Attachment B: Eligible Professional and Administrator Surveys and Correspondence

- Eligible Professional Survey Electronic
- Eligible Professional Survey Hardcopy
- Administrator Survey Electronic
- Administrator Survey Hardcopy
- Eligible Professional and Administrator Survey Correspondence

Attachment B1. Eligible Professional Survey—Electronic

Note: Question B1 is designed as a drop-down menu. If the survey participant's main specialty does not appear in the list of items available, the survey participant will select the "Other specialty" option and enter the appropriate text in the corresponding box below this option.

The contents of Question B1 are as follows:

Anesthesiology

Cardiovascular diseases

Chiropractor

Counseling/Psychology

Dentistry

Dermatology

Emergency medicine

Family practice Gastroenterology General surgery

General internal medicine

Nephrology Neurology

Nurse anesthetist Nurse practitioner

Obstetrics and Gynecology

Oncology

Ophthalmology

Optometry

Orthopedic surgery Otolaryngology

Physical/Occupational therapy

Podiatry Psychiatry

Pulmonology Radiology

Registered nurse Social work

Urology

Other specialty (enter text below)

Evaluation of PQRS and eRx: Eligible Professional Survey

Date

Centers for Medicare & Medicaid Services United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

Answer each question by clicking your cursor on the box to the left of your answer.

Sometimes the survey will skip over certain questions automatically based on your response.

If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

	Are you a physician, a nurse practitioner, a physician assistant, or some other e of health care provider?
	Physician (MD/DO) Nurse Practitioner Physician Assistant Not a Health Care Provider Other (please specify):
A2.	Do you accept payment from Medicare?
	Yes No
A3.	How many years have you been in practice since you completed your training?
	Still in residency or training (e.g., completing field work, clinical experience) Stop Less than 1 year 1-5 years 6-10 years Greater than 10 years

•	tient care includes seeing patients, reviewing tests, preparing for and performin gical procedures, and providing other related patient-care services.)	ıg
	None Stop 1-9 hours Stop 10-19 hours Stop 20-29 hours	
	30 or more hours	
B: BACKO	ROUND	
B1	What is the main specialty in which you practice?	
B2	Which of the following best describes your <i>main</i> practice setting?	
	Hospital, teaching Hospital, non-teaching Laboratory Multi-specialty group practice or clinic Physician's office, single specialty group practice Physician's office, solo practice Skilled nursing facility Urgent care facility er (please specify):	
in (Fi	Including yourself, how many full-time equivalent (FTE) health practitioners are cour practice? Il-time equivalent health practitioners are clinicians who work 20 hours or more week. Each person who works more than 20 hours is counted as 1 FTE.)	
	nber of FTE physicians: nber of FTE nurse	
ĺ	ractitioners:	
	nber of FTE physiciansistants:	
ĺ	nber of other clinical roviders (excluding clinic ssistants)	
В4	Are you a full-owner or part-owner of your practice?	
	Yes No	

A4. In a typical week, how many hours of direct patient care do you provide?

C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION

C1. Have you heard of the P Reporting Initiative (PQRI)?	QRS progra	am, formerly	known as th	e Physician Qu	ality
☐ Yes ☐ No					
C2. Did you participate in th ☐ Yes ☐ No	e 2013 PQF	RS program?			
C3. Which of the following in (Select all that apply.)	nfluenced y	our decision	to participa	te in PQRS in 2	013?
 □ Believe it is important to continuously improve patient care □ Incentives from private payers for participation in quality reporting initiatives □ Internal cost reduction effort □ Public reporting/transparency □ Required by my practice/organization □ To avoid Medicare penalty or reduction in payment □ To earn Medicare incentive payment for PQRS □ To prepare for a time when quality is a significant factor in Medicare reimbursement Other (please specify): 					
C4. Please rate the extent to	which you Strongly	agree that Po	QRS partici _l Agree	oation has: Strongly	
a. Helped me improve the quality of care I provide to my	disagree □			agree ☐	
Medicare patients b. Enhanced my ability to provide preventive care to my Medicare patients c. Improved the overall health for a majority of my					
Medicare patients d. Reduced avoidable health care costs for my Medicare patients					
C5. As a program participant, how likely would you be to recommend PQRS to other practitioners? Highly unlikely Somewhat unlikely Neither likely nor unlikely Somewhat likely Highly likely					

_ _ _	e on your ability to provide better care? No impact A small impact A moderate impact A large impact
D: PQRS F	EEDBACK REPORT
D1.	Have you ever read a PQRS feedback report from CMS?
	Yes No
	If yes, what year(s) was the PQRS feedback report for? lect all that apply.)
_ _ _ _	2007 2008 2009 2010 2011 2012 2013
	How helpful was the PQRS feedback report in providing you with the information ded to improve care for your Medicare patients?
	Not at all helpful Neither helpful nor unhelpful Somewhat helpful Very helpful
E: PQRS N	ON-PARTICIPATION
	Have you ever participated in the PQRS program, formerly known as the sician Quality Reporting Initiative (PQRI)?
	Yes No
	If yes, what year(s) did you participate in PQRS? lect all that apply.)
_ _ _	2007 2008 2009 2010 2011 2012

C6. What impact does the level of incentive you receive from participating in PQRS

pre	vents you from participa	ting in the P	'QRS prograi	m?			
-		Strongly	Disagree	Agree	Strongly		
		disa <u>g</u> ree	_		agree_		
	inancial cost of						
•	lementation is too high						
_	ack of time						
	ack of appropriately						
	ned personnel						
	Current measures do not						
	oly to my practice						
	cialty Jnsure of how to						
		U	U	Ц			
-	lement the program in my ctice.						
•	eel that the program is						
	ecessary	_	_	_	_		
	Feel that it is not the						
	rernment's role to						
_							
F: ELECTR	RONIC PRESCRIBING (eR	(x) INCENTI	VE PROGRA	M PARTICIP	ATION		
F4			0				
FI.	Have you heard of the el	xx program	f				
	Yes						
	No						
F2.	Did you participate in the	e 2013 eRx	program?				
	Yes						
	No						
	No, I am exempt.						
	, . 						
	Which of the following in	nfluenced yo	our decision	to participat	te in eRx? (Select all		
tha	t apply.)						
П	Deligne it is important to continuously improve notices as a						
	 Believe it is important to continuously improve patient care Incentives from private payers for participation in quality reporting initiatives 						
	☐ Internal cost reduction effort						
	☐ Public reporting/transparency						
	☐ Required by my practice/organization						
	☐ To avoid Medicare penalty or reduction in payment						
	☐ To avoid Medicare penalty of reduction in payment ☐ To earn Medicare incentive payment for eRx						
	To prepare for a time whe			actor in Medic	care reimbursement		
	ner (please specify):	quality 10 c	z organilodia ic		al o rommouroumont		

