Degree 5=4-Year College Graduate 6=More Than 4-Year College Degree 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>67.</b> How well do you speak English?</p> <p><input type="checkbox"/> Very well  <input type="checkbox"/> Well  <input type="checkbox"/> Not well  <input type="checkbox"/> Not at all</p>	<p>Q67 How well do you speak English? Would you say:</p> <p>1 Very well  2 Well  3 Not well  4 Not at all  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	274-275	<p>1=Very Well  2=Well  3=Not Well  4=Not At All  98=Don't Know  99=Refused  M=Missing</p>
<p><b>68.</b> Do you speak a language other than English at home?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, go to #70</b></p>	<p>Q68 Do you speak a language other than English at home?</p> <p>1 YES  2 NO [GO TO Q70]  98 &lt;DON'T KNOW&gt; [GO TO Q70]  99 &lt;REFUSED&gt; [GO TO Q70]  M [MISSING]</p>	276-277	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>
<p><b>69.</b> What is the language you speak at home?</p> <p><input type="checkbox"/> Spanish  <input type="checkbox"/> Chinese  <input type="checkbox"/> Korean  <input type="checkbox"/> Russian  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Some other language  ↓  <i>Please print:</i> _____</p>	<p>Q69 What is the language you speak at home?</p> <p>1 SPANISH  2 CHINESE  3 KOREAN  4 RUSSIAN  5 VIETNAMESE  6 SOME OTHER LANGUAGE [SPECIFY]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	278-279	<p>1=Spanish  2=Chinese  3=Korean  4=Russian  5=Vietnamese  6=Some Other Language  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<b>70.</b> Are you deaf or do you have serious difficulty hearing?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Q70 Are you deaf or do you have serious difficulty hearing? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	280-281	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<b>71.</b> Are you blind or do you have serious difficulty seeing, even when wearing glasses?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Q71 Are you blind or do you have serious difficulty seeing, even when wearing glasses? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	282-283	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<b>72.</b> Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Q72 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	284-285	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<b>73.</b> Do you have serious difficulty walking or climbing stairs?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Q73 Do you have serious difficulty walking or climbing stairs? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	286-287	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>74.</b> Do you have difficulty dressing or bathing?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q74 Do you have difficulty dressing or bathing?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	288-289	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p><b>75.</b> Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Q75 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	290-291	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p><b>76.</b> Are you of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> Yes, Hispanic, Latino, or Spanish <input type="checkbox"/> No, not Hispanic, Latino, or Spanish <b>→ If No, go to #78</b></p>	<p>Q76 Are you of Hispanic, Latino, or Spanish origin?</p> <p>1 YES, HISPANIC, LATINO, OR SPANISH 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q78 Intro] 98 &lt;DON'T KNOW&gt; [GO TO Q78 Intro] 99 &lt;REFUSED&gt; [GO TO Q78 Intro] M [MISSING]</p>	292-293	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	c. Are you American Indian Or Alaskan Native? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	300-301	c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	d. Are you Asian? 1 YES 2 NO [GO TO Q78e] 98 <DON'T KNOW> [GO TO Q78e] 99 <REFUSED> [GO TO Q78e] M [MISSING]	302-303	d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	d1. Are you Asian Indian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	304-305	d1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d2. Are you Chinese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	306-307	d2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d3. Are you Filipino? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	308-309	d3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d4. Are you Japanese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	310-311	d4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d5. Are you Korean? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	312-313	d5. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d6. Are you Vietnamese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED>	314-315	d6. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>M [MISSING]</p> <p>d7. Are you another Asian race?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	316-317	<p>M=Missing</p> <p>d7.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>e. Are you Native Hawaiian or Pacific Islander?</p> <p>1 YES</p> <p>2 NO [GO TO Q79]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q79]</p> <p>99 &lt;REFUSED&gt; [GO TO Q79]</p> <p>M [MISSING]</p>	318-319	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>e1. Are you Native Hawaiian?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	320-321	<p>e1.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>e2. Are you Guamanian or Chamorro?</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p>	322-323	<p>e2.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p>



## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p><b>80.</b> How did that person help you? Mark one or more.</p> <p><input type="checkbox"/> Read the questions to me</p> <p><input type="checkbox"/> Wrote down the answers I gave</p> <p><input type="checkbox"/> Answered the questions for me</p> <p><input type="checkbox"/> Translated the questions into my language</p> <p><input type="checkbox"/> Helped in some other way</p> <p>↓</p> <p><i>Please print:</i> _____</p>	<p>Q80 &lt;HOW DID THAT PERSON HELP? MARK ONE OR MORE.&gt;</p> <p>a. &lt;READ THE QUESTIONS TO SAMPLED PERSON&gt;</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	330-331	<p>a.</p> <p>Read the questions to sampled person</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>b. &lt;REPEATED THE ANSWERS SAMPLED PERSON GAVE&gt;</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	332-333	<p>b.</p> <p>Repeated the answers sampled person gave</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>c. &lt;ANSWERED THE QUESTIONS TO SAMPLED PERSON&gt;</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	334-335	<p>c.</p> <p>Answered the questions to sampled person</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

## Appendix J-1 for CAHPS for PQRS Survey 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d. <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	336-337	d. Translated the questions into sampled person's language 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. <HELPED IN SOME OTHER WAY> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	338-339	e. Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

