

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Quality Assurance Guidelines

Version 2022

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7500 Security Blvd., Baltimore, MD 21244-1850

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ACKNOWLEDGMENTS

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Revision History

VERSION	DATE	REVISION/CHANGE DESCRIPTION	AFFECTED AREA
1	05/2017		
2	06/2018	Updated to reflect CMS procedures and specifications for 2018 survey administration.	Survey administration timeline. Mail Survey, CATI Script, and appendices related to content of survey and summary survey measures.
3	04/2019	Updated to reflect CMS procedures and specifications for 2019 survey administration.	Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.
4	06/2020	Updated to reflect CMS procedures and specifications for 2020 survey administration.	CAHPS for MIPS survey vendor training. Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.
2021	5/2021	Updated to reflect CMS procedures and specifications for 2021 survey administration. Added content unique to Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) administering the CAHPS for MIPS Survey. Added content specific to Next Generation Model ACOs (NGACOs) administering the CAHPS for ACOs Survey.	Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.
2022	5/2022	Updated to reflect CMS procedures and specifications for 2022 survey administration. Removed content related to Next Generation Model ACOs administering the CAHPS for ACOs Survey.	Survey administration timeline. Mail Survey, Cover Letters, and CATI Script.

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1. Guide to Using this Document

Purpose of the Quality Assurance Guidelines

The Centers for Medicare & Medicaid Services (CMS) developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey Quality Assurance Guidelines (QAG) to standardize the CAHPS data collection process for MIPS and to make sure the survey data collected across survey vendors are comparable within the program or model. The information included in this document is intended primarily for survey vendors, but may be of interest to groups, MIPS Alternative Payment Model (APM) Entities, including Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).

This chapter gives users an overview of the content of this document. The detailed information on requirements and protocols for the CAHPS for MIPS Survey can be found in each section.

Contents of the Quality Assurance Guidelines Version 2022

The Quality Assurance Guidelines Version 2022 includes the following chapters:

2. Introduction and Overview

How CMS developed the survey and a description of the survey.

3. Roles and Responsibilities for Survey Implementation

Information regarding survey vendors' roles and responsibilities in implementing the CAHPS for MIPS Survey, including communication with patients. This section also provides an overview of the roles and responsibilities of CMS, groups, virtual groups, MIPS APM Entities, including Shared Savings Program ACOs.

4. Sampling

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

5. 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.

6. Data Coding and Data Preparation

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

7. 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 for the survey.

8. Data Analysis and Reporting

Information on the reports CMS prepares for groups, virtual groups, MIPS APM Entities, including Shared Savings Program ACOs, and the data analysis of the CAHPS for MIPS Survey. This section also talks about data analyses that survey vendors may conduct for groups, virtual groups, MIPS APM Entities, including Shared Savings Program ACOs.

9. Oversight

Information on the oversight activities conducted by the CMS-sponsored project team for the CAHPS for MIPS Survey (referred to as the “project team” throughout this document). The purpose of oversight activities is to make sure survey vendors comply with all protocols for the administration of the survey.

10. Discrepancy Reports

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

11. Technical Assistance and Communication

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

12. Appendices

- General Interviewing Guidelines for Conducting Phone Surveys
- Frequently Asked Questions for Customer Support
- Sample File Record Layout
- Survey File Record Layout
- Survey Items Applicable to All Respondents
- Summary Survey Measures
- Medicare Provider Experience Survey and Cover Letters (English)
- Instructions and Computer-Assisted Telephone Interview (CATI) Script (English)

For More Information

Visit the [CAHPS for MIPS Survey](#) page for more information on the CAHPS for MIPS Survey and to see important updates and announcements. Visit the [Quality Payment Program](#) website to learn more about the overall program.

To Provide Comments or Ask Questions

- Vendors should contact the project team for technical assistance and information about the CAHPS for MIPS Survey at:
 - MIPSCAHPS@hsag.com
 - Phone (toll free): 1-844-472-4274
- Vendors should contact the data coordination team at:
 - mips-datasupport@rand.org

2. Introduction and Overview

This chapter provides an introduction and overview of the following topics:

- CAHPS Program
- MIPS Program
- CAHPS for MIPS Survey
- Survey Administration

About the CAHPS Program

[The CAHPS program](#), sponsored by the Agency for Healthcare Research and Quality (AHRQ), has developed a variety of standardized patient surveys that enable health care providers, purchasers, and regulators to track, compare, and improve patients' experiences in different health care settings. The CAHPS family of surveys includes surveys developed by CMS. All surveys officially designated as CAHPS surveys have been approved by the CAHPS Consortium, which is overseen by AHRQ.

About the MIPS Program

CMS is committed to measuring and reporting on the quality of health care from the consumers' perspectives. Consumer evaluations of health care measure important aspects of a patient's experience that can't be measured through other means.

MIPS is one track of the Quality Payment Program (QPP), where clinicians earn a performance-based payment adjustment to their Medicare payment. Clinicians participating in MIPS have the flexibility to choose the measures and activities that are most meaningful to their group to demonstrate performance. The CAHPS for MIPS Survey is an optional quality measure that groups, virtual groups, or Alternative Payment Model (APM) Entities participating in MIPS can elect to administer. The survey counts as one measure towards the MIPS quality performance category, as a patient experience measure. A MIPS eligible clinician may also be awarded points under the improvement activities performance category for administering the survey. Additional information on MIPS is available on the [Quality Payment Program](#) website.

Note: In the rest of the QAG, the term “groups” is used to refer to groups, virtual groups, and APM Entities administering the CAHPS for MIPS Survey.

MIPS and the Shared Savings Program

Congress established the Shared Savings Program as a national program to encourage greater coordination and cooperation among providers, to improve quality of care, and cut unnecessary costs.

Since the 2021 performance period, Shared Savings Program ACOs have been required to report via the APM Performance Pathway (APP) and administer the CAHPS for MIPS Survey. The final policies can be found in the [CY 2022 Medicare Physician Fee Schedule Final Rule \(PDF\)](#) and in the [2022 Quality Payment Program Final Rule Resources \(ZIP\)](#).

The CAHPS for MIPS Survey is required for Shared Savings Program ACOs reporting via the APP. Additional information is available on the [Shared Savings Program](#) website.

About the CAHPS for MIPS Survey

The CAHPS for MIPS Survey data are collected from a sample of Medicare fee-for-service patients who get a plurality of their primary care from the participating group. As of the 2021 performance period, Shared Savings Program ACOs are required to administer the CAHPS for MIPS Survey (85 FR 84718). The survey items address care received from a specific provider within the group or Shared Savings Program ACO to help orient the patient 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 MIPS Survey includes the CAHPS Clinician & Group Survey Version 3.0 (known as CG-CAHPS) supplemented with additional survey items to meet the needs of CMS and the MIPS program. The survey measures 10 key domains of patients' experience 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 CAHPS for MIPS SSMs are:

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. Stewardship of Patient Resources

The first national administration of the CAHPS for MIPS Survey occurred in the 2017 performance period, and was based on the CAHPS for PQRS Survey. CMS developed a streamlined version of the survey in response to (a) feedback from stakeholders requesting a shorter survey, and (b) to incorporate AHRQ's version 3.0 update to CG-CAHPS. The streamlined survey has been in use since the 2018 performance period. The CAHPS for MIPS Survey was updated in the 2021 performance period to include an item to capture patient-reported use of telehealth in the form of visits by phone or video (85 FR 84873).

Survey Administration

The CAHPS for MIPS Survey is conducted with a sample of assigned Medicare fee-for-service patients who are at least 18 years of age. CMS makes efforts to exclude patients who are deceased or who are known to be institutionalized at the time of the sample draw. The survey is administered using a single mixed-mode data collection protocol that includes a pre-notification letter, survey mailings, and phone follow-up of non-respondents.

3. Roles and Responsibilities for Survey Implementation

This chapter covers the following topics:

- Communicating with Patients About the Survey
- Roles and Responsibilities
- Survey Vendor Training

Overview

This section describes the roles and responsibilities for vendors administering the CAHPS for MIPS Survey, including the requirements for communicating with Medicare patients about the survey. It also provides a brief description of the roles and responsibilities of CMS, groups, and Shared Savings Program ACOs with respect to survey implementation, as well as additional requirements for vendors implementing the survey.

Communicating with Patients About the Survey

Survey vendors, groups, and Shared Savings Program ACOs are allowed to notify patients that they may be asked to participate in the CAHPS for MIPS Survey. However, certain types of communications promoting the survey (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.

- Groups, Shared Savings Program ACOs, , survey vendors, and their agents are encouraged to avoid asking any CAHPS survey items of patients with Medicare fee-for-service 4 weeks prior to, during, and 4 weeks after the CAHPS for MIPS Survey administration period (any time from September 21, 2022 to February 16, 2023). This guidance doesn't apply to other CMS-administered surveys.

Additionally, groups, Shared Savings Program ACOs, survey vendors, and their agents aren't allowed to:

- Attempt to influence or encourage patients to answer survey items in a particular way.
- Imply that the group or Shared Savings Program ACO, (including personnel agents), will be rewarded or gain benefits for positive feedback from patients by asking patients to choose certain responses or indicate that a given response is hoped for.
- Offer incentives of any kind for participation in the survey.
- Show or provide the survey materials (pre-notification letter, cover letter, or survey) to patients prior to the administration of the survey.
- Indicate that the goal is for all patients to rate their care a "10," "Yes," or "Always."

Roles and Responsibilities

Survey Vendor Roles and Responsibilities

Survey vendors agree to:

- Participate in all vendor training sessions and successfully complete the post-training quiz at the end of each mandatory training.
- Follow the CAHPS for MIPS Survey administration requirements found in this document, including adhering to the specific Data Collection Schedule (see Chapter 5).
- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA. The Enterprise Privacy Policy Engine (EPPE) is the CMS system used for all DUA requests and updates. Survey vendors must use the EPPE system to request new DUAs, as well as updates, extensions, and closures to existing DUAs. Survey vendors must ensure that:
 - Contacts on the DUA are correct and that all contact information is accurate.
 - Current DUAs are extended before their expiration date as needed. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs that are expired.
 - Current DUAs are updated to include the 2022 survey administration data.
 - Submit a DUA Addendum for each subcontractor and service provider that views patient-level data (e.g., name, address, telephone number). The DUA Addendum form must be signed and uploaded to CMS via the EPPE system.
 - Additional information about CMS DUAs and EPPE system training can be found at the [DUA](#) website.

The DUA signed by each survey vendor restricts the use of CMS data and any approved appended items. Note that any and all data that is appended to the sample file or patient survey data for the purpose of providing reports or analysis for group or Shared Savings Program ACO clients must be approved in advance. Survey vendors must submit all requests for approval in advance via email to MIPSCAHPS@hsag.com for CAHPS for MIPS Survey data append requests.

The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), and a 3 to 5 sentence summary of the proposed analysis. No data may be merged or appended without prior written approval from CMS.

- Complete and submit a Vendor Access to Data Warehouse Form by August 31, 2022.
- Receive and perform checks of the sample received for each group or Shared Savings Program ACO to make sure the sample file includes all required data elements.

- Administer the survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols established by CMS and contained in this document.
 - Mail survey administration and telephone interviews may be conducted remotely on an as-needed basis during the COVID-19 Public Health Emergency. Vendors must continue to adhere to the vendor approval criteria codified in §414.1400 throughout 2022 administration of the survey. See the Minimum Survey Business Requirements for more detail.
- Verify that each group and Shared Savings Program ACO has authorized the survey vendor to submit data on their behalf.
- Submit data files to the MIPS Data Warehouse before CMS's data submission deadline following the data file specifications in this document (see Chapter 6).
- Review the data submission reports and make sure that survey data are submitted to CMS in an accurate and timely manner.

Note: Survey vendors must follow all survey requirements and procedures to ensure the data collected on behalf of a client can be used by CMS for scoring and reporting.

Survey vendors are approved for 1 year. Approval as a survey vendor in prior years doesn't guarantee future approval.

CMS Roles and Responsibilities

CMS requires standardized survey administration and data collection methodology for measuring and reporting Medicare patients' perspectives on care they received from groups and Medicare Shared Savings Program ACOs.

CMS will:

- Give survey vendors the survey administration protocol, timeline, and description of the data submission tools, format, and procedures through this document.
- Train survey vendors to administer the survey.
- Provide technical assistance to survey vendors.
 - CAHPS for MIPS Survey: 1-844-472-4274, MIPSCAHPS@hsag.com
- Process, review, and analyze data files submitted by survey vendors.
- Prior to reporting, calculate and adjust survey data for case-mix effects.
- Give each group and Shared Savings Program ACO a report and Excel file detailing survey scores.
- Provide additional information about the survey in the [Quality Payment Program \(QPP\) resource library](#).

Group and Shared Savings Program ACO Roles and Responsibilities

Groups and Shared Savings Program ACOs agree to:

- Contract with a CMS-approved survey vendor for survey administration. The list of approved survey vendors can be found in the [QPP resource library](#). Groups and Shared Savings Program ACOs are responsible for the costs of the survey administration.
 - Groups and Shared Savings Program ACOs aren't allowed to administer the survey themselves.
- Authorize the survey vendor to submit 2022 performance period survey data on their behalf through the web-based survey vendor authorization tool.
 - Groups and Shared Savings Program ACOs must authorize a survey vendor by September 14, 2022.
 - Annual authorization is required even if the group or Shared Savings Program ACO has previously authorized a vendor.

Note: Groups and Shared Savings Program ACOs are responsible for instructing their vendor to administer the survey in one of the available translations, if needed.