E3. To what extent do you agree or disagree that each of the following factors

□ No effect□ A small effect□ A moderate effect□ A large effect					
a. Helped me reduce the prescription of medication that is contraindicated or could cause adverse reactions for my Medicare patients	at you agre Strongly disagree □	e that eRx pa Disagree	rticipation h Agree □	nas: Strongly agree □	
b. Helped me improve the quality of care that I provide					
to my Medicare patients c. Improved the overall health for a majority of my					
Medicare patients d. Reduced avoidable health care costs for my Medicare					
patients e. Increased patient satisfaction					
F6. As a program participan practitioners?	t, how likely	/ would you b	e to recomi	nend eRx to oth	her
 ☐ Highly unlikely ☐ Somewhat unlikely ☐ Neither likely nor unlikely ☐ Somewhat likely ☐ Highly likely 					
F7. Did you receive a penalt ☐ Yes ☐ No ☐ No, I am exempt.	y in eRx?				
F8. If yes, what year(s) was	the penalty	received? (Se	elect all that	apply.)	
□ 2012 □ 2013					

F4. What is the effect of eRx participation on coordination of care efforts with other practitioners within or outside of your practice?

G: eRx FEEDBACK REPORT G1. Have you ever read any eRx feedback report from CMS? ☐ Yes □ No G2. If yes, what year(s) was the eRx feedback report for? (Select all that apply.) **2**009 **2**010 **2011 2012 2013** G3. How helpful was the eRx feedback report in improving care for your patients? ☐ Not at all helpful □ Neither helpful nor unhelpful □ Somewhat helpful □ Very helpful **H: eRx NON-PARTICIPATION**

2012

Yes No
If yes, what year(s) did you participate in eRx? ect all that apply.)
2009
2010
2011

H1. Have you ever participated in eRx?

H3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program?

	Strongly disagree	Disagree	Agree	Strongly			
 a. Financial cost of implementation is too high 				agree □			
b. Lack of time c. Lack of appropriately trained personnel		<u> </u>					
d. Unsure of how to implement the program in my practice							
e. Feel that the program is unnecessary							
f. Feel that it is not the government's role to monitor physician quality							
H4. Did you receive a penalt ☐ Yes	y in eRx?						
□ No□ No, I am exempt							
H5. If yes, what year(s) was the penalty received? (Select all that apply.)							
□ 2012 □ 2013							
I: DEMOGRAPHICS							
I1. Please indicate your gender.							
□ Male □ Female							
I2. Please indicate your four	I2. Please indicate your four-digit year of birth.						
J: CONCLUSION							
J1. Who completed the surv	J1. Who completed the survey?						
 The professional to whom the survey was addressed Administrative staff Other eligible professional Other (please specify): 							

J2. We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations.
J3. Please include your name, email, and phone number in case we have a question about your survey.
Title:
First name:
Last name:
Phone number:
Alternate phone number:
Email:
J4. Would you like to receive the \$100 incentive that will be sent electronically to the email above? Yes No
J5. Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?
You will receive an <u>additional \$100 gift card</u> if you participate in the phone interview in addition to completing this survey.
□ Yes □ No

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Evaluation of PQRS and eRx: Eligible Professional Survey

Date

Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

Survey Instructions

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over certain 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:

$$\boxtimes$$
 Yes \longrightarrow Go to B.

• If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVE	Y ELIGIBILITY		
□ P □ N □ P ⊠ C	ou a physician, a nurse practition of thysician (MD/DO) Nurse Practitioner Physician Assistant Other (please specify): Not a Health Care Provider		Do not continue. Please return the survey in the enclosed
12.5	C. M.F.	0	envelope and we will remove your name from our list.
•	ou accept payment from Medicar	e?	
□ Y □ N		→ Stop	Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.
	many years have you been in pra	ctice since y	ou completed your training?
(6	e.g., completing field work, clinical experience) Less than 1 year -5 years -10 years Greater than 10 years	→ Stop	Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.
(Patie	rpical week, how many hours of cent care includes seeing patients, related patient-care services.)	•	care do you provide? ests, preparing for and performing surgical procedures, and providing
□ 1 □ 1 □ 2	None -9 hours 0–19 hours 20–29 hours 30 or more hours	→ Stop → Stop → Stop	Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.

B: BACKGROUND	B4. Are you a full-owner or part-owner of your practice?
B1. What is the main specialty in which you practice?	☐ Yes ☐ No
☐ Cardiovascular diseases☐ Emergency medicine☐ Family practice	C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION
 ☐ General internal medicine ☐ Nephrology ☐ Oncology ☐ Ophthalmology 	C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)?
☐ Psychiatry☐ Urology	□ Yes □ No
☐ Other (please specify):	C2. Did you participate in the 2013 PQRS program?
B2. Which of the following best describes your main practice setting?	☐ Yes☐ No → Go to E.
☐ Hospice☐ Hospital, teaching☐ Hospital, non-teaching	C3. Which of the following influenced your decision to participate in PQRS in 2013? (Select all that apply.)
 □ Laboratory □ Multi-specialty group practice or clinic □ Physician's office, single specialty group practice □ Physician's office, solo practice □ Skilled nursing facility □ Urgent care facility □ Other (please specify): 	 □ Believe it is important to continuously improve patient care □ Incentives from private payers for participation in quality reporting initiatives □ Internal cost reduction effort □ Public reporting/transparency □ Required by my practice/organization □ To avoid Medicare penalty or reduction in payment
B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice? (Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)	□ To earn Medicare incentive payment for PQRS □ To prepare for a time when quality is a significant factor in Medicare reimbursement □ Other (please specify):
Number of FTE physicians:	
Number of FTE nurse practitioners:	
Number of FTE physician assistants:	
Number of other clinical providers (excluding clinic assistants):	