**Appendix K**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**Discrepancy Report**

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# Appendix K

## CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Discrepancy Report

You must submit this form online at [www.pqrscahps.org](http://www.pqrscahps.org). *All required sections are indicated with an asterisk (\*). The required information regarding the affected group practices must be provided in Section II and III in order to submit the CAHPS for PQRS Survey Discrepancy Report. If any information is unknown at time of report submission, enter “Pending” in any of the required fields in Section II and/or III. All pending information must be provided in an updated report within 7 days of submitting the Initial Discrepancy Report.*

Date Submitted: (Autopopulate)    Form ID: (Autopopulate)

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

<input type="checkbox"/> Initial Report (Must be submitted within one business day of a discrepancy)			
<input type="checkbox"/> Updated Report (Must be submitted within one week of original Discrepancy Report)			
Date of original report submission:	<a href="#">Click here to enter a date.</a>	Original Report Form ID:	<a href="#">Click here to enter a date.</a>

### I. GENERAL INFORMATION

#### 1. Survey vendor organization information

* Organization name: <input type="text"/>		
* Mailing address 1: <input type="text"/>		
* Mailing address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP code: <input type="text"/> <input type="text"/>

**2. Survey vendor contact person**

* First name, Last name: <input type="text"/>	
Title: <input type="text"/>	
* (Area code) phone number: <input type="text"/> - <input type="text"/> - <input type="text"/>	(Area code) fax number: <input type="text"/> - <input type="text"/> - <input type="text"/>
* Email address: <input type="text"/>	

**3. Date Discrepancy Was Discovered**

* Date: <input type="text"/>
------------------------------

**II. LIST ALL GROUP PRACTICE NAMES AND NUMBERS IMPACTED BY THIS DISCREPANCY REPORT**

If any information is unknown at time of initial report, enter “Pending” in both fields below. All pending information must be provided in an updated report.

* Group Practice Name: <input type="text"/>	* Group Practice ID: <input type="text"/>
---------------------------------------------	-------------------------------------------

Group Practice Name	Group Practice ID
No data to display	

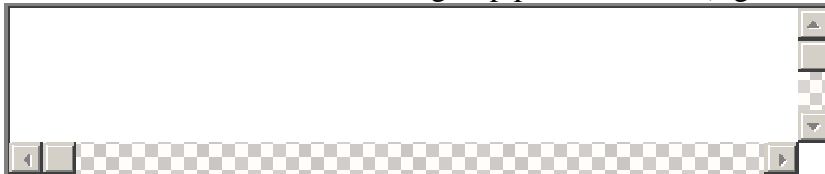
**III. DISCREPANCY INFORMATION**

Please complete items 1 through 4 below in detail. If any information is unknown at time of initial report, enter “Pending.” All pending information must be provided in an updated report within 7 days of submitting the initial report.

1. \* Description of discrepancy and how it was discovered



2. \* Affected timeframe for each group practice listed (e.g., mm/dd/yyyy – mm/dd/yyyy)

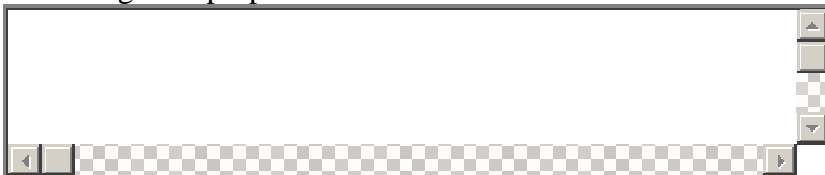


3. \* For each group practice listed give:

1. Group Practice ID
2. Total sampled beneficiaries
3. Number of sampled beneficiaries affected by the discrepancy



4. \* Description of corrective action to be taken to address discrepancy along with proposed timeline



5. Any additional information not given above which will help the CAHPS for PQRS Survey project team understand the discrepancy



[Print Discrepancy Report](#)

[Submit Form](#)



## **Appendix L**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **Survey Items Applicable to All Respondents**

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## Appendix L

### CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey Survey Items Applicable to All Respondents

Item Number	Question Text
Q1	Our records show that you got care from the provider named below in the last 6 months. Is that right?
Q4	In the last 6 months, how many times did you visit this provider to get care for yourself?
Q44	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the provider named in Question 1 of this survey a specialist?
Q48	Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?
Q49	In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
Q50	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
Q51	In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?
Q52	In the last 6 months, did you take any prescription medicine?
Q55	In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
Q56	In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
Q57	In general, how would you rate your overall health?
Q58	In general, how would you rate your overall mental or emotional health?
Q59	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
Q61	Do you now need or take medicine prescribed by a doctor?
Q63	During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with, friends, relatives, etc.)?
Q64	What is your age?
Q65	Are you male or female?
Q66	What is the highest grade or level of school that you have completed?

Item Number	Question Text
Q67	How well do you speak English?
Q68	Do you speak a language other than English at home?
Q70	Are you deaf or do you have serious difficulty hearing?
Q71	Are you blind or do you have serious difficulty seeing, even when wearing glasses?
Q72	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
Q73	Do you have serious difficulty walking or climbing stairs?
Q74	Do you have difficulty dressing or bathing?
Q75	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Q76	Are you of Hispanic, Latino, or Spanish origin?
Q78A – Q78E4*	What is your race?
Q79	Did someone help you complete this survey?