Survey Vendor Training

Conditionally-approved survey vendors must complete a self-guided training in May 2022. The self-guided training must be completed by May 27, 2022 and is comprised of 2 modules:

- Survey overview and background, sample design and patient selection, and data analysis and public reporting
- Roles and responsibilities, CMS DUA, data collection protocol, and vendor oversight

The 2 modules that comprise the required self-guided training must be completed by key vendor and/or subcontractor staff named in the vendor's application as fulfilling the roles of Project Manager, Mail Survey Supervisor, and Telephone Survey Supervisor. Project staff member(s) fulfilling the following functional roles must also complete the self-guided training:

- Decrypting the sample file and performing sample file quality checks
- Programming the CATI script
- Preparing and submitting the survey data file

Completion of training includes completion of a post-training quiz by those individuals for each module. All staff taking the self-guided training must answer the quiz questions for each training module. All key project staff must successfully pass the quiz for each module.

CMS requires vendors to participate in one additional training in 2022 to maintain their approval status:

- A webinar in November 2022 to provide training on data safeguarding, data coding, file preparation, and data submission.

Each staff member required to attend the webinar training must complete a quiz. In the event that a single staff member is fulfilling all key roles as stated above, the survey vendor must formally identify a back-up staff person and this individual is also required to complete the self-guided training and webinar training sessions.

Note that there are no registration fees associated with training.

Review and Follow the Survey Protocols and All Policy Updates

This document has been developed to make sure the survey data collection process is standardized and to make sure reported data are comparable. Survey vendors must review and follow the protocols contained in this manual and any updates to this manual.

Attest to the Accuracy of the 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 requirements outlined in this document. **Survey vendors are prohibited from subcontracting the data submission task.** Data collected in a manner that doesn't adhere to the survey procedures or timeline may not be used in calculating and reporting scores for the group or Shared Savings Program ACO for the affected performance period.

Submit Quality Assurance Plan

All conditionally-approved survey vendors must develop and submit a Quality Assurance Plan (QAP) for CAHPS for MIPS Survey administration in accordance with the Quality Assurance Guidelines. The QAP must be submitted to MIPSCAHPS@hsag.com no later than May 27, 2022. Vendors receiving final CMS approval to administer the survey should update their QAP, as needed, to reflect changes in resources and processes. Approved vendors must send notice of changes in key personnel to MIPSCAHPS@hsag.com as soon as the changes are known.

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 patient addresses
 - Include a detailed description of the process for obtaining and updating patient phone numbers
- Description of quality control processes and procedures
 - Include a summary outlining the results from previous survey administration quality control activities, including concerns identified during the site visit and/or remote monitoring session, and any corrective action plan(s)/changes that will be implemented for the future
- Confidentiality, privacy, and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

- Describe the processes to assure adherence to the CMS DUA
 - Include education of staff who come in contact with patient data
 - Include information regarding how data containing personally identifiable information (PII) or protected health information (PHI) are transferred between the survey vendor and subcontractor
 - Include staff roles in monitoring adherence to CMS DUA and assuring timely report of data breach, loss, or disclosure
- Annual summary outlining the results from quality control activities

The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the survey protocols. The main purposes of the QAP are to provide documentation of survey vendors' understanding, application, and compliance with the Quality Assurance Guidelines and to serve as the organization-specific guide for administering the 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.**

In addition to a QAP, survey vendors must submit materials that CMS determines are relevant to survey administration (including mailing materials such as cover letters, the survey, and screenshots of the phone script, in all languages the survey vendor will administer) by email to MIPSCAHPS@hsag.com for the project team to review. All materials must be received by the project team by the specified due date.

Note: All conditionally-approved survey vendors must submit a QAP by May 27, 2022. Only CMS-approved survey vendors with clients will be required to submit survey materials. Depending on the issues identified during the QAP and survey material review, survey vendors may be required to revise and resubmit the survey materials and the QAP for re-review and approval.

Become a Registered User of the Data Warehouse

Each approved survey vendor is required to:

- Designate a data administrator within their organization responsible for retrieving (downloading) the sample files of the groups and Shared Savings Program ACOs the survey vendor has contracted with.
- Submit MIPS survey data to the Data Warehouse on their behalf.
- Designate a second person within the organization as a back-up data administrator who will also have access to the Data Warehouse.

The data administrator will serve as the main point of contact between the data coordination team and the survey vendor regarding issues related to downloading or uploading files from the 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 document.

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 data coordination team by completing a Vendor Access to Data Warehouse Form. The survey project team will send a blank form to all approved survey vendors. Vendors must email a completed Vendor Access to Data Warehouse Form no later than August 31, 2022 to the data coordination team at mips-datasupport@rand.org. Once the team has verified the information on the form and confirmed that the survey vendor has been authorized by one or more groups or Shared Savings Program ACOs to collect data on their behalf, the survey vendor's data administrator and back-up administrator will each receive an email invitation (e-mail address RANDkiteworks@rand.org) to the data warehouse, which will include a request to establish a password. The data coordination team will copy the data administrator, back-up data administrator and the project manager on all email communications related to the Data Warehouse and data submission.

The data coordination team **must** be notified promptly of any personnel changes to the survey vendor's data administrator, back-up data administrator, and project manager roles. Any new staff will be given access to the Data Warehouse account and required to establish a password.

- Survey vendors will receive the sample files for the groups and Shared Savings Program ACOs they have contracted with via the Data Warehouse. Survey vendors must submit CAHPS for MIPS Survey data to the Data Warehouse, following the MIPS file specifications in Appendix D.

Participate in Oversight Activities Conducted by the 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 project team, to make sure correct survey protocols are followed. All materials relevant to survey administration are subject to review. (See Chapter 9 for more detailed information regarding oversight activities.)

Review and Acknowledge Agreement with the Rules of Participation

Survey vendors must review and agree to the Rules of Participation in order to administer the survey for their client(s) by completing and signing the CAHPS for MIPS Survey Participation Form.

4. Sampling

This chapter covers the following topics:

- Sample Selection and Eligibility Criteria
- Sample Preparation
- Delivery of the Sample File to Survey Vendors

Overview

This section describes how CMS will select the sample for the CAHPS for MIPS Survey for each group and Shared Savings Program ACO.

Sample Size for Groups and Shared Savings Program ACOs

The sample size will vary based on the number of eligible clinicians (ECs) within the group or Shared Savings Program ACOs.

- For groups and Shared Savings Program ACOs of 100 or more ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 416 patients, all eligible patients will be surveyed. If there are fewer than 416 patients, the survey cannot be conducted and a sample will not be drawn.
- For groups and Shared Savings Program ACOs of 25 to 99 ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 255 patients, all eligible patients will be surveyed. If there are fewer than 255 patients, the survey cannot be conducted and a sample will not be drawn.
- For groups and Shared Savings Program ACOs of 2 to 24 ECs, CMS will draw a sample of 860 patients. If there are fewer than 860 patients, but at least 125 patients, all eligible patients will be surveyed. If there are fewer than 125 patients, the survey cannot be conducted and a sample will not be drawn.

Sample Selection and Eligibility Criteria

Sample selection for each group and Shared Savings Program ACO participating in the CAHPS for MIPS Survey occurs during September - October 2022. For groups, the sample is drawn at the level of the participating TIN.

To be included in the random sample for the survey, assigned Medicare fee-for-service patients have to be 18 years of age or older at the time of the sample draw. CMS will make efforts to exclude deceased patients or patients who are known to be institutionalized at the time of the sample draw. If vendors identify institutionalized patients during the data collection process, they are to be coded as ineligible.

Patients are sampled for the survey so that one quarter of the sample represents high users of care within the group or Shared Savings Program ACO. High users are defined as the top 10% of patients within the group or Shared Savings Program ACO based on claims. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's patients. (See Chapter 8 for information on weighting.)

Sample Preparation

CMS will provide addresses of patients available in the CMS Integrated Data Repository (IDR) as of September 2022. Where possible, CMS will also provide a patient phone number as of September 2022. The data coordination team will conduct data checks for any irregularities in the sample file, such as truncated name or address information.

CAHPS for MIPS Survey Sample File Layout

Below, and in Appendix C, is a complete list of the variables that CMS will provide in the CAHPS for MIPS sample file, as well as the file record layout for the sample file. Shared Savings Program (SSP) is abbreviated in table format

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique patient finder number assigned by data coordination team
FNAME	9	30	Text	CMS patient first name
MNAME	39	15	Text	CMS patient middle name
LNAME	54	40	Text	CMS patient 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
MIPS_ID	287	5	[G]nnnn [A]nnnn	Five-character ID: <ul style="list-style-type: none"> Group begins with “G” followed by four numbers SSP ACO begins with “A” followed by four numbers

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
MIPSNAM	292	100	Text	Group or SSP ACO name provided by CMS
FOCALTYPE	392	1	1-2	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	Patient phone number
LAND_MOBILE	518	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable

Delivery of the Sample File to Survey Vendors

Once the data coordination team receives and prepares the sample, the team will create a vendor-specific sample file; each vendor's sample file will be limited to the groups and/or Shared Savings Program ACOs that have authorized the vendor to conduct the survey. The data coordination team will deliver each vendor's sample files to the Data Warehouse for retrieval. Survey vendors will download their sample files and undertake their data collection activities.

Note: Survey vendors must be authorized by their client to obtain the sample files and to collect data on their behalf. Groups and Shared Savings Program ACOs must authorize a survey vendor by September 14, 2022. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit a Vendor Access to Data Warehouse Form before receiving sample files. Sample files will be available in October 2022.

5. Data Collection Protocol

This chapter covers the following topics:

- Data Collection Schedule
- Survey Administration Languages
- Mail Protocol
- Phone Protocol
- Proxy Respondents
- Incentives
- Confidentiality
- Timing of Other Data Collection Efforts

Overview

This section describes the data collection protocol and procedures for the CAHPS for MIPS 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 groups or Shared Savings Program ACOs. 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 project team will provide survey vendors detailed instructions and training on the data collection protocol and procedures.

The mail protocols start with a pre-notification letter mailed to all sampled patients, alerting them of the first mailing of the survey, and assuring the sampled patients that CMS sponsors the survey. If sampled patients fail to respond after **2 survey mailings**, survey vendors will attempt **6 phone follow-up calls**. The sampled patients may refuse to answer any or all of the survey items, but the survey vendor must make the attempt(s) to contact the sampled patients 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 patient 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 patient. CATI interviews may not be initiated until the start of the phone follow-up period.

Both mail and CATI surveys must be available to the sampled patients in English. Survey vendors have the option of offering the survey in these additional languages:

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

Note: If a group or Shared Savings Program ACO 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 patients from survey administration. Documentation of request to be placed on a Do Not Survey/Call list must be maintained for a minimum of 3 years.

Data Collection Schedule

The basic tasks and timing for conducting the 2022 CAHPS for MIPS Survey 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
Conditionally-approved survey vendors must submit the QAP to the project team via MIPSCAHPS@hsag.com .	5/27/2022
Survey vendors provide a toll-free customer support phone number for inclusion in pre-notification letter. CMS will generate a customized pre-notification letter for each survey vendor that includes the phone number provided at a later date. <ul style="list-style-type: none"> The toll-free number to be used for CAHPS for MIPS Survey customer support must be provided to MIPSCAHPS@hsag.com. 	7/22/2022
Survey vendors must submit English mail survey materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope*) to the project team via MIPSCAHPS@hsag.com . *Note: If using a window envelope, the survey vendor’s logo and return address must be visible through the envelope window in which the survey is mailed.	7/22/2022
Confirm with the project team via MIPSCAHPS@hsag.com that all required DUA actions have been completed. (Returning vendors must extend and update their existing DUA and new vendors must submit a DUA.) A DUA Addendum must be in place with CMS for subcontractors and service providers that see patient-level data (e.g., name, address, telephone number).	8/17/2022

Task	Date
Survey vendors must submit mail survey materials (initial and second mailing cover letters and mail survey) in all translations for which the survey will be administered to the project team via MIPSCAHPS@hsag.com .	8/22/2022
Survey vendors must complete and email a Vendor Access to Data Warehouse Form to mips-datasupport@rand.org .	8/31/2022
Groups and Shared Savings Program ACOs must complete the web-based survey vendor authorization process.	9/14/2022
Survey vendors must submit CATI screenshots (including skip programming logic) in English and all translations for which the survey will be administered to the project team via MIPSCAHPS@hsag.com . *Note: The [VENDOR NAME] placeholders should be populated with the survey vendor's name in CATI screenshots provided by survey vendors. The survey vendor name used in the CATI screenshots should match the cover letters.	9/16/2022
Group and Shared Savings Program ACO sample files become available to survey vendors.	10/5/2022
Survey vendors provide mail sample survey packets to the project team for review. Note: CMS requests all vendors submit prepared sample mail materials, including variable information, for review prior to the first survey mailing.	10/11/2022 – 10/14/2022

Data Collection Tasks

Survey Vendor Task	Date
Mail out a pre-notification letter to all sampled patients one week before the first survey mailing.	10/17/2022 – 10/18/2022
Customer support phone center opens (Toll-free phone number required).	10/18/2022
Mail-out of the first survey with cover letter.	10/24/2022 – 10/25/2022
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/14/2022 – 11/15/2022
Initiate telephone follow-up by CATI for all non-respondents to the mail survey. (1 st attempt must occur during this time.)	12/2/2022 – 12/9/2022
Submit interim survey data files to the Data Warehouse. Survey vendors should begin to submit data on 12/6/2022 and <u>must</u> have all interim data submitted by 12/8/2022 (including any requests for corrections).	12/6/2022 – 12/8/2022

Survey Vendor Task	Date
Conduct additional CATI follow-up for all non-respondents to the mail survey. <ul style="list-style-type: none"> • Make no more than 6 call attempts • Call attempts must occur over a minimum of 2 different calendar weeks • Call attempts must be scheduled at different times of the day and on different days of the week Note: Survey vendors have the option to suspend CATI interviews during 12/19/2022 – 1/1/2023 due to holidays. Suspending calls is not a requirement.	12/10/2022 – 1/12/2023
Last day for inbound and outbound phone interviews.	1/12/2023
Cutoff date for returned mail surveys.	1/12/2023
Last day of operation for customer support toll-free line.	1/12/2023
Submit final survey data files to CMS after close of data collection via the Data Warehouse. Survey vendors should begin to submit data on 1/17/2023 and <u>must</u> have all final data submitted by 1/19/2023 (including any requests for corrections).	1/17/2023 – 1/19/2023

Survey Administration Languages

All groups and Shared Savings Program ACOs must administer the survey in English with one exception: groups or Shared Savings Program ACOs operating in Puerto Rico must administer the survey in Spanish, offering English to patients who request it.

