

## 2026 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey via the Centers for Medicare & Medicaid Services (CMS)-Approved Survey Vendor Reporting

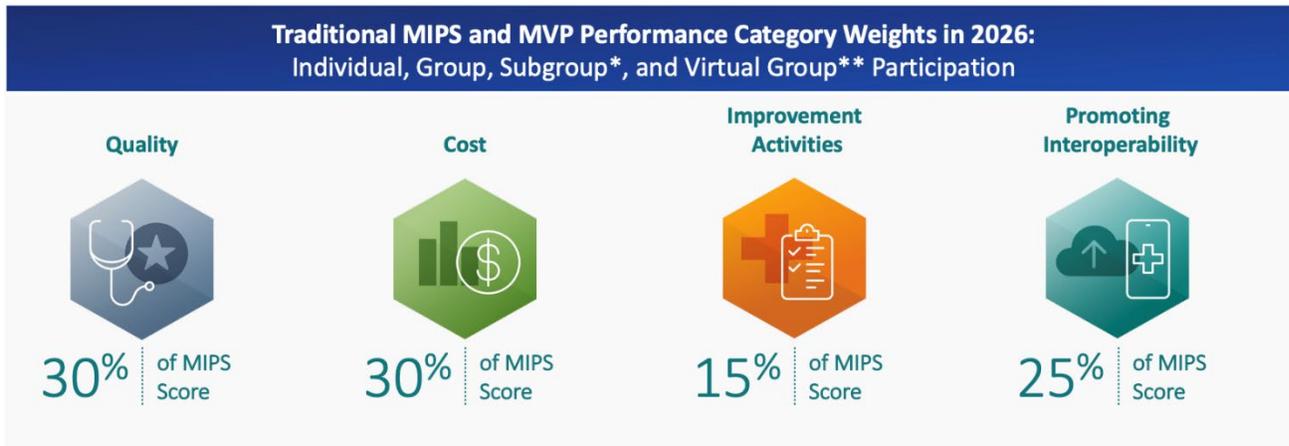
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA advances a forward looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is comprised of 2 tracks:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

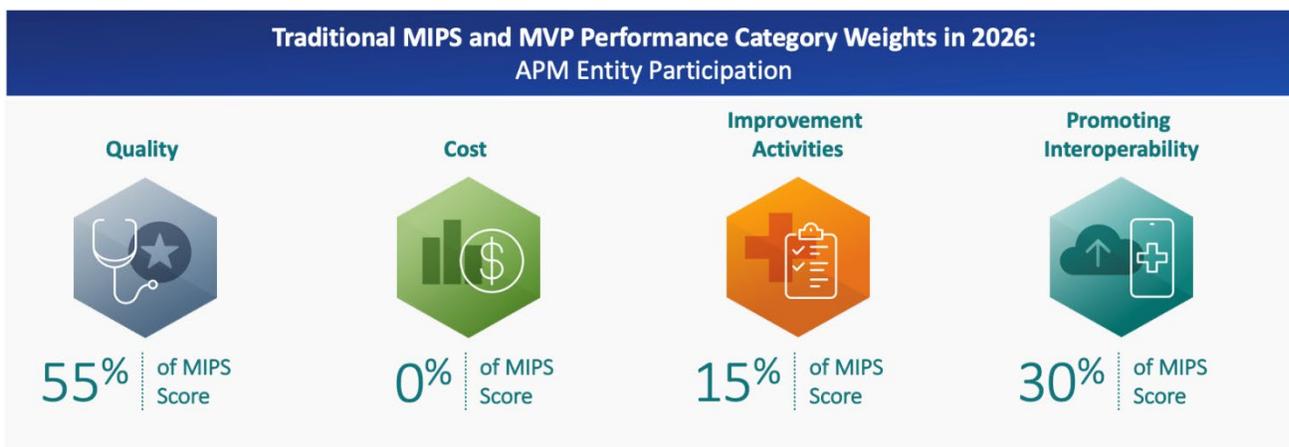
Beginning in 2024, if you participate in an Advanced APM and achieve Qualifying APM Participant (QP) status, you may be eligible for an increased QP conversion factor and will be excluded from MIPS.

