

2018 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) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Under MIPS, there are 4 performance categories that affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that is part of the MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians, groups, and Virtual Groups is based on the Final Score. These are the performance category weights for the 2018 performance period:

MIPS Performance Categories for Year 2 (2018)



Focusing on the CAHPS for MIPS Survey

Eligible clinicians may participate in MIPS as individuals or as part of a group or Virtual 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 or Virtual Groups with 2 or more eligible clinicians but is not an option for individual clinicians.

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

- Must select and authorize a CMS-approved survey vendor (from a list published by CMS) to collect and report your survey data to CMS;
- Is responsible for your vendor's costs to collect and report the survey;
- Is responsible for monitoring your vendor's performance during survey administration;
- Will receive your CAHPS for MIPS survey scores from CMS; and
- Will have your CAHPS for MIPS survey scores made available for public reporting on Physician Compare.

Note: The CAHPS for MIPS survey may not be appropriate for groups 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 patient experience and care within a group. The 2018 survey contains 10 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. Stewardship of Patient Resources

Reporting Criteria for 2018

The CAHPS for MIPS survey is optional for all groups and Virtual 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 2018 CAHPS for MIPS survey, they must register by **June 30, 2018**. 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. Groups that register for the CAHPS for MIPS survey will be notified of whether or not they are eligible to participate in the survey, based on their sample size, no later than the fall of 2018. **Groups that do not meet the minimum sample sizes cannot administer the CAHPS for MIPS survey.** For additional information on registration and requirements please refer to [the CMS website](#).

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 and submit a Quality Assurance Plan will be designated a CMS-approved survey vendor. Groups 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 within a group. The survey measures patient experience with, and ratings of, health care providers. For program year 2018 the CAHPS for MIPS survey will be administered to patients from October 2018 through January 2019. Data collected will be submitted on behalf of the group by each group's 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. 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 CMS-approved survey vendors will be made publicly available.

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 attempts to complete the survey by phone with beneficiaries who do not return a survey by mail

Frequently Asked Questions

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

A: The survey is implemented on an annual basis. The 2018 survey will be conducted October 2018 through January 2019.

Q: Who pays to administer the patient survey?

A: Groups/Virtual 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 or Virtual 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 or Virtual 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 primary 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 one or more visits in the performance year to help orient the beneficiary to the care he or she received. The named provider can be a primary care physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

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


- For large groups or Virtual 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 2018. If there are fewer than 416 beneficiaries, the survey cannot be conducted
- For groups or Virtual 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 2018. If the group has fewer than 255 beneficiaries, the survey cannot be conducted
- For groups or Virtual 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 2018. 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.

Q: If my group is part of an Alternative Payment Model (APM) or MIPS APM do we have to administer the CAHPS for MIPS survey?



A: No, your APM or MIPS APM would not need to administer the CAHPS for MIPS survey. If you are part of an APM or MIPS APM such as a Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO), your ACO is required to administer the CAHPS for ACOs survey on your behalf. Your TIN will receive MIPS credit for the CAHPS for ACOs survey.