All sampled patients 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 patients must call if they want an English version of the survey. Otherwise, all sampled patients residing in Puerto Rico shall receive a Spanish-language version of the survey on first mailing and subsequent mailings, if needed. Sampled patients 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 patients.

A group or Shared Savings Program ACO, that serves a patient population with a plurality of individuals who speak one of the seven optional languages (Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese) has 4 options for implementing data collection in a language other than English.

- The group/Shared Savings Program ACO can give the survey vendor information on the language preferences of all Medicare patients seen by a provider within the group/ Shared Savings Program ACO, but the survey vendor is prohibited from giving the group/Shared Savings Program ACO information on which patients have been sampled for survey administration. The survey vendor may use language preference information from a group or Shared Savings Program ACO to mail survey packets in the preferred language. Survey vendors must conduct phone follow-up in the same languages.

Note: The first mailing of a survey in a language other than English must include the first survey cover letter.

- The group/Shared Savings Program ACO 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/Shared Savings Program ACO can contract with the survey vendor to include an insert with the pre-notification and all survey mailings that contains instructions for the patient to request a survey in the target, optional language. Survey vendors are required to conduct follow-up phone calls in the same languages.
- In place of an individual insert, a language specific note(s) may be placed at the bottom of the survey cover letters providing patients with instructions for requesting a survey in that language.

The procedures used to administer survey translations must be documented in the survey status section of the data record (see Appendix D).

Mail Protocol

This section provides detailed information about the process for implementing the mail component of the mixed-mode data collection protocol.

Survey Translations

Survey vendors will have the option of offering a translation of the survey in one or more of the following languages: **Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese**. Survey vendors may include an insert with the pre-notification letter and all survey mailings that includes a number to call to request a translation of the survey. The project team will provide text for the insert, the survey cover letters, and the mail survey in Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese. (Note: The Chinese insert is appropriate for both Cantonese and Mandarin speakers.) Survey vendors may not modify the translation of the surveys or related materials. In addition, survey vendors are not permitted to create or use any other translations of the survey; inserts to request translations; cover letters; or any other survey materials.

For groups or Shared Savings Program ACOs located in Puerto Rico, all mailings will be in Spanish, and survey vendors may include an insert with the pre-notification letter and all survey mailings that includes a number to call to request an English version of the survey.

Mail Materials

The mail component of the mixed-mode data collection protocol uses a pre-notification letter, cover letters, and a standardized survey provided by CMS. CMS developed the letters and surveys 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 items, the response categories or the order of items. In addition, survey vendors may not modify the wording or layout of the pre-notification letter or the survey cover letters. Finally, survey vendors aren't permitted to create or use any other translations of: the 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.

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 patients who request the survey in a language other than the one they received (that is, in English or 1 of the 7 optional languages).

Note: Each survey vendor with a group or Shared Savings Program ACO client must submit copies of their survey mailing materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope) for review by the project team by the specified due date. Each survey vendor must also submit a copy of their phone script (screenshots) for review by the project team by the specified due date. See Chapter 9 of this document for more information. If a survey vendor doesn't have a group or Shared Savings Program ACO client, the survey materials don't have to be submitted.

Pre-notification Letter

All correspondence sent to sampled patients must follow these guidelines:

- Full name and address are used to address all envelopes to the sampled patient.
- The pre-notification letter contains a salutation personalized to include the patient's name.
- The pre-notification letter will include the customer service phone number provided to CMS in advance by the survey vendor.
- The CMS logo must not be modified in any way from what is provided in the pre-notification letter template.
- 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.
- If a group or Shared Savings Program ACO would like to administer the survey in one of the optional languages, survey vendors may print the pre-notification letter with English on one side and the optional language on the reverse.
- The pre-notification letter must include the last date of the pre-notification letter mailing and the signature of the CMS privacy officer.
- If a window envelope is used for the pre-notification letter mailing, CMS's return address shouldn't appear in the window.
- In order to update records for patients who have moved, the pre-notification letter envelope must be marked with one of the following:
 - "Return Service Requested" or
 - "Address Service Requested" or
 - "Change Service Requested" or
 - "Electronic Service Requested"

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

- The CMS logo must appear with the survey vendor's return address or mail processing subcontractor's return address.
 - In addition to the CMS logo, the survey vendor's logo may also be printed on the pre-notification letter envelope.

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 patient's name.
- The survey cover letters for the first and second survey mailings must be signed by a senior employee of the survey vendor and include the last date of each mailing.
- The survey cover letters must be printed using the survey vendor logo and survey vendor's return address or mail processing subcontractor's 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.
- If the survey vendor is implementing one of the optional languages (Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, or Vietnamese), the pre-notification letter and all survey mailings may include an insert in the optional language that details instructions for requesting a survey in the optional language.
 - In place of an individual insert, a language specific note(s) may be placed at the bottom of the survey cover letters providing patients with instructions for requesting a survey in that language.
- The envelope in which the survey is mailed must be printed with the survey vendor's logo and return address or mail processing subcontractor's return address.
- Survey vendors have the option to include the CMS logo on the outbound survey envelopes.

Survey 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 mail surveys:

- Full survey title must be placed at the top of page one.
- The Office of Management and Budget (OMB) clearance statement and control number must be printed on the first page of the mail CAHPS for MIPS Survey. The OMB clearance statement and number must be printed using a font size equal to or larger than Times New Roman 10 or Arial 10 point font.
- The name of the clinician provided in the sample file must be printed in Question 1.
- The name of the group or Shared Savings Program ACO may not be printed in Question 1 or any other location in the survey.
- Question and answer category wording must not be changed.
- No changes are permitted to the order of the survey items.
- The "About You" items can't be eliminated from the survey.
- No changes are permitted to the order of the answer categories for the survey items.
- Question and answer categories must remain together in the same column and on the same page.
- The patient's name must not be printed on the survey.
- Response choices must be listed individually for each item (not presented in a matrix format) unless otherwise indicated in the survey template. For example, when a series of items is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories **must be repeated with every item**. A matrix format which

simply lists the answer categories across the top of the page and the items 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 survey vendor's or mail processing subcontractor's return address must be added to the back cover of the survey and the bottom of the last page containing survey questions (may be the same page) to ensure the survey is returned to the correct address in case the patient 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. The survey booklets must be bound (using staples, stitches, adhesive, etc.) so there are no loose pages.
- All surveys must be printed using a minimum font size equal to or larger than Times New Roman or Arial (or similar) 11 point font.
- 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, and must include an identifier to differentiate between the first and second mailing.

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

Optional Formatting Guidelines

Survey vendors have some flexibility in formatting the 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:

- Use ovals or circles instead of boxes for response items.
- Survey vendors may include the provider title, as listed in the sample field PRTITLE, preceding the provider name in Q1 of the survey (for example: Physician John Smith).
- Two-column format.
- 12 point font size.
- Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability.
- Survey vendors may use windowed envelopes as a quality measure to ensure that each sampled patients' survey package is mailed to the address of record for that patient.
- Survey vendors have the option to provide their toll-free number on the last page of the survey, with the survey vendor's or mail processing subcontractor's return address, in case the patient has questions about the survey and misplaced the cover letter.

Note: It's 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.

Note: Survey vendors may use pre-codes placed to the left of the response options as subscript or superscript. Pre-codes shouldn't be displayed on 0-10 response scales.

Supplemental Questions

Supplemental items **aren't** approved for data collection for the 2022 performance period. CMS may consider approving the addition of supplemental items 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 data coordination team and assigned to each patient. CMS provides this identifier as part of the sample file to track the status of all patients in the sample file. The Unique Respondent Finder Number links each survey to a patient in the sample file, along with the patient'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 patient 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 patient's contact information and update the master file throughout the data collection period in order to track the status of each patient 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 patients, 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 Chapter 6 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 or Shared Savings Program ACO client.**

Mailing of Survey Materials

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

- Perform address validation to check for missing or incorrect information.
- Make every reasonable attempt to contact each eligible sampled patient, 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 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 patient 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 patients 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 within three business days. Survey vendors must make every effort to process any returned surveys to be included in the interim data submission file. (See Survey Completion Guidelines section in Chapter 6 for additional information.)

Data Entry/Data Processing Procedures

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 Chapter 6 Data Coding and Data Preparation). 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 6 years. This guidance also applies to any surveys received after the cutoff date for returned mail surveys.

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 and variable fills, 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. It's strongly recommended that recipients of the seeded mailing be survey vendor staff at an address other than the vendor's business address. Documentation of seeded mailings should be maintained to include date of receipt and any quality checks conducted on the seeded mail packet.

- 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. This phase requires the use of CATI.

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

Phone interviews may not 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 items 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 patient 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.

Vendors must follow all applicable laws and regulations including all applicable requirements of the Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations when collecting survey data.

Please note: Survey vendors may program the caller ID to display "on behalf of [GROUP/SHARED SAVINGS PROGRAM ACO NAME]," with the permission and compliance of HIPAA/Privacy Officer for the group or Shared Savings Program ACO. Survey vendors **must not** program the caller ID to display only "[GROUP/ SHARED SAVINGS PROGRAM ACO NAME]."

Please note: The sample file provided to vendors includes a phone number-type variable LAND_MOBILE. CMS cannot guarantee all cell phone numbers are identified and flagged within the file.

Timing of the Phone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol, survey vendors will identify patients who are eligible for phone follow-up. These include patients who didn't respond to the mail survey and patients who returned a blank or incomplete mail survey (see definition of an incomplete survey in Chapter 6).

Specifically, if a patient hasn't returned a completed or partially completed survey by mail, survey vendors must follow-up by phone in order to attempt to complete the survey. Sampled patients 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, patients who return a blank or incomplete mail survey must also receive follow-up phone calls that attempt to administer the interview in its entirety. Follow-up phone calls to patients who have returned a blank or incomplete mail survey must start the survey from the beginning.

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 patients 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 patients. Survey vendors may request an entire patient file from the group or Shared Savings Program ACO in order to obtain phone numbers, as long as no information is given to the group or Shared Savings Program ACO identifying which patients are in the sample.

Phone Attempts

Survey vendors must attempt to reach every patient identified for phone follow-up. Repeated attempts must be made until the patient is contacted, found ineligible, or 6 attempts have been made. After 6 attempts to contact the patient 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 phone follow-up period. All call attempts can't occur within a single week, but must occur over no fewer than 2 weeks and no more than the phone follow-up period.

Note: It's permitted to call the patient back one time after the sixth attempt if the patient establishes a firm callback date and time. The interviewer must establish the callback with the patient and not a member of the household.

A phone attempt must meet one of the following criteria:

- The phone must ring at least 6 times with no answer.
- The interviewer reaches a member of the patient's household and is told that the patient isn't available to come to the phone. The interviewer will attempt to schedule a callback date/time.
- The interviewer reaches the patient but is asked to call back at a more convenient time.
- The interviewer gets a busy signal during each of 3 consecutive phone dialings (if possible, the dialings 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 is out of service.

All sampled patients must be called 6 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 patient indicates they have already returned the survey, please refer to the applicable FAQ in Appendix B to attempt to complete the interview by phone. If patient insists the survey was mailed back, phone attempts should proceed per the guidance outlined in this chapter.
- If a patient 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 patient 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).

Note: If a number is determined to be disconnected, non-working, or a wrong number, and a second phone number is available for the patient, the second number may receive six call attempts.

Phone Survey Materials

The phone component of the mixed-mode data collection protocol uses a standardized phone script provided by CMS. 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 aren't permitted to translate the phone script into any other language and must use the language translations provided by CMS. The project team will provide survey vendors with the CATI script in English, Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese.

Note: Each survey vendor must submit a copy of their English-language CATI screenshots for the CAHPS for MIPS Survey for review by the project team. If a group or Shared Savings Program ACO elects to offer the survey in any of the available translations, the survey vendor must submit CATI screenshots of the translation(s) to the project team for review. Please see Chapter 9 for more information.

Supplemental Questions

Supplemental items **aren't** currently approved for data collection. However, CMS may consider approving the addition of supplemental items in future survey administration.

Retention and Storage of Data Collected By CATI

Survey data collected by CATI must be retained in a secure and environmentally controlled location for a minimum of 6 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 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. During the course of the survey, use of **neutral** acknowledgment words (thank you, okay, I understand, I see, yes ma'am, yes sir, or let me repeat the question/responses for you) is permitted. Phone interviewers must record the outcome of all calls or attempts made to reach a sampled patient, the current status of all patients designated for phone follow-up, and responses to all items.

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 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. 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, the following oversight activities:

- Survey vendors must randomly monitor a minimum of 10% 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 using 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% 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 patients 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 patients who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled patients 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 doesn't allow groups, Shared Savings Program ACOs, or survey vendors to offer incentives of any kind to patients, caregivers, or proxy respondents.

Confidentiality

Sampling procedures are designed so that participating groups or Shared Savings Program ACOs can't identify patients selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of patients and may not give any group or Shared Savings Program ACO the names of patients selected for the survey or any other patient information that could be used to identify an individual sampled patient (either directly or indirectly).

