



Administrator

Washington, DC 20201

{Date}
Dear {Name}:
{Title}
{Facility Name}
{Address}
{Address 2}
{City, State Zip}

**#1 – Letter for those who
complete by Internet**

The Centers for Medicare & Medicaid Services (CMS) would like to hear from you. You now have an opportunity to make your voice heard about the services you receive from your Medicare contractor, {Contractor Name}.

Your organization has been chosen at random to participate in the Medicare Contractor Provider Satisfaction Survey (MCPSS). The survey is designed to collect quantifiable data on provider satisfaction with the performance of your Medicare contractor. CMS conducts the survey on an annual basis and uses the results for Medicare contractor oversight. CMS has contracted with SciMetrika, a public health consulting firm, to administer this survey and report statistical data to CMS.

The MCPSS focuses on key areas of the interface between you and {Contractor Name}: {Services}. The individual(s) who interact(s) on a regular basis with your contractor is the appropriate person to complete the survey. If multiple persons or an external entity interacts with {Contractor Name} on a regular basis, then please forward a copy of this letter with the below instructions to each of them so they can complete their respective area.

Step 1: Access the secure Internet website: <https://www.mcpsstudy.org>

Step 2: Enter your User Id and password:

Your **User ID: is Prov_Username**

Your **password: is Prov_Pswrd**

It is important that you complete the survey right away. If you have any questions, please call our MCPSS Provider Helpline toll-free number at [1-800-835-7012](tel:1-800-835-7012) or send an email to MCPSS@scimetrika.com. If you would like a copy of the survey instrument or MCPSS Survey Results reports, please visit our above MCPSS website and follow the print instructions.

Please note that your participation is voluntary. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual, practice, or facility. We will not provide information that identifies you or your practice or facility to anyone outside the study team, except as required by law.

CMS is listening and wants to hear from you about the services provided by {Contractor Name}, so please take a few minutes and complete this important survey. We thank you for your time.

Sincerely,

Charlene Frizzera
Acting Administrator

Enclosure