

Supporting Statement – Part A
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
for the Merit-Based Incentive Payment System (MIPS)
CMS 10450, OMB Control Number 0938-1222

A Background

This is a request to extend the information collection for the CAHPS for MIPS Survey. The CAHPS for MIPS survey is used in the Quality Payment Program (QPP) to collect data on fee-for-service Medicare beneficiaries' experiences of care with eligible clinicians participating in MIPS and is designed to gather only the necessary data that CMS needs for assessing physician quality performance, and related public reporting on physician performance, and should complement other data collection efforts. The survey consists of the core Agency for Healthcare Research and Quality (AHRQ) CAHPS Clinician & Group Survey, version 3.0, plus additional survey questions to meet CMS's information and program needs. The survey information is used for quality reporting, the compare tool on the Medicare.gov website, and annual statistical experience reports describing MIPS data for all MIPS eligible clinicians.

This 2024 information collection request addresses the requirements related to the statutorily required quality measurement. The CAHPS for MIPS survey results in burden to three different types of entities: groups, virtual groups, and subgroups; vendors; and beneficiaries associated with administering the survey. Virtual groups are subject to the same requirements as groups and subgroups; therefore, we will refer only to "groups" as an inclusive term for all entities unless otherwise noted.

Summary and Overview

Data submission requirements for groups, virtual groups, subgroups, and APM entities

The CY 2017 Quality Payment Program final rule established the data submission requirements for CAHPS for groups of two or more MIPS eligible clinicians and the requirement that data for each 12-month performance period be reported by a CMS-approved survey vendor on behalf of the group. The CY 2018 Quality Payment Program final rule established a policy to allow virtual groups to submit quality data via all data submission mechanisms available to groups, including the CAHPS for MIPS survey. The CY 2021 Quality Payment Program final rule aligned the Shared Savings Program (SSP) quality performance standard with the MIPS quality performance category via the APM Performance Pathway (APP); specifically, to have SSP Accountable Care Organizations (ACOs) field the CAHPS for MIPS Survey under the APP scoring standard. The CY 2022 Quality Payment Program final rule established subgroup reporting of CAHPS under the MIPS Value Pathways (MVP). The CY 2022 final rule also established that, clinicians participating in subgroups or groups reporting on the CAHPS for MIPS survey measure within an MVP would be unable to make any changes to their participation in the CAHPS for MIPS survey beginning July 1 of the applicable performance period. The CY 2022 final rule

established “subgroup reporting for clinicians” for multispecialty groups participating in MIPS Value Pathway (MVP)^{1,2}. Subgroup reporting of CAHPS is currently voluntary.

At this time, CMS requires participation in the CAHPS for MIPS Survey by SSP ACOs, and allows groups, subgroups, virtual groups, and APM entities (other than SSP ACOs) to participate in CAHPS on a voluntary basis.

We established several policies related to data submission requirements in CAHPS in the CY 2017 Quality Payment Program final rule. We established that the CAHPS for MIPS survey counts for one measure towards the MIPS quality performance category, and groups of two or more MIPS eligible clinicians can voluntarily elect to participate in the CAHPS for MIPS survey as one of their six required quality measures. We also established the following criteria for the submission of data on the CAHPS for MIPS survey by registered groups via a CMS-approved survey vendor: for the applicable 12-month performance period, the group must have the CAHPS for MIPS survey reported on its behalf by a CMS-approved survey vendor. Additionally, groups that elect to use CAHPS for MIPS must elect to submit on at least one other collection type (eCQMs, MIPS CQMs, QCDR measures, or CMS Web Interface). The CAHPS for MIPS survey counts for one measure toward the MIPS quality performance category and, as a patient experience measure, also fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure. If a group elects to use the CAHPS for MIPS survey, which would count as a patient experience measure, that group is required to submit at least five additional quality measures. In other words, a group may report any five measures within MIPS plus the CAHPS for MIPS survey to achieve the six measures threshold. The CAHPS for MIPS survey would also count as a high-weighted activity under the improvement activities performance category. The final policies can be found in the CY [2023 Quality Payment Program final rule](#). The data collected on the CAHPS for MIPS survey measures is transmitted directly to CMS via a CMS-approved survey vendor.