Timing of Other Data Collection Efforts

To avoid imposing on patients, we encourage groups and Shared Savings Program ACOs not to conduct other surveys of patients with Medicare fee-for-service, 4 weeks prior, during, or 4 weeks after the CAHPS for MIPS Survey administration period of October 17, 2022 to January 12, 2023. Other CMS-sponsored surveys are exempt from this guidance.

6. Data Coding and Data Preparation

This chapter covers the following topics:

- File Encryption
- ASCII File Specifications
- Decision Rules and Coding Guidelines
- Interim Data Coding Instructions
- Survey Completion Guidelines

Overview

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

This section contains information about preparing the 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 each record in the sample file. If a survey vendor needs assistance with preparing data files for submission, an email should be sent to the survey data coordination team at mips-datasupport@rand.org.

File Encryption

Survey vendors are required to encrypt survey data files using Pretty Good Privacy (PGP) public key encryption before submitting the files to the Data Warehouse. PGP encryption is a widely used encryption standard that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP-compliant program if they don't already have one. Any version of Symantec File Share Encryption software meets this requirement as do a number of other commercial or open-source products. Prior to data submission, the data coordination team will arrange an exchange of public keys with each vendor. The data coordination team will encrypt files delivered to vendors using the Public Key provided by each vendor; vendors must encrypt files delivered to the data warehouse using the Public Key provided by the data coordination team. Survey vendors must create a Public Key to receive sample files, and must place a copy of their Public Key in their data warehouse folder. Sample files for each survey vendor will be encrypted using the vendor's Public Key, and placed in each vendor's data warehouse folder. Additionally, the data coordination team will place a copy of RAND's Public Key in each survey vendor's folder. Vendor data files submitted to the Data Warehouse must be encrypted using RAND's Public Key. The data coordination team will conduct a test with each vendor to ensure that files are encrypted correctly. Data files submitted to the Data Warehouse that aren't encrypted or aren't encrypted with the RAND key 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 to the Data Warehouse. Survey vendors must submit data records for all patients sampled for MIPS groups

and Shared Savings Program ACOs in one file, with one data record per patient included in the original MIPS sample file. No substitutions for valid data element values are acceptable.

Note: For details on the ASCII file record layouts for each survey, see Appendix D.

As noted above, the survey data files will contain one record for each sampled patient. **Each record will consist of the Survey Status Section and the Patient Survey Data Section.** The data record for each sampled patient must have a completed survey status section.

Survey Status Section

The Survey Status Section of each record contains the Unique Respondent Finder Number for the sampled patient, the ID for the group or Shared Savings Program ACO, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, and Survey Received/Completed date.

- Each field of the Survey Status Section requires a valid data value.
- Use code “8 – Not Applicable” when appropriate (for example, survey mode when a mail survey that was not returned AND no phone number was obtained).
- The Survey Status Section must contain data for all records included in the sample file, regardless of disposition code.
- A complete layout of the Survey Status Section can be found in Appendix D.

Patient Response Section

The second part of the data record is the Patient Survey Data Section, which contains responses to the survey for every record with a final survey disposition of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned.” If a Patient Response Section is being submitted for a given patient, all response fields must have a valid value, which can include “M – Missing” or “88 – Not Applicable.” **The Patient Response Section is blank for all other disposition codes.**

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

- For the mail survey administration of the “race” item, 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” item where the respondent answers “Yes” to one category, i.e. white, and refuses to answer the remaining response options, then this item would be coded 1, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99, 99. If the respondent answers “Yes” to one category, e.g. white, and answers “No” to all the remaining response options, then this item would be coded 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2.

Appendix D also includes a description of the file layout for the CAHPS for MIPS Patient Survey Data Section, including the valid codes for each data element and descriptions of the codes.

Decision Rules and Coding Guidelines

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 2 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.
- If a patient writes in a response for questions with a write-in field without selecting the “Other” response option, vendor’s data capture system or data validation processes should select the “Other” option. This rule applies to Q47 and Q59 in the CAHPS for MIPS Survey.
- When more than one response option is marked, code the value as “M – Missing.”
 - Exception: Items that have instructions to “mark one or more” (for example, items on race and help received on the survey) may have multiple responses. For these items, enter ALL responses that the respondent selected.
- When more than one response choice is marked and the patient’s intent is obvious, select that obvious response.
- In instances where there are multiple marks **but** the patient’s intent is clear, survey vendors should code the survey with the patient’s **clearly intended** response.

CATI

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

Survey Skip Patterns

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

Use the following decision rules to code patient responses to skip pattern items.

- For mail survey skip patterns:
 - Report all responses as marked by a patient, even if the patient doesn’t correctly follow mail survey skip patterns. Survey vendors must not “clean” or correct skip pattern errors on surveys completed by a patient. Survey vendors must not impute responses based on how a patient answers items.
 - If a screener item is left blank, code it as “M – Missing”; it doesn’t trigger a skip.
 - If the screener item is left blank, but patient has answered the dependent item(s) report the response to the dependent question; the screener item **isn’t** counted toward the number of “applicable to all” (ATA) items in the calculation to determine a complete

- or partially complete survey. The response in the dependent item **is** counted as a response to an SSM in the calculation to determine a complete or partially complete survey.
- Dependent items that are inappropriately skipped should be coded as “M – Missing.”
 - Dependent items that are appropriately skipped should be coded as “88 – Not Applicable.”
 - For CATI survey skip patterns:
 - In instances where the patient answers “I don’t know” or refuses to answer the screener item, 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 items, the skip pattern should be programmed into the CATI system. The resulting associated dependent items should be coded as “88 – Not Applicable.”
 - Appropriately skipped dependent items should be coded as “88 – Not Applicable.”

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

Interim Data Coding Instructions

For patient records where no mail survey was returned and no phone number was obtained, MODE for the interim 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 item, all answer options are coded as “M – Missing.” For multi-mark items in phone interviews, the marked boxes are coded in accordance with the respondent’s choices and the corresponding codes in Appendix D.

When submitting the interim data 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 patient’s record in the Survey Status Section. If any attempt to contact a patient is planned after the interim submission (i.e., the survey vendor hasn’t 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 patient and the result is a non-deliverable mail piece for which a valid phone number wasn’t obtained, the survey vendor should use code “35” to indicate unable to obtain a viable address and valid phone number for the patient.

Survey Completion Guidelines

A completed survey includes responses for at least one item from the 10 SSMs and greater than or equal to 50% ($\geq 50\%$) of the ATA items.

A partially completed survey includes responses answered for at least one item from the 10 SSMs and less than 50% ($< 50\%$) 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 10 SSMs. 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 E for ATA items and Appendix F for a list of the items that make up the 10 SSMs.

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 by mail must start “from scratch” —that is, the survey vendor will send another blank survey to the patient or will attempt to administer 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 patient responds by returning a survey but didn’t answer at least 1 item from the 10 SSMs, and in addition, follow-up phone attempts to reach the patient 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 MIPS Data Warehouse.

Note: When submitting the data file, include any survey responses received for cases with disposition code of 34.

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

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

Note: Therefore, the multi-answer item contributes only 1 item to the total number of items 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 item.

- When an item 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 items answered by a patient as a result of not following the skip pattern correctly are not counted toward the number of ATA items or SSMs in the calculation to determine a complete or partially complete survey. However, these items are coded with the response given by the patient in the data submission files.

A screener item that is left blank doesn't trigger a skip, so any subsequent responses to dependent items 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 survey administration process. Using the Unique Respondent Finder Number assigned to each patient by the data coordination team, the survey vendor assigns each patient a survey disposition code, which is used to track and report whether the patient has completed a survey or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled patient during the data collection period), or final (which indicate the final outcome of each patient surveyed at the end of data collection—that is, “Final Disposition Code”).

Interim disposition codes document the disposition of patient cases that haven't yet been finalized. Survey vendors should use their internal interim disposition codes only for tracking purposes and shouldn't report such codes to CMS. However, survey vendors must include internal interim disposition codes with a crosswalk to final disposition codes in their QAP.

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

- If a patient responds, completes, or attempts to complete the survey, assign an appropriate code of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned.”
- If a patient is located or contacted but is unable or unwilling to complete the survey, assign a code from “22 – Language Barrier,” “24 – Mentally or physically unable to respond,” “32 – Refusal,” or “33 – Non-response,” describing the reason.
- If a patient's address is confirmed as not viable and no valid phone number is identified, assign code of “35 – Bad address and phone number.”
- If a patient is found to be institutionalized, assign code “11 – Institutionalized”:
 - For the purposes of survey administration, the disposition code of “institutionalized” should be applied to individuals who don't reside in a household, group quarters or group home. Specifically, “institutionalized” living arrangements reflect non-household facilities and include correctional institutions, mental hospitals, skilled nursing facilities, chronic disease hospitals, homes for the aged, and other similar institutional living situations. Institutions are distinct from group quarters and group homes. Group quarters and group homes are non-institutional living arrangements for groups of individuals not living in conventional housing units, or groups of individuals living in conventional housing units containing 10 or more unrelated persons. Group homes may or may not have a resident living in charge of the home. Examples of group quarters and group homes include military barracks, fraternity and sorority houses,

rooming houses, staff quarters in a hospital or school, halfway houses, community-based group homes for individuals with disabilities, and other similar group living situations.

- If the patient is deceased, assign code “20 – Deceased.”
- If a patient is found to be ineligible or excluded after the sample is drawn for any reason not listed above, the patient should be assigned a final survey disposition code of “40 – Excluded from survey.”
- Surveys assigned a code of 10, 31, or 34 must contain the date the survey was received (RECEIVED), the mode of survey administration (MODE), the language in which the survey was administered (DISPO_LANG), and number of phone attempts (PHONE_ATTEMPTS) or survey mailing returned (SURVEY_MAILING).
- 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) must contain the appropriate “not applicable” code for the date the survey was received (RECEIVED), the mode of survey completion (MODE), number of phone attempts (PHONE_ATTEMPTS), and survey mailing returned (SURVEY_MAILING).
- In cases when 2 disposition codes may be equally applicable, the hierarchy for determining the appropriate code is built into the disposition code values, and the final disposition code with the lowest number should be used. For example:
 - An incomplete or blank survey (code 34) is returned by mail and the patient is also identified as being institutionalized (code 11). In this example, the final reported disposition code should be 11.
 - The vendor determines that a patient resides in an institution (code 11) and due to a stroke is physically unable to respond to the survey (code 24). The final reported disposition code should be 11.
 - A partially completed survey (code 31) is returned by mail; however, the survey was received after the record went to CATI for follow-up and the CATI attempt resulted in a disposition of language barrier (code 22). The final reported disposition should be 22.

Note: In cases when a vendor receives a completed survey (code 10) but the patient was subsequently found ineligible (codes 11, 20, 22, 24), the lower disposition code (code 10) wouldn't be applied since code 10 can only be used when there is no evidence the patient is ineligible.

Final Survey Disposition Codes Table

Final Disposition	Code	Description	Criteria
Completed survey	10	A completed survey includes a response to at least one item in the 10 SSMs and $\geq 50\%$ of the ATA items.	A completed survey includes a response for at least one item from the 10 SSMs and 50% or more of the ATA items. Appropriately skipped items don't count as a response. There must be no evidence that the patient is ineligible.
Partially completed survey	31	A partially completed survey includes a response to at least one item from the 10 SSMs and $< 50\%$ of the ATA items.	A partially completed survey includes a response to at least one item from the 10 SSMs and fewer than 50% of the ATA items. Appropriately skipped items don't count as a response. There must be no evidence that the patient 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; no indication of bad address and phone number
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, no answers to any item from the 10 SSMs	Responded by mail or CATI, with no answers to any item from the 10 SSMs There must be no evidence that the patient is ineligible.
Bad address and phone number	35	Unable to obtain a viable address <u>and</u> phone number is not valid	Address is confirmed as not viable and no valid phone number was identified for the patient.
Excluded from survey	40	Was excluded from all survey processes	Patient was determined to be ineligible after sample selection but before data collection was initiated (see sampling section of manual).

Assigning Bad Address and Phone Number Disposition Codes

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

Note: If the survey vendor is unsuccessful in obtaining a viable mailing address and valid 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 patient’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 patient
- 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 patient’s address isn’t viable includes:

- Address validation search doesn’t 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 patient’s phone number is not valid includes:

- The survey vendor is unable to obtain a phone number for the patient.
- The phone interviewer dials the patient’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 patient’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 patient’s phone number isn’t valid includes:

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

7. Data Submission

This chapter covers the following topics:

- Data Submission Process
- Data File Submission Dates
- Survey Vendor Authorization Process
- Preparation for Data Submission
- Survey File Submission Naming Convention
- Password Authentication
- Organization of the Data Warehouse
- File Encryption
- Instructions for Accessing the Data Warehouse
- Data Auditing and Validation Checks

Overview

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

Data Submission Process

The data coordination team has developed a secure Data Warehouse hosted by the RAND Corporation. The Data Warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the 2022 sample file and to submit survey data to CMS. Except for acquiring a program for PGP standard public key file encryption, survey vendors don't need to install special software or need a licensing fee to submit data through the Data Warehouse. The 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 7:59 p.m. ET on December 8, 2022 and the final survey data file by 7:59 p.m. ET on January 19, 2023. 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.

Notes:

1. Survey vendors should begin to submit interim data on December 6, 2022; however, a correct, error-free interim data file must be submitted by the December 8, 2022 deadline.
2. Survey vendors should begin to submit final data January 17, 2023; however, a correct, error-free final data file must be submitted by the January 19, 2023 deadline.

Survey Vendor Authorization Process

Groups and Shared Savings Program ACOs must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the Data Warehouse hosted by RAND. Only survey vendors authorized by one or more groups or Shared Savings Program ACOs will be contacted and provided access to the Data Warehouse.

Preparation for Data Submission

As mentioned in Chapter 3, each survey vendor participating in the CAHPS for MIPS Survey is required to designate a data administrator within their organization.

