

National Implementation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey

Participation Form for Survey Vendors

The following items are required for your organization to be a Centers for Medicare & Medicaid Services (CMS) survey vendor of the CAHPS for MIPS Survey:

1. Meet all of the minimum survey vendor business requirements at the time of the submission of this form.
2. Fill out the participation form below. Please note sections indicated with an asterisk (*) are required.

Note: Organizations must also adhere to the Rules of Participation

If your organization is approved to be a survey vendor for the CAHPS for MIPS Survey, all staff and all of your subcontractors must conduct all of your business activities in the United States.

All vendor applications and materials are **due by April 25, 2022, at 5 p.m. ET.**

Part 1. General Information

Complete this section with your organization's basic information. An asterisk (*) indicates a required response.

1.1 APPLICANT ORGANIZATION		
1.1.a. ORGANIZATION		
1.1.b. MAILING ADDRESS 1.		
1.1.c. MAILING ADDRESS 2		
1.1.d. CITY*	1.1.e. STATE*	1.1.f. ZIP CODE*



1.1.g. TELEPHONE AND FAX (area code, number and extension)			1.1.h. WEB SITE*
TEL*	EXT	FAX	
1.2 APPLICANT CONTACT PERSON			
1.2.a. PRIMARY CONTACT PERSON			
FIRST NAME*		MIDDLE INITIAL*	LAST NAME*
1.2.b. TITLE*		1.2.c. DEGREE (e.g., RN, MD, PhD)	
1.2.d. MAILING ADDRESS 1*			
1.2.e. MAILING ADDRESS 2			
1.2.f. CITY*		1.2.g. STATE*	1.2.h. ZIP CODE*
1.2.i. TELEPHONE AND FAX (area code, number and extension)			1.2.j. EMAIL ADDRESS*
TEL*	EXT	FAX	

1.3 CMS-SPONSORED AND CAHPS SURVEY EXPERIENCE

*1.3.a. Have you been approved as a vendor to implement other CMS or CAHPS surveys in the past 5 years?

☐ Yes

☐ No

*1.3.b. Have you been a subcontractor to an approved vendor for other CMS or CAHPS surveys in the past 5 years?

☐ Yes

☐ No

*1.3.c. If Yes, please provide the name of the survey vendor(s) and the survey(s) for which you've been a subcontractor.

CMS will consider prior experience, as either a survey vendor or subcontractor on CMS or CAHPS surveys, when reviewing your organization's Participation Form.

Part 2. The CAHPS for MIPS Survey

Minimum Survey Vendor Business Requirements

If you want to be a survey vendor for the CAHPS for MIPS Survey, you must meet the following minimum business requirements. Please read each minimum business requirement below and check Yes or No to indicate if you do or don't meet each requirement. Please provide supporting information where requested. An asterisk (*) indicates a required response.

2.1. RELEVANT ORGANIZATIONAL SURVEY EXPERIENCE Recent experience (at least 3 years) in fielding surveys via Mixed-Mode (mail survey administration followed by Computer-Assisted Telephone Interview [CATI] administration with non-respondents).		
*2.1.a. Survey experience: Within the last 5 years, do you have at least 3 years of experience conducting surveys with the Medicare population and administering CAHPS surveys?		☐ Yes ☐ No
2.1.b. Experience details: Complete this section with information from the 5 most recent CAHPS and Medicare population survey projects in which your organization administered surveys:		
Survey Project #1	*What was the survey name?	
	*What was the average sample size in the data collection period?	
	*When did your organization collect data? (month/year of start and end dates)	
	*For how many clients did your organization administer this survey?	
	*In which mode(s) did you administer the survey? (Mixed-Mode, mail only, telephone only, etc.)	
	*In what language(s) did you administer the survey?	

Survey Project #2	*What was the survey name?	
	*What was the average sample size in the data collection period?	
	*When did your organization collect data? (month/year of start and end dates)	
	*For how many clients did your organization administer this survey?	
	*In which mode(s) did you administer the survey? (Mixed-Mode, mail only, telephone only, etc.)	
	*In what language(s) did you administer the survey?	
Survey Project #3	*What was the survey name?	
	*What was the average sample size in the data collection period?	
	*When did your organization collect data? (month/year of start and end dates)	
	*For how many clients did your organization administer this survey?	
	*In which mode(s) did you administer the survey? (Mixed-Mode, mail only, telephone only, etc.)	
	*In what language(s) did you administer the survey?	