Scoring policies

Although we are not requiring groups to participate in the CAHPS for MIPS survey, we believe patient experience is important. In the CY 2017 Quality Payment Program final rule, we established a scoring policy that provides two bonus points in calculating the quality performance category score to groups or MIPS eligible clinicians that report a patient experience measure such as the CAHPS for MIPS survey in addition to an outcome measure or another high priority measure. In addition, we established a scoring policy that counts the use of a CAHPS survey (including the CAHPS for MIPS survey) as a high-weighted activity under the improvement activities performance category. The quality performance category score and improvement activities performance category score are both part of the final score, which is used to determine whether the MIPS eligible clinician receives a positive, neutral, or negative MIPS

¹ CY 2022 PFS final rule delayed implementation of mandatory subgroup reporting of MVP from CY 2025 to CY 2026 (86 FR 65400) <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>.

² CY 2023 final rule states subgroup reporting is only mandatory for multispecialty groups choosing to participate in MVP reporting (87 FR 70040) <https://www.federalregister.gov/documents/2022/11/18/2022-23873/medicare-and-medicaid-programs-cy-2023-payment-policies-under-the-physician-fee-schedule-and-other#citation-299-p69870>.

payment adjustment.

In the CY 2019 PFS final rule, we have finalized that beginning with the 2021 MIPS payment year, we will reduce the total available measure achievement points for the quality performance category by 10 points for groups that submit 5 or less measures and register for the CAHPS for MIPS survey, but do not meet the minimum beneficiary sampling requirements. By reducing the denominator instead of assigning the group a score of zero measure achievement points (because the group would be unable to submit any CAHPS for MIPS survey data), we are effectively removing the impact of the group's inability to submit the CAHPS for MIPS survey. We believe this reduction in denominator would remove any need for groups to find another measure if they are unable to submit the CAHPS for MIPS survey.

CAHPS for MIPS Survey Administration

The CY 2018 Quality Payment Program final rule provided that the survey administration period would span over a minimum of 8 weeks to a maximum of 17 weeks and would end no later than February 28th following the applicable performance period and that we will further specify start and end timeframes of the survey administration period through our normal communication channels (82 FR 53632). The final policies can be found in the CY [2023 Quality Payment Program final rule](#).

B Justification

1 Need and Legal Basis

Authority for collection of this information is provided under sections 1848(q), 1848(k), 1848(m), 1848(o), 1848(p), and 1833(z) of the Social Security Act (the Act).

Section 1848(q) of the Act, as added by section 101(c) of the MACRA, requires the establishment of the MIPS beginning with payments for items and services furnished on or after January 1, 2019, under which the Secretary is required to: (1) develop a methodology for assessing the total performance of each MIPS eligible clinician according to performance standards for a performance period; (2) using the methodology, provide a final score for each MIPS eligible clinician for each performance period; and (3) use the final score of the MIPS eligible clinician for a performance period to determine and apply a MIPS adjustment factor (and, as applicable, an additional MIPS adjustment factor) to the MIPS eligible clinician for a performance period. Under section 1848(q)(2)(A) of the Act, a MIPS eligible clinician's final score is determined using four performance categories: (1) quality; (2) cost; (3) improvement activities, and (4) the advancing care information.

2 Information Users

We will continue to use the CAHPS for MIPS survey to assess groups containing MIPS eligible clinicians' performance in the quality performance category. For groups of clinicians electing to report CAHPS for MIPS in the quality performance category, CAHPS for MIPS will be included in the calculation of the final score as a quality measure and thus applied to calculate payment

adjustments. The survey contains ten SSMs. Nine of these SSMs will be scored (Getting Timely Care, Appointments, and Information; How Well Providers Communicate; Patient's Rating of Provider; Access to Specialists; Health Promotion and Education; Shared Decision Making; Stewardship of Patient Resources; Courteous and Helpful Office Staff; and Care Coordination), while the remaining SSM (Health Status and Functional Status) is included on the survey for informational purposes only. Like other quality measures, each of the nine scored SSMs in the CAHPS for MIPS survey will have an individual benchmark which will be used to establish the number of points. The CAHPS for MIPS survey will be scored based on the average number of points across the nine scored SSMs, up to 10 points. This is similar to how other quality measures are scored against a benchmark, which is to assign up to 10 points per measure. The CAHPS for MIPS survey is considered a patient experience measure for the quality performance category and therefore contributes 2 additional bonus points to the quality performance category score. It is also counted as a high weighted activity under the improvement activities performance category because it requires a significant investment of time and resources. As part of the requirements of this activity, MIPS groups must register for the CAHPS for MIPS survey and must select and authorize a CMS-approved survey vendor to collect and report survey data using the survey and specifications provided by us.

We also will use the CAHPS for MIPS survey data as part of performance feedback to MIPS groups. Selected performance data is made available to beneficiaries, as well as to the public, on the compare tool on the Medicare.gov website. This performance data is intended to help beneficiaries and their caregivers to choose clinicians that provide services that meet their needs and preferences, thus encouraging clinicians to improve the quality of care that Medicare beneficiaries receive. CMS plans to also use the data to produce annual statistical experience reports that will describe the patient experience measures for all MIPS eligible clinicians who elect to use CAHPS for MIPS as one of their quality measures, and for subgroups of clinicians using CAHPS.

Additionally, this survey will provide patient experience of care data that is an essential component of assessing the quality of services delivered to Medicare beneficiaries.

3 Use of Information Technology

CMS-approved survey vendors are required to collect the data via a mixed mode data collection strategy that involves two rounds of mailed surveys followed by phone interviews. The mailed surveys are formatted for automated data entry. Returned surveys may be scanned into an electronic data file. Computer Assisted Telephone Interview (CATI) will be used as the secondary mode of data collection if a beneficiary does not respond to two mailed requests to complete the survey.

4 Duplication of Efforts

The information to be collected will not duplicate similar information currently collected by CMS. To avoid possible overlap with other FFS surveys and overburden of beneficiaries who are eligible for both surveys, the CAHPS for MIPS survey sample will be de-duplicated so that beneficiaries would not be sampled for multiple surveys.

5 Small Businesses

We expect that many practices (TINs) that elect to use CAHPS for MIPS will qualify for small business status under the Small Business Administration (SBA) standards. The SBA standard for a small business is \$16 million in average annual receipts for an office of clinicians and \$10 million in average annual receipts for an office of other health practitioners. (For details, see the SBA's website at https://www.sba.gov/sites/default/files/2022-12/Table%20of%20Size%20Standards_Effective%20December%2019%2C%202022_508%20%281%29_0.pdf and <https://www.sba.gov/document/support--table-size-standards> (refer to the 620000 series)).

Supporting small, independent practices continues to be an important aspect of policy development in the implementation of the Quality Payment Program. From the program's inception, CMS has listened and responded to feedback about the challenges that many small practices face when participating in MIPS, continuing to pursue flexibilities aimed at reducing burden for these clinicians without sacrificing a high bar for their performance standards.

As finalized in policies established through rulemaking from Calendar Year (CY) 2017 through CY 2023, the following flexibilities related to CAHPS to small practices are offered:

- MIPS eligible clinicians or groups with \$90,000 (or fewer) in allowed charges for covered professional services, that provide covered professional services to 200 or fewer Medicare Part B patients, or that furnish 200 or fewer covered professional services, are excluded from MIPS.
- Solo practitioners and practices with 10 or fewer clinicians have the opportunity to form a virtual group to participate in MIPS with other practices.
- Clinicians in small practices receive 3 points (instead of zero) when they submit quality measures without an available benchmark, or measures that don't meet case minimum or data completeness criteria.
- Clinicians in small practices that submit at least one quality measure, such as the CAHPS for MIPS Survey measure, earn 6 bonus points in the quality performance category.
- Clinicians that register for the CAHPS for MIPS survey who do not meet the minimum beneficiary sampling requirements qualify for a reduction of the denominator (that is, the total available measure achievement points) for the quality performance category by 10 points for groups that submit 5 or less measures.
- Clinicians in small practices earn 2 times the points for each improvement activity submitted under traditional MIPS, such as the 'Regularly Assess Patient Experience of Care and Follow Up on Findings' improvement activity (for which the CAHPS for MIPS Survey partially fulfills the requirements).