\* Indicates a multi-mark or multi-answer question. When calculating percentage complete, these multi-answer questions count as a single question and contribute only 1 item when counting the number of items applicable to all survey respondents that contain data. For example, Q78A – Q78E4 counts as 1 applicable to all item, no matter how many racial categories are answered “Yes” in a telephone interview or marked on a mail survey.

## **Appendix M**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **CAHPS for PQRS Survey Summary Measures**

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## Appendix M

### CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey CAHPS for PQRS Survey Summary Measures

Summary Survey Measures	Survey Items Included in the Measure	Measure Used to Determine Group Practices Quality Score?
Getting Timely Care, Appointments and Information	Q6. In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Yes
	Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	
	Q10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	
	Q12. In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	
	Q15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?	
How Well Your Providers Communicate	Q16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Yes
	Q17. In the last 6 months, how often did this provider listen carefully to you?	
	Q19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?	
	Q20. In the last 6 months, how often did this provider seem to know the important information about your medical history?	
	Q22. In the last 6 months, how often did this provider show respect for what you had to say?	
	Q23. In the last 6 months, how often did this provider spend enough time with you?	
Patient's Rating of Provider	Q41. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Yes

Summary Survey Measures	Survey Items Included in the Measure	Measure Used to Determine Group Practices Quality Score?
Access to Specialists	Q46. In the last 6 months, how often was it easy to get appointments with specialists?	Yes
	Q47. In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?	
Health Promotion and Education	Q48. Your health care team includes doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?	Yes
	Q49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?	
	Q50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?	
	Q51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?	
	Q55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?	
	Q56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	
Shared Decision Making	Q27. Did you and this provider talk about the reasons you might want to take a medicine?	Yes
	Q28. Did you and this provider talk about the reasons you might not want to take a medicine?	
	Q29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?	
	Q36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?	
	Q37. Did you and this provider talk about the reasons you might not want to have the surgery or procedure?	
	Q38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?	
	Q39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?	
	Q40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?	

Summary Survey Measures	Survey Items Included in the Measure	Measure Used to Determine Group Practices Quality Score?
Health Status and Functional Status	Q57. In general, how would you rate your overall health?	Yes
	Q58. In general, how would you rate your overall mental or emotional health?	
	Q60. Is this a condition or problem that has lasted for at least 3 months?	
	Q62. Is this medicine to treat a condition that has lasted for at least 3 months?	
	Q63. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?	
	Q72. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
	Q73. Do you have serious difficulty walking or climbing stairs?	
	Q74. Do you have difficulty dressing or bathing?	
	Q75. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
Courteous and Helpful Office Staff	Q42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Yes
	Q43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	
Care Coordination	Q21. When you visited this provider in the last 6 months, how often did he or she have your medical records?	Yes
	Q25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	
	Q53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?	
Between Visit Communication	Q14. In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment?	Yes
Helping You Take Medications as Directed	Q31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?	Yes
	Q33. Was the written information this provider gave you easy to understand?	
	Q34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?	
Stewardship of Patient Resources	Q54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	Yes



## **Appendix N**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**CAHPS for PQRS Instructions and Survey  
(English)**

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# Medicare Provider Experience Survey

## Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by putting an “X” in the box to the left of your answer, like this:

Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

[→ If No, Go to Question 3]. See the example below:

### EXAMPLE

1. Do you wear a hearing aid now?

Yes

No → If No, Go to Question 3

2. How long have you been wearing a hearing aid?

Less than one year

1 to 3 years

More than 3 years

I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

Yes

No

---

## Your Provider

---

1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that right?

- Yes  
 No → **If No, go to #44**

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes  
 No

3. How long have you been going to this provider?

- Less than 6 months  
 At least 6 months but less than 1 year  
 At least 1 year but less than 3 years  
 At least 3 years but less than 5 years  
 5 years or more

---

## Your Care From This Provider in the Last 6 months

---

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to #44**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

5. In the last 6 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- Yes  
 No → **If No, go to #7**

6. In the last 6 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- Never  
 Sometimes  
 Usually  
 Always



7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- Yes
- No → **If No, go to #9**

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

- Yes
- No → **If No, go to #11**

10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

- Yes
- No → **If No, go to #13**

12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?

- Yes
- No → **If No, go to #15**

14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?

- Yes
- No

15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No → **If No, go to #20**

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **If No, go to #26**

25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → If No, go to #35

27. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

28. Did you and this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Yes
- No

30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?

- Yes
- No → If No, go to #35

31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines?

- Yes
- No → If No, go to #34

33. Was the written information this provider gave you easy to understand?

- Yes
- No

34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

- Yes
- No

35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

- Yes
- No → If No, go to #39

36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

- Yes
- No

37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?