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's part of the MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians, groups, subgroups, virtual groups, and Alternative Payment Model (APM) Entities is based on the Final Score. These are the performance category weights for the 2026 performance period:



\*Available for MVP reporting only.  
\*\*Available for traditional MIPS reporting only.

Since the 2021 performance period, Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) have been required to report via the APM Performance Pathway (APP) and administer the CAHPS for MIPS Survey. Beginning in 2025, ACOs are required to report the APP Plus measure set. The final policies can be found in the [CY 2026 Medicare Physician Fee Schedule \(PFS\) Final Rule \(PDF, 211MB\)](#) and in the [2026 QPP Policies Final Rule Fact Sheet \(PDF, 975KB\)](#).



## Focusing on the CAHPS for MIPS Survey

Eligible clinicians may participate in MIPS as individuals or as part of a group, subgroup, virtual group, or APM Entity. The CMS-approved survey vendor reporting mechanism is available to all MIPS groups, subgroups, virtual groups and APM Entities in MIPS APMs to supplement their quality reporting with the CAHPS for MIPS Survey.

The CAHPS for MIPS Survey collects reports and ratings of care to measure patients' experiences and care within a group, subgroup, virtual group, and APM Entity, including Shared Savings Program ACOs. The data collected on these surveys will be submitted on behalf of the entity by the CMS-approved survey vendor.

The CAHPS for MIPS Survey is optional for groups, subgroups, or virtual groups with 2 or more eligible clinicians. The CAHPS for MIPS Survey isn't an option for individual clinicians.

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

- Must select and authorize a CMS conditionally approved / 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.
- Will have your CAHPS for MIPS Survey scores made available for public reporting on the [compare tool](#) of the [Medicare.gov](#) website.

Note: The CAHPS for MIPS Survey may not be appropriate for groups that don't 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 and care within an entity. The 2026 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. Courteous and Helpful Office Staff
8. Care Coordination
9. Stewardship of Patient Resources
10. Health Status and Functional Status

## Reporting Criteria for 2026

The CAHPS for MIPS Survey is optional for all groups, virtual groups, and APM Entities of 2 or more eligible clinicians reporting via [traditional MIPS](#). As of 2023, subgroups have the option to participate in the CAHPS for MIPS Survey via [MIPS Value Pathways \(MVPs\)](#). MIPS provides several incentives for groups to participate.

- Under traditional MIPS, 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, virtual groups, and APM Entities 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.
- Under MVPs, the CAHPS for MIPS Survey may be included to count as one measure toward the 4 quality measures groups or subgroups are required to report. As a patient experience measure, the CAHPS for MIPS Survey fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure. For the 2026 performance year, the CAHPS for MIPS Survey is available in the following 3 MVPs: Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP; Advancing Cancer Care MVP; and Value in Primary Care MVP.

- The CAHPS for MIPS Survey is required for groups and APM Entities reporting via the APP or APP Plus. Groups and APM Entities that aren't Shared Savings Program ACOs reporting CAHPS via the APP must register via the registration system.
  - To elect participation, groups, subgroups, virtual groups, or APM Entities must register between **April 1 - June 30, 2026**.
  - Registration must be completed online through the [MIPS Registration System](#).
  - Groups, subgroups, virtual groups, and APM Entities that register for the CAHPS for MIPS Survey will be notified, no later than fall 2026, whether they're eligible to participate in the survey, based on their sample size.

- **Shared Savings Program ACOs are automatically registered to administer the CAHPS for MIPS Survey.**
- Shared Savings Program ACOs that don't have the minimum number of patients required to administer the survey will be notified no later than fall 2026. Due to requirements for ACOs to provide services for at least 5,000 patients, not having the minimum number of patients is a rare occurrence. The minimum number of patients required to administer the CAHPS for MIPS Survey is displayed in the table below.