We believe that these additional flexibilities and reduction in barriers will further reduce the impact on small practices within the Quality Payment Program by reducing participation burden and excluding additional clinicians from mandatory participation.

6 Less Frequent Collection

If patient experience data are not collected annually as measures to support the quality performance category, we will not be able to fully implement the MACRA requirement to: (1) emphasize patient experience measures among the quality measures a MIPS eligible clinician or group may use to meet the performance criteria for a payment adjustment under MIPS, (2) calculate for payment adjustments to MIPS eligible clinicians or groups, and (3) publicly post provider performance information on the compare tool on the Medicare.gov website.

A further consequence of collecting data on a less frequent basis than annually is that the beneficiaries will be less able to recall their specific experiences with care over longer periods of time. If the survey asks about patient experiences over longer periods, responses may be less reliable.

Additionally, if data are collected on less than an annual basis the patient experience scores information reported on the compare tool of the Medicare.gov website would be less current and thus less useful to beneficiaries and consumer intermediaries who may visit the website.

7 Special Circumstances

There are no special circumstances.

8 Federal Register/Outside Consultation

The 60-day Federal Register published on XXXXXXXXXX.

9 Payments/Gifts to Respondents

We will use this data to assess MIPS eligible clinician performance in the MIPS quality performance category, calculate the final score, and calculate positive and negative payment adjustments based on the final score.

10 Confidentiality

Consistent with federal government and CMS policies, individuals contacted as part of this data collection will be assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular A-130. No personally identifiable information (PII) will be collected as part of this survey.

11 Sensitive Questions

There are no sensitive questions associated with this survey.

12 Burden Estimates (Hours & Wages)

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2022 National Occupational Employment and Wage Estimates for all salary estimates (https://www.bls.gov/oes/current/oes_nat.htm). In this regard, Table 1 presents the mean hourly wage, the cost of fringe benefits and overhead (calculated at 100 percent of salary), and the adjusted hourly wage. The adjusted hourly wage is used to calculate the labor costs associated with our final requirements.

As indicated, we continue to adjust our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Therefore, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method. For the beneficiary survey burden estimate, note also that we have not adjusted the costs for fringe benefits and overhead for civilian, all occupations, as this hourly wage is used only in the calculation of beneficiary burden for time spent completing the survey, and not for direct wage costs.

Table 1: National Occupational Employment and Wage Estimates

Occupation Title	Occupational Code	Mean Hourly Wage (\$/hr.)	Fringe Benefits and Overhead (\$/hr.)	Adjusted Hourly Wage (\$/hr.)
All Occupations (for Individuals' Wages)	Not applicable	29.76	N/A	29.76
Computer Systems Analysts	15-1121	51.70	51.70	103.40

Burden for Group Registration for CAHPS for MIPS Survey

Under MIPS, the CAHPS for MIPS survey counts for 1 measure toward the MIPS quality performance category and, as a patient experience measure, it also fulfills the requirement to submit at least one high priority measure in the absence of an applicable outcome measure. Groups that wish to administer the CAHPS for MIPS survey must register by June of the applicable 12-month performance period, and electronically notify CMS of which vendor they have selected to administer the survey on their behalf. For the 2024 MIPS performance period, we assume that 266 groups will enroll in the MIPS for CAHPS survey based on the number of groups which elected to register during the CY 2022 registration period.

As shown in Table 2, we assume that the staff involved in the group registration for CAHPS for MIPS Survey will mainly be computer systems analysts (or their equivalent) who have an average adjusted labor cost of \$103.40/hr. We assume the CAHPS for MIPS Survey registration burden consists of 0.25 hours to register for the survey as well as 0.5 hours to select the CAHPS for MIPS Survey vendor that will be used and electronically notifying CMS of this selection. In this regard, the total time for CAHPS for MIPS registration is 0.75 hours.

