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

Quality Assurance Guidelines

Version 2024

April 2024

7500 Security Blvd., Baltimore, MD 21244-1850

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ACKNOWLEDGMENTS

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	05/2021	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	05/2022	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.
2023	05/2023	Updated to reflect CMS procedures and specifications for 2023 survey administration.	Subgroups added to the term "groups." Survey vendor roles and responsibilities regarding DUA and customer support line. Data storage. CATI quality control guidelines. Survey administration timeline. Mail Survey, Cover Letters, and CATI Script. Data file format specifications. Data analysis and reporting.

VERSION	DATE	REVISION/CHANGE DESCRIPTION	AFFECTED AREA
2024	04/2024	Updated to reflect CMS procedures and specifications for 2024 survey administration.	Survey vendor roles and responsibilities regarding data security and confidentiality agreements. Remote operations guidelines. Survey administration timeline. Administration of CAHPS for MIPS Survey in Spanish. Submission of materials for review. Updates to specifications for prenotification letter and survey cover letters. Data submission requirements. Sample file format specifications. FAQs for Customer Support, Mail Survey and CATI script. Addition of Spanish materials.

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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 Merit-based Incentive Payment System (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, virtual groups, subgroups, 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 2024

The Quality Assurance Guidelines Version 2024 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, subgroups, and 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, subgroups, 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, subgroups, and 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 (English/Spanish)
- Sample File Record Layout
- Survey File Record Layout
- Survey Items Applicable to All Respondents
- Summary Survey Measures
- Prenotification Letters (English/Spanish)
- Medicare Provider Experience Survey and Cover Letters (English/Spanish)
- Instructions and Computer-Assisted Telephone Interview (CATI) Script (English/Spanish)

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 healthcare providers, purchasers, and regulators to track, compare, and improve patients' experiences in different healthcare 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 may participate in MIPS Value Pathways (MVPs) or traditional MIPS as individuals or as part of a group, virtual group, subgroup, or APM Entity. 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, subgroups, or APM Entities participating in MIPS can elect to administer. The survey counts as one measure toward 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, subgroups, and APM Entities (other than Shared Savings Program ACOs) 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 2024 Medicare Physician Fee Schedule (PFS) Final Rule (PDF, 213MB)](#) and in the [2024 Quality Payment Program Final Rule Resources (ZIP, 1MB)](#).

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

New for 2024

Security Training and Confidentiality: The survey vendor roles and responsibilities have been updated to provide details regarding requirements for security training and development of confidentiality agreements. See Chapter 3 for additional details.

Guidelines for Remote Operations: In place of submitting an Exception Request Form for approval to conduct eligible components of the CAHPS for MIPS Survey remotely, vendors must adhere to the guidelines for remote operations in the CAHPS for MIPS Survey QAG. See Chapter 3 for additional details.

Sampling, see Chapter 4 and Appendix C for additional details:
- *Sample Selection and Eligibility Criteria:* This section has been updated to provide additional details on the number of visits required for sample selection and clarification on "institutionalized" criteria.
- *Sample File Record Layout:* A new valid code was added for APM Entities in the MIPS_ID field. A new field name was added for SPANISH_PREFERENCE, which provides an estimate of patients that prefer Spanish-language materials.

Requirement to Administer CAHPS for MIPS Survey in Spanish: Beginning 2024, groups and Shared Savings Program ACOs are required to administer the CAHPS for MIPS Survey in Spanish, using the translation provided by CMS.

Submission of Survey Materials to the Project Team, see Chapter 5 and Chapter 9 for additional details:
- *Prenotification Letter:* Survey vendors must submit English and Spanish (and Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese, if applicable) prenotification letters to the project team for review via MIPSCAHPS@hsag.com.
- *CATI Screenshots:* The submission requirements for CATI screenshots provided to the project team have been updated to allow for submission of a CATI testing link.

Prenotification Letter and Survey Cover Letters and Envelopes: These sections have been updated to provide guidance related to how CAHPS for MIPS Survey letters should be folded.

Data Receipt of Questionnaires Completed by Mail: This section has been updated to include clarification on "white mail."

Phone Monitoring and Oversight: The procedures for phone monitoring have been updated to add methods for providing performance feedback to interviewers and to clarify that monitoring must be conducted for all applicable languages.

Data Submission:
- *Interim Data Submission:* The interim data submission file should include CATI completes, if applicable, as well as mail survey completes received up to three business days prior to the first day of the interim submission window.
- *Timing of Data Submission:* The data submission requirements have been updated to clarify that survey vendors must submit an initial data file on the first day of the submission window for interim and final data.

Weighting and Case-Mix Adjustment: The list of case-mix variables used for analyzing CAHPS for MIPS Survey data has been updated. See Chapter 8 for additional details.

Appendices:
- *New Appendices:* The following appendices have been added to the CAHPS for MIPS Survey QAG Version 2024: Frequently Asked Questions (FAQs) for Customer Support in Spanish (Appendix B-2), CAHPS for MIPS Survey Prenotification Letters in English (Appendix G-1) and Spanish (Appendix G-2), CAHPS for MIPS Survey Mail Survey in Spanish (Appendix H-4), Initial Mailing Cover Letter in Spanish (Appendix H-5), Second Mailing Cover Letter in Spanish (Appendix H-6), and the CATI Script in Spanish (Appendix I-2).
- *FAQs for Customer Support:* A new FAQ for customer support related to completing the survey online has been added to Appendix B-1 (English) and Appendix B-2 (Spanish).
- *Survey Status Section (Appendix D-1):* A new valid code was added for APM Entities in the MIPS_ID field.
- *Patient Response Section (Appendix D-2):* Updates have been made to the text for Q24 (Survey Question column) and Q40a (CATI Specifications column) to align with the updated survey instruments.
- *CAHPS for MIPS Survey Prenotification Letter (Appendix G-1), Initial Mailing Cover Letter (Appendix H-2), and Second Mailing Cover Letter (Appendix H-3):* The English versions of the prenotification letter, initial cover letter, and second cover letter have been updated to include a note providing patients with instructions for requesting a survey in Spanish.
- *CAHPS for MIPS Survey Mail Survey (English/Spanish):* The English mail survey (Appendix H-1) and Spanish mail survey (Appendix H-4) have been updated to include a revised OMB expiration date as well as edits in the English mail survey to revise "six months" to "6 months" in the survey instructions, "Do not" to "Don't" in the Q4 introductory statements, and a formatting edit to the "If Yes" statement for Q24.
- *CAHPS for MIPS Instructions and CATI Script (English/Spanish):* The CATI scripts have been updated to include additional guidance for interviewers in INTRO1-OUT and Q57 Intro, and a revision to Q40a. In addition, the Spanish CATI script has been updated to include an edit to the word "médica." See Appendix I-1 (English) and Appendix I-2 (Spanish) for additional details.

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 or Shared Savings Program ACO. The survey items address care received from a specific provider to help orient the patient to the practice that provided their care. 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' experiences of care that we refer to as summary survey measures (SSMs). A SSM is a collection of survey items that assess the same patient experience domain of care. The 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

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 reside in an institutional setting at the time of the sample draw. CMS sample procedures prevent the selection of more than one patient per household. The survey is administered using a single mixed-mode data collection protocol that includes a prenotification 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) aren't permitted, since they may introduce bias in the survey results.

- Groups, Shared Savings Program ACOs, survey vendors, and their agents are <u>encouraged</u> 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, 2024, to February 16, 2025). This guidance doesn't apply to other CMS administered surveys.

Additionally, groups, Shared Savings Program ACOs, survey vendors, and their agents <u>aren't</u> 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 (prenotification 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.
- Complete security training (e.g., data security, phishing, privacy, Health Insurance Portability and Accountability Act [HIPAA], protected health information [PHI], and personally identifiable information [PII]) annually.
  - Subcontractor staff conducting work on the CAHPS for MIPS Survey must also complete security training annually.
- Develop confidentiality agreements for staff and subcontractors that include language related to HIPAA regulations and obtain signatures on an annual basis from all personnel with access to survey information and/or involved in survey administration and data collection.
- 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. CMS won't approve new DUAs if a survey vendor's organization has any outstanding DUAs that are expired.
  - Current DUAs are updated to include the 2024 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.
    - Subcontractors that are no longer providing services in support of CAHPS for MIPS Survey administration must be removed from the DUA.
  - The [DUA website](#) includes additional information about CMS DUAs and EPPE system training.

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 28, 2024.
- 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.
- Maintain a toll-free customer support telephone line with a live operator during regular business hours to answer questions about the CAHPS for MIPS Survey, offering customer support in all languages in which the survey vendor administers the survey.
  o Voicemail messages must be returned within 24-48 hours
  o Survey vendors must document the questions received from and responses provided to each caller in a database or tracking log.
  o The customer support line must be routinely monitored to assure the line is working and the representatives answering the phone are providing responses that adhere to the Frequently Asked Questions (FAQs) for Customer Support provided by CMS. The monitoring must be documented.
- 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.
- Verify that each client 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 one year. Approval as a survey vendor in prior years doesn't guarantee future approval.

Guidelines for Remote Operations

Survey vendors approved for 2024 survey administration may conduct telephone interviews and oversight of mail survey administration and telephone survey administration remotely if the vendor organization adheres to the remote work guidelines contained in this document. Vendors must continue to adhere to the vendor approval criteria codified in §414.1400 (PDF, 200KB) throughout the 2024 survey administration. Survey vendors agree to:

- Develop processes for remote operations (e.g., customer support line, conducting telephone interviews, verification of returned survey data, and data submission quality checks).
- Implement procedures for training, oversight, and quality control requirements of remote staff.
- Provide remote vendor staff with requirements for private spaces from which interviewers make calls and/or for customer support line staff to receive inbound calls and place outbound calls and confirm those requirements are met.
- Provide remote vendor staff with guidance related to use of company-owned equipment and/or implement security measures if staff are allowed to use personal equipment.
- Implement data security and confidentiality requirements to meet CMS protocols.

- Ensure that interviewers and vendor staff have secure Internet connections (e.g., WPA2 with a strong password and VPN).
    o Login process that includes multifactor authentication or another process to ensure the security of the information.

Notes:
1. Assembly of mail survey materials containing PII and/or PHI in a remote environment is prohibited.
2. PII and/or PHI must not be stored locally on a laptop.

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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.
  - o 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.

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Group, Virtual Group, Subgroup, APM Entity, and Shared Savings Program ACO Roles and Responsibilities

Groups, virtual groups, subgroups, APM Entities, 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, virtual groups, subgroups, APM Entities and Shared Savings Program ACOs are responsible for the costs of the survey administration.
  - o Groups, virtual groups, subgroups, APM Entities, and Shared Savings Program ACOs aren't allowed to administer the survey themselves.
- ➢ Authorize the survey vendor to submit 2024 performance period survey data on their behalf through the web-based survey vendor authorization tool.
  - o Groups, virtual groups, subgroups, APM Entities, and Shared Savings Program ACOs must authorize a survey vendor by September 11, 2024.
  - o Annual authorization is required even if the group, virtual group, subgroup, APM Entity, or Shared Savings Program ACO has previously authorized a vendor.

Note: Survey administration is required in English and Spanish. Groups, virtual groups, subgroups, APM Entities, and Shared Savings Program ACOs are responsible for instructing their vendor to administer the survey in one of the available optional translations, if needed.

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Survey Vendor Training

Conditionally-approved survey vendors must complete a self-guided training in May 2024. The self-guided training must be completed by May 24, 2024, 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 2024 to maintain their approval status:

- A webinar in November 2024 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 24, 2024. 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
  - Include a detailed description of the process for obtaining Spanish-language preference data from group or ACO clients and matching it to patient sample
- 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 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 PII or 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
  - Include staff roles in monitoring adherence to CMS DUA and assuring timely DUA extension, update and closure as required, and provide vendor's process to adhere to data retention requirements and eventual DUA closure if no longer participating in the CAHPS for MIPS Survey
- Description of how remote operations will be conducted, including training and oversight of remote staff to ensure compliance with HIPAA, data security, and quality assurance requirements, if applicable

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, or links to, 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 24, 2024. 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 28, 2024, 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 (from 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 <u>all</u> 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 can't be conducted and a sample won't 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 can't be conducted and a sample won't 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 can't be conducted and a sample won't 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 2024. For groups, the sample is drawn at the level of the participating Tax Identification Number (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 and have had at least 2 visits to the group or Shared Savings ACO. At the time of the sample draw, CMS will make efforts to exclude deceased patients and patients whose address matches an institution in the CMS Provider of Services file or identifies an institution. If vendors identify patients residing in an institutional setting during the data collection process, they are to be coded as ineligible. CMS sample procedures prevent the selection of more than one patient per household.

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 2024. Where possible, CMS will also provide a patient phone number as of September 2024. 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 when included in a 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

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
MIPS_ID	287	7	[A]nnnn [G]nnnnnn [M]nnnn [S]nnnn	Seven character identifier: • SSP ACO begins with "A" followed by 4 numbers • Group, virtual group, or subgroup begins with "G" followed by 6 numbers • APM Entity begins with "M" or "S" followed by 4 numbers
MIPSNAME	294	100	Text	SSP ACO, group, virtual group, subgroup, APM Entity, or name provided by CMS
FOCALTYPE	394	1	1-2	Provider type: 1= primary care, 2 = specialist
PRTITLE	395	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	430	30	Text	Provider first name
PRLNAME	460	50	Text	Provider last name
TELEPHONE NUMBER	510	10	Numeric	Patient phone number
LAND_MOBILE	520	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable
SPANISH_PREFERENCE	521	1	1-4	Estimate of Spanish Preference. Data values: 1 = High probability patient prefers Spanish-language materials 2 = Medium probability patient prefers Spanish-language materials 3 = Low probability patient prefers Spanish-language materials 4 = Very low probability patient prefers Spanish-language materials

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 11, 2024. 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 2024.

