Quality Payment
PROGRAM

2026 Person and Family Engagement Cost Measures Field Testing Feedback Survey

Winter 2026 Field Testing

Table of Contents

1.0 Overview

The Centers for Medicare & Medicaid Services (CMS) and Acumen, LLC (“Acumen”) are field testing episode-based cost measures for clinicians. We’re seeking patient and caregiver/family feedback on these draft measures. Your input based on your lived experiences will help refine the specifications. You can provide input from January 29, 2025, to February 27, 2026. This survey will close at **11:59 PM ET** on **February 27, 2026**.

The survey described below is available here or you may submit a letter with your feedback (instructions below).

The following episode-based cost measures are being field tested:

1. Breast Cancer Screening
2. Parkinsonism Syndromes and Multiple Sclerosis (MS)
3. Non-Pressure Ulcers

If you have experience with any of the conditions listed above as either a Medicare patient or a caregiver for a Medicare patient, we’re seeking your input for this survey. Your lived experiences are what is most valuable for this survey. We estimate that it may take approximately 20-40 minutes to complete this survey. Please feel free to answer as many questions as you would like. You do not need to answer all sections if they do not apply to you or someone you've cared for. Your time and feedback are greatly appreciated.

1.1 Background

Acumen is a measure development contractor working with CMS to develop episode-based cost measures for the Merit-based Incentive Payment System (MIPS). MIPS assesses clinicians across 4 performance categories: quality, cost, Promoting Interoperability, and improvement activities. Performance category scores are combined into an overall MIPS score that affects payment adjustments in subsequent years.

Acumen has developed draft specifications for 3 episode-based cost measures based on empirical analyses, input from expert panels, and person and family engagement (PFE). Non-Pressure Ulcers and Parkinsonism Syndromes and MS (formerly named Parkinson’s Syndromes, MS, and ALS) are updated versions of draft measures that underwent field testing in 2024. After making updates to these draft measures, Acumen and CMS are field testing the measures for additional feedback.

Field testing is an opportunity for all interested parties to provide input on the measures to refine the specifications. Public comments will be shared with Clinician Expert Workgroups and summarized in a report in the coming months.

The following reference materials are available on the QPP Cost Measure Information Current Work Page (see the items under “Wave 6 and Wave 7 cost measures field testing”):

- Draft measure specifications
- Testing results
- A mock report
- A summary of the development process
- Frequently Asked Questions (FAQ)
- Field Testing Presentation Recording

1.2 Commenter Information

1. Contact Information
    - Name:
    - Email Address:

2.0 Breast Cancer Screening

You do not need to answer every question in order to complete this survey. Please respond to questions where you have experience as a patient or a caregiver.

1. **Care Team:**
    - Who was part of your care team during breast cancer screening and testing? This may include doctors, nurses, or other health care staff.
    - If the following types of clinicians were part of your care team, when and how often would you see them?
        - Family Practice
        - Nurse Practitioner
        - Diagnostic Radiologist
        - OB/GYNs
        - Internal Medicine
        - Physician Assistant
    - Do you feel like your clinicians are taking your concerns seriously? Why or why not?
    - Did you and your family or caregivers get clear and helpful information about breast cancer screening, test results, and what to do next? Why or why not?
    - Does your care team communicate and work together about your care? How did this affect your experience?
2. **Complications:**
    - Have you experienced any complications in your screening or diagnostic process for breast cancer?
    - What problems or worries do you think could happen — or did happen — if a screening mammogram missed cancer (said everything was normal when cancer was actually present)?
    - What problems or worries do you think could happen — or did happen — if a screening mammogram suggested cancer but cancer was not actually found after follow up tests?
    - What problems or worries do you think could happen — or did happen — if breast cancer was found and treated even though it would not have caused harm?
3. **Access to Care and Services:**
    - What types of services did you receive during the breast cancer screening process and diagnostic process? This may include follow-up tests, biopsies, or treatments, including referrals to other providers.
    - Were your test results, diagnosis, and care explained in a way that was easy to understand? Please explain.
    - How long did you wait between your first screening mammogram and your first follow-up test (such as a diagnostic mammogram, ultrasound, MRI, or CT scan)?
    - If applicable, how long did you wait between your first screening mammogram and being diagnosed with breast cancer or starting treatment?
    - If applicable, how long did you wait between your first diagnostic follow-up test and having a biopsy?

   - Did anything make it hard for you to get a diagnosis or move forward with care? If so, how did these barriers impact how long it took to receive your diagnosis, and if needed, treatment?
   - Can you speak to your experience or perspective on redundant services, such as getting an imaging service elsewhere because a facility cannot access the previous one?
4. **Value of Care:**
   - What services are the most effective in your breast cancer screening and diagnosis?
   - Which of these were least effective?
   - What parts of your care experience could have been improved?
   - What outcomes matter most to you and your caregivers when undergoing screening for breast cancer?

3.0 Parkinsonism Syndromes and Multiple Sclerosis (MS)

You do not need to answer every question in order to complete this survey. Please respond to questions where you have experience as a patient or a caregiver.

