

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.

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**Change #1**

**Location:**

Second cover letter, paragraph 1

**Reason for change:**

Reorganize order in which information is presented in response to beneficiary feedback, and clarify purpose of second survey mailing.

**2019 Letter text:**

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:**

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. [VENDOR NAME] is working with CMS to conduct a survey on the quality of health care received under the Medicare program. We mailed you a survey about a specific provider you visited in person, by phone, or by video call, and your experiences in the last 6 months. Since we have not heard back from you, we are following up with another copy.

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**Change #2**

**Location:**

Second cover letter, paragraph 2

**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:**

CMS is inviting you to share your experiences with health care by completing a survey. 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 recently mailed you this survey, and since we have not heard back from you, we are sending you another copy. We hope you will take this opportunity to help CMS learn about the quality of care you receive by filling out the survey. It should take about 13 minutes to complete. 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:**

CMS has selected you at random to receive this survey invitation. We hope you will take this opportunity to tell CMS about the quality of care you receive by filling out the survey. It should take about 13 minutes to complete. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey.

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**Change #3****Location:**

Second 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:**

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. We will not share your completed survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your Medicare benefits will not be affected by any decision you make about the survey.**

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**Change #4****Location:**

Second cover letter, paragraph 4

**Reason for change:**

Simplify wording where possible to promote ease of reading.

**2019 Letter text:**

If you have any questions about the survey, please call the [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. Thank you in advance for your participation.