

Application to Use Burden/Hours from Generic PRA Clearance:
Generic Social Marketing & Consumer Testing Research
(CMS-10437, OMB 0938-1247)

Generic Information Collection (GenIC) #10: Quality Payment Program Provider Awareness Tracking
Survey

Office of Communications (OC)
Centers for Medicare & Medicaid Services (CMS)

A. Background

The Quality Payment Program (QPP) is an essential component of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). QPP allows providers who are in advanced Alternative Payment Model (APM) or who bill more than \$30,000 a year and serve at least 100 Medicare beneficiaries a year to receive a payment adjustment based on evidence-based and practice-specific quality data. The first performance period of the new program began January 1, 2017 and closes on December 31, 2017. Performance calculations will begin after March 31, 2018, and payment adjustments for the 2017 performance year will be applied as of January 1, 2019.

As key components of the QPP are implemented throughout the next two years, tracking provider awareness of the program and various communication efforts by CMS is crucial. The proposed quantitative survey will measure awareness and understanding of key terms, level of participation in the program, and knowledge of key concepts (e.g., eligibility) and important dates or deadlines.

B. Description of Information Collection

MACRA was signed into law by President Obama on April 16, 2015. Section 101 of the law directs the Secretary of Health and Human Services to consolidate components of the three specified existing performance incentive programs into a new Merit-based Incentive Payment (MIP) system under which eligible professionals (including physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists, but excluding most Advanced Alternative Payment Model (APM) participants) receive annual payment increases or decreases based on their performance as measured by standards the Secretary shall establish according to specified criteria. In November, 2016, CMS released the final rules based on this legislation (42 CFR Parts 414 and 495), including the establishment of the QPP, which allows providers to participate in either the MIPs or the APM track.

With so many major changes in the Medicare payment model being implemented through the QPP in 2017 and beyond, CMS will be tasked with ensuring that providers understand the changes and how those changes affect them. The proposed data collection effort will provide research to help improve effectiveness of the outreach and education efforts of CMS to providers who are eligible to participate in the QPP.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Through regular data collection intervals, we expect to collect data from up to 2,800 participants. All participants will be providers, including physicians (primary care physicians and specialists), mid-level practitioners (physician assistants, nurse practitioners, clinical nurse specialists), and practice managers. The providers who respond or are represented must bill Medicare at least \$30,000 a year and care for more than 100 Medicare patients a year, and must not be in their first year of Medicare participation.

The data will be collected via online and telephone survey. The survey is expected to take approximately 15 minutes. The total approved burden ceiling of the generic ICR is 21,488 hours. We are requesting a total deduction of 700 hours from the approved burden ceiling (2,800 participants x .25 hours = 700 hours).

E. Timeline

CMS hopes to begin this collection as soon as clearance can be obtained.

The following attachments are provided for this information collection:

- Quality Payment Program Provider Awareness Tracking Survey
- PRA Disclosure Statement