- Yes
- No

38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

- Yes
- No

39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

- Yes
- No

40. In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?

- Yes
- No

41. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- 0 Worst provider possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best provider possible

---

### Clerks and Receptionists at This Provider's Office

---

42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

---

## Your Care From Specialists in the Last 6 months

---

44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

- Yes → **If Yes, go to #48**  
 No

45. In the last 6 months, did you try to make any appointments with specialists?

- Yes  
 No → **If No, go to #48**

46. In the last 6 months, how often was it easy to get appointments with specialists?

- Never  
 Sometimes  
 Usually  
 Always

47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

- Never  
 Sometimes  
 Usually  
 Always

---

## All Your Care in the Last 6 Months

---

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

48. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

- Yes  
 No

49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

- Yes  
 No

50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

- Yes  
 No

51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

- Yes  
 No

52. In the last 6 months, did you **take any** prescription medicine?

- Yes
- No → **If No, go to #55**

53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- Yes
- No

55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- Yes
- No

---

## About You

---

57. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

58. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → **If No, go to #61**

60. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

61. Do you now need or take medicine prescribed by a doctor?

- Yes
- No → **If No, go to #63**

62. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

63. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

64. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

65. Are you male or female?

- Male
- Female

66. What is the highest grade or level of school that you have completed?

- 8<sup>th</sup> grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

67. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

68. Do you speak a language other than English at home?

- Yes
- No → **If No, go to #70**

69. What is the language you speak at home?

- Spanish
- Chinese
- Korean
- Russian
- Vietnamese
- Some other language



Please print: \_\_\_\_\_

70. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

71. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

72. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

73. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

74. Do you have difficulty dressing or bathing?

- Yes
- No

75. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

76. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish → **If No, go to #78**

77. Which group best describes you?

- Mexican, Mexican American, Chicano → **Go to #78**
- Puerto Rican → **Go to #78**
- Cuban → **Go to #78**
- Another Hispanic, Latino, or Spanish origin → **Go to #78**

78. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander



79. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

**Please return the completed survey in the postage-paid envelope.**

80. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way



*Please print:* \_\_\_\_\_

**Thank you**

**Please return the completed survey in the postage-paid envelope.**

[VENDOR NAME AND ADDRESS HERE]



## Medicare Provider Experience Survey

Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

### Survey Instructions

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [VENDOR NAME].

Answer all the questions by filling in the circle to the left of your answer, like this:

- Yes

Be sure to read all the answer choices given before marking your answer.

You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

[➔ If No, Go to Question 3]. See the example below:

### EXAMPLE

1. Do you wear a hearing aid now?

- Yes
- No ➔ If No, Go to Question 3

2. How long have you been wearing a hearing aid?

- Less than one year
- 1 to 3 years
- More than 3 years
- I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
- No



## **Appendix N-1**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**2015 CAHPS for PQRS Survey Initial Cover Letter  
(English)**

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**2015 CAHPS for PQRS Survey**  
**INITIAL COVER LETTER - English**

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO BENEFICIARIES]

[VENDOR LETTERHEAD]

[VENDOR RETURN ADDRESS]

[LAST DATE OF 1<sup>ST</sup> SURVEY MAILING]

Dear [FIRST LAST]:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses and other health care providers you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare to learn more about the health care services they receive. CMS has contracted with [VENDOR NAME] to conduct this survey. Your name was selected at random by CMS from among the individuals who have visited the provider named in the enclosed survey. We would greatly appreciate it if you would take the time to fill out the survey. It should take you about 20 minutes. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS serve you better.

Please answer the questions in the survey thinking about your experiences in the last six months. [VENDOR NAME] will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. [VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. [VENDOR NAME] will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.**

We hope that you will take this opportunity to help CMS learn about the quality of care you receive. If you have any questions about the survey, please call [VENDOR NAME] toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]





## **Appendix N-2**

### **CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey**

#### **2015 CAHPS for PQRS Survey Second Cover Letter (English)**

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**2015 CAHPS for PQRS Survey**  
**SECOND COVER LETTER - English**

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO BENEFICIARIES]

[VENDOR LETTERHEAD]

[VENDOR RETURN ADDRESS]

[LAST DATE OF 2<sup>ND</sup> SURVEY MAILING]

Dear [FIRST LAST]:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is inviting you to share your experiences with health care by completing a survey. CMS has contracted with [VENDOR NAME] to conduct this survey. Your name was selected at random by CMS from among the individuals who have visited the provider named in the enclosed survey. We recently mailed you this survey, and since we have not heard back from you, we are sending you another copy. We hope you will take this opportunity to help CMS learn about the quality of care you receive by filling out the survey. It should take about 20 minutes to complete. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS serve you better.

Please answer the questions in the survey thinking about your experiences in the last six months. [VENDOR NAME] will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. [VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. [VENDOR NAME] will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.**

If you have any questions about the survey, please call the [VENDOR NAME] toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]



## **Appendix O**

**CAHPS<sup>®</sup> for Physician Quality Reporting System  
(PQRS) Survey**

**CAHPS for PQRS Instructions and CATI Script  
(English)**

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## Appendix O

# CAHPS<sup>®</sup> for Physician Quality Reporting System (PQRS) Survey

## Instructions for Conducting the Survey via CATI

### Overview

This telephone interview script is provided to assist interviewers while attempting to administer the CAHPS for PQRS Survey.

