
Qualified Health Plan Enrollee Experience Survey

2021 VENDOR PARTICIPATION FORM

A vendor must fulfill all Minimum Business Requirements (MBR) listed below to apply for consideration to administer the 2020 Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) on behalf of QHP issuers.

This Participation Form is to be completed by organizations requesting approval to administer the 2021 QHP Enrollee Survey on behalf of QHP issuers. Final approval to administer the 2021 QHP Enrollee Survey is contingent on successful completion of 2021 QHP Enrollee Vendor Training. The 2020 QHP Enrollee Survey Vendor Training is tentatively scheduled for October XX, 2020.¹

ALL VENDOR PARTICIPATION FORMS AND MATERIALS ARE DUE TO THE QHP ENROLLEE SURVEY PROJECT TEAM (PROJECT TEAM) BY: July XX, 2020.

Forms should be saved as a PDF with the following naming convention: 2021 QHP Participation Form_ [Vendor Name]_DDMMYY (e.g., 2021 QHP Participation Form_VendorXYZ_072920.pdf) Submit completed forms to the Project Team via email at QHPSurveyVendor@bah.com.

Please note that publication of the *2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications* is anticipated for the end of September 2020. Compliance with the *2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications* is required upon approval as a 2021 QHP Survey Vendor.

¹ According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1221. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The expiration date for this form is 09/30/2020.

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.

I. General Information

Please complete the section below to provide general organizational information.

1. Organization Name	
2. Organization Mailing Address	
3. Organization Telephone Number	
4. Organization Website Address	
5. Number of Years in Business and Date Company Founded	
6. Number of Years Conducting Patient Experience Surveys by Mode	Mail: Telephone: Internet:
7. Number of Years Conducting Mixed Mode (i.e., Mail, Telephone, Internet) Patient Experience Surveys	
8. Primary Contact Person (First Name, Last Name; Title; Degree(s))	
9. Primary Contact Mailing Address	
10. Primary Contact Telephone Number	
11. Primary Contact Email Address	

II. QHP Enrollee Survey Minimum Business Requirements

Vendors must meet all *Minimum Business Requirements*. Please check “Yes” or “No” for each item below to indicate whether your organization meets the following *Minimum Business Requirements*.

1. Relevant Survey Experience

Number of Years in Business		
Vendor has been in business for a minimum of four years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Survey Experience		
Vendor has a minimum of three years' prior experience administering standardized patient experience surveys as an organization within the most recent three-year period (2017-2020).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a minimum of three years' prior experience conducting large-scale mixed-mode (mail/telephone/internet) survey protocols within the most recent three-year period (2017-2020).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has prior experience administering patient experience surveys for vulnerable populations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a minimum of two years' prior experience employing a statistical sampling process within the most recent three-year period (2017-2020).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has prior experience submitting patient experience survey data to an external third-party organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In reviewing applications, CMS will take into consideration the applicant's prior experience on other CMS-sponsored surveys as a vendor.

Prior Experience on CMS-Sponsored Surveys		
Vendor has been previously approved to implement other CMS-sponsored or CAHPS surveys.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your organization has been approved for other CMS-sponsored surveys, list the five most recent standardized patient experience surveys your organization conducted:

Survey	Average Sample Size Per Data Collection Period	Data Collection Period (Start and End Dates)	Number of Contracted Clients	Mode of Survey Administration (Mixed-Mode, Mail-Only, Telephone-Only, Internet-Only)	Language(s) Administered	Number of Years Administering Survey
1.						
2.						
3.						
4.						
5.						

Experience with Survey Administration in Multiple Languages		
Vendor has prior experience administering mail, telephone, and internet surveys in English and Spanish.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization seeking CMS approval to administer the QHP Enrollee Survey in Chinese?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[If applying to administer the QHP Enrollee Survey in Chinese]: Vendor has prior experience administering mail surveys in Traditional Chinese and telephone surveys in Mandarin.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation

Please explain any "No" responses to the above *Relevant Survey Experience* requirements. Indicate the requirement(s) to which the explanation applies:

Requirement	Explanation

2. Organizational Survey Capacity

Capacity to Handle Estimated Workload		
Vendor has sufficient physical and personnel resources to administer large-scale outgoing and incoming mail surveys, perform telephone interviews using an electronic telephone interviewing system, and administer the internet survey during the survey fielding period (e.g., February through May).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor conducts all survey-related activities within the Continental United States, Hawaii, Alaska, and U.S. Territories. This requirement applies to all staff and subcontractors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to adhere to requirements specified in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personnel		
Vendor has a designated Project Manager, who is an employee (i.e., not a subcontractor), who oversees all survey operations and has at least three years of experience in overseeing all functional aspects of survey operations including mail, telephone, internet, data file preparation, and data security. Must have a strong background in survey research and methodology and previous experience using mixed-mode administration, as evidenced by the Curriculum Vitae (CV).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Mail Survey Supervisor with a minimum of one year's previous experience managing large-scale mail survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Telephone Center Survey Supervisor with a minimum of one year's previous experience managing large-scale telephone interviewing projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Internet Survey Supervisor with a minimum of one year's previous experience managing large-scale internet survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has a designated Sampling Manager, directly employed by the vendor (i.e., not a subcontractor), with a minimum of one year's previous experience with sample frame development and sample selection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has designated Information System staff responsible for data submission (programmer) who are directly employed by the vendor (i.e., not a subcontractor) and have a minimum of one year's previous experience preparing and submitting data files in a specified format to external third-party organization(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vendor has appropriate organizational back-up staff for coverage of key staff, in terms of sufficiency and experience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Resources		
Vendor's commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. Note: All system resources are subject to oversight activities, including onsite visits to physical locations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor and its designated subcontractors (if applicable) conduct business operations and all vendor-related work, including mail and internet survey administration and telephone interviewing, at the vendor's or approved subcontractor's official business location. Home-based places of work (e.g., residences) and virtual organizations will not be considered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to reproduce and mail questionnaires, cover letters and reminder letters at the vendor's or subcontractor's official business location, as outlined in <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to process (e.g., scan or key enter) incoming paper surveys at the vendor's or designated subcontractor's official business location, as outlined in <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to program electronic telephone interview systems in accordance with specifications provided and to conduct telephone interviews using an electronic telephone interviewing system at the vendor's or subcontractor's official business location, as outlined in the <i>2021 Qualified Health Plan Enrollee Experience Survey Quality Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to produce and program the internet survey instrument and all required emails in-house.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to produce a mobile-ready version of the internet survey in-house.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can handle concurrent survey projects while maintaining high-quality survey data and response rates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has an electronic survey management system that tracks fielded surveys through each stage of the protocol via random, unique de-identified enrollee identification numbers and interim disposition codes. The electronic survey management system prevents duplicative records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to provide regular progress reports to QHP issuers, within guidelines specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vendor maintains a secure work environment for receiving, processing, and storing hardcopy and electronic versions of questionnaires and sample files that protects the confidentiality of survey response data and personally identifiable information (PII).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the resources to prepare, accommodate, and plan for onsite visits from CMS or the CMS-sponsored Project Team for quality oversight purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mode Administration		
Vendor can print, assemble, and mail survey materials in accordance with the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can program the electronic telephone interviewing system in accordance with the <i>2021 Qualified Health Plan Enrollee Experience Survey and Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can produce and program the internet survey instrument in accordance with the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can comply with all quality oversight requirements described in the <i>2021 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> . This includes the submission of sample mail materials, sample telephone scripts and interviewer screen shots, and an internet survey test link and test emails to the Project Team for review and approval prior to survey administration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor demonstrates ability to collect and accurately process survey data through all phases of survey administration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has demonstrated experience identifying and contacting nonrespondents for mail and telephone follow-up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to adhere to the survey administration timeline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has experience using commercial software/resources to verify that addresses and telephone numbers are updated and correct for all sampled enrollees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capability to administer the survey in Spanish (and Chinese, if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can assign appropriate disposition codes to each sampled enrollee to indicate final survey status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor's mail and internet survey administration activities and telephone interviews are not conducted from any residences (i.e., no remote, home-based or virtual work).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sampling Experience		
Vendor has consistent experience in the two most recent years (2018-2020), selecting random samples based on specific eligibility criteria.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor must document its statistical approach to drawing a sample and demonstrate its ability to work with QHP issuer(s) to electronically obtain sample frame(s) for sampling within a specified time frame.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor must conduct quality checks on sample frame file(s) to verify accuracy and completeness of sample frame information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendors must conduct the sampling process in-house and must not subcontract this activity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data Submission		
Vendor has the capability to scan or key enter data per protocols detailed in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to follow all data preparation and submission rules as specified in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> , including verifying data are de-identified and contain no duplicate cases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor can submit data electronically in the format specified in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will execute Business Associate Agreement(s) with QHP issuer(s) and receive annual authorization from QHP issuer(s) to collect data on their behalf and submit these data to CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will work with the Project Team to resolve data and data file submission problems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data Security and Retention		
Vendor maintains established electronic security procedures related to access levels, passwords, and firewalls as required by HIPAA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor performs daily data back-up and offsite redundancy procedures that adequately safeguard system data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor develops a disaster recovery plan for conducting ongoing business operations in the event of a disaster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to use required encryption protocols, if applicable, to transmit data files. CMS-defined PII must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vendor has established procedures for identifying and reporting breaches of confidential data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will prepare and submit data via secure methods (HIPAA compliant).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to retain all data files for a minimum of three years, or as otherwise specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confidentiality		
Vendor has the capacity to store data files (paper and/or electronic) securely and confidentially in accordance with specified requirements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity and resources to ensure confidentiality of data for sampled enrollees' PII and survey responses during each phase of the survey process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor will obtain signed confidentiality agreements from staff and subcontractors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity and resources to comply with all applicable HIPAA Security and Privacy Rules, Protected Health Information (PHI), and Personally Identifiable Information (PII) protocols in conducting all survey administration and data collection activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical Assistance/Customer Support		
Vendor has the capacity to establish toll-free customer support telephone lines with a live operator during regular vendor business hours to accommodate both English and Spanish inquiries throughout the duration of survey fielding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If administering the survey in Chinese (Mandarin), vendor has the capacity and resources to accommodate telephone inquiries from Chinese-speaking survey participants.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation

Please explain any "No" responses to the above *Organizational Survey Capacity* requirements. Indicate the requirement(s) to which the explanation applies:

Requirement	Explanation

3. Quality Control Procedures

Demonstrated Quality Control Procedures		
Vendor has the capacity to establish and document quality control procedures for all phases of survey implementation: internal staff training; printing, mailing and recording receipt of surveys; telephone administration of surveys (electronic telephone interviewing system); internet administration of surveys; scanning and coding of survey data; monitoring subcontractors (if applicable); preparing final data files for submission; and all other functions and processes that affect the administration of the QHP Enrollee Survey as specified in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vendor has the capacity to develop and submit annually a Quality Assurance Plan (QAP) for administration in accordance with the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> that provides written evidence of the processes used to collect and accurately process survey data through all phases of fielding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical business premises on which major survey operations are conducted are amenable to onsite visits by CMS and the CMS-sponsored Project Team, as specified in the <i>2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation

Please explain any “No” responses to the above *Quality Control Procedures* requirements. Indicate the requirement(s) to which the explanation applies:

Requirement	Explanation

III. List of Key Project Staff

Name	Role	Years with Organization	Email Address	Telephone Number
1.				
2.				
3.				
4.				
5.				

IV. Subcontractors

Subcontractors	Response
Check here if your organization does not plan to use subcontractors for the 2020 QHP Enrollee Survey administration.	<input type="checkbox"/>

Please complete the following section for each subcontractor your organization plans to use for 2021 QHP Enrollee Survey administration. The following requirements must be met:

- Each subcontractor must meet the criteria outlined for the survey administration activity that it will conduct.
- The subcontracting of printing, outgoing mail processing, data entry/scanning, and telephone interviewing and/or customer support by a vendor is limited to a reasonable number of subcontractors based on the vendor's estimated number of surveyed enrollees and subject to CMS review.
- The subcontracting of sample file generation, email or internet survey administration, and/or data file preparation and submission is **not allowed**.
- All subcontractors are subject to CMS approval.