In aggregate, we estimate an annual burden of 200 hours (266 groups x 0.75 hrs per group) at a cost of \$20,628 (266 x (0.75 hr x \$103.40/hr for a computer systems analyst)).

Table 2: Estimated Burden for Group Registration for CAHPS for MIPS Survey

Burden Data Description	Burden Estimate
# of Groups Registering for CAHPS (a)	266
Total Annual Hours for CAHPS Registration (b)	0.75
Total Annual Hours for CAHPS Registration (c) = (a)*(b)	200
Cost to Register a Group for the CAHPS for MIPS Survey (@ computer systems analyst's labor rate of \$103.40/hr) (d) = (b) x \$103.40/hr	\$77.55
Total Annual Cost for CAHPS Registration (e) = (a)*(d)	\$20,628

Survey Vendor Application

Vendors must undergo the CMS-approval process each year in which the survey vendor seeks to transmit survey measures data to us and finalized the criteria for a CMS-approved survey vendor for the CAHPS for MIPS survey.

We assume that 10 vendors will apply to participate as CAHPS for MIPS vendors, the same as the current (CY 2023) number of vendors for the CAHPS for MIPS survey. We estimate that it will take a survey vendor 10 hours to submit the information required for the CMS-approval process. This estimate includes the completion of the Vendor Participation Form, and compiling documentation, including the quality assurance plan, that demonstrates that they comply with Minimum Survey Vendor Business Requirements.³ This is comparable to the burden of the QCDR and qualified registry self-nomination process. We assume that the survey vendor staff involved in collecting and submitting the information required for the CAHPS for MIPS certification will be computer systems analysts, who have an average labor cost of \$103.40/hr. Therefore, the annual burden hours are 100 (10 CAHPS vendors x 10 hrs) at a cost of \$10,340 (10 x (10 hrs x \$103.40/hr for a computer systems analyst) (see Table 3).

³ Vendors are required to meet additional requirements as part of the approval process that are not included in the burden estimate because they are not related to data submission. The approval process includes submitting an application, meeting minimum business requirements, participation in training(s), passing post-training evaluation(s), submitting a Quality Assurance Plan, and following the schedule and procedures for survey administration. Additional details about the vendor approval process can be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/mips.html>.

Table 3: Burden Estimate for CAHPS for MIPS Survey Vendor Application

Burden Data Description	Burden Estimate
# of CAHPS Vendors Applying (a)	10
# of Burden Hours Per Vendor to Apply (b)	10
Total Annual Hours (c) = (a)*(b)	100
Cost Per Vendor to Submit Survey Vendor Application (@ computer systems analyst's labor rate of \$103.40/hr.) (d) = (b) x 103.40/hr	\$1,034
Total Annual Cost for CAHPS Vendor Application Process (e) = (a)*(d)	\$10,340

Burden for Beneficiary Responses to the CAHPS for MIPS Survey

Under MIPS, groups of 2 or more clinicians can elect to contract with a CMS-approved survey vendor and use the CAHPS for MIPS survey as one of their 6 required quality measures. Beneficiaries that choose to respond to the CAHPS for MIPS survey will experience burden.

The usual practice in estimating the burden on public respondents to surveys such as CAHPS is to assume that respondent time is valued, on average, at civilian wage rates. The BLS sets out an average hourly wage for civilians in all occupations at \$29.76/hr. Although most Medicare beneficiaries are retired, we believe that their time value is unlikely to depart significantly from prior earnings expense, and we have used the average hourly wage to compute our cost estimate for the beneficiaries' time.

For the 2024 MIPS performance period, we assume that 100 groups will elect to report on the CAHPS for MIPS survey, which is equal to the number of groups that have registered and have a sufficient beneficiary sample size to conduct the CAHPS for MIPS survey in the 2022 MIPS performance period. Table 4 shows the estimated annual burden for beneficiaries to participate in the CAHPS for MIPS Survey. Based on the number of complete and partially complete surveys for groups participating in CAHPS for MIPS survey administration for the 2022 MIPS performance period, we assume that an average of 255 beneficiaries will respond per group for the 2024 MIPS performance period. Therefore, the CAHPS for MIPS survey will be administered to approximately 25,500 beneficiaries per year (100 groups x an average of 255 beneficiaries per group responding).

