Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams" (OMB Control Number: 0938-1397)

TITLE OF INFORMATION COLLECTION: QPP Submissions Intercept Survey

PURPOSE OF COLLECTION:

The request for approval below is a modification to a survey that was approved and completed last year during the same time period. This survey is intended to be part of an on-going, year-over-year benchmarking strategy to understand how user sentiment may change over time as the program continues to evolve. The prior survey was QPP Submissions Intercept Survey (CMS-10838)

Quality Payment Program participants must report data each year to comply with program requirements. There are several ways this data may be submitted, one of which involves logging into the QPP Portal and uploading files or attesting to completing tasks. In order to receive credit for the work completed throughout the year in preparation for QPP participation, our users must be able to successfully and completely upload these files and attest to required tasks.

The QPP Submissions Intercept Survey is designed to collect feedback in real time from program participants that have logged into the QPP Portal to complete these necessary tasks to complete program reporting requirements. The short survey will provide the QPP Human Centered Design Team with insight into participant satisfaction with the process for submitting data. The survey will be presented to a subset of users upon completion of required submissions tasks within the web browser. Survey questions will be in the form of multiselect and Likert scale questions and include an optional open text field for users to share any additional comments with researchers. No Personally Identifiable Information will be collected in this survey. There will not be any method for connecting survey responses with the QPP reporting submission or the user account. All responses will be anonymous. Estimated time to complete the survey is less than 2 minutes.

TYPE OF COLLECTION: (Check one)

[ ] Card Sorting
[ ] Field Studies
[ ] Focus Groups
[X] Survey
[ ] User Interviews
[ ] Other: _____

[ ] Cognitive Testing
[ ] First Click Tests
[ ] Participatory Design
[ ] Tree Testing
[ ] Usability Testing

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CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.

2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: X Kiel McLaughlin

To assist review, please provide answers to the following question:

PERSONALLY IDENTIFIABLE INFORMATION

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

GIFTS OR PAYMENTS

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No
If Yes, describe:

BURDEN HOURS TABLE

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
QPP Users	1,500	0.083 hours per response	125 total hours
Totals			

FEDERAL COST

The estimated annual cost to the Federal government is $768

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of social media
[ ] Telephone
[ ] In-person
[ ] Mail
[ ] Other, Explain.

2. Will interviewers or facilitators be used? [ ] Yes [X] No

3. Who will you collect the information from?

   Data will be collected from visitors to the Quality Payment Program website who have accessed the authenticated portal and completed data submission. This may include, but is not limited to, clinicians, office administrators, hospital administrators, and third-party intermediaries. While the survey respondents will have logged into a portal, the survey will not collect any PII.

4. How will you ask a respondent to provide this information?

   A site intercept survey is a series of questions collected through a form on the QPP website. The questions will be presented to some users upon the completion of certain data submission tasks. A subset of users who meet this criteria will be randomly selected and shown the survey form. Completion of the form is optional.

5. What will the activity look like?

   First, a user will log into the QPP Portal using their HARP credentials. They will use the site navigation to reach the Quality Submissions page where they will upload a file for reporting. Upon the completion of a file upload, some users will be presented a pop-up containing the survey questions. They will have the option of closing the pop-up or responding to the questions. If they choose to complete the survey, they will submit the data through this pop-up. When the survey is submitted, the user will remain on the Quality Submissions page and can continue their work unimpeded.

6. Please provide your question list.

Questions will display to some users after they have uploaded a file within the QPP portal on the Quality Submissions page.

1) For which reporting option did you submit data? (Select all that apply)
   - Traditional MIPS
   - MIPS Value Pathway (MVP)
   - APM Performance Pathway (APP)

2) How easy or difficult was it for you to report your PY23 data? (select one)

- Very Easy
- Somewhat Easy
- Neither Easy nor Difficult
- Somewhat Difficult
- Very Difficult

3) Did you run into any issues submitting your data?
    - Yes
    - No

   (if yes, display options)

4) Which of the following were an issue for you submitting your data? (Select all that apply)
    - Logging into the QPP Portal
    - Creating your submission file
    - Trouble uploading your submission file
    - Other (Open text field if selected)

5) Share any additional thoughts regarding your submission experience (Open text field)

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 0938-1397 (Expiration date: 07/31/2024). The time required to complete this information collection is estimated to average .083 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**** 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 your documents, please contact QPP at qpp@cms.hhs.gov

7. When will the activity happen?

   Data will be collected within the QPP authenticated portal during the annual Submissions Window period of January 1 through March 31, 2024.