- Data administrators will receive the sample files for the groups and Shared Savings Program ACOs they have contracted with via the Data Warehouse. Data administrators must submit CAHPS for MIPS Survey data to the Data Warehouse, following the MIPS file specifications in Appendix D.

See “Become a Registered User of the Data Warehouse” in Chapter 3 for a detailed description of how to gain access and permission to the data warehouse.

Survey File Submission Naming Convention

When submitting CAHPS for MIPS Survey data files, survey vendors must use the following file naming convention. Files that don’t use the following file naming convention will be rejected and must be resubmitted.

Vendorname.MIPS.mmddyy.N.txt.pgp

The following information belongs in the file name:

- Vendorname = Abbreviated vendor name
 - This **must** match the name portion of the MIPS Data Warehouse folder name
 - This name will also be provided to the vendor data administrator and will be used in the name of each vendor’s encrypted sample file
- MIPS = Capital letters, as shown, to distinguish files from separate CMS surveys.
- 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
- 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
- All files **must** be encrypted and end with the .pgp file extension (see “File Encryption” below).

Example: XYZResearch.MIPS.011723.1.txt.pgp

Notes:

1. Survey vendors should submit all records for all groups and Shared Savings Program ACOs in a single file.

- Files should include a record for every patient present in the CAHPS for MIPS sample file the survey vendor received. For interim data submission, if the survey vendor hasn't yet obtained a completed survey for a patient, that patient record shall be assigned the disposition code "33."
- Survey vendors need to accept an email invitation (described in Chapter 3) to access the Data Warehouse before the interim data submission period. Survey vendors can send an email to mips-datasupport@rand.org if they have any questions about or need assistance in updating passwords.

Organization of the Data Warehouse

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

File Encryption

As described in Chapter 6, all interim and final data submissions must be encrypted using the Public Key provided by the data coordination team. 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 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 isn't properly encrypted. Therefore, the file won't be processed and will need to be resubmitted correctly. The data coordination team will also be notified by automated email that the event occurred. We require this file encryption as a redundant security precaution.

Instructions for Accessing the Data Warehouse

- Each authorized survey vendor's data administrator can access the Data Warehouse at <https://kiteworks.rand.org>.
- The survey vendor's data administrator will be prompted for his/her user ID and a password.
- On the first login only, the survey vendor's data administrator will be presented with a page to change his or her password.
- Once the password has been updated, the survey vendor data administrator will be transferred to the File Manager tab of the Data Warehouse.
- Selecting the MIPS folder name link in the File Manager tab will allow the user to download files.

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 Data Warehouse. Each authorized survey vendor's data administrator, back-up data administrator, and project manager will be given instructions for creating the individual password for their assigned login, including the requirements and recommended guidelines for creating a password:

- Passwords must be at least eight (8) characters in length
- Passwords must contain:
 - At least 1 number
 - At least 1 lower-case letter

- At least 1 upper-case letter
- At least 1 special character

Data Auditing and Validation Checks

The data coordination team will audit survey data files as they're submitted by survey vendors for compliance with the file specifications outlined in Chapter 6 Data Coding and Data Preparation and Appendix D.

The data audit process involves various checks of the survey data submitted by survey vendors. The first check will be integrated into the 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 Data Warehouse that doesn't have the “.pgp” extension will be automatically deleted and must be corrected and resubmitted.

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 within one business day after submission. If the submitted data file fails the edit checks described above, the email notification to the designated survey vendor staff will indicate that they're required to correct and resubmit the survey data file and will include details of the discrepancies (errors) found during the edit checking. Survey vendors are responsible for submitting a file that has no discrepancies by 7:59 p.m. ET on the final date of the submission window. If the submitted data file 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 (no errors) before 7:59 p.m. ET on the final date of the submission window are at risk for not being included in the results that are scored and reported. Therefore, it's essential that survey vendors make their first data submission during the first day of the submission window.

Note: Survey vendors must inform the data coordination team if the vendor intends to submit another interim or final data file after receiving notification that a file passes all data verification checks and has been accepted.

8. Data Analysis and Reporting

This chapter covers the following topics:

- CMS Analysis of Survey Data
- Reporting CAHPS Results
- Survey Vendor Analysis of Survey Data

Overview

This section describes the data analysis of the CAHPS for MIPS Survey conducted by CMS, public reporting of the survey scores, and reporting to the groups and Shared Savings Program ACOs administering the survey. It also provides a discussion of data analyses that survey vendors may conduct for their clients. CMS will make a report of results from 2022 survey administration available to groups and Shared Savings Program ACOs by fall 2023.

Why We Use SSMs

When a survey covers many topics, a report that simply lists the answers to every item can be overwhelming to readers. To keep survey reports shorter and more comprehensible without sacrificing important information, we combine answers to items 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 patients with or without a chronic condition. Patients were counted as having a chronic condition if they reported having seen a provider 3 or more times in the past 12 months for a condition lasting at least 3 months, AND reported taking medication prescribed by a doctor to treat a condition that has lasted at least 3 months. All SSMs and the individual survey items within each SSM are case-mix adjusted, appropriately weighted to account for oversampling of patients who are high users of care, and linearly transformed to a 0-100 scale for scoring.

Weighting and Case-Mix Adjustment

For the CAHPS for MIPS Survey, patients were sampled for the survey such that one quarter of the sample represented patients with high use of services. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's patients. (See Chapter 4 for information on sampling.)

The weighted survey results are further adjusted for case-mix. Certain respondent characteristics, such as age and education, aren't under the control of the organization, but are related to the sampled patient'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 MIPS Survey data includes the above 4 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.¹

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

CMS Analysis of CAHPS for MIPS Survey Data

Final Analysis Dataset

The final analysis dataset used for CAHPS for MIPS scoring will include all completed and partially completed surveys.

Contribution of the CAHPS for MIPS Survey to the MIPS Final Score

The MIPS Final Score factors performance in 4 weighted categories into a single score, from 0 to 100. The categories are:

1. Quality
2. Cost
3. Improvement Activities
4. Promoting Interoperability

Within the quality performance category, most groups report 6 measures:

- One of the 6 must be an outcome measure
- If an outcome measure isn't available that is applicable to a specialty or group, a high priority measure must be reported
 - CAHPS for MIPS is a high priority quality measure

Reporting CAHPS Results

Public Reporting of CAHPS for MIPS Survey Scores

Per the CY 2017 Quality Payment Program final rule, the scores from the CAHPS for MIPS Survey are available for public reporting (81 FR 77395). Care Compare will include MIPS Survey scores for both MIPS eligible groups and the Shared Savings Program ACOs. Public reporting of CAHPS for MIPS Survey scores helps people with Medicare to make objective and meaningful health care decisions. For information on public reporting, please contact QPP@cms.hhs.gov.

¹ Consequently, the national mean across organization means for any rating or report is unchanged by case-mix adjustment.

Reporting of CAHPS for MIPS Survey Scores to Groups and Shared Savings Program ACOs

CMS will report CAHPS for MIPS Survey scores to groups and Shared Savings Program ACOs by fall 2023. Report contents will be finalized in 2022.

CMS gives each group and Shared Savings Program ACO a detailed report that summarizes the organization's survey results and compares the organization's CAHPS for MIPS Survey scores to average scores from all participating organizations.

In addition to individual items, multi-item measures, 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 groups and Shared Savings Program ACOs includes the scores for the 10 SSMs.

Scored SSMs:

- 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
- Courteous and Helpful Office Staff
- Care Coordination
- Stewardship of Patient Resources
- Health Status/Functional Status

These 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 reporting.

Survey Vendor Analysis of CAHPS for MIPS Survey Data

CMS-calculated results for the CAHPS for MIPS 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, so long as cell sizes are composed of **at least** 11 observations. Survey vendors should ensure that the group or Shared Savings Program ACO clearly recognizes that these survey vendor analyses **aren't** official survey results and should **only** be used for quality improvement purposes.

Appending Data

Survey vendors must have CMS approval to append data to the sample data or survey data. Survey vendors requesting to append data by either merging sample data OR survey data with group or Shared Savings Program ACO administrative data, must submit to CMS for approval a specific list of the administrative data items to be merged. Additionally, the survey vendors must submit an analytic plan or plan that explains how the data will be used and the purpose of the analysis. For example, if an organization wants to report the survey data by region, the survey vendor must submit a request to the project team technical assistance email (MIPSCAHPS@hsag.com) requesting approval to append region.

The survey vendor may not append data until they receive written permission from CMS stating that the analytic plans or data use plans, and proposed appended items are approved. When requesting to append data, the survey vendor must provide the organization ID number from the sample file (variable MIPS_ID).

Preliminary Survey Data

Survey vendors may provide their clients with preliminary survey data that the survey vendor develops specifically for the group or Shared Savings Program ACO. **If the vendor chooses to share the preliminary survey data, the vendor must suppress any report or display of data that includes cell sizes with fewer than 11 observations, as indicated in the CMS DUA.**

- 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 item as a whole

Survey vendors will not have sufficient information to replicate CMS scoring. **All reports provided to the groups or Shared Savings Program ACOs must include a statement that vendor results are unofficial and are for internal quality improvement purposes only. The statement must be printed in a minimum 14-point font size.** Survey vendors, groups and Shared Savings Program ACOs must keep in mind that the sample design for the survey is not designed for analysis at the provider-level.

In addition, survey vendors aren't permitted to provide groups or Shared Savings Program ACOs with patient-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.

Note: The CMS DUA prohibits display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.

9. Oversight

This chapter covers the following topics:

- Oversight Activities
- Non-compliance and Sanctions

Overview

The CMS-sponsored project team conducts oversight of participating survey vendors to ensure compliance with CAHPS for MIPS Survey protocols. This section describes the oversight activities for the survey. All materials and procedures relevant to survey administration are subject to review.

Oversight Activities

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

- CAHPS for MIPS Survey QAP

The QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors for documenting their current administration of the surveys and compliance with the survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The project team will review each QAP to make sure the survey vendor's stated processes are compliant with survey protocols. In addition, survey vendors are required to submit materials relevant to the 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.

The following actions are required to remain in compliance including, but not limited to:

Requirement	Due Date
All conditionally-approved survey vendors must submit a QAP.	5/27/2022
CMS-approved survey vendors with clients must submit English mail survey materials (pre-notification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope).	7/22/2022
CMS-approved survey vendors with clients must submit mail survey materials (including, initial and second mailing cover letters and the mail survey) in all translations for which the survey will be administered.	8/22/2022
CMS-approved survey vendors with clients must submit CATI screenshots (including skip programming logic) in English and all translations for which the survey will be administered. <ul style="list-style-type: none"> The CATI screenshots provided by survey vendors should be labeled to match the question numbers in the 2022 CMS-approved CATI script. If the survey vendor's CATI system doesn't use the same numbering sequence, please use another format (i.e. comment or note) on the page to clearly indicate which screenshot corresponds to which CMS survey question. The [VENDOR NAME] placeholders should be populated with the survey vendor's name in CATI screenshots provided by survey vendors. The survey vendor name used in the CATI screenshots should match the cover letters. 	9/16/2022
Survey vendors must submit mail sample survey packets (cover letter, mail survey, business reply envelope) to the project team for review. <ul style="list-style-type: none"> The project team will provide review outcomes of submitted mail survey packets within 2 business days of receipt. Survey vendors are responsible for correcting any identified issues prior to the first survey mailing. 	10/11/2022 – 10/14/2022

- Assessment of Submitted Data

The data coordination team will review all survey data that survey vendors submit to the 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 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 project team. The site visits allow the project team to review and observe systems, procedures, facilities, resources, and documentation used to administer the CAHPS for MIPS Survey. The conference calls allow the project team to discuss issues with the survey vendor related to survey administration.

Note: If the site visit, conference call, or any other oversight activity conducted by the project team suggests that actual survey processes differ from 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.

More detail on each of these oversight activities is provided below.

CAHPS for MIPS Survey Quality Assurance Plan (QAP)

Each conditionally-approved survey vendor must submit the QAP by May 27, 2022, using the Model QAP provided via email by the project team. We expect conditionally-approved survey vendors to use the Model QAP as a template for developing their own QAP (see “Submit Quality Assurance Plan” in Chapter 3). The project team’s acceptance of a QAP submission doesn’t constitute or imply approval or endorsement of the survey vendor’s processes. The site visit and other oversight activities are used to examine, verify, and accept the actual processes by which the surveys are administered.

Assessment of Submitted Data

The 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 these Quality Assurance Guidelines, and to those periodically posted on the [CAHPS for MIPS Survey](#) website. Please check the website on a regular basis for additional data submission information and updates.

Site Visits/Conference Calls

The project team will conduct site visits and conference calls with survey vendors to ensure compliance with the 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 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 project team will review the site visit agenda with survey vendor staff in advance of the site visit. The 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 project team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The 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 project team will review the survey vendor's survey systems and will assess protocols based upon these 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 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

By signing the CAHPS for MIPS Survey Participation Form, you are signifying that you agree with all of the Rules of Participation, including all survey oversight activities.

Non-compliance with 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 MIPS Survey
- A corrective action plan
- 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

10. Discrepancy Reports

This chapter covers the following topics:

- Discrepancy Report Process
- Discrepancy Report Review Process

Overview

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

The discrepancy report process and the Discrepancy Report Form have been established for use by survey vendors to notify the project team of any discrepancies in following standard survey protocols, including the data collection timeline. Survey vendors are required to notify the project team of any discrepancies or variations in following standard CAHPS for MIPS Survey protocols that occur during survey administration. **Survey vendors must notify the 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 survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with survey protocols. Survey vendors are required to notify CMS of these discrepancies as soon as they are identified. In its oversight role, the 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.