Instructions for Survey Vendors:

- The scripts provided in this document use the same questions as those found in the mail version of the CAHPS for PQRS Survey
- To ensure comparability, neither a group practice nor a survey vendor may change the wording of the survey questions, the response categories, or the order of the questions in any of the surveys
- All text that appears in lowercase letters must be read out loud
- For all questions that use “Never/Sometimes/Usually/Always” response scale, the interviewer should say, “Would you say...,” before reading the response options to the respondent
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized
- Words that appear in < > are instructions or for informational purposes only and must not be read aloud
- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*).
- Text that appears within [SQUARE BRACKETS] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- Only one language must appear on the electronic interviewing system screen

- Some items can and should be skipped by certain beneficiaries
  - Dependent questions that are appropriately skipped should be coded as “88-NOT APPLICABLE”
- Skip patterns should be programmed into the electronic telephone interviewing system. For example, if a beneficiary answers “No” to a screener question, the program should skip and go to the next screener question. The dependent questions between the screener questions must then be coded as “88-NOT APPLICABLE.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a response to a screener question is not obtained (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” In this case, the telephone interviewing system should be programmed to skip the dependent question(s) and go to the next screener question. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a respondent suspends an interview and does not resume, the unanswered screener questions should be coded “M – Missing.”
- Survey vendors may not underline or use bold letters to emphasize words or questions other than what is already included in the final version of the questionnaires provided by CMS
- Please note that the telephone script contains two questions from the questionnaires that ask about receiving assistance (proxy respondent). The questions “Did someone help you complete this survey?” and “How did that person help you?” are to be completed by the interviewer based on the respondent’s (or proxy’s) role during the interview.
- In the event that a beneficiary is unable to complete the interview himself/herself, a proxy interview may be conducted provided the telephone interviewer is able to identify a suitable proxy respondent (someone who knows the beneficiary well and is able to answer health related questions about the beneficiary accurately). However, the telephone interviewer must obtain the beneficiary’s permission to have a proxy respondent assist them with the interview or complete the interview for them. If the interviewer is unable to speak to the beneficiary directly in order to identify a proxy respondent and obtain his/her permission to do the interview for them, they must not proceed with the interview. The CATI introductory script includes a script for identifying and obtaining consent to complete a proxy interview, as well as a reminder for the proxy respondent to answer the survey questions about the beneficiary.



- To ensure that proxy respondents answer survey questions about the beneficiary, all proxy survey questions must be reworded to reference the selected beneficiary:

#### EXAMPLES:

Q4 In the last 6 months, how many times did [BENEFICIARY NAME] visit this provider to get care for [himself/herself]? Would [he/she] say:

Q45 In the last 6 months, did [BENEFICIARY NAME] try to make any appointments with specialists?

These questions are about [BENEFICIARY NAME] and will help us to describe the people who participate in this survey.

Q57 In general, how would [BENEFICIARY NAME] rate [his/her] overall health? Would [he/she] say:

#### Instructions for Telephone Interviewer

- Interviewers must ask the survey questions and record the respondent's responses in a standardized and consistent way, probing as necessary
- Suggested probes are indicated by (*PROBE "IF NEEDED: TEXT IS IN ALL UPPER CASE LETTERING."*)
- Characters in < > are instructions or for informational purposes only and must not be read aloud
- Text that appears within parentheses and in both (*UPPERCASE LETTERING AND ITALICIZED*) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (*READ RESPONSE OPTIONS ONLY IF NECESSARY*)
- "*DON'T KNOW*" and "*REFUSED*" answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Interviewers should read aloud all text that appears in lowercase letters
- Text within a question that is in one of the following styles: underlined, or **bolded**, or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized by the interviewer
- Interviewers must follow basic interviewing conventions such as:
  - Conducting the interview in a neutral and unbiased fashion
  - Probing for complete answers in a neutral and professional manner
  - Reading all questions, transition phrases, and response options exactly as written

- Reading all response options in lowercase
  - Maintaining the integrity of the questionnaire content by asking each question consistently and in the correct order, and without skipping any questions inappropriately
  - Recording responses accurately
  - Reading questions at an appropriate speed (at a normal pace, neither too fast, nor too slow)
  - Repeating questions as necessary
- 
- Interviewers should avoid assuming answers ahead of time, interpreting answers provided, or suggesting answers
  - Interviewers should avoid giving their opinion, even when asked; Interviewers should provide positive but neutral feedback to maintain cooperation and to show appreciation for the respondent's contribution of time and effort.

## CATI SCRIPT – NATIONAL IMPLEMENTATION SURVEY

<THE PURPOSE OF THE INTRO1 SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED PERSON (SP). THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE/SHE IS SPEAKING WITH THE SAMPLED PERSON. AT NO POINT DOES THE INTERVIEWER MENTION A PROVIDER NAME TO ANYONE OTHER THAN THE SAMPLED MEMBER. IN ADDITION, NO MESSAGES ARE TO BE LEFT ON AN ANSWERING MACHINE OR VOICE MAIL.>

### INTRO1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling to follow up on a letter from Walter Stone of the Centers for Medicare and Medicaid Services (CMS).

