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: Quality Payment Program Site Intercept Survey

PURPOSE OF COLLECTION:

The Quality Payment Program (QPP) website is visited by thousands of users each day with various objectives including, but not limited to, checking clinician eligibility status, selecting and downloading measure specification forms, learning about reporting requirements, submitting data, and reviewing feedback. These site visitors may include, but are not limited to, clinicians, office administrators, hospital administrators, third-party intermediaries, and professional association staff. These visitors rely on the content on the website to be clear, accessible, and up to date to meet or support clients in meeting CMS regulatory standards and participate in the Quality Payment Program.

The QPP Site Intercept Survey is designed to collect feedback in real time from site visitors regarding their satisfaction with the website and their goals when visiting the website. The survey will be available on the QPP website to provide visitors the opportunity to share their experience throughout the year. This information will allow the QPP HCD Team to assess visitor needs and satisfaction to plan enhancements to the digital experience. Information will be collected through a combination of questions with pre-set responses and open text fields. Demographic data will be collected to better understand the type of user and segment findings, but no Personally Identifiable Information (PII) will be included in the Site Intercept Survey. Estimated time to complete survey is less than 5 minutes.

TYPE OF COLLECTION: (Check one)

[ ] Card Sorting	[ ] Cognitive Testing
[ ] Field Studies	[ ] First Click Tests
[ ] Focus Groups	[ ] Participatory Design
[X] Survey	[ ] Tree Testing
[ ] User Interviews	[ ] Usability Testing
[ ] Other: _____	

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 Andrew J. Anuszewski -S Digitally signed by Andrew J. Anuszewski -S Date: 2022.01.12 07:50:24 -05'00'

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

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
QPP Users	1,200	0.083 hours per response	100 total hours
Totals			

FEDERAL COST

The estimated cost to the Federal government consists of labor and license cost as illustrated below:

Annual Labor Cost: 64 hours @ $142.00 per hour = $9,088.00
Annual License Cost (HotJar): $1,188.00
Total Cost: $10,276.00

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. This may include, but is not limited to, clinicians, office administrators, hospital administrators, third-party intermediaries, and professional associations.

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

   A site intercept survey is series of questions collected through a form on the QPP website. The questions will be presented to the user during their site visit. Completion of the form is optional.

5. What will the activity look like?

   During a user's visit to the QPP website, they will be presented an opportunity to complete the form with questions related to their experience and satisfaction. They form will include a combination of text entry fields and radio button selectors. If they choose to participate, they will respond to the questions and click submit to send their responses to the QPP Human-Centered Design team.

6. Please provide your question list.

Share your feedback with QPP [participant will select 'Next' button to begin survey]

1) Which of the following best describes your current role? (Select one)
   a. Clinician
   b. Practice Manager
   c. Compliance Manager
   d. ACO Administrator
   e. Registry/QCDR
   f. Consultant/Educator
   g. Other: [Text Input]

2) How frequently do you visit the QPP website? (Select one)
   a. Daily
   b. Few times a week
   c. Few times a month
   d. Few times a year
   e. First time visiting

3) Why did you visit the QPP website today?
   [Open Text Input]

4) How easy or difficult was it for you to accomplish your goal on the QPP website today? (Select one)

Answer scale from 1= Extremely difficult to 5 = Extremely easy

5) Which of the following best describes your level of satisfaction with the QPP website? (Select one)

Answer scale from 1= Extremely dissatisfied to 5 = Extremely satisfied

6) Please share any additional comments or feedback regarding the QPP website in the space provided below.

[Open Text Input]

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

Please make sure that all instruments, instructions, and scripts are submitted with the request.

7. When will the activity happen?

Data will be collected in real-time throughout the year to identify patterns in user needs as they change during the annual program cycle. The team aims to launch the survey beginning Spring 2022.