C4. Please rate the extent to which you agree that	D: PQRS FEEDBACK REPORT		
PQRS participation has: a. Helped me improve the quality of care I provide to my Medicare patients	D1. Have you ever read a PQRS feedback report from CMS?		
☐ Strongly disagree ☐ Disagree	☐ Yes☐ No → Go to E.		
☐ Agree ☐ Strongly agree	D2. If yes, what year(s) was the PQRS feedback report for?		
 b. Enhanced my ability to provide preventive care to my Medicare patients Strongly disagree Disagree 	(Select all that apply.) □ 2007 □ 2011 □ 2008 □ 2012 □ 2009 □ 2013 □ 2010		
☐ Agree ☐ Strongly agree	D3. How helpful was the PQRS feedback report in providing you with the information needed to improve care for your Medicare patients?		
 c. Improved the overall health for a majority of my Medicare patients ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 	☐ Not at all helpful ☐ Neither helpful nor unhelpful ☐ Somewhat helpful ☐ Very helpful		
	E: PQRS NON-PARTICIPATION		
 d. Reduced avoidable health care costs for my Medicare patients ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 	E1. Have you ever participated in the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)? ☐ Yes ☐ No → Go to E3.		
C5. As a program participant, how likely would you be to recommend PQRS to other practitioners?	E2. If yes, what year(s) did you participate in PQRS? (Select all that apply.)		
 ☐ Highly unlikely ☐ Somewhat unlikely ☐ Neither likely nor unlikely ☐ Somewhat likely ☐ Highly likely 	□ 2007 □ 2010 □ 2008 □ 2011 □ 2009 □ 2012		
C6. What impact does the level of incentive you receive from participating in PQRS have on your ability to provide better care?			
 □ No impact □ A small impact □ A moderate impact □ A large impact 			

F1. Have you heard of the eRx program? ☐ Yes ☐ No F2. Did you participate in the 2013 eRx program? ☐ Yes
□ Ves
 □ No, because I am exempt. → Go to I. □ No → Go to H. F3. Which of the following influenced your decision to participate in eRx?
 (Select all that apply.) □ Believe it is important to continuously improve patient care □ Incentives from private payers for participation in quality reporting
initiatives ☐ Internal cost reduction effort ☐ Public reporting/transparency ☐ Required by my practice/organization ☐ To avoid Medicare penalty or reduction in payment
 □ To earn Medicare incentive payment for eRx □ To prepare for a time when quality is a significant factor in Medicare reimbursement □ Other (please specify):
F4. What is the effect of eRx participation on coordination of care efforts with other practitioners within or outside of your practice? No effect A moderate effect A small effect A large effect

F5. Please rate the extent that you agree that eRx participation has:	F7. Did you receive a penalty in eRx? ☐ Yes
 a. Helped me reduce the prescription of medication that is contraindicated or could cause adverse reactions for my Medicare patients 	 ☐ No ☐ No fo to G. ☐ No, I am exempt. → Go to H. F8. If yes, what year(s) was the penalty received?
☐ Strongly disagree☐ Disagree☐ Agree☐ Strongly agree	(Select all that apply.) □ 2012 □ 2013
	G: eRx FEEDBACK REPORT
b. Helped me improve the quality of care that I provide to my Medicare patientsStrongly disagree	G1. Have you ever read any eRx feedback report from CMS?
☐ Disagree☐ Agree☐ Strongly agree	☐ Yes ☐ No → Go to H.
c. Improved the overall health for a majority of my Medicare patients	G2. If yes, what year(s) was the eRx feedback report for? (Select all that apply.)
☐ Strongly disagree☐ Disagree☐ Agree	□ 2009 □ 2011 □ 2013 □ 2010 □ 2012
☐ Strongly agree	G3. How helpful was the eRx feedback report in improving care for your patients?
d. Reduced avoidable health care costs for my Medicare patients	☐ Not at all helpful☐ Neither helpful nor unhelpful
☐ Strongly disagree ☐ Disagree	☐ Somewhat helpful☐ Very helpful
☐ Agree☐ Strongly agree	H. D. NON DADTICIDATION
□ Strongry agree	H: eRx NON-PARTICIPATION
e. Increased patient satisfaction	H1. Have you ever participated in eRx?
☐ Strongly disagree ☐ Disagree ☐ A see a	☐ Yes☐ No → Go to I.
☐ Agree☐ Strongly agree	H2. If yes, what year(s) did you participate in eRx? (Select all that apply.)
F6. As a program participant, how likely would you be to recommend eRx to other practitioners?	□ 2009 □ 2011 □ 2010 □ 2012
 ☐ Highly unlikely ☐ Somewhat unlikely ☐ Neither likely nor unlikely ☐ Somewhat likely ☐ Highly likely 	

H3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the eRx program? a. Financial cost of implementation is too high ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree	H4. Did you receive a penalty in eRx? ☐ Yes ☐ No → Go to I. ☐ No, I am exempt. → Go to I. H5. If yes, what year(s) was the penalty received? (Select all that apply.) ☐ 2012 ☐ 2013
b. Lack of time	I: DEMOGRAPHICS
 □ Strongly disagree □ Disagree □ Agree □ Strongly agree 	I1. Please indicate your gender. ☐ Male ☐ Female
c. Lack of appropriately trained personnel	I2. Please indicate your four-digit year of birth.
☐ Strongly disagree☐ Disagree☐ Agree☐ Strongly agree	
d. Unsure of how to implement the program in my practice	
☐ Strongly disagree☐ Disagree☐ Agree☐ Strongly agree	
e. Feel that the program is unnecessary	
☐ Strongly disagree☐ Disagree☐ Agree☐ Strongly agree	
f. Feel that it is not the government's role to monitor physician quality	
☐ Strongly disagree☐ Disagree☐ Agree☐ Strongly agree	

J:	CONCLUSION
J1.	Who completed the survey? The professional to whom the survey was addressed Administrative staff Other eligible professional Other (please specify):
J2.	We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations. Comments:
J3.	Please include your name, email, and phone number in case we have a question about your survey. Title: First name: Last name:
	Phone number: () Alternate phone number: () Email:@
J4.	Would you like to receive the \$50 incentive that will be sent electronically to the email above? ☐ Yes ☐ No
J5.	Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)? You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey. Yes No

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

PLEASE RETURN THE COMPLETED SURVEY TO ECONOMETRICA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

Evaluation of PQRS and eRx: Administrator Survey-Electronic

Date

Centers for Medicare & Medicaid Services United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

Answer each question by clicking your cursor on the box to the left of your answer.

