CAHPS for MIPS Web Survey Invitation Letter

[VENDOR LOGO]

[OPTIONAL: VENDORS MAY DISPLAY THE CMS LOGO IN ADDITION TO VENDOR LOGO]

[SCHEDULED DATE OF LETTER MAILING]

Dear [FIRST LAST]:

This letter invites you to take part in an important survey about your care under Medicare. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program**.** CMS uses the information from this survey to help make sure Medicare patients get the best care possible. The survey asks questions about your experience with a specific provider you visited within the last 6 months.

Your voice matters. The survey will take just a few minutes, and your information is kept private by law. Participation in the survey is voluntary.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

If you have questions about this survey, please email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you in advance for your help.

Sincerely,

[SIGNED BY SENIOR LEADER AT VENDOR ORGANIZATION]

Nota: Para solicitar una copia de esta encuesta en español, llame a [VENDOR NAME] al [1-XXX-XXX-XXXX] de lunes a viernes de 9:00 am a 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT].