

**Administrator**

Washington, DC 20201

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

#2 – Letter for those who would like to complete by phone/have no Internet access

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.

Since you indicated that you either lack Internet access or would prefer to complete the survey by phone, SciMetrika will contact you by telephone in the coming weeks. To schedule a time for the survey please call _____ and have your User ID ready, {USERID}. For a paper copy of the survey instrument, or if you have any questions, please call the MCPSS Provider Helpline at 1-800-835-7012. In the event your situation changes and you are able to access the website we have included the Internet survey instructions below.

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**

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