

CAHPS for MIPS Vendor Participation Survey
2018 Proposed vs. 2018 Finalized

NOTE: There may be slight wording changes made to some questions in the 2018 CAHPS for MIPS survey. The final version of the CAHPS for MIPS survey will be posted to the QPP website or CMS website.

Form Name	Form Title – Proposed Rule 2018	Form Title – Final Rule 2018 (Note: <u>underlined</u> text indicates new language)	Reason for Change
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey 2018 Survey Administration Renewal Participation Form for Survey Vendors	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey 2018 Survey Administration Renewal Participation Form for Survey Vendors	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors	Consolidating renewal form and new participation form together.
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors		<i>Page 1: <u>Note: Organizations must also adhere to the Rules of Participation</u></i>	Narrative added to stress importance of adhering to the Rules of Participation.

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<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey</p> <p>Participation Form for Survey Vendors</p>	<p><i>Page 2:</i> If Yes, please provide the name of the survey(s) for which you have been approved as a vendor in the table 2.1.b below.</p>	<p>Text deleted.</p>	<p>Question no longer necessary</p>
<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey</p> <p>Participation Form for Survey Vendors</p>	<p>Check here to add up to 3 more subcontractors Include additional subcontractor information in a separate document.</p>	<p>Include additional subcontractor information in a separate document.</p>	<p>Form will be posted as PDF file, therefore check boxes can not be used.</p>

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<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors</p>	<p>5.1. Please email CVs for all of your key project staff and key subcontractor’s staff via the CAHPS for MIPS Survey Technical Assistance email at [TBD].</p>	<p>5.1. Please email CVs for all of your key project staff listed in Table 3.1.a. List of Key Project Staff via the CAHPS for MIPS Survey Technical Assistance email at [TBD].</p>	<p>Edited for Clarity</p>
<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors</p>	<p>Your organization’s Project Manager, Mail Survey Supervisor and Telephone Survey Supervisor must attend training for your organization. Your organization’s Programmer/Developer or the Programmer/Developer’s Supervisor is strongly encouraged to attend training. Your organization’s subcontractors that have key roles in administering the CAHPS for MIPS Survey are required to attend training.</p>	<p>In addition to the Project Manager, we require the following staff to attend training, as applicable: Mail Survey Supervisor; Telephone Survey Supervisor; Information Systems Specialist and Computer Programmer/Developer; Data Administrator; and Back-up Data Administrator. Your organization’s subcontractors that have key roles in administering the CAHPS for MIPS Survey are also required to attend training.</p>	<p>Edited for clarity and to address the need for certain staff members to only attend specific training sessions that are germane to their particular role.</p>

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<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors</p>	<p>Acknowledge that review of and agreement with the Rules of Participation is necessary for participation and public reporting of results by CMS’ Medicare Compare Website.</p>	<p>Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation and public reporting of results by CMS’ Medicare Compare Website.</p>	<p>Corrected Punctuation</p>
<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors</p>	<p>Applicant organization qualification and acceptance</p>	<p>Applicant Organization Qualification and Acceptance</p>	<p>Letter capitalization</p>

<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey Participation Form for Survey Vendors</p>	<p>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. The time required to complete this information collection is estimated to average 10 hours 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.</p>	<p>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 (<u>Expiration date: XX/XX/XXXX</u>). The time required to complete this information collection is estimated to average 10 hours 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**** <u>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</u></p>	<p>Edited to be in agreement with other CAHPS for MIPS PRA Appendices.</p>
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		<u>your documents, please contact</u> <u>QPP@cms.hhs.gov</u>	