

## Communication #1

### **Advance letter to GPRO/Registries prior implementing the PQR/eRx Data Handling Survey**

[CMS Logo]

[Date]

[Name of GPRO/Registry]

[Email Address]

Arch Systems, LLC  
7000 Security Boulevard, Suite 332  
Baltimore, MD 21244  
410-277-9781

To Whom It May Concern:

As a Group Practice Reporting Option (GPRO) (or Registry) that submits data to the CMS as part of the Physician Quality Reporting System (PQRS) and the Electronic Prescribing (eRx) Incentive Program, we require your assistance in evaluating features of these programs.

CMS contracted with Arch Systems, LLC, (Arch), to assess and make recommendations on three aspects of the PQRS and eRx program: (1) data handling by GPROs (or Registries) and CMS and its contractors, (2) clinical quality measures results accuracy, and (3) payment error. Pursuant to this contract, Arch is required to contact GPROs (or Registries) to determine what data handling processes and systems they use.

The survey contains **XX** questions about how GPROs (or Registries) collect, validate, and submit data reported through the PQRS and eRx program. Your answers will help us assess how the PQRS program is functioning. In addition to the online questions, there are several requests to upload supporting data in the survey, and there may be a phone interview or a follow-up. We estimate that participation can be accomplished in 1 hour and 45 minutes.

Your participation is voluntary, but there are several benefits:

- Survey results will be used to improve program requirements, data quality, and resulting accuracy of physician quality measurement.
- Questions will guide you through a systematic assessment of your data handling practices and help you identify opportunities for improvement and more accurate future reporting.

- Participating Registries will be identified as having completed a “Best Practices in Data Handling” survey by CMS (CMS to evaluate this item).
- Information from participating GPROs and Registries will help formulate PQRS program integrity features that could result in clearer information shared by CMS for future reporting periods.

We hope you will agree to participate in this vital survey. If you have questions, please contact XX, at XX (email), or XX (phone). To allow flexibility, the survey may be paused during its completion. Please participate in the survey by taking the following steps by XX (date):

- Go to XX site
- Complete the survey
- Respond to a request for a phone interview (this request may occur after the survey questions have been reviewed)

We are committed to the success of the PQRS and eRx program, and appreciate your consideration of this request.

Sincerely

XX  
(Title)

## Communication #2:

**Email to be sent at the start of survey administration period**

[CMS Logo]

[Date]

[Name of GPRO/Registry]

[Email Address]

**Re: PQRS/eRx Data Handling Survey**

Dear [Dr./Mr./Ms.] [Last Name] -

We are writing to inform you that the online survey for the Physician Quality Reporting System (PQRS) and the Electronic Prescribing (eRx) Incentive Program is now available at the link below:

**[Hyperlink to online survey]**

This voluntary survey will evaluate key components of the PQRS/eRx Incentive Program sponsored by the Centers for Medicare & Medicaid Services (CMS). Please complete the survey by \_\_\_\_\_, 2014. We estimate that it should take 45 minutes to complete.

Information from participating GPROs and Registries will help formulate PQRS program integrity features that could result in clearer information shared by CMS for future reporting

periods. You can help us by acknowledging reminder emails that we will occasionally send about completing this survey.

If you have any questions, please feel free to contact us.

Thank you,

\_\_\_\_\_,  
Title

**Communication #3:**

**Follow-up email to be sent in two weeks into the survey administration period.**

[CMS Logo]

[Date]

[Name of GPRO/Registry]

[Email Address]

[Email Subject: PQRS/eRx Data Handling Survey]

Dear [Dr./Mr./Ms.] [Last Name] –

As a follow-up to our previous email(s) (below), we wanted to remind you of the survey we are conducting as part of our evaluation of the PQRS/eRx Incentive Program sponsored by the Centers for Medicare & Medicaid Services (CMS).

Our records indicate your organization has not yet completed this survey. Organizations that are willing to participate are asked to complete the confidential online survey by \_\_\_\_\_, 2014. If you plan to participate in the survey, click on the hyperlink below to take this survey:

**[Hyperlink to online survey]**

Thank you,

Email signature block with full contact info

*[Text of Email to at start of survey administration period]*

**Communication #4:**

**Follow-up email to non-responders about survey, to be sent in six weeks into the survey administration period if 80% response rate not yet reached**

Email subject: PQRS/eRx Data Handling Survey

[First name of GPRO/Registry Contact] –

As a follow-up to our email from [xx/xx/xx] (below), we are inquiring if you need further information or assistance to complete our confidential online survey about the CMS sponsored PQRS/eRx Incentive Program. If you have a concern that we can address, would you please contact \_\_\_\_\_ at [\\_\\_\\_\\_\\_@.com](mailto:_____@.com). ?

Thanks,

[Signature block]

[Include full text of previously-sent Communication #1 email here]