

Application to Use Burden/Hours from Generic PRA Clearance:  
Generic Social Marketing & Consumer Testing Research  
(CMS-10437, OMB 0938-1247)

**Generic Information Collection (GenIC) #13:** Qualitative Research on Communications and Decision  
Support for Provider Initiatives 2017

Office of Communications (OC)  
Centers for Medicare & Medicaid Services (CMS)

## **A. Background**

There are a number of CMS initiatives that affect the way the CMS interacts with providers. The most prominent of these is the Medicare Access and CHIP Reauthorization Act (MACRA) that was signed into law on April 16, 2015. This law replaced an existing Medicare physician payment plan that had been in effect since 1999. The new law makes fundamental changes in the government's approach to provider reimbursement. It reinforces trends over the last decade [in the private sector and in government] toward value-based payment – paying providers based on the quality, value, and results of the care they deliver and not for individual services independent of clinical need or appropriateness of those services. CMS issued final regulations on MACRA October 14, 2016. The initial phase of the law became effective January 1, 2017. CMS now refers to the program as the Quality Payment Program (QPP).

This shift has the potential to transform medical care payment mechanisms and service delivery, but it presents serious implementation and logistical challenges. Not all providers are supportive of the changes and discussions of the philosophical and economic consequences of various provisions of the law are evident in both the professional and the general audience media environment. To develop and refine effective communication and decision support tools for MACRA and related provider initiatives (including Accountable Care Organizations, Bundled payments, CPC and CPC+ initiatives) CMS must understand characteristics of these target audiences. To understand providers' expectations for, experiences with, and communication needs related to such initiatives, the Office of Communications will be collaborating with its research contractors to conduct research that will assess providers':

- Expectations and knowledge of health care payment mechanisms in general;
- Awareness, knowledge, and perceptions of MACRA or related initiative communications;
- Expectations, knowledge, and utility of websites associated with the initiatives;
- The nature of barriers and facilitators of implementation of the programs, including burden to provider practices;
- Perceptions of quality as it pertains to health care service delivery; and
- Understanding and utility of available decision-making aids on implementation of the programs by providers.

This project is designed to provide qualitative information to help improve outreach and education, as well as providers' experience with MACRA, QPP, and related initiatives.

## **B. Description of Information Collection**

The proposed data collection effort will provide formative research to understand providers' expectations and knowledge about relevant CMS-administered health care laws and regulations as well as their reactions to communications materials and approaches.

## **C. Deviations from Generic Request**

No deviations are requested.

#### **D. Burden Hour Deduction**

There will be up to 60 focus groups, with up to 10 participants per group. Therefore, up to 600 people will participate in this study. They will vary by age, race/ethnicity, area of specialization, role [e.g., direct service provider, office administrator, and senior healthcare executive]. All participants will be in a group that will be affected by the applicable initiative.

The data will be collected via focus groups conducted in various markets throughout the country. The focus groups are expected to take approximately 90 minutes. The total approved burden ceiling of the generic ICR is 21,488 hours. We are requesting a total deduction of 900 hours from the approved burden ceiling (600 participants x 1.50 hours = 900 hours).

Respondents will be offered a cash incentive consistent with that for similar consumer marketing research activities in this area for completing the focus group. This level of participant incentive is in keeping with that specified in the original Supporting Statement for this collection, i.e., *in accordance to OMB Circular A-21, section C, and subsection 3 "Reasonable Costs"*. A more detailed justification for providing incentives is appended to this application.

#### **E. Timeline**

Research will begin May 2017 (or after OMB approval) and continue until burden hours are reached.

The following attachments are provided for this information collection:

- CMS Health Care Provider Perceptions and Reactions Focus Group Guide
- Justification for Providing Incentives for Participation in Marketing Research – Qualitative Studies