**Survey Guide**

| **Demographics**  |
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| **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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