

2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey via CMS-Approved Survey Vendor Reporting

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of programs with a single system where Medicare physicians and clinicians have a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payments based on your performance. There are two paths in this program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Focusing on the CAHPS for MIPS Survey

Eligible clinicians may participate in MIPS as individuals or as part of a group. The Centers for Medicare & Medicaid Services (CMS)-approved survey vendor reporting mechanism is available to all MIPS groups to supplement their quality reporting with the CAHPS for MIPS survey. The CAHPS for MIPS survey measures patient experience and care within a group. The data collected on these surveys will be submitted on behalf of the group by the CMS-approved survey vendor.

The CAHPS for MIPS survey is optional for groups with 2 or more eligible clinicians and is not provided as an option for individual clinicians.

If your group selects the CAHPS for MIPS survey as one of the quality measures to report, your group will:

- Select and authorize a CMS-approved survey vendor (from a list published by CMS) to collect and report your survey data to CMS;
- Be responsible for your vendor's costs to collect and report the survey;
- Monitor your vendor's performance during survey administration;
- Receive your CAHPS for MIPS survey scores from CMS; and
- Have your CAHPS for MIPS survey scores available for public reporting on Physician Compare.

Note: The CAHPS for MIPS survey is not appropriate for practices that do not provide primary care services (for example, a group of surgeons).

What is the CAHPS for MIPS Survey?

The CAHPS for MIPS survey measures patients' experiences with care. The 2017 survey contains 12 summary survey measures to assess the following:

1. Getting Timely Care, Appointments, and Information
2. How Well Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Health Status and Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Between Visit Communication
11. Helping You to Take Medications as Directed
12. Stewardship of Patient Resources

Vendor Selection and Survey Administration

What is a CMS-Approved Survey Vendor?

CMS will approve survey vendors during an application process. Vendors whose applications are approved and who successfully complete training will be designated a CMS-approved survey vendor. Group practices will contract with a CMS-approved survey vendor to administer the CAHPS for MIPS survey, using the sample, survey, and specifications provided by CMS. The CAHPS for MIPS survey was developed to collect information about patient experience and care with groups. The survey measures patient experience with, and ratings of, health care providers. For program year 2017 the CAHPS for MIPS survey will be administered during a November 2017-February 2018 timeline. Data collected will be submitted on behalf of the group by each group's CMS-approved survey vendor.

Selecting a CMS-Approved Survey Vendor

CMS will approve survey vendors that demonstrate the facilities, project experience, and staff expertise required to conduct the CAHPS for MIPS survey. Groups that wish to administer the CAHPS for MIPS survey will be required to select and contract with a CMS-approved survey vendor. A list of CMS-approved survey vendors will be made publicly available. For more information, contact the Quality Payment Program at 1-866-288-8292 or qpp@cms.hhs.gov.

Administering the CAHPS for MIPS Survey

The survey will be administered through a mixed-mode data collection protocol that includes:

- CMS pre-notification letter
- Two survey mailings
- Up to six follow-up phone calls to beneficiaries who do not return a survey by mail

Reporting Criteria for 2017

The CAHPS for MIPS survey is optional for all groups of 2 or more eligible clinicians, but MIPS provides several incentives for groups to participate.

- The CAHPS for MIPS survey counts as one measure toward the MIPS quality performance category, as a patient experience measure, and fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure. Groups must report at least 5 additional quality measures using another data submission method. The CAHPS for MIPS survey is also included in the improvement activities performance category as a high-weighted activity.
- In order for groups to elect participation in the 2017 CAHPS for MIPS survey, they must register by **June 30, 2017**. Registration must be completed online through the MIPS Registration System. During registration, groups must indicate if they are selecting the CMS Web Interface reporting mechanism as well as elect to administer the CAHPS for MIPS survey. For additional information on registration and requirements please refer to qpp.cms.gov.

Frequently Asked Questions

Q: When will the CAHPS for MIPS survey be conducted?

A: The survey is implemented on an annual basis. The 2017 survey will be conducted November 2017 to February 2018.

Q: Who pays to administer the patient survey?

A: Groups are responsible for the costs associated with the survey administration and must contract with a CMS-approved survey vendor to conduct the survey. A list of approved vendors will be posted on the Quality Payment Program website.

Q: Who identifies which patients are eligible to participate in the survey?

A: CMS will identify beneficiaries eligible for the survey from the pool of Medicare fee-for-service (FFS) beneficiaries assigned to the group.

Q: How will CMS select a sample of patients seen by a group? Which patients will be sampled?

A: CMS assigns Medicare FFS beneficiaries to a group and then randomly samples from those assigned beneficiaries to create the sample for the CAHPS for MIPS survey. The sample will be limited to beneficiaries age 18 or older, who are not known to be institutionalized or deceased, and who had at least two visits for care to the group. The sample is drawn at the group level, not at the individual clinician level. The survey names a specific clinician, who delivered primary care to the beneficiary over multiple visits in the performance year to help orient the beneficiary to the care he or she received. The named provider can be a physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

The number of patients sampled may vary based on the size of the group.

- For large groups of 100 or more eligible clinicians:
 - CMS will draw a sample of 860 beneficiaries. If there are fewer than 860 beneficiaries, but more than 415 beneficiaries, all eligible beneficiaries will be surveyed in 2017. If there are fewer than 416 beneficiaries, the survey cannot be conducted
- For groups with 25 to 99 eligible clinicians:
 - CMS will draw a sample of 860 beneficiaries. If there are fewer than 860 beneficiaries, but more than 254 beneficiaries, all eligible beneficiaries will be surveyed in 2017. If the group has fewer than 255 beneficiaries, the survey cannot be conducted
- For groups with 2 to 24 eligible clinicians:
 - CMS will draw from a sample of 860 beneficiaries. If there are fewer than 860 beneficiaries, but more than 124 beneficiaries, all eligible beneficiaries will be surveyed in 2017. If the group has fewer than 125 beneficiaries, the survey cannot be conducted

Groups that do not meet the minimum sample sizes noted above cannot administer the CAHPS for MIPS survey.

Q: Can our group supplement the sample CMS selects to generate clinician-level results?

A: No. Oversampling may be considered as an option in the future.