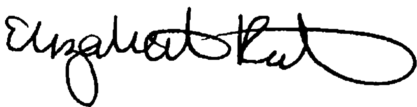




DATE: February 23, 2021

TO: Dominic Mancini
Acting Administrator, OIRA

FROM: Elizabeth Richter
Acting Administrator, CMS 

SUBJECT: Request for Emergency Clearance of the Paperwork Reduction Act Package for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for the Merit-Based Incentive Payment System (MIPS)

Emergency Justification

The Centers for Medicare & Medicaid Services (CMS) requests that an information collection request to support the implementation of the CAHPS for MIPS survey to add an item on telehealth to address the Public Health Emergency (PHE) be processed under the emergency clearance process associated with Paperwork Reduction Act of 1995 (PRA), specifically 5 CFR 1320.13(a)(2)(i).

In order to address our stakeholders and the increased use of telehealth care due to the PHE for COVID-19, a question is being added to the CAHPS for MIPS survey (85 FR 84873). The question is being added to integrate one telehealth item to assess the patient-reported usage of telehealth services (for example, phone or video visit). The addition of this new item resulted in additional burden to respond, as indicated below. The additional question collects self-reported information from CAHPS for MIPS Survey respondents on the modalities of care (in-person, telephone or video visit) received during the last 6 months. This survey item would be utilized for informational purposes only and would not be used for quality scoring or payment purposes. In addition, the cover page of the CAHPS for MIPS Survey is revised to include a reference to care in telehealth settings.

The CAHPS for MIPS survey results in burden to three different types of entities: groups, virtual groups, Alternative Payment Model (APM) Entities, vendors, and beneficiaries associated with administering the survey. Virtual groups are subject to the same requirements as groups; therefore, we will refer only to groups as an inclusive term for both unless otherwise noted.

This question would be integrated into the CAHPS for MIPS survey. The CAHPS for MIPS survey is used in the Quality Payment Program (QPP) to collect data on fee-for-service Medicare beneficiaries' experiences of care with eligible clinicians participating in MIPS and is designed to gather only the necessary data that CMS needs for assessing physician quality

performance, and related public reporting on physician performance, and should complement other data collection efforts. The survey consists of the core Agency for Healthcare Research and Quality (AHRQ) CAHPS Clinician & Group Survey, version 3.0, plus additional survey questions to meet CMS's information and program needs. The survey information is generally used for quality reporting, the Care Compare website, and annual statistical experience reports describing MIPS data for all MIPS eligible clinicians.

More specifically, without PRA emergency approval, CMS would need to delay the CY 2021 implementation of the telehealth survey item, which would be in opposition to what stakeholders have requested from CMS to make this telehealth item part of the survey starting in CY 2021. CMS data indicates that the use of telehealth has increased since CY 2020 and the telehealth survey item and additional instructional text are needed ensure consistent interpretation of survey item across the pool of patients responding to the survey, and to provide CMS with valuable information on modalities of patient care. We were unable to submit this new survey item for comment along with the CY 2021 PFS proposed rule due to the testing that was needed before the updated survey instrument was ready. Therefore, in the CY 2021 PFS final rule (85 FR 84982), we stated we would make the updated survey instrument and burden available for public review through a stand-alone non-rule **Federal Register** notice that is expected to publish in early CY 2021.

We intend to implement the CY 2021 survey with the new telehealth item. Due to the work needed to prepare for the implementation of the CY 2021 survey we are requesting emergency PRA OMB approval by April 30, 2021. PRA approval is needed so necessary tasks can be completed by late spring such as vendor training, preparing letters and Computer Assisted Telephone Interviewing (CATI) scripts. PRA approval is also needed so we will be able to move forward with advance distribution of the survey to vendors that is necessary to inform the business arrangements vendors make during summer 2021 with the groups and virtual groups that register for CAHPS during April to June 2021. Additionally, distribution of the CY 2021 survey is a deliverable within a CMS contract that ends in June. OMB approval is needed by April 30, 2021 to assure the obligation for delivery can be met before the contract closes.

The burden associated with this collection is low. In order to respond to the additional item included in the CAHPS for MIPS survey, we estimated that an additional 0.2 minutes is needed for beneficiaries to respond to the telehealth related question in the survey. We adjusted the estimated time for beneficiaries to administer the 2021 CAHPS for MIPS survey from 12.9 minutes to 13.1 minutes at an estimated annual cost of \$168,209. We expect approximately 29,952 respondents (a total of 117 groups and 256 respondents per group) would administer the survey. We estimate an annual burden of 6,540 hours (29,952 respondents x 0.2183 hr/respondent) at a cost of \$168,209 (6,540 hr x \$25.72/hr). (85 FR 84982 through 84983)

Background

CMS established several policies related to data submission requirements in CAHPS in the CY 2017 Quality Payment Program final rule (81 FR 77116). We established that the CAHPS for MIPS survey counts for one measure towards the MIPS quality performance category, and groups of two or more MIPS eligible clinicians can voluntarily elect to participate in the CAHPS for MIPS survey as one of their six required quality measures. We also established the following

criteria for the submission of data on the CAHPS for MIPS survey by registered groups via a CMS-approved survey vendor: for the applicable 12-month performance period, the group must have the CAHPS for MIPS survey reported on its behalf by a CMS-approved survey vendor. Additionally, groups that elect to use CAHPS for MIPS must elect to submit on at least one other collection type (eCQMs, MIPS CQMs, QCDR measures, or CMS Web Interface (until sunset). The CAHPS for MIPS survey counts for one measure toward the MIPS quality performance category and, as a patient experience measure, also fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure. If a group elects to use the CAHPS for MIPS survey, which would count as a patient experience measure, that group is required to submit at least five additional quality measures. In other words, a group may report any five measures within MIPS plus the CAHPS for MIPS survey to achieve the six measures threshold. The CAHPS for MIPS survey would also count as a high-weighted activity under the improvement activities performance category. The data collected on the CAHPS for MIPS survey measures is transmitted directly to CMS via a CMS-approved survey vendor.

The CY 2018 Quality Payment Program final rule provided that the survey administration period would span over a minimum of 8 weeks to a maximum of 17 weeks and would end no later than February 28th following the applicable performance period and that we will further specify start and end timeframes of the survey administration period through our normal communication channels (82 FR 53632).

We do not anticipate concerns from CAHPS for MIPS survey vendors or stakeholders.

Timeline

February 26, 2021

- Target publication date for 42-day FR notice to initiate standard OMB process.
- Start of 42-day public comment period.
- PRA package posted for public review on the CMS PRA web site.

April 9, 2021

- End of 42-day comment period
- CMS reviews and responds to comments, as needed.
- PRA package revised as needed.

April 20, 2021

- OMB approval received.