Number of Eligible Clinicians	Minimum number of patients required to administer the CAHPS for MIPS Survey
100 or More	416
25 – 99	255
2 - 24	125

- **Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, that don't meet the minimum sample sizes can't administer the CAHPS for MIPS Survey.** For additional information on registration and requirements, please refer to the [Quality Payment Program Resource Library](#).

## Vendor Selection and Survey Administration

### What is a CMS-Approved Survey Vendor?

- CMS will approve survey vendors during an application process. Vendors with approved applications receive conditional approval. Vendors must successfully complete training and submit a Quality Assurance Plan to receive final CMS approval. Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, will contract with a CMS-approved survey vendor to administer the CAHPS for MIPS Survey, using the sample, survey, and specifications provided by CMS.
- CMS will approve survey vendors that demonstrate the facilities, project experience, and staff expertise required to administer the CAHPS for MIPS Survey. Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, that wish to administer the CAHPS for MIPS Survey are required to select and contract with a CMS-approved survey vendor to administer the survey. Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, are responsible for the costs associated with the survey administration. A list of CMS conditionally approved and CMS-approved survey vendors will be made publicly available<sup>1</sup>.

### Administering the CAHPS for MIPS Survey

The survey will be administered through a mixed-mode (mail survey administration followed by Computer-Assisted Telephone Interview [CATI] administration with non-respondents) data collection protocol that includes:

- A CMS prenotification letter.
- Up to 2 survey mailings.
- Up to 6 follow-up attempts to complete the survey by phone with patients who don't return a survey by mail.

Data is collected by a CMS-approved survey vendor authorized by the group, subgroup, virtual group, or APM Entity, including Shared Savings Program ACOs, to collect and submit the data. For the 2026 performance period, the CAHPS for MIPS Survey will be administered to patients from October 2026 through January 2027.

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<sup>1</sup> Final approval status is contingent on survey vendors completing all training and documentation requirements.

## Frequently Asked Questions

**Q: When will the CAHPS for MIPS Survey be administered?**

**A:** The survey is administered on an annual basis. The 2026 survey will be administered from October 2026 through January 2027.

**Q: Who pays to administer the CAHPS for MIPS Survey?**

**A:** Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, are responsible for the costs associated with the survey administration and must contract with a CMS-approved survey vendor to administer the survey. A list of approved vendors will be posted on the [Quality Payment Program Resource Library](#).

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

**A:** CMS will identify patients eligible for the survey from the pool of Medicare fee-for-service (FFS) patients assigned to the groups, subgroups, virtual groups, Shared Savings Program ACOs, and other APM Entities.

**Q: How will CMS select a sample of patients seen by a group, subgroup, virtual group, or APM Entity, including Shared Savings Program ACOs? Which patients will be sampled?**

**A:** CMS assigns Medicare FFS patients to a group, subgroup, virtual group, APM Entity, or Shared Savings Program ACO, and then randomly samples from those assigned patients to create the sample for the CAHPS for MIPS Survey. The sample will be limited to patients aged 18 or older, who aren't known to be institutionalized or deceased, and who had at least 2 visits for primary care services to the group, subgroup, virtual group, APM Entity, or Shared Savings Program ACO. The sample is drawn at the group, subgroup, virtual group, APM Entity, or Shared Savings Program ACO level, not at the individual clinician level. The survey names a specific clinician who delivered primary care to the patient over one or more visits in the performance period to help orient the patient 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, subgroup, virtual group, APM Entity, or Shared Savings Program ACO. CMS anticipates sampling 860 patients per year per group, subgroup, virtual group, or other APM Entity, including Shared Savings Program ACOs. The minimum number of patients required to administer the CAHPS for MIPS Survey is displayed in the table below.

