

Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Survey for the Merit-Based Incentive Payment System (MIPS)
CY 2019 Final versus CY 2021 Final

Burden impact: There are no burden impacts associated with policies finalized in the CY 2021 PFS final rule.

Change #1

Location:

Initial cover letter, paragraph 1

Reason for change:

Reorganize order in which information is presented in response to beneficiary feedback, clarify purpose of survey mailing, and conform to MIPS style guidance.

2019 Letter text:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses and other health care providers you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

2021 Letter text:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses and other health care clinicians you interact with in the health care system. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. To help CMS evaluate the quality of the care provided under Medicare, they need to hear directly from Medicare patients. CMS developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey in order to receive feedback from Medicare patients.

Change #2

Location:

Initial cover letter, paragraph 2

Reason for change:

Reorganize order in which information is presented in response to beneficiary feedback, simplify wording where possible to promote ease of reading, and instruct patients to include telehealth visits due to the increasing use of telehealth during the public health emergency.

2019 Letter text:

CMS is conducting a survey of people with Medicare to learn more about the health care services they receive. CMS has contracted with [VENDOR NAME] to conduct this survey. Your name was selected at random by CMS from among the individuals who have visited the provider named in the enclosed survey. We would greatly appreciate it if you would take the time to fill out the survey. It should take you about 13 minutes. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS serve you better.

2021 Letter text:

[VENDOR NAME] is working with CMS to conduct this survey and contacting you because you were randomly selected to receive the enclosed survey. The survey asks questions about your experience with a specific provider you visited within the last 6 months. Visits with this provider may have been in person, by phone, or by video call. In order to evaluate the quality of care provided to Medicare patients, it is important for CMS to hear about your experience. CMS values your input.

Change #3**Location:**

Initial cover letter, paragraph 3

Reason for change:

Reorganize order in which information is presented in response to beneficiary feedback, and simplify wording where possible to promote ease of reading.

2019 Letter text:

Please answer the questions in the survey thinking about your experiences in the last six months. [VENDOR NAME] will hold your identifying information and all information you provide in confidence, and your information is protected by U.S. federal law under the Privacy Act of 1974. [VENDOR NAME] will not share your information with anyone other than authorized persons at CMS, except as required by law. [VENDOR NAME] will not share your individual survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way**

2021 Letter text:

Participation in the survey is voluntary; you do not have to participate. Your decision to participate or not to participate will not affect your Medicare benefits in any way. If you choose to participate, it will take you about 13 minutes to fill out the survey. The information you provide in the survey will be kept private by law. Your information will not be shared with anyone other than personnel authorized by CMS. Your completed survey will not be shared with any of your health care providers.

Change #4**Location:**

Initial cover letter, paragraph 4

Reason for change:

Reorganize order in which information is presented in response to beneficiary feedback, and simplify wording where possible to promote ease of reading.

2019 Letter text:

We hope that you will take this opportunity to help CMS learn about the quality of care you receive. If you have any questions about the survey, please call [VENDOR NAME] toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Thank you in advance for your participation.

2021 Letter text:

If you have any questions about the survey, please call us toll-free at [VENDOR NUMBER], between 9:00 am to 6:00 pm [VENDOR TIME ZONE], Monday through Friday. Please take this opportunity to help CMS learn about the quality of care you receive. Thank you in advance for your participation.