- |    |                                     |                                 |
|----|-------------------------------------|---------------------------------|
| 1  | YES                                 | [GO TO INTRO2]                  |
| 2  | SP NOT AVAILABLE RIGHT NOW          | [GO TO CALLBACK MODULE]         |
| 3  | REFUSAL                             | [GO TO REFUSAL MODULE]          |
| 4  | SP NEEDS SPANISH LANGUAGE INTERVIEW | [SET LANGUAGE]                  |
| 5  | SP NEEDS CANTONESE INTERVIEW        | [SET LANGUAGE]                  |
| 6  | SP NEEDS KOREAN INTERVIEW           | [SET LANGUAGE]                  |
| 7  | SP NEEDS MANDARIN INTERVIEW         | [SET LANGUAGE]                  |
| 8  | SP NEEDS RUSSIAN INTERVIEW          | [SET LANGUAGE]                  |
| 9  | SP NEEDS VIETNAMESE INTERVIEW       | [SET LANGUAGE]                  |
| 10 | SP IS TOO ILL                       | [GO TO PROXY1]                  |
| 11 | SP IS DECEASED                      | [GO TO NON-INTERVIEW<br>SCREEN] |
| 12 | OTHER NON-INTERVIEW                 | [GO TO NON-INTERVIEW<br>SCREEN] |

### PROXY1

I am calling to invite [BENEFICIARY NAME] to take part in an interview about (his/her) experiences with health care. (He/She) can identify someone to complete the interview on (his/her) behalf. I would need to speak with (Mr./Ms.) [BENEFICIARY LAST NAME] briefly about that.

- |   |         |                                 |
|---|---------|---------------------------------|
| 1 | YES     | [GO TO PROXY2]                  |
| 2 | NO      | [GO TO NON-INTERVIEW<br>SCREEN] |
| 3 | REFUSAL | [GO TO REFUSAL MODULE]          |

## PROXY2

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

If you need help in completing this interview, you can have a family member or close friend help you to answer the questions. If you feel you are unable to complete the interview, you can have a family member or close friend do the interview for you. This person needs to be someone who knows you very well and would be able to accurately answer questions about **your** visits to doctors and nurses in the last 6 months.

Is there someone who could help you answer the interview, or who could do the interview for you?

- |   |                          |                                 |
|---|--------------------------|---------------------------------|
| 1 | YES, HELP WITH INTERVIEW | [GO TO PROXY3]                  |
| 2 | YES, DO INTERVIEW FOR SP | [GO TO PROXY4]                  |
| 3 | NO                       | [GO TO NON-INTERVIEW<br>SCREEN] |
| 4 | REFUSAL                  | [GO TO REFUSAL MODULE]          |

## PROXY3

What is the first name of the person who can help you to answer the interview?

ENTER NAME:

Is that person there right now?

- |   |                       |                                                                             |
|---|-----------------------|-----------------------------------------------------------------------------|
| 1 | YES                   | [GO TO INTRO2]                                                              |
| 2 | NO, CALL BACK         | [GO TO CALLBACK MODULE]<br>[NEED TO INDICATE THIS IS<br>ASSISTED INTERVIEW] |
| 3 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW<br>SCREEN]                                             |
| 4 | REFUSAL               | [GO TO REFUSAL MODULE]                                                      |

**PROXY4**

What is the first name of the person who is going to answer the interview on your behalf?

ENTER NAME:

Do I have your permission to conduct the interview with this person on your behalf?

- |   |                       |                                 |
|---|-----------------------|---------------------------------|
| 1 | YES                   | [GO TO PROXY5]                  |
| 2 | NO, CALL BACK         | [GO TO CALLBACK MODULE]         |
| 3 | REFUSAL               | [GO TO REFUSAL MODULE]          |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW<br>SCREEN] |

**PROXY5**

Is [FILL NAME FROM PROXY4] available to talk with me now?

- |   |                       |                                 |
|---|-----------------------|---------------------------------|
| 1 | YES                   | [GO TO PROXY6]                  |
| 2 | NO, CALL BACK         | [GO TO CALLBACK MODULE]         |
| 3 | REFUSAL               | [GO TO REFUSAL MODULE]          |
| 4 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW<br>SCREEN] |

**PROXY6**

(My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about [BENEFICIARY NAME]'s visits to doctors and nurses in the last 6 months.)

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. (Mr./Ms.) [BENEFICIARY LAST NAME]'s name was selected at random among people who have visited [PROVIDER NAME]. (He/She) has given permission for you to answer this interview on (his/her) behalf.

This study is voluntary, and your decision to participate or not to participate will not affect (Mr./Ms.) [BENEFICIARY LAST NAME]'s Medicare benefits in any way. The interview will take about 20 minutes to complete, depending on experiences.

[VENDOR NAME] will not share information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by (Mr./Ms.) [BENEFICIARY LAST NAME]'s doctor or anyone else involved with (his/her) care.

Is this a convenient time to answer a few questions?

**USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY**

- 1 YES [GO TO REMIND]
- 2 NO [GO TO CALLBACK MODULE]
- 3 REFUSAL [GO TO REFUSAL MODULE]

**REMIND**

As you answer the questions in this interview, please remember that you are answering the questions for (Mr./Ms.) [BENEFICIARY LAST NAME]. Please answer the questions based on (his/her) experiences with visits to doctors and nurses.

[GO TO MONITOR]

## INTRO2

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to ask you to take part in an interview about your visits to doctors and nurses in the last 6 months.

CMS is conducting this study to get direct feedback from Medicare beneficiaries about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PROVIDER NAME].