1. **Care Team:**
    - Who is part of your care team in treating and managing a parkinsonism syndrome or MS?
    - If the following types of clinicians were part of your care team, when and how often would you see them?
        - Family Practice
        - Internal Medicine
        - Nurse Practitioner
        - Neurologist
        - Physical Therapist
        - Physician Assistant
        - Cardiologist
    - If your needs increase over time, what services do you believe will be most useful to help maintain your lifestyle?
    - Do you feel like your clinicians are taking your concerns seriously? Why or why not?
    - Does your care team coordinate with each other about your care? How does that affect your care?
2. **Complications:**
    - What complications or side effects have you experienced? Which one(s) required medical care?
    - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications?
    - Did your care plan change after you experienced these complications?
3. **Access to Care and Services:**
    - What is your experience in accessing non-procedural medical care, such as physical therapy, occupational therapy, or mental health care?
    - Can you speak to your experience or perspective on redundant services, such as getting an imaging or lab work service elsewhere because a facility cannot access the previous one?
    - Do you have any barriers to accessing chronic outpatient care after receiving acute care services (inpatient and urgent care)?
    - Do you have any concerns about your current Durable Medical Equipment (DME) (e.g., wheelchairs, oxygen supplies, hospital beds, ventilators, and walkers) covered by Medicare?
    - What were the barriers, if any, to complementary interventions (e.g., massage therapy, chiropractic care, nutritional support)? Complementary interventions are services that are usually not a part of standard care and may not be covered by Medicare.
    - What treatment outcomes matter most to you and your caregivers?
    - Have you experienced any difficulty obtaining medications? If so, why?

  - Do you have any concerns about adhering to your medication dosage or frequency?
  - How do you and your care team decide which medications you should take?
  - Which clinician(s) oversee(s) your medications?
  - Have you experienced any side effects from your medications? If so, did any require medical care?
  - Have you experienced any difficulty being referred to additional clinicians? If so, why?
  - During times when navigating care, coverage, or services was particularly challenging, would having a care navigator or similar support have been helpful? Why or why not?

4. **Value of Care:**
   - What treatment or services are the most effective in helping you feel better?
   - Which of these were least effective?
   - What aspects of your care experience could have been improved?
   - How is your current treatment affecting your current lifestyle?
   - Do you feel supported in other aspects outside of physical care (e.g., behavioral, community, employment support, etc.)?
   - What treatment outcomes matter most to you and your caregivers?

4.0 Non-Pressure Ulcers

You do not need to answer every question in order to complete this survey. Please respond to questions where you have experience as a patient or a caregiver.

1. **Care Team:**
    - Who is part of your care team in treatment and management of non-pressure ulcers?
    - If the following types of clinicians were part of your care team, when and how often would you see them?
        - Family Practice
        - Nurse Practitioner
        - Podiatrist
        - Internal Medicine
        - Physician Assistant
        - Vascular Surgeon
        - General Surgeon
        - General Surgeon
    - How long did your care team provide ulcer-related treatment for (i.e., how long did it take your ulcer to heal)?
    - Do you feel like your clinicians are taking your concerns seriously? Why or why not?
    - Do you feel your family/caregivers receive appropriate and comprehensive education to aid wound care? Why or why not?
    - Does your care team coordinate with each other about your care? How does that affect your care?
2. **Complications:**
    - What complications or side effects have you experienced? Which one(s) required medical care?
    - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications?
    - Did your care plan change after you experienced these complications?
3. **Access to Care and Services**:
    - Can you speak to your experience or perspective on redundant services, such as getting an imaging or lab work service elsewhere because a facility cannot access the previous one?
    - Please share any information about the impact of preventive care or follow-ups after wound closure. Has it had an impact on wound recurrence?
    - What durable medical equipment (DME) do you think was the most helpful to improve or maintain your current lifestyle?
    - If you've experience wound care at a wound care clinic facility and at home, what was the difference in care for these settings (e.g., the resources provided)?
    - What was your experience receiving home health?
    - Do you have any concerns regarding the frequency of home dressing care provided by any caregivers? If so, what are they?
4. **Value of Care:**
    - What treatment or services are the most effective in helping you feel better?

- Which of these were least effective?
- What aspects of your care experience could have been improved?
- How is your current treatment affecting your current lifestyle?
- Do you feel supported in other aspects outside of physical care (e.g., behavioral, community, employment support, etc.)?
- What treatment outcomes matter most to you and your caregivers?

5.0 Thank You for Your Help

Thank you for completing the 2026 Person and Family Engagement Cost Measures Field Testing Feedback Survey! We appreciate your feedback and will take your comments into consideration for measure refinement and future measure development activities.

If you have questions or want more information, please contact the Quality Payment Program Service Center at 1-866-288-8292 or via email at qpp@cms.hhs.gov. The Help Desk is available Monday – Friday, 8 a.m. – 8 p.m. ET. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. E.T.

Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.