

## Survey Guide

Demographics	
<b>Q1. Size</b> [select one]	Approximately how many <b>clinicians/providers total</b> are annually eligible for the Merit-Based Incentive Payment System (MIPS) through your organization? <ul style="list-style-type: none"><li><input type="radio"/> 1</li><li><input type="radio"/> 2-5</li><li><input type="radio"/> 6-15</li><li><input type="radio"/> More than 15 [skip to end]</li></ul>
<b>Q2. Type</b> [Select one]	Which best describes the <b>type of care provided by your practice?</b> <ul style="list-style-type: none"><li><input type="radio"/> Primary Care</li><li><input type="radio"/> Specialty</li><li><input type="radio"/> Multi-specialty</li></ul>
<b>Q3. Location</b>	Is your practice rural and/or located in a Health Professional Shortage Area (HPSA)? <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li><li><input type="radio"/> Not sure</li></ul>
<b>Q4. Experience</b> [Select one]	How <b>long have you worked</b> for your current practice? <ul style="list-style-type: none"><li><input type="radio"/> Less than a year</li><li><input type="radio"/> 1-3 years</li><li><input type="radio"/> 3-6 years</li><li><input type="radio"/> 7 years or more</li></ul>
<b>Q5. Role</b> [Select one]	Which best describes <b>your role within the practice?</b> <ul style="list-style-type: none"><li><input type="radio"/> Clinician</li><li><input type="radio"/> Office Manager</li><li><input type="radio"/> Billing Specialist</li><li><input type="radio"/> Other [specify]</li></ul>

<p><b>Q6. QPP Experience</b></p> <p>[Yes/No]</p>	<p>Have you ever been personally involved in data collection and submission for MIPS?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>Q7. SURS</b></p>	<p>Did your practice previously receive free technical assistance from a CMS-sponsored program called the Small, Underserved, and Rural?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Not sure</li> </ul>
<p><b>MIPS Participation</b></p>	
<p><b>Q8. Decision</b></p> <p>[Select All that Apply]</p>	<p>Which of the following options describe <b>why your practice did not submit data for the 2022 Performance Year?</b> Select all that apply</p> <ul style="list-style-type: none"> <li><input type="radio"/> Unaware of clinician eligibility</li> <li><input type="radio"/> Unclear requirements</li> <li><input type="radio"/> Data collection and submission too burdensome</li> <li><input type="radio"/> Technological limitations</li> <li><input type="radio"/> Lack of applicable Quality measures</li> <li><input type="radio"/> Costs of reporting were too high</li> <li><input type="radio"/> Lack of administrative support to manage process</li> <li><input type="radio"/> Other [specify]</li> </ul>
<p><b>Q9. Penalty</b></p> <p>[Yes/No]</p>	<p>Were you aware that a MIPS Eligible Clinician may receive a negative 9% payment adjustment as a penalty for non-participation?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>Q8. EHR</b></p> <p>[Yes/No]</p>	<p>Does your practice use an Electronic Medical Records (EMR) or Electronic Health Records (EHR) system?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>(if yes) Does your EMR/EHR support data collection for measures that meet MIPS requirements?</p>

	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>(if no) Are you familiar with the process that allows practices to report Quality measures for MIPS as part of regular Medicare Claims processing?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>Q9. Future Participation</b> [Select one]</p>	<p>Are you planning to submit data for MIPS in the future?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes, definitely</li> <li><input type="radio"/> Undecided</li> <li><input type="radio"/> No</li> </ul> <p>(If yes) What has changed that will lead you to reporting in the future? [Open text field]</p> <p>(if undecided) What do you still need to consider before you make a decision about future reporting? [Open text field]</p> <p>(if no) Why have you decided not to report data in the future?</p>
<p><b>Q10. Changes</b> [Select all that apply]</p>	<p>What changes could CMS make that would improve the chances your practice would report data to MIPS?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Change reporting requirements</li> <li><input type="radio"/> New Quality measures</li> <li><input type="radio"/> Better informational resources (user guides, etc.)</li> <li><input type="radio"/> Return of free technical assistance</li> <li><input type="radio"/> Other (specify)</li> <li><input type="radio"/> None of the above</li> </ul>
<p><b>Q11. Newsletter</b> [Yes/No]</p>	<p>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?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>

<p><b>Q12. Open Response</b> [Text Field]</p>	<p>Please use the space below to provide any additional feedback you would like to share with CMS and QPP regarding your experience with MIPS.</p>
<p><b>Q13. Interview</b></p>	<p>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?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>(if yes) Please provide your information below and a member of our team will be in touch</p> <ul style="list-style-type: none"> <li><input type="radio"/> Name</li> <li><input type="radio"/> Email address</li> </ul>

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