This study is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way. The interview will take about 20 minutes to complete, depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. Your individual answers will never be seen by your doctor or anyone else involved with your care.

Is this a convenient time to answer a few questions?

### USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY

1	YES	[GO TO MONITOR]
2	NO, CALL BACK	[GO TO CALLBACK MODULE]
3	REFUSAL	[GO TO REFUSAL MODULE]
4	SP NEEDS SPANISH LANGUAGE INTERVIEW	[SET LANGUAGE]
5	SP NEEDS CANTONESE INTERVIEW	[SET LANGUAGE]
6	SP NEEDS KOREAN INTERVIEW	[SET LANGUAGE]
7	SP NEEDS MANDARIN INTERVIEW	[SET LANGUAGE]
8	SP NEEDS RUSSIAN INTERVIEW	[SET LANGUAGE]
9	SP NEEDS VIETNAMESE INTERVIEW	[SET LANGUAGE]
10	SP IS TOO ILL	[GO TO PROXY1]
11	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

## MONITOR

Before we begin I need to tell you that my supervisor may monitor this call for the purpose of quality control.

<START INTERVIEW>

**Q1**

Our records show that in the last six months you visited a provider named [PROVIDER NAME].

Is that right?

- 1 YES
- 2 NO [GO TO Q44 Intro]
- 98 <DON'T KNOW> [GO TO Q44 Intro]
- 99 <REFUSED> [GO TO Q44 Intro]
- M [MISSING]

**Q2 Intro.** The questions in this survey will refer to [PROVIDER NAME] as “this provider.” Please think of that person as you answer the questions.

**Q2**

Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q3**

How long have you been going to this provider? Would you say:

- 1 Less than 6 months,
- 2 At least 6 months but less than 1 year,
- 3 At least 1 year but less than 3 years,
- 4 At least 3 years but less than 5 years, or
- 5 5 years or more
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]



**Q4 Intro.** These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

**Q4**

In the last 6 months, how many times did you visit this provider to get care for yourself?

Would you say:

- 0 None [GO TO Q44 Intro]
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9, or
- 6 10 or more times
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q5**

In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that needed care right away? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q7]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q7]
- 99 <REFUSED> [GO TO Q7]
- M [MISSING]

**Q6**

In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q7**

In the last 6 months, did you make any appointments for a check-up or routine care with this provider? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q9]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q9]
- 99 <REFUSED> [GO TO Q9]
- M [MISSING]

**Q8**

In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q9**

In the last 6 months, did you phone this provider's office with a medical question during regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q11]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q11]
- 99 <REFUSED> [GO TO Q11]
- M [MISSING]

**Q10**

In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q11**

In the last 6 months, did you phone this provider's office with a medical question after regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q13]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q13]
- 99 <REFUSED> [GO TO Q13]
- M [MISSING]

**Q12**

In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q13**

Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any reminders from this provider's office between visits? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q15]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q15]
- 99 <REFUSED> [GO TO Q15]
- M [MISSING]

**Q14**

In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q15**

Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q16**

In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q17**

In the last 6 months, how often did this provider listen carefully to you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q18**

In the last 6 months, did you talk with this provider about any health questions or concerns? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q20]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q20]
- 99 <REFUSED> [GO TO Q20]
- M [MISSING]

**Q19**

In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q20**

In the last 6 months, how often did this provider seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q21**

When you visited this provider in the last 6 months, how often did he or she have your medical records? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>

**Q22**

In the last 6 months, how often did this provider show respect for what you had to say? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q23**

In the last 6 months, how often did this provider spend enough time with you? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q24**

In the last 6 months, did this provider order a blood test, x-ray, or other test for you?  
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q26]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

**Q25**

In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q26**

In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q35]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q35]
- 99 <REFUSED> [GO TO Q35]
- M [MISSING]

**Q27**

Did you and this provider talk about the reasons you might want to take a medicine?  
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q28**

Did you and this provider talk about the reasons you might not want to take a medicine?  
(*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q29**

When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q30**

After you and this provider talked about starting or stopping a prescription medicine, did you start a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q35]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q35]
- 99 <REFUSED> [GO TO Q35]
- M [MISSING]

**Q31**

In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q32**

In the last 6 months, other than a prescription, did this provider give you written information or write down information about how to take your medicines? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q34]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q34]
- 99 <REFUSED> [GO TO Q34]
- M [MISSING]

**Q33**

Was the written information this provider gave you easy to understand? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q34**

In the last 6 months, did this provider suggest ways to help you remember to take your medicines? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]



**Q35**

In the last 6 months, did you and this provider talk about having surgery or any type of procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q39]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q39]
- 99 <REFUSED> [GO TO Q39]
- M [MISSING]

**Q36**

Did you and this provider talk about the reasons you might want to have the surgery or procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q37**

Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q38**

When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q39**

In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q40**

In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q41**

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

ENTER NUMBER:

[0-10 VALID RANGE]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q42 Intro.** These next questions ask about clerks and receptionists in this provider's office.

**Q42**

In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q43**

In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q44 Intro.** These next questions ask about your care from specialists in the last 6 months. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

**Q44**

Is [PROVIDER NAME] a specialist? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES [GO TO Q48 Intro]
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q45**

In the last 6 months, did you try to make any appointments with specialists? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q48 Intro]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q48 Intro]
- 99 <REFUSED> [GO TO Q48 Intro]
- M [MISSING]

**Q46**

In the last 6 months, how often was it easy to get appointments with specialists? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q47**

In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q48 Intro.** These questions ask about all your health care. Include all the providers you saw for health care in the last 6 months. Do not include the times you went for dental care.

**Q48**

Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q49**

In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q50**

In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q51**

In the last 6 months, did anyone on your health care team talk with you about specific goals for your health? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q52**

In the last 6 months, did you **take any** prescription medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q55]
- 98 <DON'T KNOW> [GO TO Q55]
- 99 <REFUSED> [GO TO Q55]
- M [MISSING]

**Q53**

In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking? Would you say:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always,
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q54**

In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q55**

In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q56**

In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q57 Intro.** These questions are about you and will help us to describe the people who participate in this survey.

**Q57**

In general, how would you rate your overall health? Would you say:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q58**

In general, how would you rate your overall mental or emotional health? Would you say:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q59**

In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q61]
- 98 <DON'T KNOW> [GO TO Q61]
- 99 <REFUSED> [GO TO Q61]
- M [MISSING]

**Q60**

Is this a condition or problem that has lasted for at least 3 months? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q61**

Do you now need or take medicine prescribed by a doctor? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q63]
- 98 <DON'T KNOW> [GO TO Q63]
- 99 <REFUSED> [GO TO Q63]
- M [MISSING]

**Q62**

Is this medicine to treat a condition that has lasted for at least 3 months? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q63**

During the last 4 weeks, how much of the time did your physical health interfere with your social activities like visiting with friends, relatives, etc.? Would you say:

- 1 All of the time,
- 2 Most of the time,
- 3 Some of the time,
- 4 A little of the time, or
- 5 None of the time
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q64**

What is your age? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 69
- 7 70 to 74
- 8 75 to 79
- 9 80 to 84
- 10 85 or older
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q65**

(*INTERVIEWER: ASK ONLY IF NEEDED: Are you male or female?*)

- 1 MALE
- 2 FEMALE
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]



**Q66**

What is the highest grade or level of school that you have completed? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q67**

How well do you speak English? Would you say:

- 1 Very well
- 2 Well
- 3 Not well, or
- 4 Not at all
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q68**

Do you speak a language other than English at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q70]
- 98 <DON'T KNOW> [GO TO Q70]
- 99 <REFUSED> [GO TO Q70]
- M [MISSING]

**Q69**

What is the language you speak at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 SPANISH
- 2 CHINESE
- 3 KOREAN
- 4 RUSSIAN
- 5 VIETNAMESE
- 6 SOME OTHER LANGUAGE [SPECIFY]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q70**

Are you deaf or do you have serious difficulty hearing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q71**

Are you blind or do you have serious difficulty seeing, even when wearing glasses? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q72**

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q73**

Do you have serious difficulty walking or climbing stairs? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q74**

Do you have difficulty dressing or bathing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q75**

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q76**

Are you of Hispanic, Latino, or Spanish origin? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES, HISPANIC, LATINO, OR SPANISH
- 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q78 Intro]
- 98 <DON'T KNOW> [GO TO Q78 Intro]
- 99 <REFUSED> [GO TO Q78 Intro]
- M [MISSING]

**Q77**

Which group best describes you? Would you say:

- 1 Mexican, Mexican American, Chicano
- 2 Puerto Rican
- 3 Cuban, or
- 4 Another Hispanic, Latino, or Spanish origin
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78 Intro**

I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

(*IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: "We ask about your race for demographic purposes only."*)

**Q78a**

Are you White? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78b**

(Are you) Black or African American? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78c**

(Are you) American Indian or Alaskan Native? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d**

(Are you) Asian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q78e]
- 98 <DON'T KNOW> [GO TO Q78e]
- 99 <REFUSED> [GO TO Q78e]
- M [MISSING]

**Q78d1**

(Are you) Asian Indian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d2**

(Are you) Chinese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d3**

(Are you) Filipino? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d4**

(Are you) Japanese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d5**

(Are you) Korean? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d6**

(Are you) Vietnamese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78d7**

(Are you) another Asian race? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78e**

(Are you) Native Hawaiian or Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q79]
- 98 <DON'T KNOW> [GO TO Q79]
- 99 <REFUSED> [GO TO Q79]
- M [MISSING]

**Q78e1**

(Are you) Native Hawaiian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78e2**

(Are you) Guamanian or Chamorro? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78e3**

(Are you) Samoan? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q78e4**

(Are you) Other Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q79**

<INTERVIEWER CODE: DID SOMEONE HELP THE SAMPLED PERSON TO COMPLETE THE INTERVIEW?>

- 1 YES
- 2 NO [GO TO END]
- 98 <DON'T KNOW> [GO TO END]
- 99 <REFUSED> [GO TO END]
- M [MISSING]

**Q80a**

<HOW DID THAT PERSON HELP? MARK ONE OR MORE.>

<READ THE QUESTIONS TO SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q80b**

<REPEATED THE ANSWERS SAMPLED PERSON GAVE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q80c**

<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q80d**

<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

**Q80e**

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

**END.** Those are all the questions I have for you. Thank you for your time.