Sometimes the survey will skip over certain questions automatically based on your response.

If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to

PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY

A1. Does your practice accept payment from Medicare?

| Yes | No

B: BACKGROUND

B1.	What is the main specialty in which you practice?
	Cardiovascular diseases
	Emergency medicine
	Family practice
	General internal medicine
	Nephrology
	Oncology
	Ophthalmology
	Psychiatry
	Urology
Oth	er (please specify):

E	B2. Which of the following best describes your <i>main</i> practice setting?
(☐ Hospice ☐ Hospital, teaching ☐ Hospital, non-teaching ☐ Laboratory ☐ Multi-specialty group practice or clinic ☐ Physician's office, single specialty group practice ☐ Physician's office, solo practice ☐ Skilled nursing facility ☐ Urgent care facility Other (please specify):
	B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?
,	(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per week. Each person who works more than 20 hours is counted as 1 FTE.)
1	Number of FTE physicians: Number of FTE nurse practitioners: Number of FTE physician assistants: Number of other clinical providers (excluding clinic assistants):
C: PHYS	SICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION
	C1. Have you heard of the PQRS program, formerly known as the Physician Quality Reporting Initiative (PQRI)? \(\text{Yes} \) \(\text{No} \)
ı	C2. Did your practice, or any providers in your practice, participate in the 2013 PQRS program? Yes No

	C3. Which of the following influenced your decision to participate in PQRS in 2013? (Select all that apply.)
	 □ Believe it is important to continuously improve patient care □ Incentives from private payers for participation in quality reporting initiatives □ Internal cost reduction effort □ Public reporting/transparency □ Required by my practice/organization □ To avoid Medicare penalty or reduction in payment □ To earn Medicare incentive payment for PQRS □ To prepare for a time when quality is a significant factor in Medicare reimbursement Other (please specify):
D: PQ	RS REPORTING PROCESS
	D1. What factor(s) influenced the selection of PQRS measures to report? (Select all that apply.)
	☐ Area targeted for improvement
	☐ Current high level of performance
	☐ Ease of submission
	☐ High volume for practice
	Importance of measure on quality of care Other (please specify):
	D2. Which PQRS reporting option(s) has your practice selected? (Select all that apply. □ Claims □ Data Submission Vendor □ Electronic Health Record Product □ Registry Other (please specify):
	D3. What is the typical weekly number of hours spent on reporting for the following staff at your practice?
	Physician
	Registered nurse
	Licensed practical nurse
	Nursing assistant
	Billing staff
	Administrative staff
	Other (please specify):

D4.	How would you characterize the process for preparing measures?
	Very difficult
	Difficult
	Easy
ō	Very easy
D5.	. How would you characterize the process for submitting measures?
	Very difficult
	Difficult
	Easy
ā	Very easy
D6.	. What difficulties did you have submitting data? (Select all that apply.)
П	Difficulty with electronic billing software (e.g., stripping of quality data codes)
	Gaining access to CMS computer portal (IACS) (e.g., role assignment, password
	expiration)
	Inadequate Electronic Health Record (EHR)
	Insufficient data
	Insufficient staff time
	Medicare carrier submission issues
	Missed deadline due to access issue with CMS computer portal (IACS)
	Problem with measure submission vendor (registration EHR vendor)
	QualityNet system not online/available
	Unforeseen change in business practice
	ner (please specify):
Ou	iei (piease specify).
E: PQRS F	EEDBACK REPORT
E1.	Have you successfully downloaded any PQRS feedback reports from CMS?
	Yes
	No
	If yes, what year(s) did you successfully download the PQRS feedback report? elect all that apply.)
	2007
	2008
	2009
	2010
	2011
	2012
	2013
	2013

□ Very difficult□ Difficult□ Easy□ Very easy				
E4. Did you share the PQRS practice?	S feedback r	eport with an	y health pra	ectitioners at your
□ Yes □ No				
F: PQRS NON-PARTICIPATION				
F1. Have you ever participa Physician Quality Reporting			, formerly k	nown as the
☐ Yes ☐ No				
F2. If yes, what year(s) did y	ou participa	ate in PQRS?	(Select all th	nat apply.)
□ 2007 □ 2008 □ 2009 □ 2010 □ 2011 □ 2012				
F3. To what extent do you a prevents your practice from				
	Strongly	Disagree	Agree	Strongly
a. Financial cost of implementation is too high	disagree □			agree □
b. Lack of timec. Lack of appropriately	<u> </u>	<u> </u>		<u> </u>
trained personnel d. Current measures do not apply to my practice				
specialty e. Unsure of how to implement the program in my practice.				
f. Feel that the program is				
unnecessary g. Feel that it is not the government's role to monitor physician quality				

E3. How easy was it to download the PQRS feedback report?

G: ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM PARTICIPATION G1. Have you heard of the eRx program? □ Yes ☐ No G2. Did your practice, or any providers in your practice, participate in the 2013 eRx program? ☐ Yes □ No G3. Which of the following influenced the practice's decision to participate in eRx? (Select all that apply.) ☐ Believe it is important to continuously improve patient care ☐ Incentives from private payers for participation in quality reporting initiatives ☐ Internal cost reduction effort □ Public reporting/transparency ☐ Required by my practice/organization ☐ To avoid Medicare penalty or reduction in payment ☐ To earn Medicare incentive payment for eRx ☐ To prepare for a time when quality is a significant factor in Medicare reimbursement Other (please specify): G4. Did your practice receive a penalty in eRx? ☐ Yes ☐ No □ No, I am exempt **G5.** If yes, what year(s) was the penalty received? (Select all that apply.)