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 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 prenotification 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 they may be willing to respond to the survey. Survey responses may <u>not</u> 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 <u>not</u> 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 and Spanish. Groups and Shared Savings Program ACOs may contract with survey vendors to administer the survey in one or more of these optional languages:
- 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 <u>not</u> 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 2024 CAHPS for MIPS Survey are summarized below. Survey vendors are required to follow the data collection schedule and may <u>not</u> 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.	5/24/2024
Survey vendors must submit English mail survey materials (prenotification letter, prenotification 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 <u>and</u> return address must be visible through the envelope window in which the survey is mailed.	7/19/2024
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).	8/14/2024
Survey vendors must submit mail survey materials (prenotification letter, initial and second mailing cover letters, and mail survey) in Spanish (and Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese, if applicable) to the project team via MIPSCAHPS@hsag.com.	8/19/2024
Survey vendors must complete and email a Vendor Access to Data Warehouse Form to mips-datasupport@rand.org.	8/28/2024

Task	Date
Survey vendors must submit CATI screenshots to the project team via MIPSCAHPS@hsag.com. Screenshots must display question text, response options, and program skip logic of the programmed survey to be used for 2024 phone administration. Vendor screenshots must conform to the guidance on page 35. Note: For English and Spanish language surveys, vendors may substitute a CATI testing link for a file of screenshots.	8/30/2024
Groups and Shared Savings Program ACOs must complete the web-based survey vendor authorization process.	9/11/2024
2024 sample files become available to survey vendors.	10/2/2024
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.	10/8/2024 – 10/11/2024

Data Collection Tasks

Survey Vendor Task	Date
Mail out a prenotification letter to all sampled patients one week before the first survey mailing.	10/15/2024 – 10/16/2024
Customer support phone center opens (Toll-free phone number required).	10/16/2024
Mail-out of the first survey with cover letter.	10/21/2024 – 10/22/2024
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/12/2024 – 11/13/2024
Initiate telephone follow-up by CATI for all non-respondents to the mail survey. (1st attempt must occur during this time.)	11/29/2024 – 12/6/2024
Submit interim survey data files to the Data Warehouse. Survey vendors <u>must</u> make an initial submission of interim data on 12/3/2024 and <u>must</u> complete interim data submission by providing a data file that is fully correct and accepted by 7:59 p.m. ET on 12/5/2024.	12/3/2024 – 12/5/2024
Conduct additional CATI follow-up for all non-respondents to the mail survey. • 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 12/18/2024 – 1/1/2025 due to holidays. Suspending calls isn't a requirement.	12/7/2024 – 1/9/2025
Last day for inbound and outbound phone interviews.	1/9/2025
Cutoff date for returned mail surveys.	1/9/2025
Last day of operation for customer support toll-free line.	1/9/2025

Survey Vendor Task	Date
Submit final survey data files to CMS after close of data collection via the Data Warehouse. Survey vendors <u>must</u> make an initial submission of final data on 1/14/2025 and <u>must</u> have all fully-conforming final data files submitted by 7:59 p.m. ET on 1/16/2025 (including any requests for corrections).	1/14/2025 – 1/16/2025

Spanish-Language Survey Administration

CMS provides the translations of the CAHPS for MIPS Survey and supporting materials in Spanish and Spanish language mail and phone surveys must be made available to all Spanish-speaking sampled patients. Vendors can identify patients requiring Spanish-language surveys using a) language preference data from a group or Shared Savings Program ACO or b) the SPANISH_PREFERENCE field in the sample data provided by CMS. (While a group or Shared Savings Program ACO may share language preference data with the survey vendor, the survey vendor is prohibited from giving any group or Shared Savings Program ACO information on which patients have been sampled for survey administration.)

A group or Shared Savings Program ACO has the following options for Spanish-language survey administration.

- Include an insert with the prenotification letter and each survey mailing that contains instructions for the patient to request a survey in Spanish. Instructions must be written in Spanish. Bilingual (Spanish and English) interviewers and CATI programmed in Spanish must be available during phone follow-up calls.
  - In place of an individual insert, a note may be placed at the bottom of the prenotification letter and each survey cover letter providing patients with instructions for requesting a survey in Spanish. The note and instructions must be written in Spanish.
- Include a Spanish language survey in mailings of the English language survey (this is commonly referred to as "double stuffing"). Such packets may be sent to all sampled patients within a group or Shared Savings Program ACO, or to a subset of sampled patients based on language preference data received from the group or Shared Savings Program ACO or the SPANISH_PREFERENCE field in the sample data provided by CMS. Spanish-speaking or bilingual (Spanish and English) interviewers and CATI programmed in Spanish must be available during phone follow-up calls.
- Send a Spanish language survey only for all mailings of the survey to sampled patients known to prefer Spanish. Those patients can be identified using language preference data received from the group or Shared Savings Program ACO or the SPANISH_PREFERENCE field in the sample data provided by CMS. Spanish-speaking or bilingual (Spanish and English) interviewers and CATI programmed in Spanish must be available during phone follow-up calls.

Note: The first mailing of a Spanish language survey must include the first survey cover letter.

Special Procedures for Patients Residing in Puerto Rico

All 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 prenotification letter. The prenotification 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-speaking or bilingual (Spanish and English) interviewer, and CATI programmed in Spanish shall be conducted with these sampled patients.

Survey Administration in Optional Languages

In addition to Spanish, CMS provides the translations of the CAHPS for MIPS Survey and supporting materials in Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese. Use of these translations is optional and shall be done at the request of the group and/or Shared Savings Program ACO. A group or Shared Savings Program ACO that serves a patient population with a plurality of individuals who speak Cantonese, Korean, Mandarin, Portuguese, Russian, or Vietnamese is strongly encouraged to conduct the survey using one or more of the optional languages.

A group or Shared Savings Program ACO may share language preference data with the survey vendor to aid in data collection, but the survey vendor is prohibited from giving any group or Shared Savings Program ACO information on which patients have been sampled for survey administration. When an optional translation is used, it must be available by mail and phone.

A group or Shared Savings Program ACO has the following options for implementing data collection in an optional language.

- Include an insert with the prenotification letter and each survey mailing that contains instructions for the patient to request a survey in the optional target language. Instructions must be written in the target language. Bilingual (target language and English) interviewers and CATI programmed in the target language must be available during phone follow-up calls.
  - o In place of an individual insert, a note may be placed at the bottom of the prenotification letter and each survey cover letter providing patients with instructions for requesting a survey in the optional target language. The note and instructions must be written in the target language.
- Include a survey in the optional target language in English language survey mailings (this is commonly referred to as "double stuffing"). Such packets may be sent to all sampled patients within a group or Shared Savings Program ACO, or to a subset of sampled patients based on language preference data received from the group or Shared Savings Program ACO. Interviewers who speak the target language or who are bilingual (target language and English), and CATI programmed in the target language must be available during phone follow-up calls.

- Send a survey in the optional target language only for all mailings of the survey to sampled patients known to prefer the target language. Those patients can be identified using language preference data received from the group or Shared Savings Program ACO. Interviewers who speak the target language or who are bilingual (target language and English), and CATI programmed in the target language must be available during phone follow-up calls.

Note: The first mailing of a survey in an optional language must include the first survey cover letter.

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 must conduct the mail component of the survey in English and Spanish, and will have the option of offering a translation of the survey in one or more of the following languages: **Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese**. The project team will provide text for the insert, the prenotification letters, 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 <u>not</u> modify the translation of the surveys or related materials. In addition, survey vendors aren't 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 operating in Puerto Rico, all mailings will be in Spanish, and survey vendors may include an insert with the prenotification 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 prenotification 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 <u>not</u> change the wording of survey items, the response categories, or the order of items. Survey vendors may <u>not</u> modify the wording or layout of the prenotification letters or the survey cover letters. Survey vendors may <u>not</u> modify the translations of surveys or related materials provided by CMS. Finally, survey vendors aren't permitted to create or use any other translations of:

- The survey
- Request for translation inserts
- Prenotification letters
- Mail survey cover letters
- Any other survey material.

The survey vendor is responsible for reproducing a sufficient volume of English, Spanish, and if applicable, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese survey materials (including surveys, prenotification letters, and survey cover letters) 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, Spanish or 1 of the 6 optional languages).

Note: Each survey vendor with a group or Shared Savings Program ACO client must submit copies of their survey mailing materials (prenotification letters, prenotification 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 (via screenshots or a testing link) 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.

Prenotification Letter

CMS will provide templates of the prenotification letters and 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 prenotification letter contains a salutation personalized to include the patient's name.
- The placeholder for the toll-free phone number must be populated with the survey vendor's customer support phone number.
- The CMS logo must not be modified in any way from what is provided in the prenotification letter templates.
- The prenotification letter must be printed using a font size equal to or larger than Times New Roman or Arial (or similar) 11 point font.
- The prenotification letter is required to be printed with English on one side and Spanish on the other side.
  - If a group or Shared Savings Program ACO would like to administer the survey in 1 of the 6 optional languages, survey vendors may print the prenotification letter with English on one side and the optional target language on the reverse.
- The prenotification letter must include the last date of the prenotification letter mailing and the signature of the Deputy Director, Center for Clinical Standards and Quality Director, Quality Measures and Value Based Incentives Group.
- The prenotification letter must not be folded using an accordion style fold (zig zag fold or fan fold); half-fold or tri-fold is permitted.
- If a window envelope is used for the prenotification letter mailing, CMS's return address shouldn't appear in the window.
- The CMS logo must appear with the survey vendor's return address or mail processing subcontractor's return address.
  - It is optional to print both the CMS logo and the survey vendor logo on the prenotification letter envelope.

- In order to update records for patients who have moved, the prenotification 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 prenotification letter but is **optional** for the survey mailing.

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 placeholder for the toll-free phone number must be populated with the survey vendor's customer support phone number.
- 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 or Arial (or similar) 11 point font.
- The survey cover letters must not be folded using an accordion style fold (zig zag fold or fan fold); half-fold or tri-fold is permitted.
- If the survey packet contains an English language survey only, the cover letter must include an insert or note placed at the bottom of the letters inviting Spanish speaking sampled patients to call the survey vendor's toll-free telephone number to request the Spanish translation of the survey. The insert or note must use the Spanish language text provided by CMS.
    - If the survey packet includes a Spanish language survey the Spanish language cover letter must be used. The first mailing of a Spanish language survey must always use the first survey cover letter.
- If 1 of the 6 optional languages (Cantonese, Korean, Mandarin, Portuguese, Russian, or Vietnamese) is offered, the prenotification letter and all survey mailings must include an insert or note in the optional target language that details instructions for requesting a survey in the optional language.
    - If the survey packet includes a survey in the target language, the cover letter must also be in the target language. The first mailing of an optional language survey must always use the first survey cover letter.
- 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.
    - It is optional to print both the CMS logo and the survey vendor logo on the outgoing survey envelope.

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 or Arial (or similar) 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 (including section headers and introductions) must remain together in the same column and on the same page, as indicated in the survey template provided by CMS.
- 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 isn't 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 prepaid 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's 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.
- Use of highlighting (color or black and white) to emphasize section headings.

Notes:
1. To promote readability of the survey, a three-column format isn't allowed.
2. 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.
3. Survey vendors may use precodes placed to the left of the response options as subscript or superscript. Precodes shouldn't be displayed on 0-10 response scales.

Supplemental Questions

Supplemental items **aren't** approved for data collection for the 2024 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 <u>not</u> 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 can't 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 prenotification 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 3 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.) Survey vendors and/or its subcontractors should have a process in place to handle white mail (e.g., notes such as a request for help or concerns from respondents written on separate pieces of paper or separately mailed letters).

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 and data files, including sample information and submitted data, 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 National Change of Address (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, must document the completion of each quality control activity, and retain all records documenting all quality control activities completed for electronic and printed mail survey materials.

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 and must be conducted in the same languages as the mail survey.

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 <u>not</u> attempt to have a patient complete a survey by phone if a patient calls the survey vendor's customer support line <u>before</u> the start of the phone phase of survey administration.

Phone interviews may <u>not</u> 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 can't 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 <u>not</u> 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're 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've 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 <u>not</u> 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 6 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 <u>not</u> be modified.

Each survey vendor with a group or Shared Savings Program ACO client must submit CATI screenshots of question text, response options, and program skip logic of the programmed survey to be used for 2024 phone administration. Vendors must submit:

- A single file that compiles all screens for the English language phone survey
- A single file that compiles all screens for the Spanish language phone survey
- A single file for each optional language that compiles all screens that will be used in 2024 (Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese, if applicable)

Each file of screenshots should populate the field "[VENDOR NAME]" with the survey vendor name that will be displayed to interviewers during 2024 phone administration (and should match the vendor name that appears on mail survey cover letters). Other placeholder fields such as "[PATIENT NAME]," "[INTERVIEWER NAME]," "[PROVIDER NAME]" should be populated with test data. The screenshot files must include the proxy introductory script items (PROXY1, PROXY2, etc.). Screenshots for a proxy survey that is reworded to address a proxy respondent are not required. In addition, screenshot files must:

- Be labeled to match the script and question numbers in the 2024 CMS approved CATI script (Appendix I). If the survey vendor's CATI system doesn't use the numbering sequence displayed in Appendix I, the screenshot file must use a comment, note, or other format to clearly indicate the corresponding CMS script item or survey question.
- Display all paths through the CATI script. For example, Q5 should display one screenshot with "NO" selected, then the next screen that applies, Q7, should follow. Then, Q5 should display a second screenshot with "YES" selected and the screenshot that should follow would be Q6, the next screen that applies.

If a survey vendor doesn't have a group or Shared Savings Program ACO client, the CATI screenshots don't have to be submitted. For English and Spanish language surveys, vendors may substitute a CATI testing link for a file of screenshots.

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 CAHPS for MIPS Survey CATI screenshots (with skip programming logic, reflecting the programmed survey that will be used for 2024 telephone survey administration) in English and Spanish (and Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese, if applicable) for review by the project team. For English and Spanish language surveys, vendors may substitute a CATI testing link for a file of screenshots. 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 response data collected by CATI, audio recordings of CATI interviews, Paradata, data files, and sample data 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.
- Survey vendors must have a process in place to validate the accuracy of CATI programming and assure that item wording, response options, program skip logic, and data values are accurate and employ the wording and skip logic indicated in the script provided by CMS.

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 (i.e., 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 isn't 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.
- Procedures must be in place to assure that monitoring occurs in all languages in which the survey is administered (English, Spanish, and any optional translations).
- Performance feedback must be provided to all interviewers. Either in-person or remotely via video call (e.g., Microsoft Teams, Zoom, or Skype).
- 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 <u>not</u> 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 <u>not</u> to conduct other surveys of patients with Medicare fee-for-service, 4 weeks prior, during, or after the CAHPS for MIPS Survey administration period of October 15, 2024, to January 9, 2025. Other CMS sponsored surveys are exempt from this guidance.