The CAHPS for MIPS survey that will be administered in the 2024 MIPS performance period has no changes. We estimate an average administration time of 13.1 minutes (or 0.2183 hr) at a pace of 4.5 items per minute for the English version of the survey. For the Spanish version, we estimate an average administration time of 15.7 minutes (assuming 20 percent more words in the Spanish translation). However, since less than 1 percent of surveys were administered in Spanish for reporting year 2022, our burden estimate reflects the time for administering the English version of the survey.

Given that we expect approximately 25,500 respondents, we estimate an annual burden of 5,567 hours (25,500 respondents x 0.2183 hr/respondent) at a cost of \$165,750 .

Table 4: Estimated Burden for Beneficiary Participation in CAHPS for MIPS Survey

Burden Data Description	Burden Estimate
# of Groups Practices Administering CAHPS for MIPS Survey (a)	100
# of Beneficiaries Per Group Responding to Survey (b)	255
# of Total Beneficiaries Reporting (c)=(a)*(b)	25,500
# of Hours Per Beneficiary Respondent (d)	0.2183
Total Annual Hours (e) = (c)*(d)	5,567
Cost for Beneficiary to Respond to CAHPS for MIPS Survey (@ labor rate of \$29.76/hr.) (f) = (d) x \$29.76/hr	\$6.50
Total Annual Cost (g) = (c)*(f)	\$165,750

Table 5: Estimated Burden Summary for CAHPS for MIPS Survey

Survey Respondents	Respondents	Total Responses (per year)	Time per Response (hr)	Total Time (hr)	Cost Per Response (\$)	Total Cost (\$)
Group Registration	266	266	0.75	200	77.55	20,628
Survey Vendor Application	10	10	10	100	1,034	10,340
Beneficiary Participation	25,500	25,500	0.2183	5,567	6.50	165,750
TOTAL	25,536	25,536	varies	5,867	varies	196,718

Information Collection Instruments/Instructions

Appendix A1: CAHPS Registration Guide

Appendix B1: Mail Survey (English)

Appendix C1: Initial Cover Letter (English)

Appendix D1: Second Cover Letter (English)

Appendix E1: CATI Script (English)

13 Capital Costs

Survey participants will not incur capital costs as a result of participation. However, there will be costs for clinicians to hire a vendor to administer the CAHPS for MIPS survey. We do not have systemized information for the cost of CAHPS. Our anecdotal information is that vendor bids with a sample of approximately 860 beneficiaries ranges from \$4,000 to \$7,000 depending on services requested (e.g., progress reports, other reports); addition of survey administration in other languages may or may not incur additional costs.

14 Cost to Federal Government

The total annual cost to the Federal government for CAHPS for MIPS survey is estimated to be \$1,478,500. This total includes CMS constructing a sampling frame and selecting samples of Medicare beneficiaries aligned with the groups electing to use the CAHPS for MIPS survey, and

providing the list of sampled beneficiaries to CMS-approved survey vendors. The total annual cost also includes the annual approval process for survey vendors; training, oversight, and technical assistance of the approved survey vendors; education and outreach to other stakeholders; preparation and cleaning of data submitted by the survey vendors; data analysis; preparation of the CAHPS for MIPS survey measures for public reporting on the compare tool of the Medicare.gov website, and in the feedback reports for clinician groups reporting on the CAHPS for MIPS survey measures, and generation of an annual statistical experience report.

15 Program or Burden Changes

Burden for Group Registration for CAHPS for MIPS Survey

We have adjusted our currently approved number of respondents based on more recent data and adjusted our per respondent time estimate based on our review of the current burden estimates against the existing registration process.

