

Qualified Health Plan Enrollee Experience Survey

2017 SURVEY VENDOR PARTICIPATION FORM

A survey vendor must meet all of the Minimum Business Requirements listed below in order to apply for consideration to administer the 2017 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 2017 QHP Enrollee Survey on behalf of QHP issuers. Final approval to administer the 2017 QHP Enrollee Survey is contingent on successful completion of 2017 QHP Enrollee Survey Vendor Training. 2017 New Survey Vendor Training is tentatively scheduled for October 18, 2016, and 2017 Update Survey Vendor Training is tentatively scheduled for October 20, 2016.

ALL SURVEY VENDOR PARTICIPATION FORMS AND MATERIALS ARE DUE TO THE QHP ENROLLEE SURVEY PROJECT TEAM BY: **July 14, 2016**. Submit completed forms directly through the QHP Enrollee Survey Project Website at <https://qhpcahps.cms.gov>.

Participation Status	Date Submitted
<input type="checkbox"/> Participation Form for New Survey Vendor <input type="checkbox"/> Participation Form for Returning Survey Vendor	

I. General Information

This section is to be completed with general information for participation.

1. Organization Name	
2. Organization Mailing Address	
3. Organization Telephone Number	
4. Organization Website Address	
5. Number of Years in Business (Date Company Founded)	
6. Number of Years Conducting Surveys	
7. Primary Contact Person (First, Middle, Last Name; Title; Degree)	
8. Primary Contact E-mail Address	

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 MM/DD/YYYY.

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.

II. QHP Enrollee Survey Minimum Business Requirements

Survey vendors must meet the following *Minimum Business Requirements*. Please check “Yes” or “No” for each item below to indicate that your organization has read and meets the following *Minimum Business Requirements*.

1. Relevant Survey Experience

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

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

In reviewing applications, CMS will take into consideration the applicants’ prior experience on other CMS-sponsored surveys as a survey vendor.

Prior Experience on CMS-Sponsored Surveys		
Survey vendor has been approved as a survey vendor 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 conducted as an organization:

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	Survey Language(s) Administered	Number of Years Administering Survey
1.						

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	Survey Language(s) Administered	Number of Years Administering Survey
2.						
3.						
4.						
5.						

Experience with Survey Administration in Multiple Languages		
Survey vendor has prior experience administering mail and telephone 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] Survey 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 your explanation applies:

Requirement	Explanation

2. Organization Survey Capacity

Capacity to Handle Estimated Workload		
Survey 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 time period (estimated February through May of calendar year).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All survey-related activities are conducted 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
Survey vendor has the capacity to adhere to requirements specified in the <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Capacity to Handle Estimated Workload		
<i>Guidelines and Technical Specifications.</i>		

Personnel		
Survey vendor has a designated Project Manager, directly employed by the survey vendor (i.e., not a subcontractor), who oversees all survey operations and has at least two 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 the specified modes of administration, as evidenced by CV.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has a designated Mail Supervisor with previous experience managing large-scale mail survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has a designated Telephone Survey Supervisor with previous experience managing large-scale telephone interviewing projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has a designated Internet Survey Supervisor with previous experience managing large-scale Internet survey projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has a designated Sampling Manager, directly employed by the survey vendor (i.e., not a subcontractor), with sample frame development and sample selection experience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has designated Information System staff responsible for data submission (programmer) who are directly employed by the survey vendor (i.e., not a subcontractor) and have previous experience preparing and submitting data files in a specified format to external third-party organization(s) within the past two years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey 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		
Survey vendor's commercial physical plant and system resources meet CMS specifications and accommodate the volume of surveys being administered. <i>Note: All system resources are subject to oversight activities, including onsite visits to physical locations.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor and its designated subcontractors (if applicable) conduct business operations and all survey vendor related work, including mail and Internet survey administration and telephone interviewing, from a commercial physical plant, which is considered the 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
Survey vendor has the capacity to reproduce and mail questionnaires, cover letters and reminder letters in-house or in accordance with subcontractor requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No

System Resources		
outlined in <i>2017 Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> . Incoming		
Survey vendor has capacity for producing and programming the Internet survey instrument in-house.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will track fielded surveys using an electronic survey management system through each stage of the protocol through the use of a unique individual identifier ID and interim disposition codes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will provide 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 personal identifying information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has experience preparing and submitting data via secure methods (HIPAA compliant).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will comply with all quality oversight requirements described in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> , including submitting sample mail materials for review prior to mass production.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will comply with all quality oversight requirements described in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> , including submitting telephone script or screen shots for review prior to initiation of telephone interviewing conducted by survey vendor or telephone subcontractor interviewers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will comply with all quality oversight requirements described in the <i>Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> , including submitting a link to the Internet survey along with five user IDs and passwords for review prior to circulation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has capacity to handle concurrent survey projects while maintaining high quality survey data and high response rates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will provide written evidence of their survey administration processes for collecting and accurately processing survey data through all phases of survey administration in a Quality Assurance Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has prior experience identifying and contacting non-respondents for follow-up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will adhere to survey administration timeline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey 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