6. Data Coding and Data Preparation

> This chapter covers the following topics:
> - File Encryption
> - Data 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 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.

Data File Specifications

Survey vendors may use 1 of 2 file formats to submit the survey data files to the Data Warehouse: 8-bit Unicode Transformation Format (UTF-8) or 16-bit Unicode Transformation Format (UTF-16). Survey vendors must submit one file containing one data record per patient for all sampled patients in the original MIPS sample file. No substitutions for valid data element values are acceptable.

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

As noted above, a vendor's survey data file 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 include 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 Response Section, which contains survey response data 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 2 response options, then code the value of the item as "M – Missing."
- If a value is missing, code as "M – Missing." Survey vendors must <u>not</u> impute a response.
- 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 <u>not</u> "clean" or correct skip pattern errors on surveys completed by a patient. Survey vendors must <u>not</u> 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."

o   Dependent items that are appropriately skipped should be coded as "88 – Not Applicable."
- For CATI survey skip patterns:
  o   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.
  o   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."
  o   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 <u>no</u> 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 (ATA) 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's a missing answer and <u>not</u> counted toward the "SSM" or "Survey Item Applicable to All Respondents."

Note: Dependent items answered by a patient as a result of <u>not</u> following the skip pattern correctly aren't 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's 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 <u>not</u> viable and no valid phone number is identified, assign code of "35 – Bad address and phone number."
- If a patient is found to reside in an institutional setting, assign code "11 – Institutionalized":
  - For the purposes of survey administration, the disposition code of "institutionalized" should be applied to individuals who reside in an institutional setting. 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 <u>not</u> 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 <u>not</u> 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:
  o 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.
  o The vendor determines that a patient resides in an institutional setting (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.
  o 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's <u>no</u> 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 ≥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 <u>no</u> 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 <u>no</u> evidence that the patient is ineligible.
Institutionalized	11	Institutionalized	Resides in an institutionalized setting (such as a 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	<u>No</u> response collected	No response collected either by mail or by phone; <u>no</u> indication of bad address and phone number
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, <u>no</u> 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 <u>no</u> evidence that the patient is ineligible.
Bad address and phone number	35	Unable to obtain a viable address <u>and</u> phone number isn't valid	Address is confirmed as <u>not</u> viable and <u>no</u> 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 the Bad Address and Phone Number Disposition Code

The survey vendor assigns the final survey disposition code "35 – Bad address and phone number" after all attempts to obtain a viable address <u>and</u> 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's 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, <u>sufficient</u> 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, <u>insufficient</u> 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, <u>sufficient</u> evidence that a patient's phone number isn't 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 <u>no</u> 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, <u>insufficient</u> 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 2024 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 a fully-conforming interim data file by 7:59 p.m. ET on December 5, 2024, and a fully-conforming final survey data file by 7:59 p.m. ET on January 16, 2025. 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.

The interim data submission file should include CATI completes, if applicable, as well as mail survey completes received up to three business days prior to the first day of the interim submission window.

Notes:
1. Survey vendors must make an initial file submission of interim data on December 3, 2024 and must submit an interim data file that is fully correct and accepted by the 7:59 p.m. ET December 5, 2024, deadline.
2. Survey vendors must make an initial file submission of final data on January 14, 2025 and must submit a final data file that is fully correct and accepted by the 7:59 p.m. ET January 16, 2025, 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've 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.011425.1.txt.pgp

Notes:
1. Survey vendors should submit all records for all groups and Shared Savings Program ACOs in a single file.
2. Files should include a record for every patient present in the CAHPS for MIPS Survey 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."
3. 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've 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

1. Each authorized survey vendor's data administrator can access the Data Warehouse at https://kiteworks.rand.org.
2. The survey vendor's data administrator will be prompted for his/her user ID and a password.
3. On the first login only, the survey vendor's data administrator will be presented with a page to change his or her password.
4. Once the password has been updated, the survey vendor data administrator will be transferred to the File Manager tab of the Data Warehouse.
5. 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 8 characters in length
- Passwords must contain:
  - At least one number
  - At least one lower-case letter
  - At least one upper-case letter
  - At least one 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 include details of the discrepancies (errors) found during the edit checking. Survey vendors are responsible for submitting a file that has <u>no</u> 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 <u>no</u> additional action is required and will include a summary of the submitted data file for survey vendor verification. Data files <u>not</u> received and accepted (<u>no</u> errors) before 7:59 p.m. ET on the final date of the submission window are at risk for <u>not</u> 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 provide a report of 2024 CAHPS results to each group and Shared Savings Program ACO by fall 2025.

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. 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 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.

For example, individuals with less education and those who report better general and mental health generally provide more positive ratings and reports of care. The case-mix model used for analyzing CAHPS for MIPS Survey data includes the following variables:

- Age[1]
- Education[1]
- General health rating[1]
- Mental health rating[1]
- Dual eligibility[2]

- Low income subsidy[2]
- Speak Spanish at home[1]
- Speak an Asian language at home[1] *(Chinese, Korean, Vietnamese)*
- Speak another language other than English at home[1] *(Russian, other)*
- Proxy completion of the survey or other proxy assistance

1: Self-reported data captured in the survey
2: CMS administrative data

Although proxy reporting has contributed very weakly to differences in contract means, it has been retained as an adjustor to allay concerns that are 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]

The variables in the case-mix model are used to case-mix adjust scores for all measures, with the following exceptions:
- SSM: Health Status and Functional Status isn't adjusted for general health rating, mental health rating, and proxy.
- Item: Q20 in the Shared Decision Making SSM isn't adjusted for proxy.

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 Survey scoring will include all completed and partially completed surveys.

Calculating CAHPS for MIPS Survey SSM Scores
The 2024 CAHPS for MIPS Survey contains 10 SSMs, with 9 SSMs included in scoring and benchmarking. Although scores are still calculated for the one "unscored" SSM (Health Status and Functional Status), these are for informational purposes only and don't contribute to the overall CAHPS for MIPS Survey score for the group or Shared Savings Program ACO.

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

CMS established a benchmark for each scored SSM in the 2024 CAHPS for MIPS Survey measure. These benchmarks were calculated using historical data from the 2022 performance period. For each group, virtual group, subgroup, and APM entity (including Shared Savings Program ACOs), the calculation of the overall CAHPS for MIPS Survey score includes 1) calculating SSM scores for each scored SSM, 2) assigning a range of 1 to 10 points to each SSM by comparing SSM scores against the 2024 CAHPS for MIPS Survey Benchmarks, and 3) averaging the points across all scored SSMs that meet case minimum requirements.

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's applicable to a specialty or group, a high priority measure must be reported
  - The CAHPS for MIPS Survey is a high priority quality measure

The 2024 CAHPS for MIPS Survey Overview Fact Sheet (PDF, 631KB), CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule (PDF, 213MB), and the 2024 Quality Payment Program Final Rule Resources (ZIP, 1MB) contain more detail.

Reporting CAHPS Results

Public Reporting of CAHPS for MIPS Survey Scores

Per the CY 2017 Quality Payment Program final rule (81 FR 77395), the scores from the CAHPS for MIPS Survey are available for public reporting. The Medicare.gov care compare tool will include a subset of CAHPS for MIPS Survey scores for MIPS eligible groups and 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.

Reporting of CAHPS for MIPS Survey Scores

CMS will report CAHPS for MIPS Survey scores to groups and Shared Savings Program ACOs by fall 2025. Each organization will receive 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 for MIPS Survey data are organized and displayed within the report according to their different purposes. The report includes the scores for the 10 SSMs.

These are the 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

This is the unscored SSM:
- 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
- No numbers that allow the exact inference of a count of 1-10 should appear in any material provided to your client

Survey vendors won't have sufficient information to replicate CMS scoring. **All reports (paper or electronic) provided to a group or Shared Savings Program ACO must include a statement that vendor results are unofficial and are for internal quality improvement purposes only. The statement must appear on each page of the vendor report 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 doesn't support data 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.

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's developed, and periodically revised, by survey vendors for documenting their current administration of the surveys and compliance with the survey protocols. If applicable, the survey vendor's QAP must describe in detail how remote operations will be conducted, including training and oversight of remote staff to ensure compliance with HIPAA, data security, and quality assurance requirements, as described in Chapter 3. 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 <u>not</u> limited to:

Requirement	Due Date
All conditionally-approved survey vendors must submit a QAP.	5/24/2024
CMS approved survey vendors with clients must submit English mail survey materials (prenotification letter, prenotification letter envelope, initial and second mailing cover letters, mail survey, and outgoing mail survey envelope).	7/19/2024
CMS approved survey vendors with clients must submit mail survey materials (prenotification letter, initial and second mailing cover letters, and the mail survey) in Spanish (and Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese, if applicable).	8/19/2024
CMS approved survey vendors with clients must submit a compiled set of CATI screenshots that display question text, response options, and program skip logic of the programmed survey to be used for 2024 phone administration. One set of screenshots must be provided for each language (English, Spanish, and any optional languages that will be administered). Screenshots must conform to the guidance on page 35. Note: For English and Spanish language surveys, vendors may substitute a CATI testing link for a file of screenshots.	8/30/2024
Survey vendors must submit mail sample survey packets (cover letter, mail survey, business reply envelope) to the project team for review. • 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.	10/8/2024 – 10/11/2024

- 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 24, 2024, 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're 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're 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, you can request additional copies of the blank form 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

Contact the project team for additional information and technical assistance with the CAHPS for MIPS Survey:

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

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

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 2024, 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: <u>underline</u>, **bold**, <mark>highlight</mark>, 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 in the CATI script template indicates programming instructions that must not appear on electronic telephone interviewing system screens 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-1

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

2024 Frequently Asked Questions for Customer Support (English)

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Appendix B-1

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 Accountable Care Organizations (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 2024 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 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). 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 & Medicaid Services (CMS), the agency sponsoring this survey. CMS oversees Medicare health services and coordinates Medicaid services with state agencies.

- **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 (TRS: 711) between 8 a.m. – 8 p.m. ET, Monday – Friday or by email at qpp@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'll 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 only 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, [Health Insurance Portability and Accountability Act of 1996 (HIPAA)](). 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 healthcare 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 because your participation will help improve healthcare 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 only take about 13 minutes. I can schedule the survey interview at another time that's 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'll 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're not selling anything and we're 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 health care 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.

- **I have already completed the survey online.**

  This survey is only offered by mail and phone. You may have answered an online survey that seems similar to this survey. 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] We would appreciate it if you could complete the survey and mail it back using the business reply envelope we sent you. If we don't receive a completed survey by mail, we'll contact you by phone at a later date.

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 don't 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 2024.

- **How can I answer these questions if I only saw this provider once in the last 6 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 6 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 healthcare 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 isn't 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 B-2

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

2024 Frequently Asked Questions for Customer Support (Spanish)

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Appendix B-2

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 Accountable Care Organizations (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 2024 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

- **¿Quién está realizando esta encuesta?**

   Soy un entrevistador de [SURVEY VENDOR NAME]. Los Centros de Servicios de Medicare y Medicaid (CMS) y sus profesionales de atención médica nos han pedido que realicemos esta encuesta.

- **¿Quién patrocina esta encuesta?**

   La encuesta es patrocinada por los Centros de Servicios de Medicare y Medicaid (CMS). CMS supervisa los servicios de salud de Medicare y coordina los servicios de Medicaid con las agencias estatales.

- **¿Qué es CMS?**

   CMS significa Centros de Servicios de Medicare y Medicaid. Es una agencia federal que supervisa a Medicare. Esta agencia federal es parte del Departamento de Salud y Servicios Humanos de los Estados Unidos.

- **¿Por qué recibí una carta de la doctora Michelle Schreiber?**

  La doctora Michelle Schreiber es la subdirectora del Centro de Estándares y Calidad Clínica, y la directora de las Medidas de Calidad y Grupo de Incentivos Basados en el Valor en los Centros de Servicios de Medicare y Medicaid (CMS), la agencia que patrocina esta encuesta. CMS supervisa los servicios de salud de Medicare y coordina los servicios de Medicaid con las agencias estatales.

- **¿Cuál es el objetivo de esta encuesta?**

  El objetivo de esta encuesta es recopilar información de usted, y de otros pacientes de Medicare, para ayudar a CMS a conocer la calidad de atención médica que usted recibe a través de Medicare. La encuesta ayudará a CMS y a los profesionales médicos a entender dónde y cómo se debe mejorar esa atención. La encuesta logra esto preguntándole sobre sus experiencias con un profesional médico específico que haya visitado en los últimos 6 meses.

- **¿Qué es un profesional médico de Medicare?**

  La encuesta sobre la Experiencia con el Profesional Médico de Medicare, pregunta sobre sus experiencias con un profesional médico, enfermero, asistente médico u otro profesional de atención médica que sea pagado por Medicare. Incluye los consultorios médicos y las clínicas que usted visita, no solo los médicos y enfermeras individuales.

- **¿Cómo se usarán los datos?**

  Sus respuestas se combinarán con las respuestas de otros pacientes de Medicare que entrevistemos. CMS verá estos resultados combinados para entender qué tan bien están satisfaciendo las necesidades de sus pacientes. CMS y los profesionales médicos también pueden usar los datos para entender cómo mejorar la atención y los resultados de salud de las personas con Medicare.

- **¿Cómo puedo verificar que se trata de una encuesta legítima?**

  Puede llamar a Medicare al 1-800-MEDICARE para confirmar que esta encuesta es legítima.

- **¿Con quién me puedo comunicar para obtener más información sobre esta encuesta?**

  Puede comunicarse con los Centros de Servicios de Medicare y Medicaid, una agencia federal dentro del Departamento de Salud y Servicios Humanos de los Estados Unidos, a través del número gratuito del Programa de Pago de Calidad al 1-866-288-8292 (Servicio de Retransmisión de Telecomunicaciones (TRS por sus siglas en Ingles): 711) entre las 8am y 8pm ET (zona horaria del este), de lunes a viernes o por correo electrónico a qpp@cms.hhs.gov.

- **¿Cuánto tiempo toma la encuesta?**

  La Encuesta sobre la Experiencia con el Profesional Médico de Medicare toma unos 13 minutos en completarse.

- **¿Qué preguntas harán?**

La encuesta hace preguntas sobre sus experiencias en los últimos 6 meses con un médico específico u otro profesional de atención médica que haya visitado. Las preguntas se refieren al tipo de experiencias que solo los pacientes como usted pueden evaluar, como qué tan bien su profesional médico escucha a sus pacientes.

