

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

<p>Q6. QPP Experience</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"> <input type="radio"/> Yes <input type="radio"/> No
<p>Q7. SURS</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"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
<p>MIPS Participation</p>	
<p>Q8. Decision</p> <p>[Select All that Apply]</p>	<p>Which of the following options describe why your practice did not submit data for the 2022 Performance Year? Select all that apply</p> <ul style="list-style-type: none"> <input type="radio"/> Unaware of clinician eligibility <input type="radio"/> Unclear requirements <input type="radio"/> Data collection and submission too burdensome <input type="radio"/> Technological limitations <input type="radio"/> Lack of applicable Quality measures <input type="radio"/> Costs of reporting were too high <input type="radio"/> Lack of administrative support to manage process <input type="radio"/> Other [specify]
<p>Q9. Penalty</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"> <input type="radio"/> Yes <input type="radio"/> No
<p>Q8. EHR</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"> <input type="radio"/> Yes <input type="radio"/> No <p>(if yes) Does your EMR/EHR support data collection for measures that meet MIPS requirements?</p>

	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <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"> <input type="radio"/> Yes <input type="radio"/> No
<p>Q9. Future Participation [Select one]</p>	<p>Are you planning to submit data for MIPS in the future?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Undecided <input type="radio"/> No <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>Q10. Changes [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"> <input type="radio"/> Change reporting requirements <input type="radio"/> New Quality measures <input type="radio"/> Better informational resources (user guides, etc.) <input type="radio"/> Return of free technical assistance <input type="radio"/> Other (specify) <input type="radio"/> None of the above
<p>Q11. Newsletter [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"> <input type="radio"/> Yes <input type="radio"/> No

<p>Q12. Open Response [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>Q13. Interview</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"> <input type="radio"/> Yes <input type="radio"/> No <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"> <input type="radio"/> Name <input type="radio"/> Email address

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