Survey Project #4	*What was the survey name?	
	*What was the average sample size in the data collection period?	
	*When did your organization collect data? (month/year of start and end dates)	
	*For how many clients did your organization administer this survey?	
	*In which mode(s) did you administer the survey? (Mixed-Mode, mail only, telephone only, etc.)	
	*In what language(s) did you administer the survey?	
Survey Project #5	*What was the survey name?	
	*What was the average sample size in the data collection period?	
	*When did your organization collect data? (month/year of start and end dates)	
	*For how many clients did your organization administer this survey?	
	*In which mode(s) did you administer the survey? (Mixed-Mode, mail only, telephone only, etc.)	
	*In what language(s) did you administer the survey?	
*2.1.c. Number of years in business: Have you been in business at least 4 years?		☐ Yes ☐ No

*2.1.d. Number of years conducting surveys: For at least 3 of the past 5 years, have you administered surveys in a Mixed-Mode methodology (mail survey administration followed by CATI administration with non-respondents)? Note: The 3 years of Mixed-Mode experience must be fulfilled by the applicant vendor and not its subcontractor.	☐ Yes ☐ No
*2.1.e. Experience with multiple survey languages: Do you have experience administering surveys in English and at least one other language from the list at right? If yes, please check the languages in which you've administered surveys.	☐ Yes ☐ No ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Korean ☐ Russian ☐ Vietnamese ☐ Portuguese

2.2. ORGANIZATIONAL SURVEY CAPACITY Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.	
*2.2.a. Designate key survey personnel: Does your organization have a: • Project Manager who has administered Mixed-Mode surveys for at least 3 years; and • Information Systems Specialist/Programmer/Developer with survey experience for a minimum of 1 year; and • Telephone Survey/Mail Survey Supervisor (with a minimum of 1 year of prior experience in the role); and • Organizational back-up staff to cover key staff? Notes: 1. Volunteers aren't permitted to be involved in any aspect of the survey administration process. 2. Your organization must develop confidentiality agreements and obtain signatures at a minimum of every 3 years from all personnel (including subcontractor staff) involved in survey administration and data collection.	☐ Yes ☐ No

*2.2.b. System resources: Does your organization have a secure commercial workplace with the physical plant resources to handle the volume of surveys being administered, including: • Computer and technical equipment; and • An electronic survey management system to track fielded surveys through the entire protocol? Note: All system resources are subject to oversight activities, including site visits to physical locations (such as a vendor's mail facility to observe production of survey materials and/or a call center where interviews are being conducted).	☐ Yes ☐ No
*2.2.c.1. Mixed-Mode of survey administration: Your organization will be given the mail and telephone versions of the CAHPS for MIPS Survey in electronic form and text for cover letters. Can your organization print and copy the survey materials in accordance with the specifications and timeline provided, use commercial software/resources to ensure that the addresses and telephone numbers are up-to-date for all the sample patients, and keep the information that identifies the people taking part in the survey confidential?	☐ Yes ☐ No
*2.2.c.2. You acknowledge that telephone interviews aren't to be conducted from a residence, or from a virtual office?¹	☐ Yes ☐ No
*2.2.d.1. Data submission: Can your organization encrypt data files for transmission in accordance with required specifications?	☐ Yes ☐ No
*2.2.d.2. Does your organization have previous experience with a flat American Standard Code for Information (ASCII) file format and submitting encrypted data to an external data warehouse?	☐ Yes ☐ No
*2.2.d.3. Will authorizations and business associate agreements be established between your organization and the group, virtual group, Alternative Payment Model (APM) Entity, or Shared Savings Program Accountable Care Organization (ACO)?	☐ Yes ☐ No

¹ Survey vendors approved for 2022 survey administration may conduct this component of the 2022 Facilities and Systems and Mixed-Mode business requirements remotely on an as-needed basis during the COVID-19 Public Health Emergency. Vendors must continue to adhere to the vendor approval criteria codified in [§414.1400](#) throughout 2022 administration of the survey.

*2.2.e. Data security: Can your organization register with the CMS Contractor and follow data specifications and procedures in order to send and receive encrypted data from the Internet? Note: Organizations must ensure protected health information (PHI) and/or personally identifiable information (PII) will only be transmitted and exchanged using secure methods. Emailing PHI or PII via unsecure email is prohibited.	☐ Yes ☐ No
*2.2.f. Confidentiality: Can your organization meet all Health Insurance Portability and Accountability Act (HIPAA) rules and regulations and store survey-related paper or electronic data files securely and confidentially?	☐ Yes ☐ No
*2.2.g. Technical assistance/customer support: Can your organization provide toll-free customer telephone support and respond within 24-48 hours to all languages in which you're administering the survey?	☐ Yes ☐ No

2.3 QUALITY CONTROL PROCEDURES

Personnel training and quality control mechanisms used to collect valid, reliable survey data.

