

CAHPS for PQRS Survey
Quality Assurance Guidelines Version 2
Technical Corrections and Clarifications
Issued *December 2, 2016*

Subsequent to the production of the *CAHPS for PQRS Survey Quality Assurance Guidelines Version 2 (QAG V2)*, it has been determined that there are specific content items that require corrections. These items are identified below.

1. Section II, Introduction and Overview

- **Administration of the CAHPS for PQRS Survey, Page 9:** The time frame for beneficiary assignment of fee-for-service Medicare beneficiaries to a group practice for sampling purposes has been revised as follows:
 - Current:
The CAHPS for PQRS Survey is conducted with a sample of beneficiaries with fee-for-service Medicare who are at least 18 years of age and assigned to the group practice based on the plurality of primary care claims from the first three quarters of the 2016 reporting period (data collection to be completed in 2017).
 - Revised:
The CAHPS for PQRS Survey is conducted with a sample of beneficiaries with fee-for-service Medicare who are at least 18 years of age and assigned to the group practice based on the plurality of primary care claims from the first two quarters of the 2016 reporting period (data collection to be completed in 2017).

2. Section V, Sampling

- **Sample Selection and Eligibility Criteria, Page 19:** The time frame for beneficiary assignment of fee-for-service Medicare beneficiaries to a group practice for sampling purposes has been revised as follows:
 - Current:
To be included in the random sample for the survey, fee-for-service Medicare beneficiaries have to be 18 years of age or older at the time of the sample draw and be assigned to the group practice based on a plurality of primary care claims received in the first three quarters of the 2016 reporting period.
 - Revised:
To be included in the random sample for the survey, fee-for-service Medicare beneficiaries have to be 18 years of age or older at the time of the sample draw and be assigned to the group practice based on a plurality of primary care claims received in the first two quarters of the 2016 reporting period.

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3. Section VI, Data Collection Protocol

- **Survey Cover Letters, Page 27:** The option to include a language specific note at the bottom of the first survey cover letter has been revised to add clarification that the wording for the language specific note must be from the CAHPS for PQRS Survey insert.
 - Current:
In place of an individual insert, a language specific note may be placed at the bottom of the first survey mailing cover letter providing beneficiaries with instructions for requesting a survey in that language. This option can be exercised if only one non-English survey language is being offered by the group practice.
 - Revised:
In place of an individual insert, a language specific note may be placed at the bottom of the first survey mailing cover letter providing beneficiaries with instructions for requesting a survey in that language. The note must use the text from the CAHPS for PQRS Survey insert. This option can be exercised if only one non-English survey language is being offered by the group practice.
- **Phone Attempts, Page 32:** The sentence *A phone attempt must meet the following criteria* has been revised for clarification as follows:
 - Current: A phone attempt must meet the following criteria:
 - Revised: A phone attempt must meet one of the following criteria:

4. Appendix F, Frequently Asked Questions for Customer Support

- **Frequently Asked Questions for Customer Support, Page 2:** The response for the FAQ of “Who can I contact to find out more about this survey?” has been updated to reflect a revision to the phone number (highlighted below for reference):
 - Current:
You can contact the Centers for Medicare & Medicaid Services, a federal agency within the U. S. Department of Health and Human Services through the survey technical assistance by email at pqrscahps@HCQIS.org or phone toll-free at 1-855-472-4294.
 - Revised:
You can contact the Centers for Medicare & Medicaid Services, a federal agency within the U. S. Department of Health and Human Services through the survey technical assistance by email at pqrscahps@HCQIS.org or phone toll-free at 1-844-472-4294.

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5. English CATI Scripts

- **INTRO1-IN of the English CATI Scripts has been updated to remove the language option of Portuguese.**

➤ Current:

INTRO1-IN

Hello, am I speaking to [BENEFICIARY NAME]?

1 YES	[GO TO INTRO2-IN]
2 SP NOT AVAILABLE RIGHT NOW	[GO TO CALLBACK MODULE]
3 REFUSAL	[GO TO REFUSAL MODULE]
4 SP NEEDS SPANISH LANGUAGE INTERVIEW	[SET LANGUAGE]
5 SP NEEDS CANTONESE INTERVIEW	[SET LANGUAGE]
6 SP NEEDS KOREAN INTERVIEW	[SET LANGUAGE]
7 SP NEEDS MANDARIN INTERVIEW	[SET LANGUAGE]
8 SP NEEDS RUSSIAN INTERVIEW	[SET LANGUAGE]
9 SP NEEDS VIETNAMESE INTERVIEW	[SET LANGUAGE]
10 SP NEEDS PORTUGUESE INTERVIEW	[SET LANGUAGE]
11 SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE	[GO TO PROXY1]
12 SP IS DECEASED	[GO TO NON-INTERVIEW SCREEN]
13 OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

➤ Revised:

INTRO1-IN

Hello, am I speaking to [BENEFICIARY NAME]?

1 YES	[GO TO INTRO2-IN]
2 SP NOT AVAILABLE RIGHT NOW	[GO TO CALLBACK MODULE]
3 REFUSAL	[GO TO REFUSAL MODULE]
4 SP NEEDS SPANISH LANGUAGE INTERVIEW	[SET LANGUAGE]
5 SP NEEDS CANTONESE INTERVIEW	[SET LANGUAGE]
6 SP NEEDS KOREAN INTERVIEW	[SET LANGUAGE]
7 SP NEEDS MANDARIN INTERVIEW	[SET LANGUAGE]
8 SP NEEDS RUSSIAN INTERVIEW	[SET LANGUAGE]
9 SP NEEDS VIETNAMESE INTERVIEW	[SET LANGUAGE]
10 SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE	[GO TO PROXY1]
11 SP IS DECEASED	[GO TO NON-INTERVIEW SCREEN]
12 OTHER NON-INTERVIEW	[GO TO NON-INTERVIEW SCREEN]

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- The text for the MONITOR screen of the English CATI Script has been revised and additional verbiage has been provided for calls that may be recorded. (*The optional survey languages will also be updated with the same revisions and posted on the CAHPS for PQRS Survey website, <http://www.pqrscahps.org/>, at a future date.*)

➤ Current:

MONITOR

Before we begin I need to tell you that my supervisor may monitor this call for the purpose of quality control.