H: eRx FEEDBACK REPORT

□ 2012□ 2013

H1.	Have you	u successfu	lly download	ed any eRx f	eedback rep	orts from C	CMS?
	Yes						
	No						

H2. What year(s) did you successfully download the eRx feedback report? (Select that apply.)	all
□ 2009 □ 2010 □ 2011 □ 2012 □ 2013	
H3. How easy was it to download the eRx feedback report?	
□ Very difficult□ Difficult□ Easy□ Very easy	
H4. Did you share the eRx feedback report with any health practitioners at your practice?	
☐ Yes ☐ No	
I: eRx REPORTING PROCESS I1. Which eRx reporting option(s) has your practice selected? (Select all that apply.)	.)
☐ Claims ☐ Data Submission Vendor ☐ Electronic Health Record (EHR) Product ☐ Registry Other (please specify):	,
I2. What is the typical weekly number of hours spent on reporting for the following staff at your practice?	g
Physician Registered nurse Licensed practical nurse Nursing assistant Billing staff Administrative staff Other (please specify):	
I2a. If other providers assisted in the reporting process, please specify:	

13. 1	now would you characterize the process for preparing measures?
	Very difficult Difficult Easy Very easy
14. 1	How would you characterize the submission process?
	Very difficult Difficult Easy Very easy
15. \	What difficulties did you have submitting data? (Select all that apply.)
	Difficulty with electronic billing software (e.g., stripping of quality data codes) Gaining access to CMS computer portal (IACS) (e.g., role assignment, password expiration) Inadequate Electronic Health Record (EHR) Insufficient data Insufficient staff time Medicare carrier submission issues Missed deadline due to access issue with CMS computer portal (IACS) Problem with measure submission vendor (registration EHR vendor) QualityNet system not online/available Unforeseen change in business practice per (please specify):
J1.	N-PARTICIPATION Have you ever participated in eRx? Yes No
	If yes, what year(s) did you participate in eRx? (Select all that apply.)
_ _ _	2009 2010 2011 2012

	To what extent do you ag vents your practice from	•	•		owing factors	
p.o	voine your practice iroin	Strongly	Disagree	Agree	Strongly	
		disagree	_	_	ag <u>r</u> ee	
	inancial cost of					
	lementation is too high ack of time				П	
	ack of appropriately					
	ned personnel	-	_	_	_	
	Insure of how to					
impl	lement the program in my					
prac	ctice					
	eel that the program is					
	ecessary					
	eel that it is not the					
	ernment's role to monitor sician quality					
Priy	oroidir quanty					
J4.	Did you receive a penalty	y in eRx?				
	Yes					
	No					
	No, I am exempt					
J5.	If yes, what year(s) was t	he penalty r	eceived? (Se	elect all that	apply.)	
			`		,	
	2012					
u	2013					
K: QUALIT	YNET HELP DESK					
164	D' 1 (4) 0	P4 NI 4 I I				
K1.	Did you contact the Qua	lityNet help	desk?			
	Yes					
	No					
	To what extent were the alityNet help desk useful		to the questi	ons you sub	omitted to the	
	Not useful at all					
	Not very useful					
	Somewhat useful					
	Very useful					
	What was the timeliness alityNet help desk?	of the resp	onses to the	questions y	ou submitted to the	е
	Within one day					
	Within two to three days					
	Within a week					
	Longer than a week					

L: CONCLUSION

L1.	Who completed the survey?			
□ □ Oth				
	We appreciate your feedback. Feel free to use this space to comment on the vey or program issues you would like to see addressed in future evaluations.			
	Please include your name, email, and phone number in case we have a questior ut your survey.			
Title	<u> </u>			
	name:			
	name:name:ne number:			
	nate phone number:			
Ema	il:			
	Would you like to receive the \$100 incentive that will be sent electronically to the above?			
	Yes No			
mo	Are you willing to participate in a 30-minute follow-up phone interview to talk e about your reasons for your participation decision, if applicable, and your eriences with the PQRS/eRx program(s)?			
	will receive an additional \$100 gift card if you participate in the phone interview in tion to completing this survey.			
	Yes No			

THERE ARE NO MORE QUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Evaluation of PQRS and eRx: Administrator Survey-Hardcopy

Date

Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

Survey Instructions

The following survey asks questions about your participation in the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. As you answer each question, please remember there is no right or wrong answer; we are just interested in your thoughts and opinions on this topic.

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over certain 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:

Xes Yes		Go	to	В
\square No				

• If you have any questions or need help completing the survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. CST or send an email to PQRSeRx@econometricainc.com.

Please begin the survey now.

A: SURVEY ELIGIBILITY		
A1. Does your practice accept payment from Medicare? ☐ Yes		
□ No → Stop	Do not continue. Please return the survey in the enclosed envelope and we will remove your name from our list.	
	Page 2 of 8	

B: BACKGROUND	C: PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PARTICIPATION
B1. What is the main specialty in which you practice? Cardiovascular diseases	C1. Have you heard of the PQRS program, formerly known as the Physician Quality
☐ Emergency medicine☐ Family practice☐ General internal medicine	Reporting Initiative (PQRI)? ☐ Yes ☐ No
 □ Nephrology □ Oncology □ Ophthalmology □ Psychiatry □ Urology □ Other (please specify):	 C2. Did your practice, or any providers in your practice, participate in the 2013 PQRS program? ☐ Yes ☐ No → Go to E.
B2. Which of the following best describes your	C3. Which of the following influenced your decision to participate in PQRS in 2013? (Select all that apply.)
main practice setting? Hospice Hospital, teaching Hospital, non-teaching Laboratory Multi-specialty group practice or clinic Physician's office, single specialty group practice Physician's office, solo practice Skilled nursing facility Urgent care facility Other (please specify): B3. Including yourself, how many full-time equivalent (FTE) health practitioners are in your practice?	 □ Believe it is important to continuously improve patient care □ Incentives from private payers for participation in quality reporting initiatives □ Internal cost reduction effort □ Public reporting/transparency □ Required by my practice/organization □ To avoid Medicare penalty or reduction in payment □ To earn Medicare incentive payment for PQRS □ To prepare for a time when quality is a significant factor in Medicare reimbursement □ Other (please specify):
(Full-time equivalent health practitioners are clinicians who work 20 hours or more, per	D: PQRS REPORTING PROCESS
week. Each person who works more than 20 hours is counted as 1 FTE.)	D1. What factor(s) influenced the selection of PQRS measures to report? (Select all that apply.)
Number of FTE physicians: Number of FTE nurse practitioners:	☐ Area targeted for improvement☐ Current high level of performance
Number of FTE physician assistants:	 ☐ Ease of submission ☐ High volume for practice ☐ Importance of measure on quality of care
Number of other clinical providers (excluding clinic assistants):	Other (please specify):