***2.3.a. Demonstrated Quality Control Procedures:** Can your organization set up and document quality control procedures for all phases of survey implementation including: training; printing, mailing and recording receipt of surveys; telephone administration of survey (electronic telephone interviewing system); coding, editing, or keying in survey data; preparing final person-level data files for submission and all other functions and processes that affect the administration of the CAHPS for MIPS Survey?

☐ Yes ☐ No

2.3.b. Can your organization provide documentation as requested for site visits and conference calls, including but not limited to: HIPAA compliance, mail material production, staff training records, telephone interviewer monitoring records, and file construction documentation?

☐ Yes ☐ No

2.4 EXPLANATION

Please explain why you replied "NO" to any of the questions in Section 2.

Part 3. Key Project Staff

3.1.a. LIST OF KEY PROJECT STAFF			
*Project staff name	Role	Email	Telephone
1.	Project Manager		
2.	Mail Survey Supervisor		
3.	Telephone Survey Supervisor		
4.	Information Systems Specialist/Computer Programmer/Developer		

Part 4. List of Subcontractors

4.1.a. ☐ Check here if your organization doesn't plan to use subcontractors for the 2022 survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors.	
4.1.b. Subcontractor name and experience	
Subcontractor 1 Name, Address, Telephone Number, and Primary Contact:	What will the subcontractor do in administering the 2022 CAHPS for MIPS Survey?
How many years has your organization worked with the subcontractor?	
How many years has the subcontractor administered surveys?	
How many years has the subcontractor been in business?	
What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey?	
What general survey experience does the subcontractor have?	
Subcontractor 2 Name, Address, Telephone Number, and Primary Contact:	What will the subcontractor do in administering the 2022 CAHPS for MIPS Survey?
How many years has your organization worked with the subcontractor?	
How many years has the subcontractor administered surveys?	
How many years has the subcontractor been in business?	
What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey?	
What general survey experience does the subcontractor have?	

NOTE: Add additional subcontractor information in a separate document.

Part 5. Curriculum Vitae (CV)

5.1. Please email CVs for all of your key project staff listed in Table 3.1.a. List of Key Project Staff via the CAHPS for MIPS Survey Technical Assistance email at MIPSCAHPS@hsag.com.

Part 6. Rules of Participation

Any organization participating in the CAHPS for MIPS Survey must adhere to the following Rules of Participation. To be eligible, the organization must:

1. Take part in a teleconference with the Project Team to talk about your organization's relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
2. Take part in and successfully complete all training sessions. In addition to the Project Manager, we require the following staff to attend training, as applicable: Mail Survey Supervisor; Telephone Survey Supervisor; Information Systems Specialist and Computer Programmer/Developer; Data Administrator; and Back-up Data Administrator. Your organization's subcontractors that have key roles in administering the survey are also required to attend training.
3. Review and follow the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2022 and policy updates.
4. Attest to the accuracy of your organization's data collection (as determined by CMS), following guidelines in the most current version of the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2022.
5. Write and send a Quality Assurance Plan (QAP) by the due date. Also, send in materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, envelopes, and questionnaires) and telephone scripts.
6. Participate and cooperate in all oversight activities conducted by the Project Team (including subcontractors).
7. Send in an interim and final survey data file(s) to CMS.
8. Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation and public reporting of results by CMS's Medicare [Care Compare](#) Website.

Part 7: Applicant Organization Qualification and Acceptance

I certify that: • I have reviewed and agree to meet the Rules of Participation for participating in the CAHPS for MIPS Survey. • The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the CAHPS for MIPS Survey Minimum Survey Vendor Business Requirements.	*AUTHORIZED REPRESENTATIVE: Name: _____ Title: _____ Organization: _____ Date: _____
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If you need help completing this application, please contact the Project Team by email at MIPSCAHPS@hsag.com.

When you complete the form, send it as an attachment to MIPSCAHPS@hsag.com.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1222 (Expiration date: 01/31/2022). The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact OPP@cms.hhs.gov.