II.   **Concerns About Participating in the Survey**
- **¿Por qué me están llamando?**

Sus opiniones son importantes para ayudar a CMS y a los profesionales de atención médica a entender cómo satisfacer las necesidades de los pacientes. Al compartir sus experiencias, usted les ayudará a aprender cómo mejorar el cuidado que usted y otros reciben a través de Medicare.

- **¿Por qué me están llamando? No tengo Medicare.**

Nuestros registros muestran que usted ha recibido atención del profesional médico mencionado en la encuesta. Aun si considera que no tiene Medicare, su participación es muy importante.

- **¿Quién verá mis respuestas?**

Sus respuestas se mantendrán confidenciales y serán vistas únicamente por personas autorizadas en los Centros de Servicios de Medicare y Medicaid y [SURVEY VENDOR]. No compartiremos sus respuestas individuales con ninguno de sus médicos u otros profesionales médicos.

- **Pensé que las leyes de privacidad protegían mi confidencialidad. ¿Cómo obtuvieron mi información médica y de contacto?**

Entendemos su preocupación acerca de la privacidad de su información médica. [VENDOR NAME] solo recibió su información de contacto y el nombre de su profesional médico. No tenemos acceso a ninguno de sus registros médicos.

IF NEEDED: La encuesta que estamos realizando obedece completamente las leyes de privacidad, como ejemplo la Ley de Responsabilidad y Portabilidad de Seguro Médico de 1996 (HIPAA, por sus siglas en inglés). Los Centros de Servicios de Medicare y Medicaid nos han autorizado realizar esta encuesta y mantendremos toda su información confidencial.

- **¿Cómo obtuvieron mi nombre? ¿Cómo me seleccionaron para la encuesta?**

Usted fue seleccionado al azar entre los pacientes de Medicare que consultaron a este profesional médico en los últimos 6 meses.

- **¿Cómo obtuvieron mi número telefónico?**

Medicare nos dio la información de contacto de todas los pacientes que fueron seleccionadas al azar para esta encuesta.

- **No participo en encuestas.**

  Entiendo. Sin embargo, espero que considere participar en este estudio muy importante sobre sus experiencias con médicos y otros profesionales de atención médica. Medicare usará los resultados de la encuesta como ayuda para entender la calidad de los servicios de atención médica que está recibiendo.

- **No estoy interesado.**

- CMS realmente podría usar su ayuda, ya que su participación ayudará a mejorar los servicios de atención médica no solo para usted, sino también para otros pacientes.

- **Estoy demasiado ocupado. La verdad es que no tengo tiempo.**

  Entendemos que su tiempo es valioso. Es una encuesta muy importante, y agradecería su ayuda el día de hoy. La entrevista solo tomará unos 13 minutos. Puedo programar la entrevista de la encuesta para otro momento que sea más conveniente para usted.

- **Me llamaron a mi celular. ¿Puede devolverme la llamada después de [PATIENT SPECIFY] para que no consuma ninguno de los minutos de mi celular?**

  Sí, podemos devolverle la llamada a [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].

- **Me llamaron a mi celular. ¿Puede devolverme la llamada a este número [PATIENT SPECIFY]?**

  Sí, podemos devolverle la llamada al [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].

- **No quisiera responder muchas preguntas personales.**

  Entendemos y apreciamos su preocupación. Esta es una encuesta muy importante. Si una pregunta le incomoda, solo dígame que prefiere no contestarla y pasaré a la siguiente. ¿Por qué no empezamos y puede ver cómo son las preguntas?

- **Estoy muy insatisfecho con Medicare y no veo por qué debería ayudarles con esta encuesta.**

  Lamento saber que está insatisfecho con Medicare. Al participar en esta encuesta, usted ayudará a Medicare a entender qué mejoras son necesarias.

- **¿Tengo que completar la encuesta?**

  Su participación es voluntaria. No hay sanciones por no participar. Por favor, entienda que esta es una encuesta muy importante y sus respuestas ayudarán a mejorar la calidad de la atención que sus médicos y otros profesionales médicos brindan a sus pacientes.

- **¿Recibiré correo no deseado si contesto esta encuesta?**

  No, no recibirá ningún correo no deseado por participar en esta encuesta. Mantenemos los nombres, los números de teléfono y las direcciones estrictamente confidenciales y usamos esta información únicamente para el propósito de esta encuesta.

- **No quiero que nadie venga a mi casa.**

  Nadie irá a su casa debido a esta encuesta. Recopilamos información para esta encuesta solo a través de envíos por correo o entrevistas telefónicas.

- **Estoy en la *Lista de no llamar*. No deberían estar llamándome.**

  La *Lista de no llamar* prohíbe las llamadas de ventas y telemercadeo. No estamos vendiendo nada y no estamos pidiendo dinero. Somos una empresa de investigación de encuestas que trabaja en nombre de los Centros de Servicios de Medicare y Medicaid (CMS).

- **No quiero comprar nada.**

  No estamos vendiendo nada. Queremos hacerle algunas preguntas sobre su atención médica a través de Medicare.

- **No tuve muchas visitas al profesional médico mencionado en mi encuesta. No creo que quieran hablar conmigo.**

  Usted y cada paciente seleccionado para esta encuesta proporcionan información muy importante que puede ayudar a mejorar la atención médica para todos.

- **¿Mis respuestas afectarán a alguno de mis médicos?**

  No. Sus médicos no verán sus respuestas individuales y no sabrán cuáles de sus pacientes participaron en la encuesta.

- **Ya les devolví la encuesta por correo.**

  Nuestros registros indican que no tenemos una encuesta suya archivada y se actualizan regularmente. Sus respuestas son muy importantes y queremos asegurarnos de compartir sus comentarios con CMS. Le agradeceríamos que completara esta encuesta ahora por teléfono.

- **Ya completé la encuesta en línea.**

  Esta encuesta se ofrece solamente por correo y por teléfono. Es posible que haya respondido una encuesta en línea que parece similar a esta encuesta. Sus respuestas son muy importantes y queremos asegurarnos de compartir sus comentarios con CMS.

  [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS BEGUN] Le agradeceríamos que completara esta encuesta ahora por teléfono.

[IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS NOT BEGUN] Le agradeceríamos si puede completar la encuesta y devolverla en el sobre que le enviamos con el porte o franqueo pagado. Si no devuelve una encuesta completada por correo, nos comunicaremos con usted por teléfono en una fecha posterior.

III. Questions About Completing the Survey

- **¿Pueden enviarme otra encuesta por correo?**

  Lo sentimos, no podemos enviar otra encuesta en este momento. Sus respuestas son muy importantes y queremos asegurarnos de compartir sus comentarios con CMS. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS BEGUN] Le agradeceríamos si pudiese completar esta encuesta ahora por teléfono. [IF PHONE COMPONENT OF SURVEY ADMINISTRATION HAS **NOT** BEGUN] Si no recibimos una encuesta completa por correo, nos comunicaremos con usted por teléfono en una fecha posterior.

- **¿Dónde pongo mi nombre y dirección en el cuestionario?**

  No escriba su nombre ni su dirección en ninguna parte del folleto de la encuesta. A cada encuesta se le ha asignado un número de identificación que nos permite hacer un seguimiento de quién ha devuelto un cuestionario completado.

- **Survey vendor receives an inbound call before the start of the phone component of survey administration such as: Recibí una carta diciéndome que voy a recibir una encuesta por correo. ¿Puedo completar la encuesta ahora mientras hablamos por teléfono?**

  Lo sentimos, no podemos completar la encuesta por teléfono en este momento. Si no devuelve una encuesta completada por correo, nos comunicaremos con usted por teléfono en una fecha posterior.

- **¿Cómo se eligió al profesional médico para mi encuesta?**

  El profesional médico mencionado en la encuesta es un médico, asistente médico, enfermero especialista o especialista en enfermería clínica que usted visitó para atención primaria una o más veces durante 2024.

- **¿Cómo puedo responder a estas preguntas si solo he visto a este profesional médico una vez en los últimos 6 meses?**

  Conteste las preguntas lo mejor que pueda. Esta encuesta también incluye preguntas sobre su atención médica en general y ayudará a Medicare a mejorar la atención que brinda.

- **Mi esposo/esposa/otra persona visitó a este profesional médico mucho más que yo. ¿Pueden ellos completar la encuesta?**

  No. Usted fue seleccionado como parte de una población de muestra científica. Esto significa que la encuesta solo puede ser completada por usted, si su nombre estaba en la carta y el sobre.

- **No visité a este profesional médico de manera presencial, fue una consulta de telesalud [o virtual].**

  Incluya toda su atención por parte del profesional médico mencionado en la encuesta durante los últimos 6 meses, ya sea de manera presencial, por video o por teléfono, a medida que responde las preguntas.

- **For the mail survey*:* Nunca visité a este profesional médico en los últimos 6 meses. ¿Qué debo hacer?**

  Si no visitó al profesional médico mencionado en su encuesta en los últimos 6 meses, responda "no" a la primera pregunta y siga las instrucciones de la encuesta.

- **For the CATI interview*:* Nunca visité a este profesional médico en los últimos 6 meses. ¿Qué debo hacer?**

  Si no visitó a este profesional médico en los últimos 6 meses, puede responder "no" a la primera pregunta. Luego le haré preguntas sobre su equipo de atención médica y otras preguntas sobre usted.

- **No había una sección en la encuesta por correo para escribir comentarios sobre mi profesional médico (y/o su personal). ¿Puedo dejarle mis comentarios?**

  Desafortunadamente, nuestro sistema no está configurado para registrar comentarios sobre un profesional médico. Si tiene algún comentario adicional que le gustaría compartir sobre su profesional médico, llame al 1-800-MEDICARE y hable con un representante.

- **No puedo completar esto solo. ¿Me puede ayudar mi _____?**

  Si considera que no puede completar la encuesta usted solo, puede pedirle a alguien que la complete por usted. Esta persona necesita ser alguien que lo conozca muy bien y que pueda responder con precisión a las preguntas relacionadas con la salud en su nombre. Puede ser un miembro de la familia o un pariente, pero también un cuidador o un amigo cercano. Solo podemos entrevistar a esta persona si usted nos da su permiso.

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	7	[A]nnnn [G]nnnnnn [M]nnnn [S]nnnn	Seven character identifier: • SSP ACO begins with "A" followed by 4 numbers • Group, virtual group, or subgroup begins with "G" followed by 6 numbers • APM Entity begins with "M" or "S" followed by 4 numbers

Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
MIPSNAME	294	100	Text	SSP ACO, group, virtual group, subgroup, APM Entity, or name provided by CMS
FOCALTYPE	394	1	1-2	Provider type: 1= primary care, 2 = specialist
PRTITLE	395	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	430	30	Text	Provider first name
PRLNAME	460	50	Text	Provider last name
TELEPHONE NUMBER	510	10	Numeric	Patient phone number
LAND_MOBILE	520	1	L/M/U/8	Type of phone number provided by CMS L = Land line, M = Mobile/Cell, U = Unknown, 8 = Not applicable
SPANISH_PREFERENCE	521	1	1-4	Estimate of Spanish Preference. Data values: 1 = High probability patient prefers Spanish-language materials 2 = Medium probability patient prefers Spanish-language materials 3 = Low probability patient prefers Spanish-language materials 4 = Very low probability patient prefers Spanish-language materials

Appendix D-1

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

**Survey File Record Layout
2024 Survey Status Section**

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Appendix D-1

CAHPS for MIPS Survey

Survey File Record Layout
2024 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	Seven character identifier: • SSP ACO begins with "A" followed by 4 numbers • Group, virtual group, or subgroup begins with "G" followed by 6 numbers • APM Entity begins with "M" or "S" followed by 4 numbers	9	7	[A]nnnn [G]nnnnnn [M]nnnn [S]nnnn	From sample file
DISPOSITN	Final Disposition Code	16	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	18	1	1-3, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 8 = Not applicable
DISPO_LANG	Survey Language	19	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

Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
RECEIVED	Date survey was received or completed: YYYYMMDD	20	8	YYYYMMDD	Date survey was received: YYYYMMDD, 88888888 = Not applicable
FOCALTYPE	Provider type: 1= Primary care, 2 = Specialist	28	1	1-2	From sample file
PRTITLE	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)	29	35	Text	From sample file
PRFNAME	Provider first name	64	30	Text	From sample file
PRLNAME	Provider last name	94	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	144	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	145	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) • 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	147	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
2024 Patient Response Section

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Appendix D-2
CAHPS for MIPS Survey
2024 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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**	Q1 Our records show that in the last six months you visited a provider named [PROVIDER NAME]. Is that right? 1 YES 2 NO [GO TO Q24 Intro] 98 <DON'T KNOW> [GO TO Q24 Intro] 99 <REFUSED> [GO TO Q24 Intro] M [MISSING]	148-149	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
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	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? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	150-151	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
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	Q3 How long have you been going to this provider? Would you say: 1 Less than 6 months, 2 At least 6 months but less than 1 year, 3 At least 1 year but less than 3 years, 4 At least 3 years but less than 5 years, or 5 5 years or more 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	152-153	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

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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	Q4 In the last 6 months, how many times did you visit this provider to get care for yourself? Would you say: 0 None [GO TO 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]	154-155	0=None 1=1 time 2=2 3=3 4=4 5=5 To 9 6=10 Or More Times 88=Not Applicable 98=Don't Know 99=Refused M=Missing
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**	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> 1 YES 2 NO [GO TO Q7] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]	156-157	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix D-2
CAHPS for MIPS Survey
2024 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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	158-159	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? ☐ Yes ☐ 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]	160-161	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	162-163	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
2024 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? ☐ Yes ☐ 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]	164-165	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	166-167	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	168-169	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
2024 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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	170-171	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	172-173	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	174-175	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
2024 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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	176-177	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? ☐ Yes ☐ 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]	178-179	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	180-181	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

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? ☐ Yes ☐ 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]	182-183	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? ☐ Yes ☐ 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]	184-185	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? ☐ Yes ☐ 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]	186-187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
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	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]	188-189	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
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	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: 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