D2. Which PQRS reporting option(s) has your practice selected? (Select all that apply.) ☐ Claims ☐ Data Submission Vendor ☐ Electronic Health Record Product ☐ Registry ☐ Other (please specify):	 ☐ Missed deadline due to access issue with CMS computer portal (IACS) ☐ Problem with measure submission vendor (registration EHR vendor) ☐ QualityNet system not online/available ☐ Unforeseen change in business practice ☐ Other (please specify):
	E: PQRS FEEDBACK REPORT
D3. What is the typical weekly number of hours spent on reporting for the following staff at your practice?	E1. Have you successfully downloaded any PQRS feedback reports from CMS?
☐ Physician	$ \begin{array}{c} $
☐ Licensed practical nurse☐ Nursing assistant☐ Billing staff☐	E2. If yes, what year(s) did you successfully download the PQRS report? (Select all that apply.)
☐ Administrative staff ☐ Other (please specify): ————————————————————————————————————	□ 2007 □ 2011 □ 2008 □ 2012 □ 2009 □ 2013 □ 2010
D4. How would you characterize the process for preparing measures?	E3. How easy was it to download the PQRS report?
□ Very difficult□ Difficult□ Easy□ Very easy	 □ Very difficult □ Difficult □ Easy □ Very easy
D5. How would you characterize the process for submitting measures?	E4. Did you share the PQRS feedback report with any health practitioners at your practice?
□ Very difficult□ Difficult□ Easy → Go to E.	□ Yes □ No
\square Very easy \longrightarrow Go to E.	F: PQRS NON-PARTICIPATION
D6. What difficulties did you have submitting data? (Select all that apply.)	F1. Have you ever participated in the PQRS program, formerly known as the Physician
 □ Difficulty with electronic billing software (e.g., stripping of quality data codes) □ Gaining access to CMS computer portal (IACS) (e.g., role assignment, password 	Quality Reporting Initiative (PQRI)? ☐ Yes ☐ No → Go to F3.
expiration) Inadequate Electronic Health Record (EHR) Insufficient data	F2. If yes, what year(s) did you participate in PQRS? (Select all that apply.)
 ☐ Insufficient data ☐ Insufficient staff time ☐ Medicare carrier submission issues 	□ 2007 □ 2010 □ 2008 □ 2011 □ 2009 □ 2012
Page	4 of 8

F3. To what extent do you agree or disagree that each of the following factors prevents your practice from participating in the PQRS program?	G: ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM PARTICIPATION
a. Financial cost of implementation is too high	G1. Have you heard of the eRx program?
☐ Strongly disagree☐ Disagree☐ Agree	☐ Yes ☐ No G2 Did your practice or any providers in your
☐ Strongly agree	G2.Did your practice, or any providers in your practice, participate in the 2013 eRx program?
b. Lack of time ☐ Strongly disagree	☐ Yes☐ No → Go to H.
☐ Disagree☐ Agree☐ Strongly agree	G3. Which of the following influenced the practice's decision to participate in eRx? (Select all that apply.)
 c. Lack of appropriately trained personnel ☐ Strongly disagree ☐ Disagree 	☐ Believe it is important to continuously improve patient care
☐ Agree ☐ Strongly agree	 ☐ Incentives from private payers for participation in quality reporting initiatives ☐ Internal cost reduction effort
d. Current measures do not apply to my practice specialty	 □ Public reporting/transparency □ Required by my practice/organization □ To avoid Medicare penalty or reduction in
☐ Strongly disagree☐ Disagree☐ Agree	payment To earn Medicare incentive payment for eRx
☐ Strongly agree e. Unsure of how to implement the program in	☐ To prepare for a time when quality is a significant factor in Medicare reimbursement
my practice ☐ Strongly disagree ☐ Disagree	☐ Other (please specify):
☐ Agree ☐ Strongly agree	G4. Did your practice receive a penalty in eRx?
f. Feel that the program is unnecessary ☐ Strongly disagree ☐ Disagree	 ☐ Yes ☐ No → Go to H. ☐ No, I am exempt. → Go to K.
☐ Agree☐ Strongly agree	G5. If yes, what year(s) was the penalty received? (Select all that apply.)
g. Feel that it is not the government's role to monitor physician quality	□ 2012 □ 2013
☐ Strongly disagree	H: eRx FEEDBACK REPORT
☐ Disagree☐ Agree☐ Strongly agree	H1. Have you successfully downloaded any eRx feedback reports from CMS?
in Suongry agree	☐ Yes☐ No → Go to I.

