 

Frequently Asked Questions from Beneficiaries about the Medicare Provider Experience Survey   
(ACO REACH CAHPS®)

Version 1.0

March 2023

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Overview

This document provides vendors guidance on responding to beneficiary questions about ACO REACH’s *Medicare Provider Experience Survey*. These answers can be used by Help Personnel and Telephone Interviewers, and the answers apply to both the mailed survey and the telephone interview. Survey Vendors **may amend** the document to be specific to their operations, and **may condense or revise** individual responses for clarity and alignment with the beneficiary’s questions. However, survey vendors may not change the substance of the answers.

Survey vendors must NOT attempt to influence or encourage beneficiaries to answer survey questions in a particular way.

General Questions About the Survey and Legitimacy

* ***Who is sponsoring this survey?***

The U.S. Centers for Medicare & Medicaid Services (CMS) is sponsoring this survey. CMS is the federal agencies that administers the Medicare program.

* ***Who is conducting this survey?***

I’m an interviewer from [*Survey Vendor*]. The Centers for Medicare & Medicaid Services (CMS) and your health care providers have asked us to conduct this survey.

* ***What is the purpose of this survey? / How will the data be used?***

The purpose of this survey is to collect information from you, and other Medicare beneficiaries, to help the Centers for Medicare & Medicaid Services (CMS) evaluate the quality of care provided under Medicare. The survey will help CMS and health care providers understand where and how 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.

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

You can contact 1-800-MEDICARE or the provider whose name is provided in the survey you received to verify the survey is legitimate.

* ***Who can I contact to find out more about this survey? / Who can I contact if I have questions about the survey?***

I’m happy to answer your questions, or you can call our supervisor at 1-833-870-0486.

The office of the provider named in the letter you received can also provide more information about the survey. You may have seen a flyer in their office with information about the survey.

* ***Where can I see the results from the survey?***

Data from this survey will be publicly available on the Centers for Medicare and Medicaid Services website: <https://innovation.cms.gov/innovation-models/aco-reach>

* ***I never saw this provider you are asking about/I haven’t seen this provider in the last 6 months.***

In that case, you’ll skip over the questions about that provider and answer a shorter set of questions about other providers you saw in the last 6 months.

* ***I didn’t see any providers in the last 6 months.***

This survey is only for Medicare beneficiaries who received health care in the last 6 months. If you are sure you received no health care in the last 6 months then there is no need for you to take the survey. Thank you for your time, goodbye.

Questions About Confidentiality

* ***How do I know this is confidential?***

All the information we collect through the survey is confidential. Your answers will be seen by research staff, who have signed statements of confidentiality. We don’t share your individual answers with any of your doctors or other providers.

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

Your name was randomly selected from all Medicare beneficiaries who were recently seen by the provider named in the survey you received.

* ***I’m on the Do Not Call list. Why are you calling me?***

The Do Not Call list stops sales and telemarketing calls. We are conducting survey research on behalf of the U.S. Centers for Medicare & Medicaid Services, also known as CMS. We are not calling to sell or market a product or service.

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

The survey vendor I am calling from 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 we’re conducting fully complies with privacy laws, for example HIPAA (Health Insurance Portability and Accountability Act). We’ve been authorized by the Centers for Medicare & Medicaid Services to conduct this survey and keep all information about you confidential.

* ***How did you get my address/phone number?***

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

* ***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

Concerns About Participating in the Survey

* ***How long will this take?***

MAIL SURVEY: The survey takes on average 10 minutes to complete.

TELEPHONE INTERVIEW: This survey takes on average about 15 to 20 minutes to complete. I’ll move through the questions as quickly as possible.

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

I understand. However, I hope you’ll consider participating in this very important survey about your experiences with doctors and other health care providers. Medicare will use the results of the survey to help understand the quality of healthcare people are receiving under Medicare.

* ***I’m not interested.***

The Centers for Medicare & Medicaid Services could really use your help. Your survey participation will help improve the care and services provided under Medicare.

* ***I’m busy; I don’t have the time***

We understand that your time is valuable. It’s a very important survey, and I would really appreciate your help today. However, I can schedule the interview at another time if that is more convenient for you. ***Or*** we can start the survey today and stop just as soon as you need to and resume at a time that is more convenient for you.