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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	192-193	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? ☐ Yes ➔ **If Yes, please include this provider as you answer these questions about specialists** ☐ No	Q24 Is [PROVIDER NAME] a specialist? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	194-195	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? ☐ Yes ☐ 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]	196-197	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	198-199	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? ☐ Yes ☐ 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]	200-201	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? ☐ Yes ☐ 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]	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
29. In the last 6 months, did you take any prescription medicine? ☐ Yes ☐ 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]	204-205	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? ☐ Never ☐ Sometimes ☐ Usually ☐ 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]	206-207	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? ☐ Yes ☐ 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]	208-209	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Appendix D-2
CAHPS for MIPS Survey
2024 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? ☐ Yes ☐ 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]	210-211	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? ☐ Yes ☐ 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]	212-213	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
34. In general, how would you rate your overall health? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ 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]	214-215	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Appendix D-2
CAHPS for MIPS Survey
2024 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? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ 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]	216-217	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? ☐ Yes ☐ 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]	218-219	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? ☐ Yes ☐ 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]	220-221	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? ☐ Yes ☐ 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]	222-223	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

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? ☐ Yes ☐ 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]	224-225	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? ☐ Yes ☐ No b. By phone? ☐ Yes ☐ No c. By video call? ☐ Yes ☐ No	Q40a Visits for health care can be in-person, by phone or by video call. 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] 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] 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]	226-227 228-229 230-231	40a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing 40b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing 40c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix D-2
CAHPS for MIPS Survey
2024 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.)? ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ 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]	232-233	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? ☐ 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	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]	234-235	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? ☐ Male ☐ Female	Q43 Are you male or female? 1 Male 2 Female 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	236-237	1=Male 2=Female 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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	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]	238-239	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? ☐ Very well ☐ Well ☐ Not well ☐ 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]	240-241	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? ☐ Yes ☐ 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]	242-243	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix D-2
CAHPS for MIPS Survey
2024 Patient Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
47. What is the language you speak at home? ☐ Spanish ☐ Chinese ☐ Korean ☐ Russian ☐ Vietnamese ☐ Some other language	Q47 What is the language you speak at home? 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]	244-245	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? ☐ Yes ☐ No	Q48 Are you deaf or do you have serious difficulty hearing? 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
49. Are you blind or do you have serious difficulty seeing, even when wearing glasses? ☐ Yes ☐ 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]	248-249	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? ☐ Yes ☐ 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]	250-251	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
51. Do you have serious difficulty walking or climbing stairs? ☐ Yes ☐ No	Q51 Do you have serious difficulty walking or climbing stairs? 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
52. Do you have difficulty dressing or bathing? ☐ Yes ☐ No	Q52 Do you have difficulty dressing or bathing? 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
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	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]	256-257	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
54. Do you ever use the internet at home? ☐ Yes ☐ No	Q54 Do you ever use the internet at home? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	258-259	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
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**	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]	260-261	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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**	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]	262-263	1=Mexican, Mexican American, Chicano 2=Puerto Rican 3=Cuban 4=Another Hispanic, Latino, Or Spanish Origin 88=Not Applicable 98=Don't Know 99=Refused M=Missing
57. What is your race? Mark one or more. ☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Guamanian or Chamorro ☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander ☐ White	Q57 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. a. Are you American Indian or Alaska Native? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING] b. (Are you) Black or African American? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	 264-265 266-267	 a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	c. (Are you) Asian? 1 YES 2 NO [GO TO Q57d] 98 <DON'T KNOW> [GO TO Q57d] 99 <REFUSED> [GO TO Q57d] M [MISSING]	268-269	c. [1] 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	c1. (Are you) Asian Indian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	270-271	c1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c2. (Are you) Chinese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	272-273	c2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c3. (Are you) Filipino? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	274-275	c3. 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 57c as "M-Missing."

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	c4. (Are you) Japanese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	276-277	c4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c5. (Are you) Korean? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	278-279	c5. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c6. (Are you) Vietnamese? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	280-281	c6. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c7. (Are you) another Asian race? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	282-283	c7. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	d. (Are you) Native Hawaiian or Pacific Islander? 1 YES 2 NO [GO TO Q57e] 98 <DON'T KNOW> [GO TO Q57e] 99 <REFUSED> [GO TO Q57e] M [MISSING]	284-285	d. [2] 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	d1. (Are you) Guamanian or Chamorro? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	286-287	d1. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d2. (Are you) Native Hawaiian? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	288-289	d2. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	d3. (Are you) Samoan? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	290-291	d3. 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 57d as "M-Missing."

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	d4. (Are you) another Pacific Islander race? 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	292-293	d4. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	e. (Are you) White? 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	294-295	e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
58. Did someone help you complete this survey? ☐ Yes ☐ 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]	296-297	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
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	Q59 <HOW DID THAT PERSON HELP? > a. <READ THE QUESTIONS TO SAMPLED PERSON> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	298-299	a.[3] Read the questions to sampled person 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	b. <HOW DID THAT PERSON HELP? > <REPEATED THE ANSWERS SAMPLED PERSON GAVE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	300-301	b. Repeated the answers sampled person gave 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
	c. <HOW DID THAT PERSON HELP? > <ANSWERED THE QUESTIONS FOR SAMPLED PERSON> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	302-303	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 must be coded as "No".

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	d. <HOW DID THAT PERSON HELP? > <TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	304-305	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. <HOW DID THAT PERSON HELP? > <HELPED IN SOME OTHER WAY> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	306-307	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 – Q57E*	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 – Q57E 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

CAHPS for MIPS Survey Prenotification Letter (English)

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

October 16, 2024

Dear FNAME LNAME:

In a few days, you'll get an important survey in the mail about your care under the Medicare program. **We hope you'll share your feedback and complete the survey when it arrives**. We use the answers from this survey to help make sure Medicare patients get the best care possible.

Your voice matters. The survey will take just a few minutes, and your information is kept private by law. Participation in the survey is voluntary.

Thank you in advance for your help.

For questions about this survey, please call the survey organization working with Medicare 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.

Sincerely,

Michelle Schreiber, MD
Deputy Director, Center for Clinical Standards and Quality
Director, Quality Measures and Value Based Incentives Group

Nota: Para solicitar una copia de esta encuesta en español, llame a [VENDOR NAME] al [1-XXX-XXX-XXXX] de lunes a viernes de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix G-2

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

CAHPS for MIPS Survey Prenotification Letter (Spanish)

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-02-01
Baltimore, Maryland 21244-1850

16 de octubre de 2024

Estimado(a) FNAME LNAME:

En los próximos días, recibirá una encuesta importante por correo acerca de la atención que le proporciona el programa de Medicare. **Esperamos que comparta sus opiniones y complete la encuesta cuando llegue**. Usamos las respuestas de esta encuesta para asegurarnos de que los pacientes de Medicare reciban la mejor atención posible.

Su voz cuenta. Completar la encuesta le tomará unos minutos y la información que proporcione se mantendrá privada conforme a la ley. La participación en la encuesta es voluntaria.

Le agradecemos de antemano por su ayuda.

Si tiene alguna pregunta sobre esta encuesta, llame gratis a la empresa encargada de la encuesta que trabaja con Medicare al [1-XXX-XXX-XXXX] de lunes a viernes de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Atentamente,

Michelle Schreiber, MD
Subdirectora, Centro de Estándares y Calidad Clínica
Directora, Medidas de Calidad y Grupo de Incentivos Basados en el Valor

Note: To request a copy of this survey in English, please call [VENDOR NAME] at [1-XXX-XXX-XXXX], Monday through Friday, 9:00am to 6:00pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix H-1

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

2024 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 6 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 <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

☒ Yes

Be sure to read <u>all</u> 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

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. **Don't** include care you got when you stayed overnight in a hospital. **Don't** 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…

	Yes	No
a. In person?	☐	☐
b. By phone?	☐	☐
c. By video call?	☐	☐

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

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.

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

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

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 6 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 <u>all</u> the questions by filling in the circle to the left of your answer, like this:

- Yes

Be sure to read <u>all</u> 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:

<u>EXAMPLE</u>

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: 7/31/2026). 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.

Appendix H-2

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

2024 CAHPS for MIPS Survey Initial Cover Letter (English)

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[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 we are 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]

Nota: Para solicitar una copia de esta encuesta en español, llame a [VENDOR NAME] al [1-XXX-XXX-XXXX] de lunes a viernes de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix H-3

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

2024 CAHPS for MIPS Survey Second Cover Letter (English)

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[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]

Nota: Para solicitar una copia de esta encuesta en español, llame a [VENDOR NAME] al [1-XXX-XXX-XXXX] de lunes a viernes de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix H-4

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

2024 CAHPS for MIPS Instructions and Survey (Spanish)

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Encuesta sobre la Experiencia con el Profesional Médico de Medicare

Instrucciones de la encuesta

Esta encuesta pregunta sobre usted y la atención médica que recibió en los últimos 6 meses durante las visitas en persona, por teléfono o por videollamada. Conteste cada pregunta pensando en usted. Por favor, tómese el tiempo para completar esta encuesta. Sus respuestas son muy importantes para nosotros. Por favor, devuelva la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado a [VENDOR NAME].

Conteste <u>todas</u> las preguntas marcando una "X" en el cuadrito que aparece a la izquierda de la respuesta que usted elija, así:

☒ Sí

Asegúrese de leer <u>todas </u>las opciones de respuestas antes de marcar su respuesta.

A veces hay que saltarse alguna pregunta. Cuando esto ocurra, una flecha a la derecha de la respuesta le indicará a qué pregunta hay que pasar, así:

[➔ **Si contestó "No", pase a la #3**]. Vea el ejemplo a continuación:

<div align="center">

EJEMPLO

</div>

1. ¿Usa un audífono ahora?

   ☐ Sí

   ☒ No ➔ **Si contestó "No", pase a la #3**

2. ¿Cuánto tiempo ha llevado un audífono?

   ☐ Menos de 1 año

   ☐ 1 a 3 años

   ☐ Más de 3 años

   ☐ No uso un audífono

3. En los últimos 6 meses, ¿ha tenido algún dolor de cabeza?

   ☒ Sí

   ☐ No

Su profesional médico

1. Según nuestros registros, usted visitó al profesional médico nombrado abajo en los últimos 6 meses.

Name of provider label goes here

¿Es correcto?

☐ Sí
☐ No ➤ **Si contestó "No", pase a la #24**

Las preguntas de esta entrevista se van a referir al profesional médico nombrado en la Pregunta 1 como "este profesional médico." Por favor, piense en esa persona al contestar las preguntas de la encuesta.

2. ¿Es este el profesional médico al que usted va generalmente si necesita un chequeo, si quiere consejos sobre un problema de salud o si se enferma o lastima?

☐ Sí
☐ No

3. ¿Cuánto tiempo hace que ha estado yendo a este profesional médico?

☐ Menos de 6 meses
☐ Al menos 6 meses pero menos de 1 año
☐ Al menos 1 año pero menos de 3 años
☐ Al menos 3 años pero menos de 5 años
☐ 5 años o más

La atención que recibió de este profesional médico en los últimos 6 meses

Estas preguntas son acerca de la atención médica que **usted** ha recibido. **No** incluya la atención que recibió cuando pasó la noche hospitalizado. **No** incluya las consultas al dentista.

4. En los últimos 6 meses, ¿cuántas veces fue a ver a este profesional médico para recibir atención médica para usted mismo?

☐ Ninguna ➤ **Si contestó "Ninguna", pase a la #24**
☐ 1 vez
☐ 2
☐ 3
☐ 4
☐ 5 a 9
☐ 10 veces o más

5. En los últimos 6 meses, ¿se comunicó con el consultorio de este profesional médico para pedir una cita debido a una enfermedad, lesión o problema de salud para el cual **necesitaba atención inmediata**?

☐ Sí
☐ No ➤ **Si contestó "No", pase a la #7**

6. En los últimos 6 meses, cuando se comunicó con el consultorio de este profesional médico para pedir una cita para **recibir atención inmediata**, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

7. En los últimos 6 meses, ¿hizo alguna cita para un **chequeo o una consulta regular** con este profesional médico?

☐ Sí
☐ No ➜ **Si contestó "No", pase a la #9**

8. En los últimos 6 meses, cuando hizo una cita para un **chequeo o una consulta regular** con este profesional médico, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

9. En los últimos 6 meses, ¿se comunicó con el consultorio de este profesional médico para hacer una pregunta médica durante las horas normales de oficina?

☐ Sí
☐ No ➜ **Si contestó "No", pase a la #11**

10. En los últimos 6 meses, cuando se comunicó con el consultorio de este profesional médico durante las horas normales de oficina, ¿con qué frecuencia le contestaron su pregunta médica ese mismo día?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

11. En los últimos 6 meses, ¿con qué frecuencia este profesional médico le explicó las cosas de una manera fácil de entender?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

12. En los últimos 6 meses, ¿con qué frecuencia este profesional médico le escuchó con atención?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

13. En los últimos 6 meses, ¿con qué frecuencia este profesional médico parecía saber la información importante sobre sus antecedentes médicos?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

14. En los últimos 6 meses, ¿con qué frecuencia este profesional médico demostró respeto por lo que usted tenía que decir?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

15. En los últimos 6 meses, ¿con qué frecuencia este profesional médico pasó suficiente tiempo con usted?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

16. En los últimos 6 meses, ¿le mandó este profesional médico hacerse una prueba de sangre, rayos X o alguna otra prueba?

- ☐ Sí
- ☐ No ➤ **Si contestó "No", pase a la #18**

17. En los últimos 6 meses, cuando este profesional médico le mandó hacerse una prueba de sangre, rayos X o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de este profesional médico se comunicó con usted para darle los resultados?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

18. En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre comenzar o suspender una medicina recetada?

- ☐ Sí
- ☐ No ➤ **Si contestó "No", pase a la #20**

19. Cuando hablaron usted y este profesional médico sobre comenzar o suspender una medicina recetada, ¿le preguntó este profesional médico sobre lo que usted creía que sería lo mejor para usted?

- ☐ Sí
- ☐ No

20. En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre cuánto de la información personal sobre su salud quería que se compartiera con su familia o sus amigos?

- ☐ Sí
- ☐ No

21. Usando un número del 0 al 10, el 0 siendo el peor profesional médico posible y el 10 el mejor profesional médico posible, ¿qué número usaría para calificar a este profesional médico?

- ☐ 0 El peor profesional médico posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 El mejor profesional médico posible

Los oficinistas y recepcionistas del consultorio de este profesional médico

22. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este profesional médico le dieron toda la ayuda que usted creía que debían darle?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

23. En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este profesional médico le trataron con cortesía y respeto?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

La atención que recibió de especialistas en los últimos 6 meses

24. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿**El profesional médico nombrado en la pregunta número 1** de esta encuesta es especialista?

