FAQs for Interviewers on the Medicare Provider Experience Survey (ACO REACH CAHPS®)

Project Contact Information

Who is sending the survey?

The U.S. Centers for Medicare &

sponsoring this survey. CMS is the

federal agency that administers the

Medicare program. CMS and your

provider's office are working with

[VENDOR] to conduct the survey.

Medicaid Services (CMS) is

Helpdesk Telephone: [INSERT

VENDOR PHONE NUMBER

Helpdesk Email: [INSERT

VENDOR EMAIL HERE]

HERE]

Why should I do this?/Purpose

The survey helps the Centers for Medicare & Medicaid Services and Medicare health care providers understand where and how care may need to be improved.

I never saw that doctor/I didn't see that doctor in the last 6 months.

In that case, you'll skip over the questions about that doctor 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. Thank you for your time, goodbye.

What is this/Where are you calling from?

I'm an interviewer from [Survey Vendor] requesting you complete a telephone survey about the quality of care provided by your Medicare provider.

What kinds of questions will be asked?

We ask questions such as

- How easy or hard was it for you to make appointments and get care?
- Whether providers treated you with respect?
- Did you feel listened to?
- How clearly did providers explain what you needed to know to take care of yourself and stay healthy?

I don't want to give out my personal information.

No identifying information is collected, and you may refuse to answer any question. (IF NEC: All information we collect is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered.)

Confirming Legitimacy of Survey

- This is an official government survey sponsored by the Centers for Medicare & Medicaid Services, also known as CMS. You can contact 1-800-MEDICARE, and operators can verify the Medicare Provider Experience Survey.
- \circ $\;$ Your provider knows about this survey and encourages their patients to complete it.
- o This survey is not used for sales or advertising.

How did you get my name?

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

IF QUESTIONS ABOUT PRIVACY

LAWS/HIPAA: "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."

Will my doctor/provider know my answers to these questions?

All the information we collect through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients.

How are the results from the survey going to be used?

Your answers help the Centers for Medicare & Medicaid Services evaluate the quality of care provided under Medicare. The survey will help Medicare and providers understand where and how care may need to be improved.

Interviewer Information: ACO REACH CAHPS Schedule

Modes		Date		Languages	R	Respondent Types	
Mail	Sept. 8–Dec. 5		English, Spanish		Bene	Beneficiary, Proxy	
Telephone Nov. 10–De		ec. 5 Eng		lish, Spanish		Beneficiary, Proxy	
 Eligibility Criteria ✓ Medicare beneficiary ✓ At least 18 years of age ✓ Reside in the United States ✓ Received health care services (in person or telehealth) in the past 6 months x Institutionalized (nursing home, jail, prison) x Deceased 		l'm on the Do N Call list. Why an you calling me The Do Not Call lis stops sales and telemarketing calls We are conducting survey research of behalf of the U.S. Centers for Medica & Medicaid Servic also known as CM We are not calling sell or market a product or service.	re Proxy ? ✓ Beneficiary is physically or mentally incapable st ✓ Beneficiary language barrier other than Spanish n Spanish ✓ High Needs Beneficiary has a Healthcare S. are Beneficiary has a Healthcare odecisionmaker Power of Attorney Criteria Not Permitter		e If re ph sc m kr be ca th	complete the survey on behalf of the beneficiary?If a beneficiary can't respond because of poor health or mental or physical limitations, someone like a family member or caregiver knowledgeable about the beneficiary's health care can take the survey on the beneficiary's behalf.Proxy Respondent	
Complaints About Doctor/Provider/Practice I'm sorry to hear that. There is a Medicare number to call with concerns about doctors: 1-800- MEDICARE. When you participate in the survey, your answers help Medicare understand the 		No Time I understand. Wou you agree to start survey for a few minutes and when you need to stop, we'll stop? (IF APPROPRIATE: We'll save your answers and resur at a later date?	the	 for a Proxy x Beneficiary deceased x Beneficiary under 1 x Unavailable/out of country x Institutionalized (nursing home, jail, prison) x Does not want to do the survey 	respondent ✓ At least 18 years of age ✓ Knowledgeable abo		
problems so may experier getting care certain docto Medicare rep	me people nce when from rs. ports the all people ed the ur doctor, understand ms as well. n m and	- Or- I or another interviewer can ca you back at a more convenient time.)		Assisted Living/Residential Ca Facilities ✓ Ensure you have reached an assisted living/residential car facility. ✓ Beneficiaries living i these facilities are n eligible for the telephone survey. Thank the facility an end the call.	d ire in not	How long will this take? This takes about 15 to 20 minutes. We can get started now and I'll move through the questions as quickly as possible to save you time.	
results from a who answere survey to you so they can u these proble Results are i summary for your name is included.		Not Interested The Centers for Medicare & Medic Services could rea use your help. You survey participatio will help improve th care provided und Medicare.	aid Illy ur n he				