Subcontractor Name(s), Role(s) and Experience

Subcontractor 1	
1. Subcontractor Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), Including Names of Relevant Projects	

Subcontractor 2	
1. Subcontractor Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), Including Names of Relevant Projects	

Subcontractor 3	
1. Subcontractor Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), Including Names of Relevant Projects	

Subcontractor 4	
1. Subcontractor Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor Has Worked with Your Organization	
6. Survey Administration Role(s)	
7. Experience Related to Survey Administration Role(s), Including Names of Relevant Projects	

V. Curriculum Vitae (CV)

Please submit a CV for all identified key vendor staff and subcontractor staff, if applicable, via email to the Project Team at QHPSurveyVendor@bah.com. Please ensure subject line in email reads, “[Vendor Name] Key Staff CV Submission”.

VI. Participation Rules

Any vendor participating in 2021 QHP Enrollee Survey administration must adhere to the following Participation Rules. To be eligible, the organization must:

1. Meet the 2021 QHP Enrollee Survey Minimum Business Requirements (MBR).
2. Participate in a teleconference call with the Project Team (as determined by CMS) to discuss relevant survey experience, organizational survey capability and capacity, quality control procedures, and role of subcontractors (if applicable).
3. Participate in and successfully complete QHP Enrollee Survey Vendor Training and all subsequent QHP Enrollee Survey Vendor update trainings. At a minimum, the organization’s Project Manager, Mail Survey Supervisor, Telephone Survey Supervisor, Internet Survey Supervisor, and Sampling Manager must attend training as representatives of the organization. It is strongly recommended that the Project Director and any additional key staff responsible for programming, data coding, and file preparation also attend training. Subcontractor attendance is optional.
4. Review and comply with the *2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications* and any policy updates.
5. Develop and submit a vendor Quality Assurance Plan (QAP) as specified by the deadline determined by CMS. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters, questionnaires, reminder letters and envelopes), telephone scripts and the internet survey instrument.
6. Participate and cooperate (including subcontractors) in all oversight activities conducted by the Project Team, including but not limited to: survey material review, onsite/remote site visits, seeded mailings, telephone interview monitoring, data review, and other oversight activities as determined by CMS.
7. Acknowledge that the use of virtual telephone interviewers is prohibited.
8. Comply with all rules and regulations pertaining to personally identifiable information (PII) and Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act (HIPAA).
9. Submit an interim survey data file to CMS, as determined by CMS.

10. Submit data on time, as specified by the deadline determined by CMS.
11. Attest to the accuracy of the organization's data collection (as determined by CMS) and follow the guidelines set forth in the *2021 Qualified Health Plan Enrollee Experience Survey Technical Specifications*.
12. Notify the Project Team of any discrepancies or variations from standard QHP Enrollee Survey protocols that occur as the discrepancy is identified. The vendor must complete and submit a Discrepancy Report (in the format and manner specified by CMS) within one business day of becoming aware of the discrepancy. Vendors must notify QHP issuer clients whenever a Discrepancy Report is submitted to the Project Team regarding their reporting unit(s), as applicable.
13. Attest that the vendor is organizationally independent from the QHP issuer client; the vendor must not administer the QHP Enrollee Survey or produce survey results to meet CMS requirements for any QHP client issuer that controls, is controlled by, or is under common control with the vendor.
14. Acknowledge that contracting with and successfully administering the QHP Enrollee Survey on behalf of at least one QHP issuer within 24 months of receiving initial approval status is a requirement for continued approval status. A vendor must continue to field the survey for at least one QHP issuer during every 24-month increment following the initial 24-month period.
15. Acknowledge that CMS may, at its sole discretion, terminate or discontinue the "approved" status of a vendor. CMS may exercise these actions at any point during survey administration.
16. Acknowledge that review of and agreement with the Rules of Participation is necessary for participation.

VII. Applicant Organization Qualification and Acceptance

<p>I certify that:</p> <ul style="list-style-type: none">• I have reviewed and agree to meet the Rules of Participation for participating in the 2021 QHP Enrollee Survey.• The statements herein are true, complete and accurate to the best of my knowledge, and I accept the obligation to comply with the <i>2021 QHP Enrollee Survey Minimum Business Requirements</i>.	<p><u>Authorized Representative</u></p> <p>Name:</p> <p>Title:</p> <p>Organization:</p> <p>Date:</p>
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For assistance, please contact the Project Team by email at QHPSurveyVendor@bah.com.