- ☐ Sí ➜ **Si contestó "Sí", incluya a este profesional médico mientras conteste las preguntas acerca de especialistas**
- ☐ No

25. En los últimos 6 meses, ¿trató de hacer alguna cita con especialistas?

- ☐ Sí
- ☐ No ➜ **Si contestó "No", pase a la #27**

26. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir citas con especialistas?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Toda la atención que recibió en los últimos 6 meses

Estas preguntas son acerca de **toda** la atención médica que **usted** ha recibido. Incluya todos los profesionales médicos que usted vio para atención médica en los últimos 6 meses. **No** incluya las consultas al dentista.

27. Su equipo de atención médica incluye a todos los doctores, las enfermeras y otras personas que ve para atención médica. En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre la alimentación saludable y los hábitos de alimentación saludables?

- ☐ Sí
- ☐ No

28. En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre el ejercicio que usted hace o las actividades físicas que realiza?

- ☐ Sí
- ☐ No

29. En los últimos 6 meses, ¿tomó alguna medicina recetada?

- ☐ Sí
- ☐ No ➜ **Si contestó "No", pase a la #32**

30. En los últimos 6 meses, ¿con qué frecuencia hablaron usted y algún miembro de su equipo de atención médica sobre todas las medicinas recetadas que usted estaba tomando?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

31. En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre cuánto cuestan las medicinas recetadas?

☐ Sí
☐ No

32. En los últimos 6 meses, ¿algún miembro de su equipo de atención médica le preguntó si hubo un periodo de tiempo durante el cual usted se sintió triste, vacío o deprimido?

☐ Sí
☐ No

33. En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre las cosas de su vida que le preocupan o le causan estrés?

☐ Sí
☐ No

Sobre usted

34. En general, ¿cómo calificaría toda su salud?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

35. En general, ¿cómo calificaría toda su salud **mental o emocional**?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

36. En los **últimos 12 meses**, ¿ha ido a ver a un doctor o a otro profesional médico 3 veces o más por la misma enfermedad o problema?

☐ Sí
☐ No ➜ **Si contestó "No", pase a la #38**

37. ¿Se trata de una enfermedad o problema que ha durado al menos 3 meses?

☐ Sí
☐ No

38. ¿Necesita o toma ahora alguna medicina recetada por un doctor?

☐ Sí
☐ No ➜ **Si contestó "No", pase a la #40**

39. ¿Esta medicina es para tratar una enfermedad o problema que ha durado al menos 3 meses?

☐ Sí
☐ No

40. En los últimos 6 meses, ¿algunas de sus visitas fueron…

	Sí	No
a. En persona?...........................	☐	☐
b. Por teléfono?.........................	☐	☐
c. Por videollamada?.................	☐	☐

41. En las últimas 4 semanas, ¿por cuánto tiempo le ha causado problemas su salud física en sus actividades sociales (como visitar a sus amistades, familiares, etc.)?

☐ Todo el tiempo
☐ Casi todo el tiempo
☐ Algunas veces
☐ Muy pocas veces
☐ Nunca

42. ¿Qué edad tiene?

☐ 18 a 24
☐ 25 a 34
☐ 35 a 44
☐ 45 a 54
☐ 55 a 64
☐ 65 a 69
☐ 70 a 74
☐ 75 a 79
☐ 80 a 84
☐ 85 o más

43. ¿Es usted hombre o mujer?

☐ Hombre
☐ Mujer

44. ¿Cuál es el grado o nivel escolar más alto que usted ha completado?

☐ 8 años de escuela o menos
☐ 9 a 12 años de escuela, pero sin graduarse
☐ Graduado de la escuela secundaria (*high school*), diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
☐ Título universitario de 4 años
☐ Título universitario de más de 4 años

45. ¿Qué tan bien habla inglés?

☐ Muy bien
☐ Bien
☐ No mucho
☐ Nada en lo absoluto

46. ¿Habla un idioma que no sea inglés en casa?

☐ Sí
☐ No ➤ **Si contestó "No", pase a la #48**

47. ¿En qué idioma habla en casa?

☐ Español
☐ Chino
☐ Coreano
☐ Ruso
☐ Vietnamita
☐ Otro idioma

48. ¿Es usted sordo, o tiene mucha dificultad para oír?

☐ Sí
☐ No

49. ¿Es usted ciego, o tiene mucha dificultad para ver, incluso cuando usa lentes?

☐ Sí
☐ No

50. Debido a una condición física, mental o emocional, ¿tiene muchas dificultades para concentrarse, recordar o tomar decisiones?

☐ Sí
☐ No

51. ¿Tiene muchas dificultades para caminar o subir escaleras?

☐ Sí
☐ No

52. ¿Tiene dificultades para vestirse o bañarse?

☐ Sí
☐ No

53. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados solo, como ir al doctor o ir de compras?

☐ Sí
☐ No

54. ¿Usa alguna vez la Internet en su hogar?

☐ Sí
☐ No

55. ¿Es usted de origen hispano, latino o español?

☐ Sí, hispano, latino o español
☐ No, no hispano, latino o español ➤ **Si contestó "No", pase a la #57**

56. ¿Cuál de los siguientes le describe mejor?

☐ Mexicano, mexicano americano, chicano ➤ **Pase a la #57**
☐ Puertorriqueño ➤ **Pase a la #57**
☐ Cubano ➤ **Pase a la #57**
☐ De otro origen hispano, latino, o español ➤ **Pase a la #57**

57. ¿A qué raza pertenece? Marque una o más.

☐ Indígena americana o nativa de Alaska
☐ Negra o afroamericana
☐ India de Asia
☐ China
☐ Filipina
☐ Japonesa
☐ Coreana
☐ Vietnamita
☐ Otra raza asiática
☐ Guamesa o Chamorra
☐ Nativa de Hawái
☐ Samoana
☐ De otra isla del Pacífico
☐ Blanca

58. ¿Le ayudó alguien a completar esta encuesta?

☐ Sí
☐ No ➤ **Gracias. Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.**

59. ¿Cómo le ayudó a usted esta persona? Marque una o más.

☐ Me leyó las preguntas
☐ Anotó las respuestas que le di
☐ Contestó las preguntas por mí
☐ Tradujo las preguntas a mi idioma
☐ Me ayudó de otra forma

Gracias
Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.
[VENDOR NAME AND ADDRESS HERE]

Encuesta sobre la Experiencia con el Profesional Médico de Medicare

Instrucciones de la encuesta

Esta encuesta pregunta sobre usted y la atención médica que recibió en los últimos 6 meses durante las visitas en persona, por teléfono o por videollamada. Conteste cada pregunta pensando en usted. Por favor, tómese el tiempo para completar esta encuesta. Sus respuestas son muy importantes para nosotros. Por favor, devuelva la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado a [VENDOR NAME].

Conteste <u>todas</u> las preguntas llenando completamente el círculo a la izquierda de su respuesta, así:

● Sí

Asegúrese de leer <u>todas</u> las opciones de respuestas antes de marcar su respuesta.

A veces hay que saltarse alguna pregunta. Cuando esto ocurra, una flecha a la derecha de la respuesta le indicará a qué pregunta hay que pasar, así:
[➔ **Si contestó "No", pase a la #3**]. Vea el ejemplo a continuación:

EJEMPLO

1. ¿Usa un audífono ahora?

   ○ Sí

   ● No ➔ **Si contestó "No", pase a la #3**

2. ¿Cuánto tiempo ha llevado un audífono?

   ○ Menos de un año

   ○ 1 a 3 años

   ○ Más de 3 años

   ○ No uso un audífono

3. En los últimos 6 meses, ¿ha tenido algún dolor de cabeza?

   ● Sí

   ○ No

Appendix H-5

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

2024 CAHPS for MIPS Survey Initial Cover Letter (Spanish)

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[VENDOR LETTERHEAD]   **[VENDOR RETURN ADDRESS]**
[LAST DATE OF 1st SURVEY MAILING]

Estimado [FIRST LAST]:

Como persona con Medicare, usted merece recibir atención médica de la más alta calidad por parte de médicos, enfermeras y otros profesionales con quienes interactúa en el sistema de atención médica. Los Centros de Servicios de Medicare y Medicaid (CMS) es la agencia federal que administra el programa de Medicare. Para ayudar a que CMS monitoree la calidad de la atención disponible a través de Medicare, ellos necesitan obtener información directamente de los pacientes de Medicare. CMS desarrolló la encuesta de Evaluación del Consumidor acerca de los Proveedores y Servicios de Atención Médica (CAHPS) para poder recibir comentarios de los pacientes de Medicare.

[VENDOR NAME] está trabajando con CMS para llevar a cabo esta encuesta, y nos estamos comunicando con usted porque fue seleccionado al azar para recibir la encuesta adjunta. La encuesta pregunta acerca de su experiencia con un profesional médico específico que usted visitó en los últimos 6 meses. Visitas con este profesional médico pueden ser en persona, por teléfono o por videollamada. Para evaluar la calidad de la atención que se provee a los pacientes de Medicare, es importante que CMS conozca su experiencia. CMS valora su aporte.

La participación en la encuesta es voluntaria; usted no está obligado a participar. Su decisión de participar o no participar no afectará de ninguna manera sus beneficios de Medicare. Si decide participar, le tomará alrededor de 13 minutos en completar la encuesta. La información que proporcione en la encuesta se mantendrá privada conforme a la ley. Su información no será compartida con nadie más que el personal autorizado por CMS. Su encuesta completada no se compartirá con ninguno de sus profesionales de atención médica.

Si tiene alguna pregunta sobre la encuesta, llámenos gratis al [1-XXX-XXX-XXXX], de lunes a viernes, de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT]. Aproveche esta oportunidad para ayudar a que CMS conozca más acerca de la calidad de atención que usted recibe. Gracias de antemano por su participación.

Atentamente,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Note: To request a copy of this survey in English, please call [VENDOR NAME] at [1-XXX-XXX-XXXX], Monday through Friday, 9:00am to 6:00pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix H-6

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

2024 CAHPS for MIPS Survey Second Cover Letter (Spanish)

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

Estimado [FIRST LAST]:

Los Centros de Servicios de Medicare y Medicaid (CMS) es la agencia federal que administra el programa de Medicare. [VENDOR NAME] está trabajando con CMS para llevar a cabo una encuesta sobre la calidad de la atención de salud que se recibe con el programa de Medicare. Le enviamos una encuesta acerca de un profesional médico específico que usted visitó en persona, por teléfono o por videollamada, y sus experiencias en los últimos 6 meses. Como no supimos más nada de usted, aquí le enviamos una nueva copia de la encuesta.

CMS lo ha seleccionado al azar para invitarlo a realizar esta encuesta. Esperamos que aproveche esta oportunidad para informar a CMS acerca de la calidad de la atención que recibe al completar esta encuesta. Debería tomarle alrededor de 13 minutos para completarla. La exactitud de los resultados depende de que obtengamos respuestas de usted y de las otras personas con Medicare que han sido seleccionadas para esta encuesta.

La información que proporcione en la encuesta se mantendrá privada conforme a la ley. Su información no será compartida con nadie más que el personal autorizado por CMS. No compartiremos su encuesta completada con ninguno de sus profesionales de atención médica. **Usted no está obligado a participar en esta encuesta. Su ayuda es voluntaria, y ninguna decisión que tome acerca de la encuesta afectará sus beneficios de Medicare.**

Si tiene alguna pregunta sobre la encuesta, llámenos gratis al [1-XXX-XXX-XXXX], de lunes a viernes, de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT]. Gracias de antemano por su participación.

Atentamente,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Note: To request a copy of this survey in English, please call [VENDOR NAME] at [1-XXX-XXX-XXXX], Monday through Friday, 9:00am to 6:00pm [VENDOR TIME ZONE: ET/CT/MT/PT].

Appendix I-1

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

2024 CAHPS for MIPS Instructions and CATI Script (English)

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Appendix I-1

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 <u>must</u> 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: <u>underlined,</u> or **bolded**, or <mark>highlighted</mark>, 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.
- 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 <mark>highlighted</mark>, 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.

(IF NEEDED: IF THE CALL IS ANSWERED BY A FACILITY OPERATOR, INTERVIEWER SHOULD ASK "Is this a residential care facility?" *IF THE ANSWER IS "YES," CODE AS "INSTITUTIONALIZED."*)

1	SPEAKING TO SP/SP AVAILABLE	[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	SPEAKING TO SP/SP AVAILABLE	[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
(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 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	PERSON AVAILABLE	[GO TO PROXY6]
2	PERSON NOT AVAILABLE RIGHT NOW	[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	[GO TO NON-INTERVIEW SCREEN]
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	PERSON IS AVAILABLE	[GO TO PROXY6]
2	PERSON NOT AVAILABLE RIGHT NOW	[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.

<u>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.</u> 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	CONTINUE WITH PROXY	[GO TO REMIND]
2	SCHEDULE CALL BACK	[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	CONTINUE WITH SP	[GO TO MONITOR]
2	SCHEDULE 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 PROXY2]
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	CONTINUE WITH SP	[GO TO MONITOR]
2	SCHEDULE 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 PROXY2]
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	SPEAKING TO SP/SP AVAILABLE	[GO TO RESUME2]
2	REFUSAL	[GO TO REFUSAL MODULE]
3	SCHEDULE 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	CONTINUE WITH SP	[GO TO RESUME3]
2	SCHEDULE 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 PROXY2]
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 <u>your own</u> health care during visits that were in-person, by phone or by video call. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> 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 <u>needed care right away</u>? *(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 <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]

Q7

In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> 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 <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]

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 <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]

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

Visits for health care can be in-person, by phone or by video call.

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 <u>by phone</u>? (*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 <u>by video call</u>? *(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
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.")

(IF THE RESPONDENT SAYS, "I ALREADY TOLD YOU MY RACE", SAY: "I understand. I am required to read all the categories to make sure our results are accurate. If a category does not apply to you, please answer 'No.' Thanks for your patience.")

(IF THE RESPONDENT REFUSES TO ANSWER Q57a, Q57b, and Q57c, THEN Q57d AND Q57e DO NOT NEED TO BE READ BY THE INTERVIEWER AND MAY BE CODED AS "REFUSED.")