H2. What year(s) did you successfully download the eRx report?	I4. How would you characterize the submission process?
(Select all that apply.)	☐ Very difficult
\square 2009 \square 2011 \square 2013	☐ Difficult
\square 2010 \square 2012	\Box Easy \rightarrow Go to K.
_ 2010 _ 2011	$\Box \text{ Very easy} \rightarrow \text{Go to K.}$
H3. How easy was it to download the eRx	So to In
report?	I5. What difficulties did you have submitting
☐ Very difficult	data? (Select all that apply.)
☐ Difficult	
□ Easy	☐ Difficulty with electronic billing software
□ Very easy	(e.g., stripping of quality data codes)
□ Very easy	☐ Gaining access to CMS computer portal
H4. Did you share the report with any health	(IACS) (e.g., role assignment, password
practitioners at your practice?	expiration)
☐ Yes	☐ Inadequate Electronic Health Record (EHR)
□ No	☐ Insufficient data
_ 110	☐ Insufficient staff time
I: eRx REPORTING PROCESS	☐ Medicare carrier submission issues
	☐ Missed deadline due to access issue with
I1. Which eRx reporting option(s) has your	CMS computer portal (IACS)
practice selected?	☐ Problem with measure submission vendor
(Select all that apply.)	(registration EHR vendor)
☐ Claims	☐ QualityNet system not online/available
☐ Data Submission Vendor	☐ Unforeseen change in business practice
☐ Electronic Health Record (EHR) product	☐ Other (please specify):
☐ Registry	
☐ Other (please specify):	
- 	J: eRx NON-PARTICIPATION
I2. What is the typical weekly number of hours	J1. Have you ever participated in eRx?
spent on reporting for the following staff at	□ Vac
your practice?	$\Box \text{ Yes} \\ \Box \text{ No} \longrightarrow \text{ Go to K.}$
☐ Physician	□ 1\0 → G0 to K.
☐ Registered nurse	J2. If yes, what year(s) did you participate in eRx?
☐ Licensed practical nurse	(Select all that apply.)
□ Nursing assistant	□ 2009 □ 2011
☐ Billing staff	$\square 2009 \qquad \square 2011$ $\square 2010 \qquad \square 2012$
☐ Administrative staff	2010 🗀 2012
\Box Other (please specify)	
	
I3. How would you characterize the process for preparing measures?	
☐ Very difficult	
☐ Difficult	
☐ Easy	
☐ Very easy	
	1

J3. To what extent do you agree or disagree that	K: QUALITYNET HELP DESK		
each of the following factors prevents your practice from participating in the eRx program?	K1. Did you contact the QualityNet help desk? — Yes		
a. Financial cost of implementation is too high	$\square \text{ No} \longrightarrow \text{Go to L.}$		
☐Strongly disagree ☐Disagree ☐Agree ☐Strongly agree	K2. To what extent were the responses to the questions you submitted to the QualityNet help desk useful?		
 b. Lack of time □Strongly disagree □Disagree □Agree □Strongly agree 	 □ Not useful at all □ Not very useful □ Somewhat useful □ Very useful K3. What was the timeliness of the responses to 		
c. Lack of appropriately trained personnel	the questions you submitted to the QualityNet help desk?		
 ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 	 □ Within one day □ Within two to three days □ Within a week □ Longer than a week 		
 d. Unsure of how to implement the program in my practice ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 			
e. Feel that the program is unnecessary ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree			
 f. Feel that it is not the government's role to monitor physician quality Strongly disagree Disagree Agree Strongly agree 			
J4. Did you receive a penalty in eRx?			
 ☐ Yes ☐ No → Go to K. ☐ No, I am exempt. → Go to K. 			
J5. If yes, what year(s) was the penalty received? (Select all that apply.)			
□ 2012 □ 2013			

L: C	CONCLUSION
]	Who completed the survey? ☐ The professional to whom the survey was addressed ☐ Another administrator ☐ Other (please specify):
1	We appreciate your feedback. Feel free to use this space to comment on the survey or program issues you would like to see addressed in future evaluations. Comments:
-	
L3. I	Please include your name, email, and phone number in case we have a question about your survey.
7	Γitle: First name: Last name:
	Phone number: () Alternate phone number: ()
ŀ	Email:@
[Would you like to receive the \$50 incentive that will be sent electronically to the email above? ☐ Yes ☐ No
	Are you willing to participate in a 30-minute follow-up phone interview to talk more about your reasons for your participation decision, if applicable, and your experiences with the PQRS/eRx program(s)?
	You will receive an additional \$100 gift card if you participate in the phone interview in addition to completing this survey.
]	□ Yes □ No
	THERE ARE NO MORE OUESTIONS.

THANK YOU FOR YOUR PARTICIPATION IN THIS **SURVEY!**

PLEASE RETURN THE COMPLETED SURVEY TO ECONOMETRICA IN THE ENCLOSED POSTAGE-PAID ENVELOPE.

CMS Pre-Notification Letter to Eligible Professionals and Administrators

(CMS Letterhead)

Date

Dear Dr./Mr./Ms. [LAST NAME]:

The **Centers for Medicare & Medicaid Services** (CMS) of the U.S. Department of Health and Human Services is sponsoring a national study to better understand motivations for the **Physician Quality Reporting System** (**PQRS**) and **Electronic Prescribing** (**eRx**) **Incentive Program** participation and your participation experience, if applicable. CMS will use the findings to evaluate how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS).

As part of this study, CMS is conducting a national survey of physicians, other clinicians, and practice managers who are eligible to participate in PQRS/eRx. You have been randomly selected to participate in this survey because, based on a review of recent program and claims data, you or your practice is eligible to participate in PQRS and/or eRx.

Within 10 days, Econometrica, our contractor for the survey, will mail you a letter that will provide you with the link for taking the survey online. The survey should take only 15 minutes to complete. It is very important that we hear back from you; your response is critical for obtaining an accurate and unbiased picture of the motivation for PQRS and/or eRx program participation.

Econometrica will send you a \$100 gift card for completing the survey. None of the information you provide will be associated with your name or your practice; survey results will be presented in summary form only. Econometrica is prepared to address any concerns you may have about the privacy of the data you provide.

The enclosed fact sheet has additional information about the study. If you have any questions about this survey, please contact Econometrica toll-free at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or via email at **PQRSeRx@econometricainc.com**, and survey staff will be happy to assist you.

Thank you in advance for your participation in this important study. We look forward to hearing from you.

Sincerely,

Kate Goodrich, M.D., M.H.S. Acting Director Quality Measurement & Health Assessment Group Center for Clinical Standards and Quality Centers for Medicare & Medicaid Services

Enclosure: (1)



4416 East West Highway, Suite 215 Bethesda, MD 20814 www.econometricainc.com

Invitation Letter From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

The **Centers for Medicare & Medicaid Services** (**CMS**) recently sent you a letter about an important study of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program. And, in that letter, Econometrica, CMS's survey contractor, was introduced.