Group registration for the CAHPS for MIPS Survey was included in the 2021 review of materials under control number 0938-1222. However, the CAHPS Registration Guide (Appendix 1) which details CAHPS registration was previously reviewed under a different control number. We have included the guide in this review request for transparency into the burden estimates in Table 2. For the 2024 MIPS performance period, we assume that 266 groups will enroll in the CAHPS for MIPS survey based on the number of groups which elected to register during the CY 2022 registration period; this is a decrease of 16 from the 282 groups currently approved by OMB under the aforementioned control number (84 FR 62568).

There is a reduction in burden (-12 hours) associated with the number of groups registering for the CAHPS for MIPS survey.

Survey Vendor Application

For the 2024 MIPS performance period, we assume that 10 vendors will apply for CMS approval based on the current number of vendors; a decrease of 5 from the 15 vendors currently approved by OMB under control number 0938-1222.

There is a reduction in burden (-50 hours) associated with the number of vendors applying for CMS approval.

Burden for Beneficiary Responses to the CAHPS for MIPS Survey

We have adjusted the number of groups electing to report on the CAHPS for MIPS survey as well as the average number of beneficiaries per group based on the most recent data. The CAHPS for MIPS survey that will be administered in the 2024 MIPS performance period has no changes and has an estimated administration time of 13.1 minutes.

For the 2024 MIPS performance period, we assume that 100 groups will elect to report on the CAHPS for MIPS survey, which is equal to the number of groups that have registered and have a

sufficient beneficiary sample size to conduct the CAHPS for MIPS survey in the 2022 MIPS performance period; a decrease of 17 from the 117 groups currently approved by OMB.

Based on the number of complete and partially complete surveys for groups participating in CAHPS for MIPS survey administration for the 2022 MIPS performance period, we assume that an average of 255 beneficiaries will respond per group for the 2024 MIPS performance period. Therefore, the CAHPS for MIPS survey will be administered to approximately 25,500 beneficiaries per year (100 groups x an average of 255 beneficiaries per group responding). This is a decrease of 4,452 from our currently approved 29,952 beneficiary estimate.

The decrease in the number of beneficiaries responding to the CAHPS for MIPS survey results in an adjustment to the total time burden of -972 hours and -\$28,938 (\$194,688 currently approved annual cost - \$165,750 CY 2024 annual cost)).

For the 2024 MIPS performance period, we estimate an average administration time of 13.1 minutes (or 0.2183 hr) at a pace of 4.5 items per minute for the English version of the CAHPS for MIPS survey. For the Spanish version, we estimate an average administration time of 15.7 minutes (assuming 20 percent more words in the Spanish translation). However, since less than 1 percent of surveys were administered in Spanish for reporting year 2022, our burden estimate reflects the time for administering the English version of the survey.

As noted in Table 5 of this document, given that we expect approximately 25,500 respondents, we estimate an annual burden of 5,567 hours (25,500 respondents x 0.2183 hr/respondent).

Table 6: Summary of Program or Burden Changes for CAHPS for MIPS Survey

Information Collection	Currently Approved Respondents	Finalized Respondents	Change in Respondents	Currently Approved Hours	Finalized Hours	Change in Hours
§414.1325 and 414.1335 (CAHPS for MIPS Survey) Beneficiary Participation	29,952	25,500	-4,452	6,539	5,567	-972

16 Publication and Tabulation Dates

Seven CAHPS for MIPS summary survey measures are reported through the compare tool on the Medicare.gov website on public-facing group profile pages and via the Provider Data Catalog (PDC) housed on data.medicare.gov for the purpose of promoting more informed health care choices by people with Medicare. The summary survey measures are reported as top box percent performance scores. The 30-day preview period for clinicians to review their 2021 Quality Payment Program performance information selected for public reporting closed in December 2022. Information on the compare tool for the Doctors and Clinicians section on the Medicare.gov website is available on the CMS website (<https://www.medicare.gov/care-compare/>).

17 Expiration Date

We are requesting approval for this information collection for a period of three years. The expiration date will be displayed on the CAHPS for MIPS survey instruments, beneficiary letters, vendor application guidance, and group registration guidance.

18 Certification Statement

There are no exceptions to the certification statement.