Number of Eligible Clinicians	Minimum number of patients required to administer the CAHPS for MIPS Survey
100 or More	416
25 – 99	255
2 - 24	125

**Note: Groups, subgroups, virtual groups, and APM Entities, including Shared Savings Program ACOs, that don't meet the minimum sample sizes noted above can't administer the CAHPS for MIPS Survey.**

**Q: Is my Shared Savings Program ACO required to participate in the CAHPS for MIPS Survey regardless of the number of patients assigned to my ACO?**

**A:** Yes, Shared Savings Program ACOs are required to report the CAHPS for MIPS Survey and are subject to the same minimum sample size requirements as groups, subgroups, virtual groups, and other APM Entities, for purposes of administering the CAHPS for MIPS Survey. Shared Savings Program ACOs that don't have the minimum number of patients can't administer the survey. In the event they can't administer the survey, the number of measures included in the calculation of the ACO's quality performance scores will be reduced from 6 to 5 measures in the APP.

While this is infrequent, it's possible that a Shared Savings Program ACO will receive instructions on completing the vendor authorization process, but later receive confirmation from CMS that they don't meet the minimum sample size requirements to administer the survey.

**Q: Can our group, subgroup, virtual group, APM Entity, or Shared Savings Program ACO supplement the sample CMS selects to generate clinician-level results?**

**A:** No. The current sample design doesn't allow requests for an additional sample or to supplement the sample.

**Q: If my group is part of an Alternative Payment Model or MIPS APM, do we have to administer the CAHPS for MIPS Survey separately?**

**A:** The CAHPS for MIPS Survey is required for groups and APM Entities, including Shared Savings Program ACOs, reporting via the APP. If your group is part of a Shared Savings Program ACO and relies on the ACO for quality reporting, the group doesn't need to register and administer the survey separately.

**Q: Can my group that's part of a Shared Savings Program ACO administer the CAHPS for MIPS Survey?**

**A:** If a group that is part of an ACO wants to administer the CAHPS for MIPS Survey outside the Shared Savings Program and use the APP, the group needs to separately register for MIPS. If a group that is part of an ACO wants to administer the CAHPS for MIPS Survey outside the Shared Savings Program ACO through [traditional MIPS](#), the group needs to separately register for MIPS and choose the CAHPS for MIPS Survey as one of their measures.

**Q: Are subgroups subject to the same minimum sample sizes as groups, APM Entities, and Shared Savings Program ACOs?**

**A:** Subgroups reporting the CAHPS for MIPS Survey via MVPs must meet the minimum sample size requirements. The number of patients sampled may vary based on the size of the subgroup. Similar to groups, APM Entities, and Shared Savings Program ACOs, CMS anticipates sampling 860 patients per year per subgroup. The minimum number of patients required to administer the CAHPS for MIPS Survey is displayed in the table below.

Number of Eligible Clinicians	Minimum number of patients required to administer the CAHPS for MIPS Survey
100 or More	416
25 – 99	255
2 - 24	125

**Q: If my MVP subgroup registers for the CAHPS for MIPS Survey, can we change or cancel our CAHPS registration?**

**A:** Your subgroup may change or cancel your CAHPS registration or withdraw from CAHPS until June 30, 2026. After June 30, 2026, CMS will proceed with data collection once a subgroup registered for the 2026 CAHPS for MIPS Survey has formally authorized a CMS-approved survey vendor, regardless of your MVP registration status.

**Q: What translations are available for the CAHPS for MIPS Survey?**

**A:** CMS has translated the CAHPS for MIPS Survey into Cantonese, Korean, Mandarin, Portuguese, Russian, Spanish, and Vietnamese. Groups, subgroups, virtual groups, or other APM Entities, including Shared Savings Program ACOs, must administer the CAHPS for MIPS Survey in English and Spanish, and have the option of administering the survey in one or more of the other available languages. Survey vendors may use only the CAHPS for MIPS Survey translations provided by CMS.