<START INTERVIEW>

➤ Revised:

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 >

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- **RESUME2 of the English CATI Scripts has been updated to reflect the revision below:**
 - In the second paragraph, the word “visit” has been revised to be plural
 - Current:
I am calling to finish the interview on your visit to doctors and nurses in the last 6 months. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].
 - Revised:
I am calling to finish the interview on your visits to doctors and nurses in the last 6 months. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].
 - (12/2/16: Additional update to RESUME2 screen) The text for the RESUME2 screen of the English CATI Scripts has been revised to direct the interviewer to the RESUME3 screen when resuming a previously started interview. (The optional survey languages will also be updated with the same revisions and posted on the CAHPS for PQRS Survey website, <http://www.pqrscahps.org/>, at a future date.)
 - Current:
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 [BENEFICIARY NAME]?

I am calling to finish the interview on your visits to doctors and nurses in the last 6 months. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].
 - Revised:
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 [BENEFICIARY NAME]?

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

1 YES [GO TO RESUME3]
2 NO, CALL BACK [GO TO CALLBACK MODULE]
3 REFUSAL [GO TO REFUSAL MODULE]
4 SP NEEDS SPANISH LANGUAGE INTERVIEW [SET LANGUAGE]
5 SP NEEDS CANTONESE INTERVIEW [SET LANGUAGE]
6 SP NEEDS KOREAN INTERVIEW [SET LANGUAGE]
7 SP NEEDS MANDARIN INTERVIEW [SET LANGUAGE]
8 SP NEEDS RUSSIAN INTERVIEW [SET LANGUAGE]
9 SP NEEDS VIETNAMESE INTERVIEW [SET LANGUAGE]
10 SP IS TOO ILL OR FRAIL/PHYSICALLY UNABLE [GO TO PROXY1]
11 OTHER NON-INTERVIEW [GO TO NON-INTERVIEW SCREEN]

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- **Additional text has been added to the English CATI Script, labeled RESUME3, so interviewers notify the beneficiary about calls being monitored and/or recorded when resuming a survey. (The optional survey languages will also be updated with the additional text and posted on the CAHPS for PQRS Survey website, <http://www.pqrscahps.org/>, at a future date.)**

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 >

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- **The English CATI Scripts have been revised to include clarification if the beneficiary indicates results were received online or by email.**

➤ Current:

Q25

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

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

➤ Revised:

Q25

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

(*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]

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- The word “start” in Q30 of the English CATI Script has been updated to reflect emphasis (highlighted below for your reference):

➤ Current:

Q30

After you and this provider talked about starting or stopping a prescription medicine, did you start a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

1	YES	
2	NO	[GO TO Q35]
88	[NOT APPLICABLE]	
98	<DON'T KNOW>	[GO TO Q35]
99	<REFUSED>	[GO TO Q35]
M	[MISSING]	

➤ Revised:

Q30

After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine? (*READ ANSWER CHOICES ONLY IF NEEDED*)

1	YES	
2	NO	[GO TO Q35]
88	[NOT APPLICABLE]	
98	<DON'T KNOW>	[GO TO Q35]
99	<REFUSED>	[GO TO Q35]
M	[MISSING]	

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6. Spanish Mail Survey Cover Letters

- **The Spanish initial survey cover letter has been updated with revisions throughout the letter.**
- **The Spanish second survey cover letter has been updated to reflect the revisions below:**
 - In the third sentence of the second paragraph, an accent has been added to the word “medico”
 - Current:
Su nombre fue seleccionado al azar por CMS entre las personas que han visitado el profesional medico en la encuesta adjunta.
 - Revised:
Su nombre fue seleccionado al azar por CMS entre las personas que han visitado el profesional médico en la encuesta adjunta.
 - In the fourth sentence of the third paragraph, the word “tu” has been changed to “su”
 - Current:
[VENDOR NAME] no compartirá tu información con nadie que no sean las personas autorizadas en CMS, excepto según lo requerido por ley.
 - Revised:
[VENDOR NAME] no compartirá su información con nadie que no sean las personas autorizadas en CMS, excepto según lo requerido por ley.
 - In the fifth sentence of the third paragraph, the second reference to “su” has been changed to “sus” and an accent was added to the word “medicos”
 - Current:
[VENDOR NAME] no compartirá su encuesta individual con cualquiera de su profesionales medicos.
 - Revised:
[VENDOR NAME] no compartirá su encuesta individual con cualquiera de sus profesionales médicos.

7. Spanish Mail Survey

- **The skip instructions for Q35 of the Spanish mail survey has been updated to reflect the revision below (highlighted for your reference):**
 - Current:
35. En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre tener una cirugía o algún otro tipo de procedimiento?
 Sí
 Si contestó “No”, pase ala pregunta #39
 - Revised:
35. En los últimos 6 meses, ¿hablaron usted y este profesional médico sobre tener una cirugía o algún otro tipo de procedimiento?
 Sí
 Si contestó “No”, pase a la pregunta #39