CMS' goal in sponsoring the Evaluation of PQRS and eRx program is to learn how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS). **Regardless of your PQRS and eRx program participation status, your input is important to us!** The survey asks questions regarding your decisions to participate or not to participate in the programs, and, for those participating, the effect on your practice, cost to participate, impact on beneficiary health, and your experience with the reporting method.

We have included the link to complete the survey online. Once you start, you may stop and return to the online survey as necessary. If you qualify for the survey and complete it online, we will send you a **\$100 gift card.** Below is the URL for the online survey:

<WEB LINK WILL BE INSERTED HERE>

The survey will take no more than 15 minutes to complete. To provide CMS with the information it needs in a timely manner, please complete the survey by [10 days from mailing date].

The enclosed fact sheet has additional information about the study. If you have any questions about the survey or concerns about the privacy of the information you provide, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to PQRSeRx@econometricainc.com.

Thank you for your participation in this important study. We look forward to receiving your survey.

Thomas R. Jackson Project Director Evaluation of PQRS and eRx

Enclosure: (1)

Sincerely,



4416 East West Highway, Suite 215 Bethesda, MD 20814 www.econometricainc.com

Reminder Letter #1 From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Recently, Econometrica, Inc., the **Centers for Medicare & Medicaid Services (CMS)** evaluation contractor, sent you a letter with information for completing the Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey.

CMS' goal in sponsoring the Evaluation of PQRS and eRx is to address how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS). We recognize that your time is very valuable, but given the importance of this study not only to national policy but to you in your role as a health care provider or administrator, we urge you to take 15 minutes to complete and return the survey.

It would help us meet the goals of the PQRS/eRx evaluation and provide CMS with the information it needs to help meet the goals of NQS if you could **complete the survey within the next 7 days.** To express our thanks, Econometrica will send you a gift card for \$100 if you complete the survey. Below is the URL for the online survey:

<WEB LINK WILL BE INSERTED HERE>

If you have already completed the survey online, thank you very much. Econometrica's records will catch up with you shortly. If you have questions or concerns or need additional information, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PORSeRx@econometricainc.com.**

Sincerely,

Thomas R. Jackson Project Director Evaluation of PQRS and eRx



4416 East West Highway, Suite 215 Bethesda, MD 20814 www.econometricainc.com

Reminder Letters #2 and #3 From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Recently, Econometrica, Inc., the **Centers for Medicare & Medicaid Services (CMS)** evaluation contractor, sent you a letter with information for completing the Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey. CMS' goal in sponsoring the Evaluation of PQRS and eRx is to address how well PQRS/eRx meets the aims of better care, healthy people, and affordable care, as set forth by the National Quality Strategy (NQS).

Unfortunately, we have not yet received your completed survey. Given the importance of this study not only to national policy but to you in your role as a health care provider or administrator, we urge you to take 15 minutes to complete and return the survey today.

The survey can be completed online by going to the following URL:

<WEB LINK WILL BE INSERTED HERE>

For your convenience, we have enclosed a hardcopy version of the survey. If you prefer, complete the hardcopy version and return it to us using the business-reply envelope provided or via fax, using the fax cover sheet provided.

If you have already completed the survey, thank you very much. Econometrica's records will catch up with you shortly.

To express our thanks, we will send you a gift card for \$100 if you complete the online survey, or a \$50 gift card if you complete the paper version of the survey and return it to us.

If you have questions or concerns or need additional information, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PQRSeRx@econometricainc.com.**

Sincerely,

Thomas R. Jackson Project Director Evaluation of PQRS and eRx

Enclosures: (3)



4416 East West Highway, Suite 215 Bethesda, MD 20814 www.econometricainc.com

Final Letter From Econometrica to Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

If you have already completed and returned your Evaluation of the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program survey, thank you very much. Our records will catch up with you shortly. If you have not had a chance to complete it, we encourage you to please take 15 minutes or less to do so. The study will be ending soon.

For your convenience, we have included the online link below. To express our thanks, we will send you a gift card for \$100 if you complete the online survey.

Your response would help us conduct a survey with a high response rate to meet the goals of the Evaluation of PQRS and eRx study and provide CMS with the information it needs to help meet the goals of the National Quality Strategy. We would greatly appreciate it if you could complete the survey within the next 7 days.

If you prefer to complete the survey via the Web, please visit the following URL:

<WEB LINK WILL BE INSERTED HERE>

We previously sent you a hardcopy of the survey. If you prefer, simply complete the survey and mail or fax it back to us. If you need another copy of the survey, please call or email us (information below). To express our thanks, we will send you a gift card for \$50 after receiving your completed hardcopy survey.

If you have questions about completing the survey or would like for us to send you another hardcopy of the survey, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (EST) or send an email to **PORSeRx@econometricainc.com**, and we will respond right away.

Sincerely,

Thomas R. Jackson Project Director Evaluation of PQRS and eRx

E-Mail for Combined Interview Topic Guides with Eligible Professionals and Administrators

Date

Dear Dr./Mr./Ms. [LAST NAME]:

Thank you for volunteering for a 30-minute phone interview in addition to completing the brief survey evaluating the Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program.

CMS' goal in including interviews as part of the Evaluation of PQRS and eRx programs is to learn more about how well PQRS and eRx meet the aims of better care, healthy people, and affordable care, set forth by the National Quality Strategy (NQS). Regardless of your PQRS and eRx program participation status, your input is important to us!

We will contact you or your scheduler to set up a half-hour time that works with your schedule. If you complete the interview, you will receive an additional \$100 gift card.

If you have any questions about the interview or concerns about the privacy of the information you provide, please contact Econometrica at 1-888-207-0728 from 9:00 a.m. to 5:00 p.m. (CST) or send an email to **PQRSeRx@econometricainc.com**.

Thank you for your participation in this important study and we look forward to interviewing you.

Sincerely,

Thomas R. Jackson Project Director Evaluation of PQRS and eRx