

**Response to Comments**  
**Quality Payment Program/Merit-Based Incentive Payment System (MIPS)**  
**CMS- 10621, OMB 0938-1314**

1. Burden for Third Party Reporting
  - a. Burden for Qualified Registry Self-Nomination
    - i. No comments.
  - b. Burden for QCDR Self-Nomination
    - i. No comments.
2. Burden for the Quality Performance Category
  - a. Burden for Quality Payment Program Identity Management Process
    - i. No comments.
  - b. Burden for Quality Data Submission by Clinicians: Medicare Part B Claims-Based Collection Type
    - i. No comments.
  - c. Burden for Quality Data Submission by Individuals and Groups: MIPS CQM and QCDR Collection Types
    - i. No comments.
  - d. Burden for Quality Data Submission by Clinicians and Groups: eCQM Collection Type
    - i. No comments.
  - e. Burden for Quality Data Submission by CMS Web Interface
    - i. No comments.
  - f. Burden for Group Registration for CMS Web Interface
    - i. No comments.
3. Burden Estimate for the Nomination of Quality Measures
  - a. No comments.
4. Burden Estimate for the Promoting Interoperability Performance Category
  - a. Burden for Reweighting Applications for Promoting Interoperability and Other Performance Categories
    - i. *Comment:* One commenter noted that CMS's estimate of 15 minutes to complete and submit the Promoting Interoperability reweighting application is low and should be increased to an estimate of between 30 minutes and 1hour.
    - ii. *Response:* We understand that some respondents may require additional time to submit a reweighting application above the 15 minutes we estimate, but we believe this estimate is a reasonable average across all respondents as the application process requires limited basic information about the clinician or submitter, a small number of check boxes and drop-down selections, and a free text field to provide justification for the requested application. In addition, we believe increased familiarity with the process in its second year also reduces the average time across all respondents. After consideration of public comments, we are making no

changes to our estimates as a result of public comments received.

However, the burden estimates have been updated from the CY 2019 PFS proposed rule to reflect availability of data from the 2017 MIPS performance period (83 FR 36030 through 36031).

- b. Burden for Submitting Promoting Interoperability Data
  - i. *Comment:* One commenter noted that CMS should consider and reduce the operational burden imposed on clinicians and medical practice staff by the required measures and reporting processes associated with the Quality Payment Program specifically and all quality reporting programs in general. The commenter cited the 20 minute reduction in burden associated with the proposed reduction in Promoting Interoperability measures as evidence of its belief that reducing the number of measures is not enough to reduce the total burden on respondents. The commenter also noted its belief that frustration and clinician burnout are increased due to the documentation requirements and workflow modifications associated with quality reporting programs.
  - ii. *Response:* We thank the commenter for its input. We recognize there is additional burden on clinicians and practice staff beyond the reporting burden estimated in the Collection of Information section of this policy which only accounts for the time required for record keeping, reporting, and third party disclosures associated with the policy. CMS does consider the operational burden imposed on clinicians and practice staff and weighs it against the goal of improving quality of care prior to finalizing policy decisions. On balance, we believe that any potential additional burden is outweighed by increased quality and improved patient outcomes. We will continue to monitor this balance and will continue to propose efficiencies and policies that will help to further reduce burden. After consideration of public comments, we are making no changes to our estimates as a result of public comments received. However, the burden estimates have been updated from the CY 2019 PFS proposed rule to reflect availability of data from the 2017 MIPS performance period (83 FR 36031 through 36032).
5. Burden Estimate for the Nomination of Promoting Interoperability Measures
  - a. No comments.
6. Burden Estimate for the Submission of Improvement Activities Data
  - a. *Comment:* One commenter noted that CMS's estimate of 5 minutes to submit data for the Improvement Activities performance category is low and should be increased to an estimate of between 15 and 30 minutes.
  - b. *Response:* We thank the commenter for its input. We understand that some respondents may require additional time to submit improvement activities data above the 5 minutes we estimate, but we believe this estimate is a reasonable average across all respondents as it reflects the actual submission experience of the user. User experiences from the 2017 MIPS performance period reflect that the majority of users submit improvement activities data as part of the login and

upload or direct submission types which allow multiple performance categories (i.e., quality and promoting interoperability) worth of data to be submitted at once. This results in less additional required time to submit improvement activities data which consists of manually attesting that certain activities were performed. In addition, as previously stated in the CY 2018 Quality Payment Program final rule, the same improvement activity may be reported across multiple performance periods so many MIPS eligible clinicians will not have any additional information to submit for the 2019 MIPS performance period, further reducing the average time spent reporting improvement activities data across all MIPS eligible clinicians (82 FR 53921). After consideration of public comments, we are making no changes to our estimates as a result of public comments received. However, the burden estimates have been updated from the CY 2019 PFS proposed rule to reflect availability of data from the 2017 MIPS performance period (83 FR 36033 through 36034).

7. Burden Estimate for the Nomination of Improvement Activities
  - a. *Comment:* One commenter noted that the burden estimate of 2 hours for nomination of Improvement Activities is low due to the time needed by clinicians and their staff to assess a need in their practice situation, formulate a creative solution, and determine how they would implement it in their practice in addition to documenting and submitting the improvement activity to CMS.
  - b. *Response:* We recognize there is additional burden on respondents associated with development of a new improvement activity beyond the reporting burden estimated in the Collection of Information section of this policy which only accounts for the time required for record keeping, reporting, and third-party disclosures associated with the policy. We understand that some respondents may require additional time above the 2 hours we estimate for completing the process for nominating an improvement activity, but given that we do not include development of an improvement activity in our burden estimate, we believe this estimate is a reasonable average across all respondents based on our review of the nomination process, the information required to complete the nomination form, and the criteria required to nominate an improvement activity. After consideration of public comments, we are making no changes to our estimates as a result of public comments received. The burden estimates have not been updated from the CY 2019 PFS proposed rule (83 FR 36034 through 36035).
8. Burden Estimate for the Cost Performance Category
  - a. No comments.
9. Burden Estimate for Partial QP Elections
  - a. No comments.
10. Burden Estimate for Other-Payer Advanced APM Determinations
  - a. Payer-Initiated Process
    - i. No comments.
  - b. Eligible Clinician-Initiated Process
    - i. No comments.

- c. Submission of Data for QP Determinations under the All-Payer Combination Option
      - i. No comments.
- 11. Burden Estimate for Voluntary Participants to Elect Opt-Out of Performance Data Display on Physician Compare
  - a. No comments.