Quality Payment PROGRAM

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

2027 CAHPS for MIPS Survey Vendor Participation Form

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 XX, 2027, 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 NAME*** Click or tap here to enter text.		
1.1.b. **MAILING ADDRESS 1*** Click or tap here to enter text.		
1.1.c. **MAILING ADDRESS 2** Click or tap here to enter text.		
1.1.d. **CITY*** Click or tap here to enter text.	1.1.e. **STATE*** Click or tap here to enter text.	1.1.f. **ZIP CODE*** Click or tap here to enter text.

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

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. Click or tap here to enter text.	
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

2027 CAHPS for MIPS Survey Vendor Minimum 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?	Click or tap here to enter text.
	*What was the average sample size in the data collection period?	Click or tap here to enter text.
	*When did your organization collect data? (month/year of start and end dates)	Click or tap here to enter text.
	*For how many clients did your organization administer this survey?	Click or tap here to enter text.
	*In which mode(s) did you administer the survey (web-mail-phone, mail only, telephone only, mail-phone, etc.)?	Click or tap here to enter text.
	*In what language(s) did you administer the survey?	Click or tap here to enter text.

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

Survey Project #4	*What was the survey name?	Click or tap here to enter text.
	*What was the average sample size in the data collection period?	Click or tap here to enter text.
	*When did your organization collect data? (month/year of start and end dates)	Click or tap here to enter text.
	*For how many clients did your organization administer this survey?	Click or tap here to enter text.
	* In which mode(s) did you administer the survey? (web-mail-phone, mail only, telephone only, mail-phone, etc.)	Click or tap here to enter text.
	*In what language(s) did you administer the survey?	Click or tap here to enter text.
Survey Project #5	*What was the survey name?	Click or tap here to enter text.
	*What was the average sample size in the data collection period?	Click or tap here to enter text.
	*When did your organization collect data? (month/year of start and end dates)	Click or tap here to enter text.
	*For how many clients did your organization administer this survey?	Click or tap here to enter text.
	*In which mode(s) did you administer the survey? (web-mail-phone, mail only, telephone only, mail-phone, etc.)	Click or tap here to enter text.
	*In what language(s) did you administer the survey?	Click or tap here to enter text.
***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 using mail-phone methodology (mail survey administration followed by CATI administration with non-respondents)? Note: The 3 years of mail-CATI experience must be fulfilled by the applicant vendor and not its subcontractor.	☐ Yes ☐ No
***2.1.e. Number of years conducting surveys**: For at least 3 of the past 5 years, have you administered web-mode surveys (web survey administration followed by mail survey or CATI administration with non-respondents)?	☐ Yes ☐ No
***2.1.f. Experience with multiple survey languages**: Do you have experience administering surveys in English, Spanish, and at least one other language from the list at right? If yes, please check the languages other than English and Spanish in which you've administered surveys.	☐ Yes ☐ No ☐ 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 mail-phone surveys for at least 3 years; and • Web Survey Manager who has administered web mode surveys that include follow-up of non-response via mail survey or CATI for at least 3 years; and • Web Survey Programmer with survey experience for a minimum of 1 year; and • Information Systems Specialist/Computer Programmer/Developer with survey experience for a minimum of 1 year; and • Mail Survey Supervisor (with a minimum of 1 year of prior experience in the role); and • Telephone 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 complete security training, develop confidentiality agreements, and obtain signatures annually 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, facility housing the systems/servers or staff supporting the web survey, and/or a call center where interviews are being conducted).	☐ Yes ☐ No
***2.2.c.1. Web-Mail-Phone survey administration**: Your organization will be given the web, mail, and telephone versions of the CAHPS for MIPS Survey in electronic form and text for web survey invitations (letters and emails) and survey cover letters. Can your organization: • Generate and send emails, print and copy survey materials, and program electronic data collection in accordance with the specifications, templates, and timeline provided; and • Use commercial software/resources to ensure that the addresses and telephone numbers are up-to-date for all sampled patients; and • Process survey returns and remove applicable records from additional outreach; 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 may be conducted remotely if your organization adheres to the remote work guidelines in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2027?±	☐ 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 8-bit Unicode Transformation Format (UTF-8) or 16-bit Unicode Transformation Format (UTF-16) files, 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
***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, scanned images, audio recordings or electronic data files, including sample information and submitted data, securely and confidentially for a minimum of 6 years?	☐ Yes ☐ No
***2.2.g. Technical assistance/customer support**: Can your organization provide customer support via email and phone 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; customer support line operations; web survey administration via https; 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, web email and letter production, 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.
Click or tap here to enter text.

