Survey Guide

Note-Questions will be displayed to some users after they have registered for an MVP within the QPP portal on the Registration Page.

Registration Feedback (All MVP Users)	
Q1. Feedback Experience [Multi-select]	How easy or difficult was it for you to register for an MVP? (select one) • Very Easy • Somewhat Easy • Neither Easy or Difficult • Somewhat Difficult • Very Difficult
Q2. Feedback Experience [Multi-select]	How much do you agree or disagree with the statement: The MVP registration took a reasonable amount of time? (select one) Completely Agree Somewhat Agree Neither Agree or Disagree Somewhat Disagree Completely Disagree
Q3. Feedback Experience [Multi-select]	Did you run into any issues while registering? • Yes/No
Q4. Feedback Experience [Multi-select] *Only show if answered "Yes" to Q4	Which of the following were an issue for you when registering for an MVP? (Select all that apply) Finding the registration form Editing my registration Leaving the registration page Other:

Q5. Feedback Experience	Share any additional thoughts regarding your submission experience
[Open Text Field]	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1397 (Expiration date: 07/31/2024). The time required to complete this information collection is estimated to average .083 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov