

**CAHPS for MIPS Survey
SECOND 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 2nd SURVEY MAILING]

Dear [FIRST LAST]:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. [VENDOR NAME] is working with CMS to conduct a survey on the quality of health care received under the Medicare program. We mailed you a survey about a specific provider you visited in person, by phone, or by video call, and your experiences in the last 6 months. Since we have not heard back from you, we are following up with another copy.

CMS has selected you at random to receive this survey invitation. We hope you will take this opportunity to tell CMS about the quality of care you receive by filling out the survey. It should take about 13 minutes to complete. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this 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. We will not share your completed survey with any of your health care providers. **You do not have to participate in this survey. Your help is voluntary, and your Medicare benefits will not be affected by any decision you make about the survey.**

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. 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].