- CAHPS for MIPS Survey Discrepancy Report: The survey vendor must submit a CAHPS for MIPS Survey Discrepancy Report using the blank Discrepancy Report Form received before the start of survey administration (if needed, additional copies of the blank form can be requested via email to MIPSCAHPS@hsag.com). The completed Discrepancy Report should be emailed to MIPSCAHPS@hsag.com.

The discrepancy report notifies the 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 isn’t available within the required report submission timeline, submit a second Discrepancy Report to provide any missing information.
 - Discrepancy Report updates are due within one week of the initial Discrepancy Report submission.

- The survey vendor must include the organization ID number from the sample file (variable MIPS_ID) on the form.

Discrepancy Report Review Process

CMS and the project team will review the discrepancy report, and then make a determination of the actual or potential impact of the discrepancy on reported MIPS 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.

11. Technical Assistance and Communication

Overview

Survey vendors have access to a number of sources of information regarding the CAHPS for MIPS Survey. To learn more about the CAHPS for MIPS Survey and to see important new updates and announcements, visit the [CAHPS for MIPS Survey](#) website.

Information and Technical Assistance

For additional information and technical assistance with the CAHPS for MIPS Survey, contact the project team:

- Email: MIPSCAHPS@hsag.com
- Phone (toll free): 1-844-472-4274

For additional information and technical assistance related to the use of the Data Warehouse or data submission issues, contact the data coordination team at mips-datasupport@rand.org.

Appendix A

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

General Interviewing Guidelines for Conducting Phone Surveys

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Appendix A

CAHPS for MIPS Survey

General Interviewing Guidelines for Conducting Phone Surveys

Overview

These guidelines are provided to assist phone interviewers who are conducting the CAHPS for MIPS 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 MIPS Survey Quality Assurance Guidelines Version 2022, 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 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*.

Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.

- 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.
 - In instances when a patient provides a response before the interviewer completes reading all the response options, the interviewer must continue to read all the responses. The interviewer may inform the patient that all response options must be read by saying “I’m sorry but I have to read you all the answer choices.”
- 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.
- During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you.
 - Okay.
 - I understand.
 - I see.
 - Yes, Ma’am.
 - Yes, Sir.
 - Let me repeat the question/answer choices for you.
- 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 "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 B

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Frequently Asked Questions for Customer Support

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Appendix B

CAHPS for MIPS 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 Experience Survey." Answers have been provided to general questions about the survey, concerns about participating in the survey and questions about completing the survey.

Survey vendors are permitted to produce translations of the Frequently Asked Questions for Customer Support for any of the optional languages not currently provided by CMS.

Note: Survey vendors conducting the CAHPS for MIPS Survey, and groups, virtual groups, MIPS alternative payment models (APMs), and Shared Savings Program ACOs participating in the survey initiative, must NOT attempt to influence or encourage patients to answer survey questions in a particular way. Please refer to Chapter 3 of the Quality Assurance Guidelines Version 2022 for more information on communicating with patients about the survey.

Note: Survey vendors should follow their own standard procedures for handling information provided by a patient either by mail or by phone that may suggest a patient's health or well-being is at risk.

I. 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 health care 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.

- **Why did I receive a letter from Dr. Michelle Schreiber?**

Dr. Michelle Schreiber is the Deputy Director of the Center for Clinical Standards and Quality, and the Director of the Quality Measures and Value-Based Incentive Group at the Centers for Medicare and Medicaid Services (CMS), the agency sponsoring this survey. 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 Medicare patients, to help CMS to learn about the quality of the health care you get through Medicare. The survey will help CMS and health care 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?**

The Medicare Provider Experience Survey asks about your experiences with a doctor, nurse, physician assistant or other health care provider who gave you care 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 Medicare patients that we interview. CMS will look at these combined results to understand how well your health care providers are meeting their patients' needs. CMS and health care providers can also use the data to understand how to improve the care and health outcomes of Medicare patients.

- **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 Quality Payment Program phone number toll-free at 1-866-288-8292 or by email at gpp@cms.hhs.gov.

- **How long will this take?**

The Medicare Provider Experience Survey takes about 13 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.

II. Concerns About Participating in the Survey

- **Why are you calling me?**

Your opinions are important in helping CMS and health care 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.

- **Why are you calling me? I don't have Medicare.**

Our records show you have received care from the provider named in the survey. Even if you feel you don't have Medicare, your participation is very important.

- **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 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 complies with privacy laws, for example 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 patients 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 patients 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 about your experiences with 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 could really use your help. Your participation will help improve health care services not just for you, but for other patients 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 13 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 [PATIENT SPECIFY] so that the call does not use any of my cell phone minutes?**

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

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

- **You called my cell phone. Can you call back on this number [PATIENT SPECIFY]?**

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

[IF THE CALL BACK CANNOT BE MADE TO THE PATIENT'S SPECIFIED NUMBER, 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 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 every patient 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.

III. Questions About Completing the Survey

- **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.

- **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.

- **How was the provider chosen for my survey?**

The provider named in the survey is a doctor, physician assistant, nurse practitioner or clinical nurse specialist you visited for primary care one or more times during 2022.

- **How can I answer these questions if I only saw this provider once in the last six months?**

Please answer the questions to the best of your abilities. This survey also includes questions about your health care in general and will help Medicare improve the care they provide.

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

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

- **I did not go to/visit this provider in person, it was a telehealth [or virtual] visit.**

Please include all your care from the provider named in the survey in the last six months, whether in-person, by video, or by phone, as you answer the questions.

- **For the mail survey: 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.

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

If you didn't visit this provider in the last 6 months, you can answer "no" to the first question. I will then ask you questions about your health care team and other questions about you.

- **There was no section on the mail survey to write comments about my provider (and/or their staff). Can I leave my comments with you?**

Unfortunately, our system is not set-up to record comments about a provider. If you have any additional comments you would like to share regarding your provider, please call 1-800-MEDICARE and speak with a representative.

- **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 someone complete the survey for you. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf. This may be a family member or relative but it could also be a caregiver or a close friend. We can only interview this person if you give your permission.

CONDUCTING A PROXY INTERVIEW – INTERVIEWER INSTRUCTIONS

WHILE PATIENTS 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 PATIENT. FOR PHONE INTERVIEWS, BE SURE TO FOLLOW THE SCRIPT FOR GETTING PATIENT APPROVAL TO INTERVIEW A PROXY.

Appendix C

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Sample File Record Layout

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Appendix C

CAHPS for MIPS Survey

Sample File Record Layout

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Char	Unique patient finder number assigned by the data coordination team
FNAME	9	30	Text	CMS patient first name
MNAME	39	15	Text	CMS patient middle name
LNAME	54	40	Text	CMS patient 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
MIPS_ID	287	5	[G]nnnn [A]nnnn	Five character ID: <ul style="list-style-type: none"> Group begins with “G” followed by four numbers SSP ACO begins with “A” followed by four numbers
MIPSNAME	292	100	Text	Group or SSP ACO name provided by CMS
FOCALTYPE	392	1	1-2	Provider type: 1= primary care, 2 = specialist

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
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	Patient phone number
LAND_MOBILE	518	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable

Appendix D-1

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Survey File Record Layout 2022 Survey Status Section

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Appendix D-1

CAHPS for MIPS Survey

Survey File Record Layout 2022 Survey Status Section

Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
FINDER	Unique Patient Finder Number Assigned by the data coordination team	1	8	Numeric	From sample file
MIPS_ID	Five character identifier: <ul style="list-style-type: none"> Group begins with “G” followed by four numbers SSP ACO begins with “A” followed by four numbers 	9	5	[G]nnnn [A]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 and telephone number 34 = Blank survey or Incomplete survey returned 35 = Bad address and 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	1-9	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; 9 = Portuguese
RECEIVED	Date survey was received or completed: YYYYMMDD	18	8	YYYYMMDD	Date survey was received: YYYYMMDD, 88888888 = Not applicable

Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
FOCALTYPE	Providertype: 1= Primary care, 2 = Specialist	26	1	1-2	From sample file
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
LANG_PROT	For survey administered in languages other than English, report the methods used to deliver a mail survey to the patient	142	1	1-3, 8	1 = Dual language mailings; 2 = Instructions on letter or insert; 3 = Language-specific mailings; 8 = Not applicable
PHONE ATTEMPTS	Number of phone attempts	143	2	01-07, 88	2-digit number indicating total number of telephone contact attempts (including cases when a mail return is received after outbound CATI begins) <ul style="list-style-type: none"> • A seventh attempt may only be made if the sixth attempt results in the patient establishing a firm callback date and time • Cases finalized prior to start of outbound CATI should be coded 88 = Not applicable • Cases finalized by mail after 1 or more phone attempts should be coded with the number of attempts • If using multiple phone numbers for a record, the phone attempts variable should be coded based on the final telephone number dialed
SURVEY MAILING	Indicates whether a returned mail survey came from the first or second survey mailing	145	1	1-2, 8	1 = First survey mailing 2 = Second survey mailing 8 = Not applicable

Appendix D-2

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Survey File Record Layout 2022 Patient Response Section

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Appendix D-2

CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. 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 #24</p>	<p>Q1 Our records show that in the last six months you visited a provider named [PROVIDER NAME]. Is that right?</p> <p>1 YES</p> <p>2 NO [GO TO Q24 Intro]</p> <p>98 <DON'T KNOW> [GO TO Q24 Intro]</p> <p>99 <REFUSED> [GO TO Q24 Intro]</p> <p>M [MISSING]</p>	146-147	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>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?</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 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	148-149	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>3. 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? Would you say:</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, or</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>	150-151	<p>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 5=5 Years Or More 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Appendix D-2

CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, how many times did you visit this provider to get care for yourself?</p> <p><input type="checkbox"/> None → If None, go to #24</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 to 9</p> <p><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 Q24 Intro]</p> <p>1 1 time,</p> <p>2 2,</p> <p>3 3,</p> <p>4 4,</p> <p>5 5 to 9, or</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>	152-153	<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>
<p>5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → If No, go to #7</p>	<p>Q5 In the last 6 months, did you contact 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</p> <p>2 NO [GO TO Q7]</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW> [GO TO Q7]</p> <p>99 <REFUSED> [GO TO Q7]</p> <p>M [MISSING]</p>	154-155	<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>

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
6. In the last 6 months, when you contacted 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q6 In the last 6 months, when you contacted 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: 1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	156-157	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #9	Q7 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> with this provider? 1 YES 2 NO [GO TO Q9] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]	158-159	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	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: 1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	160-161	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #11	Q9 In the last 6 months, did you contact this provider's office with a medical question during regular office hours? 1 YES 2 NO [GO TO Q11] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q11] 99 <REFUSED> [GO TO Q11] M [MISSING]	162-163	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q10 In the last 6 months, when you contacted 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]	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
11. In the last 6 months, how often did this provider explain things in a way that was easy to understand? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q11 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]	166-167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
12. In the last 6 months, how often did this provider listen carefully to you? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q12 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]	168-169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
13. In the last 6 months, how often did this provider seem to know the important information about your medical history? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q13 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]	170-171	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
14. In the last 6 months, how often did this provider show respect for what you had to say? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q14 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]	172-173	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
15. In the last 6 months, how often did this provider spend enough time with you? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q15 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]	174-175	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #18	Q16 In the last 6 months, did this provider order a blood test, x-ray, or other test for you? 1 YES 2 NO [GO TO Q18] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q18] 99 <REFUSED> [GO TO Q18] M [MISSING]	176-177	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
17. 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q17 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]	178-179	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #20	Q18 In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine? 1 YES 2 NO [GO TO Q20] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q20] 99 <REFUSED> [GO TO Q20] M [MISSING]	180-181	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q19 When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	182-183	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
20. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q20 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? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	184-185	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix D-2

CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>21. 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>Q21 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 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	186-187	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>22. 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>Q22 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 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	188-189	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix D-2

CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q23 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]	190-191	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
24. 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? <input type="checkbox"/> Yes → If Yes, Please include this provider as you answer these questions about specialists <input type="checkbox"/> No	Q24 Is [PROVIDER NAME] a specialist? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	192-193	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
25. In the last 6 months, did you try to make any appointments with specialists? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #27	Q25 In the last 6 months, did you try to make any appointments with specialists? 1 YES 2 NO [GO TO Q27 Intro] 98 <DON'T KNOW> [GO TO Q27 Intro] 99 <REFUSED> [GO TO Q27 Intro] M [MISSING]	194-195	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
26. In the last 6 months, how often was it easy to get appointments with specialists? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q26 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]	196-197	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
27. 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 a healthy diet and healthy eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q27 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 a healthy diet and healthy eating habits? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	198-199	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q28 In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	200-201	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
29. In the last 6 months, did you take any prescription medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #32	Q29 In the last 6 months, did you take any prescription medicine? 1 YES 2 NO [GO TO Q32] 98 <DON'T KNOW> [GO TO Q32] 99 <REFUSED> [GO TO Q32] M [MISSING]	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
30. 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? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	Q30 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]	204-205	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q31 In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	206-207	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
32. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q32 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? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	208-209	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
33. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q33 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? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	210-211	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
34. In general, how would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Q34 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]	212-213	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
35. In general, how would you rate your overall mental or emotional health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Q35 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say: 1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	214-215	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
36. In the last 12 months , have you seen a doctor or other health provider 3 or more times for the same condition or problem? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #38	Q36 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? 1 YES 2 NO [GO TO Q38] 98 <DON'T KNOW> [GO TO Q38] 99 <REFUSED> [GO TO Q38] M [MISSING]	216-217	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
37. Is this a condition or problem that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q37 Is this a condition or problem that has lasted for at least 3 months? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	218-219	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
38. Do you now need or take medicine prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #40	Q38 Do you now need or take medicine prescribed by a doctor? 1 YES 2 NO [GO TO Q40] 98 <DON'T KNOW> [GO TO Q40] 99 <REFUSED> [GO TO Q40] M [MISSING]	220-221	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
39. Is this medicine to treat a condition that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q39 Is this medicine to treat a condition that has lasted for at least 3 months? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	222-223	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
40. In the last 6 months, were any of your visits for your own health care... a. In person? <input type="checkbox"/> Yes <input type="checkbox"/> No b. By phone? <input type="checkbox"/> Yes <input type="checkbox"/> No c. By video call? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q40a In the last 6 months, were any of your visits for your own health care in-person? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	224-225	40a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	Q40b In the last 6 months, were any of your visits for your own health care <u>by phone</u> ? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	226-227	40b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	Q40c In the last 6 months, were any of your visits for your own health care <u>by video call</u> ? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	228-229	40c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
41. 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.)? <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	Q41 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]	230-231	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
42. What is your age? <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	Q42 What is your age? 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]	232-233	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
43. Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female	Q43 Are you male or female? 1 Male 2 Female 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	234-235	1=Male 2=Female 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey


2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
44. What is the highest grade or level of school that you have completed? <input type="checkbox"/> 8 th 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	Q44 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]	236-237	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
45. How well do you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	Q45 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]	238-239	1=Very Well 2=Well 3=Not Well 4=Not At All 98=Don't Know 99=Refused M=Missing
46. Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No → If No, go to #48	Q46 Do you speak a language other than English at home? 1 YES 2 NO [GO TO Q48] 98 <DON'T KNOW> [GO TO Q48] 99 <REFUSED> [GO TO Q48] M [MISSING]	240-241	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
47. What is the language you speak at home? <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> _____	Q47 What is the language you speak at home? 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]	242-243	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
48. Are you deaf or do you have serious difficulty hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q48 Are you deaf or do you have serious difficulty hearing? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	244-245	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
49. Are you blind or do you have serious difficulty seeing, even when wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q49 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]	246-247	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
50. 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	Q50 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]	248-249	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
51. Do you have serious difficulty walking or climbing stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q51 Do you have serious difficulty walking or climbing stairs? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	250-251	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
52. Do you have difficulty dressing or bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q52 Do you have difficulty dressing or bathing? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	252-253	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q53 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	254-255	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
54. Do you ever use the internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Q54 Do you ever use the internet at home? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	256-257	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
55. Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes, Hispanic, Latino, or Spanish <input type="checkbox"/> No, not Hispanic, Latino, or Spanish → If No, go to #57	Q55 Are you of Hispanic, Latino, or Spanish origin? 1 YES, HISPANIC, LATINO, OR SPANISH 2 NO, NOT HISPANIC, LATINO, OR SPANISH [GO TO Q57 Intro] 98 <DON'T KNOW> [GO TO Q57 Intro] 99 <REFUSED> [GO TO Q57 Intro] M [MISSING]	258-259	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

[illegible]

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CAHPS for MIPS Survey

2022 Patient 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]	266-267	c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	d. (Are you) Asian? 1 YES 2 NO [GO TO Q57e] 98 <DON'T KNOW> [GO TO Q57e] 99 <REFUSED> [GO TO Q57e] M [MISSING]	268-269	d. ¹ 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]	270-271	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]	272-273	d2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

¹ When submitting data for a returned mail survey, code the responses for question 57d as "M-Missing."

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CAHPS for MIPS Survey

2022 Patient 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]	274-275	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]	276-277	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]	278-279	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> M [MISSING]	280-281	d6. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	d7. (Are you) another Asian race? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	282-283	d7. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. (Are you) Native Hawaiian or Pacific Islander? 1 YES 2 NO [GO TO Q58] 98 <DON'T KNOW> [GO TO Q58] 99 <REFUSED> [GO TO Q58] M [MISSING]	284-285	e. ² 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	e1. (Are you) Native Hawaiian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	286-287	e1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e2. (Are you) Guamanian or Chamorro? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	288-289	e2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

² When submitting data for a returned mail survey, code the responses for question 57e as "M-Missing."


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CAHPS for MIPS Survey
2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	e3. (Are you) Samoan? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	290-291	e3. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e4. (Are you) Other Pacific Islander? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	292-293	e4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
58. Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ Thank you. Please return the completed survey in the postage-paid envelope.	Q58 <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]	294-295	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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CAHPS for MIPS Survey

2022 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
59. How did that person help you? Mark one or more. <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way  <i>Please print:</i> _____	Q59 <HOW DID THAT PERSON HELP? MARK ONE OR MORE.> a. <READ THE QUESTIONS TO SAMPLED PERSON> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	296-297	a. ³ Read the questions to sampled person 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	b. <REPEATED THE ANSWERS SAMPLED PERSON GAVE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	298-299	b. Repeated the answers sampled person gave 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c. <ANSWERED THE QUESTIONS FOR SAMPLED PERSON> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	300-301	c. Answered the questions for sampled person 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

³ If a patient marks at least one item in Q59a-Q59e as "Yes", the unmarked items should be coded as "No".

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CAHPS for MIPS Survey

2022 Patient 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]	302-303	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]	304-305	e. Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix E

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Survey Items Applicable to All Respondents

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Appendix E

CAHPS for MIPS Survey

Survey Items Applicable to All Respondents

Item Number	Question Text
Q1	Our records show that you visited 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?
Q24	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?
Q25	In the last 6 months, did you try to make any appointments with specialists?
Q27	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 a healthy diet and healthy eating habits?
Q28	In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
Q29	In the last 6 months, did you take any prescription medicine?
Q32	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?
Q33	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?
Q34	In general, how would you rate your overall health?
Q35	In general, how would you rate your overall mental or emotional health?
Q36	In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
Q38	Do you now need or take medicine prescribed by a doctor?
Q40A-Q40C*	In the last 6 months, were any of your visits for your own health care: In person, by phone, or by video call?
Q41	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.)?
Q42	What is your age?
Q43	Are you male or female?
Q44	What is the highest grade or level of school that you have completed?
Q45	How well do you speak English?
Q46	Do you speak a language other than English at home?
Q48	Are you deaf or do you have serious difficulty hearing?
Q49	Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Item Number	Question Text
Q50	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
Q51	Do you have serious difficulty walking or climbing stairs?
Q52	Do you have difficulty dressing or bathing?
Q53	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
Q54	Do you ever use the internet at home?
Q55	Are you of Hispanic, Latino, or Spanish origin?
Q57A – Q57E4*	What is your race? Mark one or more.
Q58	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, Q57A – Q57E4 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 F

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Summary Survey Measures

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Appendix F

CAHPS for MIPS Survey

Summary Survey Measures

Summary Survey Measures	Survey Items Included in the Measure
Getting Timely Care, Appointments and Information	Q6. In the last 6 months, when you contacted 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?
	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 contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
How Well Your Providers Communicate	Q11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
	Q12. In the last 6 months, how often did this provider listen carefully to you?
	Q14. In the last 6 months, how often did this provider show respect for what you had to say?
	Q15. In the last 6 months, how often did this provider spend enough time with you?
Patient's Rating of Provider	Q21. 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?
Access to Specialists	Q26. In the last 6 months, how often was it easy to get appointments with specialists?
Health Promotion and Education	Q27. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
	Q28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
	Q32. 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?
	Q33. 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	Q19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
	Q20. 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?

Summary Survey Measures	Survey Items Included in the Measure
Health Status and Functional Status	Q34. In general, how would you rate your overall health?
	Q35. In general, how would you rate your overall mental or emotional health?
	Q37. Is this a condition or problem that has lasted for at least 3 months?
	Q39. Is this medicine to treat a condition that has lasted for at least 3 months?
	Q41. 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.)?
	Q50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
	Q51. Do you have serious difficulty walking or climbing stairs?
	Q52. Do you have difficulty dressing or bathing?
	Q53. 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	Q22. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
	Q23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
Care Coordination	Q13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
	Q17. 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?
	Q30. 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?
Stewardship of Patient Resources	Q31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

Appendix G-1

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

2022 CAHPS for MIPS 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 during visits that were in-person, by phone or by video call. 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 #3**]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes

☒ No ➔ **If No, go to #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

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 0938-1222 (Expiration date: TBD). The time required to complete this information collection is estimated to average 13.1 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, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP@cms.hhs.gov.

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 #24**

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 #24**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times
5. In the last 6 months, did you contact 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 contacted 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 contact 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 contacted 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, how often did this provider explain things in a way that was easy to understand?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
12. In the last 6 months, how often did this provider listen carefully to you?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
14. In the last 6 months, how often did this provider show respect for what you had to say?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
15. In the last 6 months, how often did this provider spend enough time with you?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
16. 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 #18**

17. 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

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

☐ Yes
☐ No ➔ **If No, go to #20**

19. 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

20. 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

21. 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

22. 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

23. 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

24. 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, Please include this provider as you answer these questions about specialists**
☐ No

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

☐ Yes
☐ No ➔ **If No, go to #27**

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

- ☐ 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.

27. 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 a healthy diet and healthy eating habits?

- ☐ Yes
- ☐ No

28. 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

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

- ☐ Yes
- ☐ No → If No, go to #32

30. 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

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

- ☐ Yes
- ☐ No

32. 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

33. 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

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

36. 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 #38

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

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No → If No, go to #40

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

- ☐ Yes
☐ No

40. In the last 6 months, were any of your visits for your own health care...

- | | <u>Yes</u> | <u>No</u> |
|-------------------------|--------------------------|--------------------------|
| a. In person?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. By phone?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. By video call? | <input type="checkbox"/> | <input type="checkbox"/> |

41. 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

42. 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

43. Are you male or female?

- ☐ Male
☐ Female

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

- ☐ 8th 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

45. How well do you speak English?

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

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

- ☐ Yes
☐ No → If No, go to #48

47. What is the language you speak at home?

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



Please print: _____

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

52. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

53. 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

54. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

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

- ☐ Yes, Hispanic, Latino, or Spanish
 - ☐ No, not Hispanic, Latino, or Spanish
- ➔ If No, go to #57

56. Which group best describes you?

- ☐ Mexican, Mexican American, Chicano
➔ Go to #57
- ☐ Puerto Rican ➔ Go to #57
- ☐ Cuban ➔ Go to #57
- ☐ Another Hispanic, Latino, or Spanish origin ➔ Go to #57

57. 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

58. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you.**

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

59. 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 during visits that were in-person, by phone or by video call. 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 #3**]. See the example below:

EXAMPLE

- | | |
|---|--|
| <p>1. Do you wear a hearing aid now?</p> <p><input type="radio"/> Yes</p> <p>● No ➔ If No, go to #3</p> <p>2. How long have you been wearing a hearing aid?</p> <p><input type="radio"/> Less than one year</p> <p><input type="radio"/> 1 to 3 years</p> <p><input type="radio"/> More than 3 years</p> <p><input type="radio"/> I don't wear a hearing aid</p> | <p>3. In the last 6 months, did you have any headaches?</p> <p>● Yes</p> <p><input type="radio"/> No</p> |
|---|--|

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 0938-1222 (Expiration date: TBD). The time required to complete this information collection is estimated to average 13.1 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, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact OPP@cms.hhs.gov.

Appendix G-2

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

2022 CAHPS for MIPS Survey Initial Cover Letter (English)

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**2022 CAHPS for MIPS Survey
INITIAL COVER LETTER - English**

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

[VENDOR LETTERHEAD]

**[VENDOR RETURN ADDRESS]
[LAST DATE OF 1ST 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 clinicians you interact with in the health care system. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. To help CMS evaluate the quality of the care provided under Medicare, they need to hear directly from Medicare patients. CMS developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey in order to receive feedback from Medicare patients.

[VENDOR NAME] is working with CMS to conduct this survey and contacting you because you were randomly selected to receive the enclosed survey. The survey asks questions about your experience with a specific provider you visited within the last 6 months. Visits with this provider may have been in person, by phone, or by video call. In order to evaluate the quality of care provided to Medicare patients, it is important for CMS to hear about your experience. CMS values your input.

Participation in the survey is voluntary; you do not have to. Your decision to participate or not to participate will not affect your Medicare benefits in any way. If you choose to participate, it will take you about 13 minutes to fill out the survey. The information you provide in the survey will be kept private by law. Your information will not be shared with anyone other than personnel authorized by CMS. Your completed survey will not be shared with any of your health care providers.

If you have any questions about the survey, please call us toll-free at [1-XXX-XXX-XXXX], between 9:00 am to 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT], Monday through Friday. Please take this opportunity to help CMS learn about the quality of care you receive. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Appendix G-3

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

2022 CAHPS for MIPS Survey Second Cover Letter (English)

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2022 CAHPS for MIPS Survey
SECOND COVER LETTER - English

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

[VENDOR LETTERHEAD]

[VENDOR RETURN ADDRESS]
[LAST DATE OF 2nd SURVEY MAILING]

Dear [FIRST LAST]:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. [VENDOR NAME] is working with CMS to conduct a survey on the quality of health care received under the Medicare program. We mailed you a survey about a specific provider you visited in person, by phone, or by video call, and your experiences in the last 6 months. Since we have not heard back from you, we are following up with another copy.

CMS has selected you at random to receive this survey invitation. We hope you will take this opportunity to tell CMS about the quality of care you receive by filling out the survey. It should take about 13 minutes to complete. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey.

