

**CAHPS for MIPS Survey  
INITIAL COVER LETTER - English**

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO PATIENTS]

**[VENDOR LETTERHEAD]**

**[VENDOR RETURN ADDRESS]  
[LAST DATE OF 1<sup>ST</sup> SURVEY MAILING]**

Dear [FIRST LAST]:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors, nurses and other health care clinicians you interact with in the health care system. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. To help CMS evaluate the quality of the care provided under Medicare, they need to hear directly from Medicare patients. CMS developed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey in order to receive feedback from Medicare patients.

[VENDOR NAME] is working with CMS to conduct this survey and we are contacting you because you were randomly selected to receive the enclosed survey. The survey asks questions about your experience with a specific provider you visited within the last 6 months. Visits with this provider may have been in person, by phone, or by video call. In order to evaluate the quality of care provided to Medicare patients, it is important for CMS to hear about your experience. CMS values your input.

**Participation in the survey is voluntary. Your decision to participate or not to participate will not affect your Medicare benefits in any way.** If you choose to participate, it will take you about 13 minutes to fill out the survey. The information you provide in the survey will be kept private by law. Your information will not be shared with anyone other than personnel authorized by CMS. Your completed survey will not be shared with any of your health care providers.

If you have any questions about the survey, please call us toll-free at [1-XXX-XXX-XXXX], between 9:00 am to 6:00 pm [VENDOR TIME ZONE: ET/CT/MT/PT], Monday through Friday. Please take this opportunity to help CMS learn about the quality of care you receive. Thank you in advance for your participation.

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].