

2027 CAHPS for MIPS Survey

Web Specifications

ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to Medicare home page <https://www.medicare.gov/>*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

MEDICARE PROVIDER EXPERIENCE SURVEY

- **Welcome, continue in English**
- Bienvenidos continuar en español

NEXT / SIGUIENTE

[PROGRAMMING SPECIFICATIONS:

- *ALL SAMPLED PATIENTS START AT THE LANGUAGE SELECTION SCREEN*
- *ONLY THE LANGUAGES OFFERED BY THE GROUP OR ACO ARE DISPLAYED ON THIS SCREEN*
- *"Welcome, continue in English" SHOULD BE IN BOLD*
- *INCLUDE A LINE BREAK BETWEEN EACH LANGUAGE*
- *A RESPONSE OF "Bienvenidos continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE PROVIDER EXPERIENCE SURVEY

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Survey code from letter: _____

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- *ONLY SAMPLED PATIENTS WHO ENTER THE URL FROM LETTER RECEIVE THIS SCREEN*
- *SCREEN DISPLAYS SELECTED LANGUAGE FROM LANGUAGE SELECTION SCREEN]*

WELCOME TO THE MEDICARE PROVIDER EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months during visits that were in-person, by phone or by video call. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us.

- You will need about 13 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:

- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1222 (Expiration date: TBD). The time required to complete this information collection is estimated to average 13.1 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP@cms.hhs.gov.

Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

[PRFNAME] [PRLNAME]

Is that right?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q1 SKIPS TO Q24]*

Your Provider

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ☐ Yes
- ☐ No

BACK

NEXT

Your Provider

3. How long have you been going to this provider?

- ☐ Less than 6 months
- ☐ At least 6 months but less than 1 year
- ☐ At least 1 year but less than 3 years
- ☐ At least 3 years but less than 5 years
- ☐ 5 years or more

BACK

NEXT

Your Care From This Provider in the Last 6 Months

These questions ask about **your own** health care. **Don't** include care you got when you stayed overnight in a hospital. **Don't** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- ☐ None
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NONE" AT Q4 SKIPS TO Q24]*

Your Care From This Provider in the Last 6 Months

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT Q5 SKIPS TO Q7]*

Your Care From This Provider in the Last 6 Months

6. In the last 6 months, when you contacted this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q7 SKIPS TO Q9]*

Your Care From This Provider in the Last 6 Months

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q9 SKIPS TO Q11]*

Your Care From This Provider in the Last 6 Months

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

12. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

13. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

14. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

15. In the last 6 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q16 SKIPS TO Q18]*

Your Care From This Provider in the Last 6 Months

17. 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From This Provider in the Last 6 Months

18. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q18 SKIPS TO Q20]*

Your Care From This Provider in the Last 6 Months

19. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- ☐ Yes
- ☐ No

BACK

NEXT

Your Care From This Provider in the Last 6 Months

20. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

- ☐ Yes
- ☐ No

BACK

NEXT

Your Care From This Provider in the Last 6 Months

21. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- ☐ 0 Worst provider possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best provider possible

BACK

NEXT

Clerks and Receptionists at This Provider's Office

22. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Clerks and Receptionists at This Provider's Office

23. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

Your Care From Specialists in the Last 6 Months

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is **[PRFNAME]** **[PRLNAME]** a specialist?

- ☐ Yes
- ☐ No

BACK

NEXT

Your Care From Specialists in the Last 6 Months

[PROGRAMMING SPECIFICATION:

- IF THE RESPONSE TO Q24 IS "YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q25: Please include [PRFNAME PRLNAME] as you answer these questions about specialists]*

25. In the last 6 months, did you try to make any appointments with specialists?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q25 SKIPS TO Q27]*

Your Care From Specialists in the Last 6 Months

26. In the last 6 months, how often was it easy to get appointments with specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

27. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

- ☐ Yes
- ☐ No

BACK

NEXT

All Your Care in the Last 6 Months

28. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

- ☐ Yes
- ☐ No

BACK

NEXT

All Your Care in the Last 6 Months

29. In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q29 SKIPS TO Q32]*

All Your Care in the Last 6 Months

30. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

BACK

NEXT

All Your Care in the Last 6 Months

31. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

- ☐ Yes
- ☐ No

BACK

NEXT

All Your Care in the Last 6 Months

32. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- ☐ Yes
- ☐ No

BACK

NEXT

All Your Care in the Last 6 Months

33. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

34. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

BACK

NEXT

About You

35. In general, how would you rate your overall **mental or emotional** health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

BACK

NEXT

About You

36. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q36 SKIPS TO Q38]*

About You

37. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

38. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q38 SKIPS TO Q40]*

About You

39. Is this medicine to treat a condition that has lasted for at least 3 months?

- ☐ Yes
☐ No

BACK

NEXT

About You

40. In the last 6 months, were any of your visits for your own health care...

	<u>Yes</u>	<u>No</u>
a. In person?	☐	☐
b. By phone?	☐	☐
c. By video call?	☐	☐

BACK

NEXT

About You

41. During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

BACK

NEXT

About You

42. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 or older

BACK

NEXT

About You

43. Are you male or female?

- ☐ Male
- ☐ Female

BACK

NEXT

About You

44. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

BACK

NEXT

About You

45. Do you speak a language other than English at home?

- ☐ Yes
- ☐ No

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q45 SKIPS TO Q47]*

BACK

NEXT

About You

46. What is the language you speak at home?

- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Russian
- ☐ Vietnamese
- ☐ Some other language

BACK

NEXT

About You

47. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

BACK

NEXT

About You

48. Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

49. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

50. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

51. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

52. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

53. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

54. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

BACK

NEXT

About You

55. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes, Hispanic, Latino, or Spanish
- ☐ No, not Hispanic, Latino, or Spanish

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO, NOT HISPANIC, LATINO, OR SPANISH" AT Q55 SKIPS TO Q57]*

About You

56. Which group best describes you?

- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino, or Spanish origin

BACK

NEXT

About You

57. What is your race? Mark one or more.

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ White

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- Q57 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

58. Did someone help you complete this survey?

- ☐ Yes
- ☐ No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT Q58 SKIPS TO Thank You]*

About You

59. How did that person help you? Mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- 59 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:

- SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*