The information you provide in the survey will be kept private by law. Your information will not be shared with anyone other than personnel authorized by CMS. We will not share your completed survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your Medicare benefits will not be affected by any decision you make about the survey.**

If you have any questions about the survey, please call us toll-free at [1-XXX-XXX-XXXX], between 9:00 am to 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT], Monday through Friday. Thank you in advance for your participation.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Appendix H

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

2022 CAHPS for MIPS Instructions and CATI Script (English)

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Appendix H

CAHPS for MIPS 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 MIPS 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 MIPS Survey.
- To ensure comparability, neither a group 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.
- The CATI script provided by CMS must be read verbatim.
- The CATI script does not provide scripted language for scheduling a call back, ending an interview at the request of the patient before the survey is completed, etc. Survey vendors may use their internal scripting for such modules.
- 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.
 - Note:** Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.
- 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 patients.
 - 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 patient 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.”
- If after starting the survey the interview is disconnected, or the patient requests a call back at a later date to complete the survey, the survey vendor may resume the call where the patient left off. Please use the script provided for “Call Back to Resume a Survey.”
- 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.
 - These two questions about proxy respondents may be placed after the END screen.
- In the event that a patient 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 patient well and is able to answer health related questions about the patient accurately). However, the telephone interviewer must obtain the patient’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 patient 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 patient.

- To ensure that proxy respondents answer survey questions about the patient, all proxy survey questions must be reworded to reference the selected patient (see examples below).
 - Vendors administering the survey using the CAHPS for MIPS Survey translations provided by CMS are permitted to similarly reword the CMS translations to reference the selected patient.

EXAMPLES:

- Q4 In the last 6 months, how many times did [PATIENT NAME] visit this provider to get care for [himself/herself]? Would [he/she] say:
- Q25 In the last 6 months, did [PATIENT NAME] try to make any appointments with specialists?
- Q34 Intro These next questions are about [PATIENT NAME] and will help us to describe the people who participate in this survey.
- Q34 In general, how would [PATIENT 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 ("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.

Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes ("") or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.
- In situations when a patient says **Yes** to Q1 (that is, the patient confirms he/she has seen the provider named in Q1), but begins to refer to a different provider later in the survey when answering questions about the named provider, the interviewer should redirect the patient to answer the questions about the provider named in Q1. If the patient insists he/she has not seen the named provider in the past 6 months, the interviewer may go back to Q1 and record a response of **No** to Q1.

- 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.
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you.
 - Okay.
 - I understand.
 - I see.
 - Yes, Ma'am.
 - Yes, Sir.
 - Let me repeat the question/answer choices for you.
 - Reading all questions, transition phrases, and response options exactly as written.
 - Reading all response options in lowercase.
 - In instances when a patient provides a response before the interviewer completes reading all the response options, the interviewer must continue to read all the responses. The interviewer may inform the patient that all response options must be read by saying "I'm sorry but I have to read you all the answer choices."
 - 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

< INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT 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-OUT

Hello, may I please speak to [PATIENT NAME]?

(IF NEEDED:) My name is [INTERVIEWER NAME] and I'm calling from [VENDOR NAME] regarding a healthcare survey.

(IF NEEDED:) I'm calling to follow up on a letter from Dr. Michelle Schreiber of the Centers for Medicare & Medicaid Services (CMS).

(IF NEEDED:) The letter was sent as part of a CMS survey about care and services under Medicare.

1	YES	[GO TO INTRO2-OUT]
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 NEEDS PORTUGUESE INTERVIEW	[SET LANGUAGE]
11	SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE	[GO TO PROXY1]
12	SP IS DECEASED	[GO TO NON-INTERVIEW SCREEN]
13	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN 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.>

INTRO1-IN

Hello, am I speaking to [PATIENT NAME]?

- | | | |
|----|--|------------------------------|
| 1 | YES | [GO TO INTRO2-IN] |
| 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 NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | SP IS DECEASED | [GO TO NON-INTERVIEW SCREEN] |
| 13 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW SCREEN] |

PROXY1

I am calling to invite [PATIENT 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.) [PATIENT LAST NAME] briefly about that.

- | | | |
|---|---------|------------------------------|
| 1 | YES | [GO TO PROXY2] |
| 2 | NO | [GO TO NON-INTERVIEW 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, or 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 SP TO ANSWER INTERVIEW | [GO TO PROXY3] |
| 2 | YES, ANSWER THE INTERVIEW ON BEHALF OF SP | [GO TO PROXY4] |
| 3 | NO | [GO TO NON-INTERVIEW
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 PROXY6] |
| 2 | NO, CALL BACK | [GO TO CALLBACK MODULE]
[NEED TO INDICATE THIS IS
ASSISTED INTERVIEW] |
| 3 | SP UNABLE TO CONTINUE | [GO TO NON-INTERVIEW
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 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 SCREEN] |

PROXY6

(*IF NEEDED:* My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services, or CMS, to ask you to take part in an interview about [PATIENT NAME]'s visits to doctors and nurses in the last 6 months.)

CMS is conducting this study to get direct feedback from Medicare patients about their experience with the care and services they receive through Medicare. (Mr./Ms.) [PATIENT 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.) [PATIENT LAST NAME]'s Medicare benefits in any way. The interview will take about 13 minutes to complete depending on experiences.

[VENDOR NAME] will not share information with anyone other than authorized persons at CMS. Your individual answers will never be seen by (Mr./ Ms.) [PATIENT LAST NAME]'s doctor or anyone else involved with (his/her) care.

(*OPTIONAL QUESTION:*) Do you have any questions for me before we begin?

<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.) [PATIENT LAST NAME]. Please answer the questions based on (his/her) experiences with visits to doctors and nurses.

[GO TO MONITOR]

INTRO2-OUT

My name is [INTERVIEWER NAME] and I'm calling on behalf of the Centers for Medicare & Medicaid Services, or 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 patients 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 13 minutes to complete depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS. Your individual answers will never be seen by your doctor or anyone else involved with your care.

(*OPTIONAL QUESTION:*) Do you have any questions for me before we begin?

<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 NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

INTRO2-IN

My name is [INTERVIEWER NAME] and CMS is conducting a study to get direct feedback from Medicare patients 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 13 minutes to complete depending on your experiences.

[VENDOR NAME] will not share your information with anyone other than authorized persons at CMS. Your individual answers will never be seen by your doctor or anyone else involved with your care.

(*OPTIONAL QUESTION:*) Do you have any questions for me before we begin?

<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 NEEDS PORTUGUESE INTERVIEW	[SET LANGUAGE]
11	SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE	[GO TO PROXY1]
12	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

MONITOR

Before we begin, I need to tell you that this call may be monitored for the purposes of quality control.

[PROGRAMMING SPECIFICATIONS: IF VENDOR RECORDS INTERVIEWS THEN INTERVIEWER MUST READ THIS VERSION OF MONITOR -

“Before we begin, I need to tell you that this call may be monitored and/or recorded for the purposes of quality control.”]

<START INTERVIEW >

CALL BACK TO RESUME A SURVEY

RESUME1

Hello, may I please speak to [PATIENT NAME]?

(*IF NEEDED:*) I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to finish an interview with [PATIENT NAME].

- | | | |
|---|---------------|-------------------------|
| 1 | YES | [GO TO RESUME2] |
| 2 | REFUSAL | [GO TO REFUSAL MODULE] |
| 3 | NO, CALL BACK | [GO TO CALLBACK MODULE] |

RESUME2

This is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of the Centers for Medicare & Medicaid Services (CMS). I would like to confirm that I am speaking with [PATIENT NAME]?

I am calling to finish the interview on your visits to doctors and nurses in the last 6 months.

- | | | |
|----|--|---------------------------------|
| 1 | YES | [GO TO RESUME3] |
| 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 NEEDS PORTUGUESE INTERVIEW | [SET LANGUAGE] |
| 11 | SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE | [GO TO PROXY1] |
| 12 | OTHER NON-INTERVIEW | [GO TO NON-INTERVIEW
SCREEN] |

RESUME3

Before we continue, I need to tell you that this call may be monitored for the purposes of quality control.

[PROGRAMMING SPECIFICATIONS: IF VENDOR RECORDS INTERVIEWS THEN INTERVIEWER MUST READ THIS VERSION OF RESUME3 -

"Before we continue, I need to tell you that this call may be monitored and/or recorded for the purposes of quality control."]

<RESUME INTERVIEW >

Q1

Our records show that in the last six months you visited a provider named [PROVIDER NAME]. Is that right?

(*IF NEEDED*: “Please include all your care from [PROVIDER NAME] in the last six months, whether in-person, by video, or by phone, as you answer these questions.”)

- 1 YES
- 2 NO [GO TO Q24 Intro]
- 98 <DON'T KNOW> [GO TO Q24 Intro]
- 99 <REFUSED> [GO TO Q24 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:

(*IF NEEDED*: “Please include all your care from [PROVIDER NAME] in the last six months, whether in-person, by video, or by phone, as you answer these questions.”)

- 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 next questions ask about your own health care during visits that were in-person, by phone or by video call. 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:

(*IF NEEDED*: “Please include all your care from [PROVIDER NAME] in the last six months, whether in-person, by video, or by phone, as you answer these questions.”)

- | | | |
|----|------------------|-------------------|
| 0 | None | [GO TO Q24 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 contact 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 contacted 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 contact 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 contacted 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, 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]

Q12

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]

Q13

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]

Q14

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]

Q15

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]

Q16

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 Q18]
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q18]
- 99 <REFUSED> [GO TO Q18]
- M [MISSING]

Q17

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:

(*IF NEEDED: IF RESPONDENT SAYS "I GOT MY RESULTS ONLINE" OR "I GOT MY RESULTS BY EMAIL" SAY: "Would you say "Never, Sometimes, Usually or Always?" IF RESPONDENT IS UNABLE TO CHOOSE ONE OF THOSE OPTIONS, THEN CODE AS DON'T KNOW*)

- 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 and this provider talk about starting or stopping a prescription medicine? (*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

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]

Q20

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]

Q21

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]

Q22 Intro

These next questions ask about clerks and receptionists in this provider's office.

Q22

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:

(*IF NEEDED*: "Please include all your care from [PROVIDER NAME] in the last six months, whether in-person, by video, or by phone, as you answer these questions.")

- 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 clerks and receptionists at this provider's office treat you with courtesy and respect? Would you say:

(*IF NEEDED*: "Please include all your care from [PROVIDER NAME] in the last six months, whether in-person, by video, or by phone, as you answer these questions.")

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q24 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.

Q24

Is [PROVIDER NAME] a specialist? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

[PROGRAMMING SPECIFICATIONS:

IF Q24 IS ASSIGNED ANSWER "1 – YES" THE INTERVIEWER MUST READ THE FOLLOWING SENTENCE BEFORE Q25 -

"Please include this provider as you answer these questions about specialists."]

Q25

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 Q27 Intro]
- 98 <DON'T KNOW> [GO TO Q27 Intro]
- 99 <REFUSED> [GO TO Q27 Intro]
- M [MISSING]

Q26

In the last 6 months, how often was it easy to get appointments with specialists? Would you say:

(*IF NEEDED*: “Please include all your care from specialists in the last six months, whether in-person, by video, or by phone, as you answer these questions.”)

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q27 Intro

These next 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.

Q27

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 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]

Q28

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]

Q29

In the last 6 months, did you take any prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q32]
- 98 <DON'T KNOW> [GO TO Q32]
- 99 <REFUSED> [GO TO Q32]
- M [MISSING]

Q30

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]

Q31

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]

Q32

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]

Q33

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]

Q34 Intro

These next questions are about you and will help us to describe the people who participate in this survey.

Q34

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]

Q35

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]

Q36

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)*

(IF NEEDED: "Please include all your care from doctors or other health providers in the last 12 months, whether in-person, by video, or by phone, as you answer these questions.")

- 1 YES
- 2 NO [GO TO Q38]
- 98 <DON'T KNOW> [GO TO Q38]
- 99 <REFUSED> [GO TO Q38]
- M [MISSING]

Q37

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]

Q38

Do you now need or take medicine prescribed by a doctor? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q40]
- 98 <DON'T KNOW> [GO TO Q40]
- 99 <REFUSED> [GO TO Q40]
- M [MISSING]

Q39

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]

Q40a

In the last 6 months, were any of your visits for your own health care in-person? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q40b

In the last 6 months, were any of your visits for your own health care by phone? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q40c

In the last 6 months, were any of your visits for your own health care by video call? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q41

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]

Q42

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]

Q43

(INTERVIEWER: ASK ONLY IF NEEDED: Are you male or female?)

- 1 MALE
- 2 FEMALE
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q44

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]

Q45

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]

Q46

Do you speak a language other than English at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO [GO TO Q48]
- 98 <DON'T KNOW> [GO TO Q48]
- 99 <REFUSED> [GO TO Q48]
- M [MISSING]

Q47

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]

Q48

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]

Q49

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]

Q50

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]

Q51

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]

Q52

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]

Q53

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]

Q54

Do you ever use the internet at home? (*READ ANSWER CHOICES ONLY IF NEEDED*)

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q55

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 Q57 Intro]
- 98 <DON'T KNOW> [GO TO Q57 Intro]
- 99 <REFUSED> [GO TO Q57 Intro]
- M [MISSING]

Q56

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]

Q57 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.")

Q57a

Are you White? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57b

(Are you) Black or African American? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57c

(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]

Q57d

(Are you) Asian? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q57e]
- 98 <DON'T KNOW> [GO TO Q57e]
- 99 <REFUSED> [GO TO Q57e]
- M [MISSING]

Q57d1

(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]

Q57d2

(Are you) Chinese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57d3

(Are you) Filipino? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57d4

(Are you) Japanese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57d5

(Are you) Korean? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57d6

(Are you) Vietnamese? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57d7

(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]

Q57e

(Are you) Native Hawaiian or Pacific Islander? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO [GO TO Q58]
- 98 <DON'T KNOW> [GO TO Q58]
- 99 <REFUSED> [GO TO Q58]
- M [MISSING]

Q57e1

(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]

Q57e2

(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]

Q57e3

(Are you) Samoan? *(READ ANSWER CHOICES ONLY IF NEEDED)*

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57e4

(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]

Q58

<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]

Q59a

<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]

Q59b

<REPEATED THE ANSWERS SAMPLED PERSON GAVE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q59c

<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q59d

<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q59e

<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 and have a nice day.