Q57a
Are you American Indian or Alaska Native? *(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) Asian? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO   [GO TO Q57d]
98   <DON'T KNOW>   [GO TO Q57d]
99   <REFUSED>   [GO TO Q57d]
M   [MISSING]

    Q57c1

    (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]

    Q57c2

    (Are you) Chinese? *(READ ANSWER CHOICES ONLY IF NEEDED)*
    1   YES
    2   NO
    88   [NOT APPLICABLE]
    98   <DON'T KNOW>
    99   <REFUSED>
    M   [MISSING]

    Q57c3

    (Are you) Filipino? *(READ ANSWER CHOICES ONLY IF NEEDED)*
    1   YES
    2   NO
    88   [NOT APPLICABLE]
    98   <DON'T KNOW>
    99   <REFUSED>
    M   [MISSING]

Q57c4

(Are you) Japanese? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57c5

(Are you) Korean? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57c6

(Are you) Vietnamese? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57c7

(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]

Q57d

(Are you) Native Hawaiian or Pacific Islander? *(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) Guamanian or Chamorro? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57d2

(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]

Q57d3

(Are you) Samoan? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57d4

(Are you) another Pacific Islander 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) White? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   YES
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

CLOSE

Those are all the questions I have for you. Thank you for your time and have a nice day.

<INTERVIEWER: ANSWER THE FOLLOWING QUESTIONS AFTER ENDING THE CALL>

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?>
<READ THE QUESTIONS TO SAMPLED PERSON>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59b
<HOW DID THAT PERSON HELP?>
<REPEATED THE ANSWERS SAMPLED PERSON GAVE>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59c
<HOW DID THAT PERSON HELP?>
<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59d
<HOW DID THAT PERSON HELP?>
<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59e
<HOW DID THAT PERSON HELP?>
<HELPED IN SOME OTHER WAY>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

END. <INTERVIEWER: YOU HAVE COMPLETED THE INTERVIEW>

Appendix I-2

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

2024 CAHPS for MIPS Instructions and CATI Script (Spanish)

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Appendix I-2

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 <u>must</u> 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: <u>underlined,</u> or **bolded**, or <mark>highlighted</mark>, 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.
- 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 translation 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
(Buenos días/tardes/noches), ¿puedo hablar con [PATIENT NAME]?

(IF NEEDED:) Mi nombre es [INTERVIEWER NAME] y estoy llamando de [VENDOR NAME] con relación a una encuesta de atención de la salud.

(*IF NEEDED*): Estoy llamando para hacer seguimiento a una carta de la doctora Michelle Schreiber de los Centros de Servicios de Medicare y Medicaid (o CMS por sus siglas en inglés).

(*IF NEEDED*): La carta se envió como parte de una encuesta de CMS sobre la atención y los servicios de Medicare.

(*IF NEEDED*:) *IF THE CALL IS ANSWERED BY A FACILITY OPERATOR, INTERVIEWER SHOULD ASK* "Es este un centro de atención residencial?" *IF THE ANSWER IS "YES," CODE AS "INSTITUTIONALIZED."*)

1	SPEAKING TO SP/SP AVAILABLE	[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]
14	SP NEEDS ENGLISH INTERVIEW	[SET LANGUAGE]

<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

(Buenos días/tardes/noches), ¿hablo con [PATIENT NAME]?

1	SPEAKING TO SP/SP AVAILABLE	[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]
14	SP NEEDS ENGLISH INTERVIEW	[SET LANGUAGE]

PROXY1

Le estoy llamando a [PATIENT NAME] para invitarle a tomar parte en una entrevista sobre sus experiencias con la atención médica. (Él/Ella) puede identificar a alguien para completar la entrevista de su parte. Necesitaría hablar brevemente con (el Sr./ la Sra.) [PATIENT LAST NAME] acerca de eso.

1	YES	[GO TO PROXY2]
2	NO	[GO TO NON-INTERVIEW SCREEN]
3	REFUSAL	[GO TO REFUSAL MODULE]

PROXY2
(*IF NEEDED:* Mi nombre es [INTERVIEWER NAME] y estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) para pedirle que sea parte de una entrevista sobre sus visitas a doctores y a enfermeras en los últimos 6 meses.)

Si necesita ayuda en completar la encuesta, usted puede pedirle a un familiar o amistad cercana que le ayude a contestar las preguntas. Si piensa que es incapaz de completar la entrevista, usted puede pedirle a un familiar o amistad cercana que haga la entrevista por usted. Esta persona debe ser alguien que lo conozca muy bien y pueda contestar correctamente preguntas sobre <u>sus</u> visitas a doctores y a enfermeras en los últimos 6 meses.

¿Hay alguien que le pueda ayudar a contestar la entrevista, o que pueda hacer la entrevista por usted?

1	YES, HELP SP TO ANSWER INTERVIEW	[GO TO PROXY3]
2	YES, ANSWER INTERVIEW ON BEHALF OF SP	[GO TO PROXY4]
3	NO	[GO TO NON-INTERVIEW SCREEN]
4	REFUSAL	[GO TO REFUSAL MODULE]

PROXY3
¿Cuál es el nombre de pila de esa persona que le puede ayudar a contestar la entrevista?

<ENTER NAME>:

¿Se encuentra esa persona allí ahora?

1	PERSON AVAILABLE	[GO TO PROXY6]
2	PERSON NOT AVAILABLE RIGHT NOW	[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

¿Cuál es el nombre de esa persona que va a contestar la entrevista por usted?

<ENTER NAME>:

¿Tengo su permiso para que esta persona haga la entrevista de su parte?

1	YES	[GO TO PROXY5]
2	NO	[GO TO NON-INTERVIEW SCREEN]
3	REFUSAL	[GO TO REFUSAL MODULE]
4	SP UNABLE TO CONTINUE	[GO TO NON-INTERVIEW SCREEN]

PROXY5

¿Está [FILL NAME FROM PROXY4] disponible para hablar conmigo ahora?

1	PERSON IS AVAILABLE	[GO TO PROXY6]
2	PERSON NOT AVAILABLE RIGHT NOW	[GO TO CALLBACK MODULE]
3	REFUSAL	[GO TO REFUSAL MODULE]
4	SP UNABLE TO CONTINUE	[GO TO NON-INTERVIEW SCREEN]

PROXY6

(*IF NEEDED*: Mi nombre es [INTERVIEWER NAME] y estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) para pedirle que sea parte de una entrevista sobre las visitas a doctores y a enfermeras de [PATIENT NAME] en los últimos 6 meses).

CMS está llevando a cabo este estudio para obtener información de los pacientes de Medicare sobre sus experiencias con la atención y servicios que reciben a través de Medicare. (El Sr./La Sra.) [PATIENT LAST NAME] fue seleccionado/a al azar entre los pacientes que han visitado a [PROVIDER NAME]. (Él/Ella) nos ha dado su permiso para que usted conteste la entrevista por (él/ella).

Este estudio es voluntario, y su decisión de participar o no participar no afectará de ninguna manera los beneficios de Medicare (del Sr./de la Sra.) [PATIENT LAST NAME]. La entrevista tomará unos 13 minutos para completar, dependiendo de las experiencias.

[VENDOR NAME] no compartirá su información con nadie aparte de las personas autorizadas de CMS. Sus respuestas individuales no serán accesibles para el médico ni para ninguna otra persona involucrada en la atención médica (del Sr./de la Sra.) [PATIENT LAST NAME].

(*OPTIONAL QUESTION:*) ¿Tiene alguna pregunta para mí antes de comenzar?

<USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY>

1	CONTINUE WITH PROXY	[GO TO REMIND]
2	SCHEDULE CALL BACK	[GO TO CALLBACK MODULE]
3	REFUSAL	[GO TO REFUSAL MODULE]

REMIND

Al contestar las preguntas en esta entrevista, recuerde que está contestando las preguntas de parte (del Sr./de la Sra.) [PATIENT LAST NAME]. Por favor conteste las preguntas basándose en las experiencias de [él/ ella) con las visitas con sus doctores y enfermeras.

[GO TO MONITOR]

INTRO2-OUT

Mi nombre es [INTERVIEWER NAME] y estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) para pedirle que sea parte de una entrevista sobre sus visitas a doctores y a enfermeras en los últimos 6 meses.

CMS está llevando a cabo este estudio para obtener información de los pacientes de Medicare sobre sus experiencias con la atención y servicios que reciben a través de Medicare. Su nombre fue seleccionado al azar entre los pacientes que han visitado a [PROVIDER NAME].

Este estudio es voluntario, y su decisión de participar o no participar no afectará sus beneficios de Medicare de ninguna manera. La entrevista tomará aproximadamente 13 minutos dependiendo de sus experiencias.

[VENDOR NAME] no compartirá su información con nadie aparte de las personas autorizadas de CMS. Sus respuestas individuales no serán accesibles para su doctor ni para ninguna otra persona involucrada en su atención.

(OPTIONAL QUESTION:) ¿Tiene alguna pregunta para mí antes de comenzar?

<USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY>

1	CONTINUE WITH SP	[GO TO MONITOR]
2	SCHEDULE 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 PROXY2]
12	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]
13	SP NEEDS ENGLISH INTERVIEW	[SET LANGUAGE]

INTRO2-IN

Mi nombre es [INTERVIEWER NAME] y CMS está realizando un estudio para obtener información de los pacientes de Medicare sobre sus experiencias con la atención y servicios que reciben a través de Medicare. Su nombre fue seleccionado al azar entre las personas que han visitado a [PROVIDER NAME].

<u>Este estudio es voluntario, y su decisión de participar o no participar no afectará sus beneficios de Medicare de ninguna manera.</u> La entrevista tomará aproximadamente 13 minutos dependiendo de sus experiencias.

[VENDOR NAME] no compartirá su información con nadie aparte de las personas autorizadas de CMS. Sus respuestas individuales no serán accesibles para su doctor ni para ninguna otra persona involucrada en su atención.

(OPTIONAL QUESTION:) ¿Tiene alguna pregunta para mí antes de comenzar?

<USE FAQs TO ANSWER QUESTIONS ABOUT THE SURVEY>

1	CONTINUE WITH SP	[GO TO MONITOR]
2	SCHEDULE 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 PROXY2]
12	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]
13	SP NEEDS ENGLISH INTERVIEW	[SET LANGUAGE]

MONITOR

Antes de comenzar, debo decirle que esta llamada puede ser monitoreada para propósitos de control de calidad.

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

"Antes de comenzar, debo decirle que esta llamada puede ser monitoreada y/o grabada para propósitos de control de calidad."]

<START INTERVIEW >

CALL BACK TO RESUME A SURVEY

RESUME1

(Buenos días/tardes/noches), ¿puedo hablar con [PATIENT NAME]?

(*IF NEEDED*:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) para terminar una entrevista con [PATIENT NAME].

1	SPEAKING TO SP/SP AVAILABLE	[GO TO RESUME2]
2	REFUSAL	[GO TO REFUSAL MODULE]
3	SCHEDULE CALL BACK	[GO TO CALLBACK MODULE]

RESUME2

Le habla [INTERVIEWER NAME] llamando de [VENDOR NAME] de parte de los Centros de Servicios de Medicare y Medicaid (CMS). Me gustaría confirmar que estoy hablando con [PATIENT NAME].

Estoy llamando para terminar la entrevista sobre sus visitas a los doctores y enfermeras en los últimos 6 meses.

1	CONTINUE WITH SP	[GO TO RESUME3]
2	SCHEDULE 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 PROXY2]
12	OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]
13	SP NEEDS ENGLISH INTERVIEW	[SET LANGUAGE]

RESUME3

Antes de continuar, debo decirle que esta llamada puede ser monitoreada para propósitos de control de calidad.

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

"Antes de continuar, debo decirle que esta llamada puede ser monitoreada y/o grabada para propósitos de control de calidad."]

<RESUME INTERVIEW >

Q1

Según nuestros registros, usted visitó al profesional médico nombrado [PROVIDER NAME] en los últimos 6 meses.

¿Es correcto?

(IF NEEDED: "Incluya toda su atención por parte de [PROVIDER NAME] durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

1	SÍ	
2	NO	[GO TO Q24 Intro]
98	<DON'T KNOW>	[GO TO Q24 Intro]
99	<REFUSED>	[GO TO Q24 Intro]
M	[MISSING]	

Q2 Intro

Las preguntas de esta entrevista se van a referir a [PROVIDER NAME] como "este profesional médico." Por favor piense en esa persona al contestar las preguntas de la encuesta.

Q2

¿Es este el profesional médico al que usted va generalmente si necesita un chequeo, si quiere consejos sobre un problema de salud o si se enferma o lastima? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q3
¿Cuánto tiempo hace que ha estado yendo a este profesional médico? Diría…

(IF NEEDED: "Incluya toda su atención por parte de [PROVIDER NAME] durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

1   Menos de 6 meses,
2   Al menos 6 meses pero menos de 1 año,
3   Al menos 1 año pero menos de 3 años,
4   Al menos 3 años pero menos de 5 años, o
5   5 años o más
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q4 Intro
Las siguientes preguntas son acerca de la atención médica <u>que usted </u>ha recibido durante visitas en persona, por teléfono o por videollamada. <u>No</u> incluya la atención que recibió cuando pasó la noche hospitalizado. <u>No</u> incluya las consultas al dentista.

Q4
En los últimos 6 meses, ¿cuántas veces fue a ver a este profesional médico para recibir atención médica para usted mismo/a? Diría…

(IF NEEDED: "Incluya toda su atención por parte de [PROVIDER NAME] durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

0   Ninguna   [GO TO Q24 Intro]
1   1 vez,
2   2,
3   3,
4   4,
5   5 a 9, o
6   10 veces o más
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q5

En los últimos 6 meses, ¿se comunicó con el consultorio de este profesional médico para pedir una cita debido a una enfermedad, lesión o problema de salud para el cual <u>necesitaba atención inmediata</u>?   *(READ ANSWER CHOICES ONLY IF NEEDED)*

1   SÍ
2   NO   [GO TO Q7]
88   [NOT APPLICABLE]
98   <DON'T KNOW>   [GO TO Q7]
99   <REFUSED>   [GO TO Q7]
M   [MISSING]

Q6

En los últimos 6 meses, cuando se comunicó con el consultorio de este profesional médico para pedir una cita para <u>recibir atención inmediata</u>, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q7

En los últimos 6 meses, ¿hizo alguna cita para un <u>chequeo o una consulta regular</u> con este profesional médico? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1   SÍ
2   NO   [GO TO Q9]
88   [NOT APPLICABLE]
98   <DON'T KNOW>   [GO TO Q9]
99   <REFUSED>   [GO TO Q9]
M   [MISSING]

Q8

En los últimos 6 meses, cuando hizo una cita para un <u>chequeo o una consulta regular</u> con este profesional médico, ¿con qué frecuencia consiguió la cita tan pronto como la necesitaba? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q9

En los últimos 6 meses, ¿se comunicó con el consultorio de este profesional médico para hacer una pregunta médica durante las horas normales de oficina? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 　　SÍ
2 　　NO 　　　　　　　　　　　　　　　　　[GO TO Q11]
88 　　[NOT APPLICABLE]
98 　　<DON'T KNOW> 　　　　　　　　　　[GO TO Q11]
99 　　<REFUSED> 　　　　　　　　　　　　[GO TO Q11]
M 　　[MISSING]

Q10

En los últimos 6 meses, cuando se comunicó con el consultorio de este profesional médico durante las horas normales de oficina, ¿con qué frecuencia le contestaron su pregunta médica ese mismo día? Diría…

1 　　Nunca,
2 　　A veces,
3 　　La mayoría de las veces, o
4 　　Siempre
88 　　[NOT APPLICABLE]
98 　　<DON'T KNOW>
99 　　<REFUSED>
M 　　[MISSING]

Q11

En los últimos 6 meses, ¿con qué frecuencia este profesional médico le explicó las cosas de una manera fácil de entender? Diría…

1 　　Nunca,
2 　　A veces,
3 　　La mayoría de las veces, o
4 　　Siempre
88 　　[NOT APPLICABLE]
98 　　<DON'T KNOW>
99 　　<REFUSED>
M 　　[MISSING]

Q12

En los últimos 6 meses, ¿con qué frecuencia este profesional médico le escuchó con atención? Diría…

1 　　Nunca,
2 　　A veces,
3 　　La mayoría de las veces, o
4 　　Siempre
88 　　[NOT APPLICABLE]
98 　　<DON'T KNOW>
99 　　<REFUSED>
M 　　[MISSING]

Q13

En los últimos 6 meses, ¿con qué frecuencia este profesional médico parecía saber la información importante sobre sus antecedentes médicos? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q14

En los últimos 6 meses, ¿con qué frecuencia este profesional médico demostró respeto por lo que usted tenía que decir? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q15

En los últimos 6 meses, ¿con qué frecuencia este profesional médico pasó suficiente tiempo con usted? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q16

En los últimos 6 meses, ¿le mandó este profesional médico hacerse una prueba de sangre, rayos X o alguna otra prueba? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1   SÍ
2   NO   [GO TO Q18]
88   [NOT APPLICABLE]
98   <DON'T KNOW>   [GO TO Q18]
99   <REFUSED>   [GO TO Q18]
M   [MISSING]

Q17

En los últimos 6 meses, cuando este profesional médico le mandó hacerse una prueba de sangre, rayos X o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de este profesional médico se comunicó con usted para darle los resultados? Diría…

(*IF NEEDED*: IF RESPONDENT SAYS "I GOT MY RESULTS ONLINE OR BY EMAIL" SAY: "¿Diría que Nunca, A veces, La mayoría de las veces o Siempre?" IF RESPONDENT IS UNABLE TO CHOOSE ONE OF THOSE OPTIONS, THEN CODE AS DON'T KNOW)

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q18

En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre comenzar o suspender una medicina recetada? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO   [GO TO Q20]
88   [NOT APPLICABLE]
98   <DON'T KNOW>   [GO TO Q20]
99   <REFUSED>   [GO TO Q20]
M   [MISSING]

Q19

Cuando hablaron usted y este profesional médico sobre comenzar o suspender una medicina recetada, ¿le preguntó este profesional médico sobre lo que usted creía que sería lo mejor para usted? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q20

En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre cuánto de la información personal sobre su salud quería que se compartiera con su familia o sus amigos? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q21

Usando un número del 0 al 10, el 0 siendo el peor profesional médico posible y el 10 el mejor profesional médico posible, ¿qué número usaría para calificar a este profesional médico?

ENTER NUMBER: [0-10 VALID RANGE]
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q22 Intro

Las siguientes preguntas son acerca de los/las oficinistas y recepcionistas en la oficina del profesional médico.

Q22

En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este profesional médico le dieron toda la ayuda que usted creía que debían darle? Diría…

(IF NEEDED: "Incluya toda su atención por parte de [PROVIDER NAME] durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q23

En los últimos 6 meses, ¿con qué frecuencia los oficinistas y recepcionistas del consultorio de este profesional médico le trataron con cortesía y respeto? Diría…

(IF NEEDED: "Incluya toda su atención por parte de [PROVIDER NAME] durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q24 Intro

Las próximas preguntas se refieren a la atención que recibió de los especialistas en los últimos 6 meses. Los especialistas son médicos como cirujanos, cardiólogos, alergistas, dermatólogos y otros médicos que se especializan en un área de atención médica.

Q24

¿[PROVIDER NAME] es especialista? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

[PROGRAMMING SPECIFICATIONS:
IF Q24 IS ASSIGNED ANSWER "1 – SÍ" THE INTERVIEWER MUST READ THE FOLLOWING SENTENCE BEFORE Q25 –
"Por favor incluya a este profesional médico mientras conteste estas preguntas acerca de especialistas."]

Q25

En los últimos 6 meses, ¿trató de hacer alguna cita con especialistas? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO   [GO TO Q27 Intro]
98   <DON'T KNOW>   [GO TO Q27 Intro]
99   <REFUSED>   [GO TO Q27 Intro]
M   [MISSING]

Q26

En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir citas con especialistas?   Diría…

(IF NEEDED: "Incluya toda su atención por parte de especialistas durante los últimos seis meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q27 Intro

Estas preguntas son acerca de <u>toda</u> la atención médica que <u>usted</u> ha recibido. Incluya todos los profesionales médicos que usted vio para atención médica en los últimos 6 meses. <u>No</u> incluya las consultas al dentista.

Q27

Su equipo de atención médica incluye a todos los doctores, las enfermeras y otras personas que ve para atención médica. En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre la alimentación saludable y los hábitos de alimentación saludables? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q28

En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre el ejercicio que usted hace o las actividades físicas que realiza? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q29

En los últimos 6 meses, ¿tomó alguna medicina recetada? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q30

En los últimos 6 meses, ¿con qué frecuencia hablaron usted y algún miembro de su equipo de atención médica sobre todas las medicinas recetadas que usted estaba tomando? Diría…

1   Nunca,
2   A veces,
3   La mayoría de las veces, o
4   Siempre
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q31

En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre cuánto cuestan las medicinas recetadas? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q32

En los últimos 6 meses, ¿algún miembro de su equipo de atención médica le preguntó si hubo un periodo de tiempo durante el cual usted se sintió triste, vacío o deprimido? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q33

En los últimos 6 meses, ¿hablaron usted y algún miembro de su equipo de atención médica sobre las cosas de su vida que le preocupan o le causan estrés? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q34 Intro

Estas preguntas son acerca de usted y nos ayudarán a describir a las personas que participan en esta encuesta.

Q34

En general, ¿cómo calificaría toda su salud? Diría…

1   Excelente,
2   Muy buena,
3   Buena,
4   Regular, o
5   Mala
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q35

En general, ¿cómo calificaría toda su salud <u>mental o emocional</u>? Diría…

1   Excelente,
2   Muy buena,
3   Buena,
4   Regular, o
5   Mala
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q36

En los <u>últimos 12 meses</u>, ¿ha ido a ver a un doctor o a otro profesional médico 3 veces o más por la misma enfermedad o problema? *(READ ANSWER CHOICES ONLY IF NEEDED)*

(IF NEEDED: "Incluya toda su atención por parte de doctores u otros profesionales médicos durante los últimos 12 meses, ya sea en persona, por video o por teléfono, a medida que responde estas preguntas.")

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

Q37

¿Se trata de una enfermedad o problema que ha durado al menos 3 meses? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1 SÍ
2 NO
88 [NOT APPLICABLE]
98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q38

¿Necesita o toma ahora alguna medicina recetada por un doctor? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q39

¿Esta medicina es para tratar una enfermedad o problema que ha durado al menos 3 meses? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1 SÍ
2 NO
88 [NOT APPLICABLE]
98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q40a

Visitas para la atención médica pueden ser en persona, por teléfono o por videollamada.

En los últimos 6 meses, ¿algunas de sus visitas de atención médica fueron en persona? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q40b

En los últimos 6 meses, ¿algunas de sus visitas de atención médica fueron por teléfono? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q40c

En los últimos 6 meses, ¿algunas de sus visitas de atención médica fueron por videollamada? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q41

En las últimas 4 semanas, ¿por cuánto tiempo le ha causado problemas su salud física en sus actividades sociales como visitar a sus amistades, familiares, etc.? Diría…
1   Todo el tiempo,
2   Casi todo el tiempo,
3   Algunas veces,
4   Muy pocas veces, o
5   Nunca
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q42

¿Qué edad tiene? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   18 a 24
2   25 a 34
3   35 a 44
4   45 a 54
5   55 a 64
6   65 a 69
7   70 a 74
8   75 a 79
9   80 a 84
10   85 o más
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q43

(*INTERVIEWER: ASK ONLY IF NEEDED:* ¿Es usted hombre o mujer?)
1   HOMBRE
2   MUJER
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q44

¿Cuál es el grado o nivel escolar más alto que usted ha completado? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   8 años de escuela o menos
2   9 a 12 años de escuela, pero sin graduarse
3   Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
4   Algunos cursos universitarios o un título universitario de un programa de 2 años
5   Título universitario de 4 años
6   Título universitario de más de 4 años
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q45

¿Qué tan bien habla inglés? Diría…
1   Muy bien,
2   Bien,
3   No mucho, o
4   Nada, en lo absoluto
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q46

¿Habla un idioma que no sea inglés en casa? (*READ ANSWER CHOICES ONLY IF NEEDED*)

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

Q47

¿En qué idioma habla en casa? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1   ESPAÑOL
2   CHINO
3   COREANO
4   RUSO
5   VIETNAMITA
6   OTRO IDIOMA
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q48

¿Es usted sordo(a), o tiene mucha dificultad para oír? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q49

¿Es usted ciego(a), o tiene mucha dificultad para ver, incluso cuando usa lentes? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q50

Debido a una condición física, mental o emocional, ¿tiene muchas dificultades para concentrarse, recordar o tomar decisiones? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q51

¿Tiene muchas dificultades para caminar o subir escaleras? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q52

¿Tiene dificultades para vestirse o bañarse? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q53

Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados solo, como ir al doctor o ir de compras? (*READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q54

¿Usa alguna vez la Internet en su hogar*? (READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q55
¿Es usted de origen hispano, latino o español? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ, HISPANO, LATINO O ESPAÑOL
2   NO, NO HISPANO, LATINO O ESPAÑOL   [GO TO Q57 Intro]
98   <DON'T KNOW>   [GO TO Q57 Intro]
99   <REFUSED>   [GO TO Q57 Intro]
M   [MISSING]

Q56
¿Cuál de los siguientes le describe mejor? Diría…
1   Mexicano, mexicano americano, o chicano,
2   Puertorriqueño,
3   Cubano, o
4   De otro origen hispano, latino, o español
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57 Intro
Voy a leer una lista de categorías raciales. Para cada categoría, indique sí o no si describe su raza. Debo preguntarle acerca de todas las categorías en caso de que aplique más de una.

(IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: "Le preguntamos sobre su raza solo con fines demográficos.")

(IF THE RESPONDENT SAYS, "I ALREADY TOLD YOU MY RACE", SAY: "Comprendo. Debo leer todas las categorías para que nuestros resultados sean precisos. Si una categoría no se aplica a usted, por favor conteste "No." Gracias por su paciencia.")

(IF THE RESPONDENT REFUSES TO ANSWER Q57a, Q57b, and Q57c, THEN Q57d AND Q57e DO NOT NEED TO BE READ BY THE INTERVIEWER AND MAY BE CODED AS "REFUSED.")

Q57a
¿Es usted indígena americano/a o nativo/a de Alaska? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57b

(¿Es usted) negro/a o afroamericano/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57c

(¿Es usted) asiático/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1   SÍ
2   NO   [GO TO Q57d]
98   <DON'T KNOW>   [GO TO Q57d]
99   <REFUSED>   [GO TO Q57d]
M   [MISSING]

    Q57c1

    (¿Es usted) indio/a de Asia? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

    Q57c2

    (¿Es usted) chino/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

    Q57c3

    (¿Es usted) Filipino/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57c4

(¿Es usted) japonés/japonesa? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57c5

(¿Es usted) coreano/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57c6

(¿Es usted) vietnamita? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57c7

(¿Es usted) de otra raza asiática? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57d

(¿Es usted) nativo/a de Hawái o de otras islas del Pacífico? *(READ ANSWER CHOICES ONLY IF NEEDED)*

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

Q57d1

(¿Es usted) guamés/a o chamorro/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57d2

(¿Es usted) nativo/a de Hawái? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57d3

(¿Es usted) samoano/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57d4

(¿Es usted) de otra isla del Pacífico? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q57e

(¿Es usted) blanco/a? *(READ ANSWER CHOICES ONLY IF NEEDED)*
1   SÍ
2   NO
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

CLOSE
Esas son todas las preguntas que tengo para usted. Gracias por su tiempo y que tenga un buen día.

<INTERVIEWER: ANSWER THE FOLLOWING QUESTIONS AFTER ENDING THE CALL>

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?>
<READ THE QUESTIONS TO SAMPLED PERSON>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59b
<HOW DID THAT PERSON HELP?>
<REPEATED THE ANSWERS SAMPLED PERSON GAVE>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59c
<HOW DID THAT PERSON HELP?>
<ANSWERED THE QUESTIONS FOR SAMPLED PERSON>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59d
<HOW DID THAT PERSON HELP?>
<TRANSLATED THE QUESTIONS INTO SAMPLED PERSON'S LANGUAGE>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

Q59e
<HOW DID THAT PERSON HELP?>
<HELPED IN SOME OTHER WAY>
1   YES
2   NO
88   [NOT APPLICABLE]
98   <DON'T KNOW>
99   <REFUSED>
M   [MISSING]

END. <INTERVIEWER: YOU HAVE COMPLETED THE INTERVIEW>