* ***Why are you calling me?***

As a person with Medicare, you deserve to receive quality health care from Medicare-approved providers. Our records show you have received care from the Medicare provider named in the survey. This survey is sponsored by Medicare to learn if you received high quality care from this provider. Your participation is very important.

* ***What kinds of questions will be asked?***

The survey asks questions such as,

* How easy or hard was it for you to make appointments and get care,
* Whether providers treated you with respect,
* Whether you felt listened to, and
* How clearly providers explained what you needed to know to take care of yourself and stay healthy.
* ***Do I have to take part in this survey?***

Your participation in this survey is voluntary, and all information you give in this survey will be confidential. You can skip or refuse to answer any question you don’t feel comfortable with. Also, your primary care provider will not see your individual answers to this survey, nor will they know whether or not you participated.

Your decision to participate or not participate in this survey, and your answers to the survey questions, will not affect the health care benefits that you receive now or expect to receive in the future.

You can also skip or refuse to answer any question you don’t feel comfortable with.

* ***What do I have to do?***

I would like to ask you some questions about your experience with your primary care doctor and other providers you have visited in the last 6 months. This interview takes on average about 15 to 20 minutes to complete, and I will move through the questions as quickly as possible.

* ***I’m not going to answer a lot of questions over the phone!***

Your cooperation is very important to us. Your answers, as well as those from other people, help the Centers for Medicare & Medicaid Services (CMS) evaluate the quality of care provided under Medicare. The survey results will also help your health care provider understand where and how care may need to be improved.

* ***I am not happy with the care I’m getting from \_\_\_\_\_\_\_\_\_\_. Who can I talk to about this?***

I’m sorry to hear about that. This help desk is intended to provide information about the survey. There is a number to call with concerns about doctors. That number is 1-800-MEDICARE.

When you participate in the survey, your answers help Medicare understand the problems some people may be experiencing when getting care from certain doctors. Medicare reports results from all people who answered the survey to your doctor so they can understand these problems as well. We hope you will decide to participate in the survey.

* ***I am happy with the care I’m getting from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

When you participate in the survey, your answers help Medicare understand the quality of care people are experiencing under Medicare. The results from all people who answered the survey will be reported to your doctor so they can understand areas where they are doing well and areas where they may need improvement. We hope will you decide to participate in the survey

Questions About Completing/Returning the Survey

* ***I am not able to complete this by myself. Can my (wife, husband, child, legal guardian, etc.) answer these questions for me?***

If you feel you’re not able to complete the survey by yourself, someone like a family member, caregiver or friend can help you by marking your answers, reading the survey to your, or translating it into your language.

Note: if a beneficiary can’t respond because of poor health or mental or physical limitations, someone like a family member, caregiver, or friend knowledgeable about the beneficiary’s care can take the survey on the beneficiary’s behalf.

* ***Why do you want to know all this personal stuff about me if this is a survey about my primary care experiences?***

I understand your concern with the questions about your general health and background. We have found that people’s experiences may differ based on their current health status and other characteristics. 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.

* ***Is there a deadline to fill out the survey?***

[BEFORE TELEPHONE FOLLOW-UP BEGINS] Since we need to contact so many people, it would really help if you could return it within the next several days.

[AFTER START OF TELEPHONE FOLLOW-UP] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don’t have the time, maybe I could schedule an appointment for some time within the next several days.

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

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire. This is done to maintain your confidentiality and privacy.

* ***As someone with Power of Attorney, may I complete the survey?***

Someone like a family member, caregiver or friend can help a beneficiary by marking the beneficiary’s answers, reading the survey to the beneficiary, or translating it into the beneficiary’s language. However, if a beneficiary can’t respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the beneficiary’s care can take the survey on the beneficiary’s behalf.

* ***I only saw this provider via telehealth/e-visit. Do I still need to complete the survey?***

Yes, please answer the survey thinking about all visits to the practice in the last 6 months, whether in-person or telehealth.

* ***I didn’t visit this provider in the last 6 months. What do I do?***

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

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

Thank you for completing the survey. However, we have not received your survey, so we are following up to conduct your survey by phone. If you have some time right now, we could go through the questions. Or I can call you back in a few days if we still have not received the survey.

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

IF CUTOFF FOR SECOND MAILING HAS PASSED: We are nearing the end of the survey period and are not allowed to send out any additional surveys. We are asking that you please complete the survey with us over the phone. Your participation is very important. You answers help Medicare understand the quality of healthcare people are receiving under Medicare.