**Survey Guide**

| **Demographics** | |
| --- | --- |
| **Q1. Size**  [select one] | Approximately how many **clinicians/providers total** are annually eligible for the Merit-Based Incentive Payment System (MIPS) through your organization?   * 1 * 2-5 * 6-15 * More than 15 [skip to end] |
| **Q2. Type**  [Select one] | Which best describes the **type of care provided by your practice**?   * Primary Care * Specialty * Multi-specialty |
| **Q3. Location** | Is your practice rural and/or located in a Health Professional Shortage Area (HPSA)?   * Yes * No * Not sure |
| **Q4. Experience**  [Select one] | How **long have you worked** for your current practice?   * Less than a year * 1-3 years * 3-6 years * 7 years or more |
| **Q5. Role**  [Select one] | Which best describes **your role within the practice?**   * Clinician * Office Manager * Billing Specialist * Other [specify] |
| **Q6. QPP Experience**  [Yes/No] | Have you ever been personally involved in data collection and submission for MIPS?   * Yes * No |
| **Q7. SURS** | Did your practice previously receive free technical assistance from a CMS-sponsored program called the Small, Underserved, and Rural?   * Yes * No * Not sure |
| **MIPS Participation** | |
| **Q8. Decision**  [Select All that Apply] | Which of the following options describe **why your practice did not submit data for the 2022 Performance Year**? Select all that apply   * Unaware of clinician eligibility * Unclear requirements * Data collection and submission too burdensome * Technological limitations * Lack of applicable Quality measures * Costs of reporting were too high * Lack of administrative support to manage process * Other [specify] |
| **Q9. Penalty**  [Yes/No] | Were you aware that a MIPS Eligible Clinician may receive a negative 9% payment adjustment as a penalty for non-participation?   * Yes * No |
| **Q8. EHR**  [Yes/No] | Does your practice use an Electronic Medical Records (EMR) or Electronic Health Records (EHR) system?   * Yes * No   (if yes) Does your EMR/EHR support data collection for measures that meet MIPS requirements?   * Yes * No   (if no) Are you familiar with the process that allows practices to report Quality measures for MIPS as part of regular Medicare Claims processing?   * Yes * No |
| **Q9. Future Participation**  [Select one] | Are you planning to submit data for MIPS in the future?   * Yes, definitely * Undecided * No   (If yes) What has changed that will lead you to reporting in the future?  [Open text field]  (if undecided) What do you still need to consider before you make a decision about future reporting?  [Open text field]  (if no) Why have you decided not to report data in the future? |
| **Q10. Changes**  [Select all that apply] | What changes could CMS make that would improve the chances your practice would report data to MIPS?   * Change reporting requirements * New Quality measures * Better informational resources (user guides, etc.) * Return of free technical assistance * Other (specify) * None of the above |
| **Q11. Newsletter**  [Yes/No] | Are you aware of the monthly QPP Small Practice Newsletter that includes information specific to small practices about participation including help resources and key deadlines?   * Yes * No |
| **Q12. Open Response**  [Text Field] | Please use the space below to provide any additional feedback you would like to share with CMS and QPP regarding your experience with MIPS. |
| **Q13. Interview** | Would you be willing to participate in an interview with a member of the QPP User Research team to share more information about your experience with MIPS reporting?   * Yes * No   (if yes) Please provide your information below and a member of our team will be in touch   * Name * Email address |

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