Part 3. Key Project Staff

3.1.a. LIST OF KEY PROJECT STAFF			
*Project staff name	Role	Email	Telephone
1. Click or tap here to enter text.	Project Manager	Click or tap here to enter text.	Click or tap here to enter text.
2. Click or tap here to enter text.	Web Survey Manager	Click or tap here to enter text.	Click or tap here to enter text.
3. Click or tap here to enter text.	Web Survey Programmer	Click or tap here to enter text.	Click or tap here to enter text.
4. Click or tap here to enter text.	Mail Survey Supervisor	Click or tap here to enter text.	Click or tap here to enter text.
5. Click or tap here to enter text.	Telephone Survey Supervisor	Click or tap here to enter text.	Click or tap here to enter text.
6. Click or tap here to enter text.	Information Systems Specialist/Computer Programmer/Developer	Click or tap here to enter text.	Click or tap here to enter text.

Part 4. Costs Associated With Survey Administration

4.1 Cost of Survey Administration

Please indicate a minimum and maximum dollar value associated with the range of costs for administration of the CAHPS for MIPS Survey in English and Spanish using the mail-phone survey administration protocol detailed in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2027 for a sample of 860 patients. The minimum and maximum values you enter will be reported together as a cost range.

Enter dollar values in whole numbers without any symbols:
Minimum dollar value:

Maximum dollar value:

Indicate whether the dollar values entered above are:

- ☐ Per sampled patient
- ☐ Per sample of 860 patients

Optional: Please describe the factors associated with your range of costs (e.g., what factors result in costs closer to the minimum value and what factors result in costs closer to the maximum value?), and any clarification of why cost may vary. (Maximum of 500 characters)

4.2 Cost of Optional Translation

Please indicate a minimum and maximum dollar value associated with the range of costs for a group, subgroup, virtual group, or APM Entity (including Shared Savings Program ACOs) to include one of the optional language translations provided by CMS. Dollar values should indicate the range of costs that would be added to the cost of survey administration using the required languages of English and Spanish. The minimum and maximum values you enter will be reported together as a cost range.

Enter dollar values in whole numbers without any symbols:
Minimum dollar value:

Maximum dollar value:

Indicate which language or languages are included in the dollar values entered above (Mark All That Apply):

- ☐ Cantonese
- ☐ Korean
- ☐ Mandarin
- ☐ Portuguese
- ☐ Russian
- ☐ Vietnamese

Indicate whether the dollar values entered above are:

- ☐ Per sampled patient
- ☐ Per sample of 860 patients

Optional: Please describe the factors associated with your range of costs (e.g., what factors result in costs closer to the minimum value and what factors result in costs closer to the maximum value?), and any clarification of why cost may vary. (Maximum of 500 characters)

Part 5. List of Subcontractors

5.1.a. ☐ Check here if your organization doesn't plan to use subcontractors for the 2027 survey administration and skip to Part 5. If your organization will use subcontractors, fill out the following about your organization's subcontractors.	
5.1.b. Subcontractor name and experience	
Subcontractor 1 Name, Address, Telephone Number, and Primary Contact: Click or tap here to enter text.	What will the subcontractor do in administering the 2027 CAHPS for MIPS Survey? Click or tap here to enter text.
How many years has your organization worked with the subcontractor? Click or tap here to enter text.	
How many years has the subcontractor administered surveys? Click or tap here to enter text.	
How many years has the subcontractor been in business? Click or tap here to enter text.	
What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? Click or tap here to enter text. What general survey experience does the subcontractor have? Click or tap here to enter text.	
Subcontractor 2 Name, Address, Telephone Number, and Primary Contact: Click or tap here to enter text.	What will the subcontractor do in administering the 2027 CAHPS for MIPS Survey? Click or tap here to enter text.
How many years has your organization worked with the subcontractor? Click or tap here to enter text.	
How many years has the subcontractor administered surveys? Click or tap here to enter text.	
How many years has the subcontractor been in business? Click or tap here to enter text.	
What experience does the subcontractor have related to how it will administer the CAHPS for MIPS Survey? Click or tap here to enter text. What general survey experience does the subcontractor have? Click or tap here to enter text.	

NOTE: Add additional subcontractor information in a separate document.

Part 6. Curriculum Vitae (CV)

6.1. 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 7. 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: Web Survey Manager, Web Survey Programmer, 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 2027 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 2027.
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 web survey materials (e.g., email templates, invitation letters, testing links), 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 on the compare tool of the Medicare.gov website.

Part 8: Applicant Organization Qualification and Acceptance

I certify that:	*AUTHORIZED REPRESENTATIVE:
• 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 2027 CAHPS for MIPS Survey Vendor Minimum Business Requirements.	Name: _____ Title: _____ Organization: _____ Date: _____

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: TBD). The time required to complete this information collection is estimated to average 11 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 QPP@cms.hhs.gov.

± Survey vendors approved for 2027 survey administration may conduct this component of the 2027 Mixed-Mode business requirements remotely. Vendors must adhere to the remote work guidelines in the CAHPS for MIPS Survey Quality Assurance Guidelines Version 2027 and continue to adhere to the vendor approval criteria codified in §414.1400 (PDF, 200KB) throughout the 2027 administration of the survey.