System Resources		
Survey vendor will provide regular progress reports to QHP issuers, within guidelines specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will prepare, accommodate, and plan for on-site visits from CMS or CMS-sponsored Project Team for quality oversight purposes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sampling Experience		
Survey vendor has consistent experience in the two most recent years selecting a sample based on specific eligibility criteria. Must document statistical approach to drawing a sample. Must demonstrate ability to work with individual QHP issuers to electronically obtain sample frame for sampling. Must conduct quality checks on sample frame file received from QHP issuer to verify accuracy and completeness of sample frame information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Data Submission		
Survey vendor has the capability to scan or key enter data according to standard protocols.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will follow all data preparation and submission rules as specified in <i>the Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications</i> , including verifying data are de-identified and contain no duplicate cases.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has the capability to submit data electronically in specified format.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will execute business associate agreements with QHP issuers and receive annual authorization from QHP issuers to collect data on their behalf and submit to CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey 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		
Survey vendor will store returned paper questionnaires in a secure and environmentally safe location, either onsite or using an offsite contractor, and has established electronic security procedures related to access levels, passwords and firewalls as required by HIPAA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will perform data back-up and offsite redundancy procedures that adequately safeguard system data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor has established procedures for identifying and reporting breaches of confidential data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey vendor will retain all data files for a minimum of three years, or as otherwise specified by CMS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Confidentiality		
Survey vendor will store data files (paper or electronic) securely and confidentially in accordance with specified requirements. Survey vendor will verify confidentiality of sampled enrollees identifying information and survey responses during each phase of the survey process. Survey vendor will obtain signed confidentiality agreements from staff and subcontractors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical Assistance/Customer Support		
Survey vendor has the capacity to establish either an in-house, or in accordance with requirements outlined in “Approved Use of Subcontractors,” toll-free customer support telephone lines with a live operator during regular business hours to accommodate both Spanish and English inquiries starting at the beginning of the survey fielding period and continuing through the duration of survey fielding. If administering the survey in Chinese (Mandarin), 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 relevant survey experience requirements. Indicate the requirement(s) to which your explanation applies:

3. Quality Control Procedures

Demonstrated Quality Control Procedures		
Survey 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 survey (electronic telephone interviewing system); scanning, coding, and cleaning of survey data; Internet administration; preparing final data files for submission; and all other functions and processes that affect the administration of the survey as specified in the Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications.	<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 your explanation applies:

III. List of Key Project Staff

Name	Role	Number of Years with Organization	E-mail	Telephone
1.				
2.				
3.				
4.				
5.				

IV. Subcontractors

Check here if you do not plan to use subcontractors for the QHP Enrollee Survey administration.	<input type="checkbox"/>
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Subcontractor Name(s) and Experience

1. Organization 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	
7. Experience Related to Survey Administration Role, including names of projects on which subcontractor has contributed.	

1. Organization Name	
2. Mailing Address	
3. Telephone Number	
4. Number of Years in Business	
5. Number of Years Subcontractor Has Worked	

1. Organization Name with Your Organization	
6. Survey Administration Role	
7. Experience Related to Survey Administration Role, including names of projects on which subcontractor has contributed.	

1. Organization 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	
7. Experience Related to Survey Administration Role, including names of projects on which subcontractor has contributed.	

1. Organization 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	
7. Experience Related to Survey Administration Role, including names of projects on which subcontractor has contributed.	

V. Curriculum Vitae (CV) and References

Please submit a CV for all identified key project staff, both the survey vendor and subcontractor(s) along with no more than three references for the survey vendor via the Project Website.

VI. Participation Rules

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

1. 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).
2. Submit an interim survey data file to CMS (as determined by CMS).
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. All key personnel subcontractor staff must attend survey vendor training.
4. Review and follow the *Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications* and any policy updates.
5. Attest to the accuracy of the organization's data collection (as determined by CMS); following guidelines set forth in the most current version of the *Qualified Health Plan Enrollee Experience Survey Quality Assurance Guidelines and Technical Specifications*.
6. Develop and submit a survey vendor Quality Assurance Plan (QAP) by the due date. In addition, submit materials relevant to the survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires), telephone scripts and the Internet survey instrument.
7. Participate and cooperate (including subcontractors) in all oversight activities conducted by the Project Team.
8. Survey vendor may not produce survey results for a QHP client issuer that controls, is controlled by, or is under common control with the survey vendor.
9. Within 24 months of receiving its initial approved survey vendor status, survey vendor must successfully field the QHP Enrollee Survey for at least one client. A survey vendor must continue to field at least one QHP Enrollee Survey during every 24 month increment following the initial 24 month period.
10. Submit data on time according to CMS-specified deadlines. No late submissions will be allowed.
11. Acknowledge that CMS may, at its sole discretion, terminate, discontinue or not renew the "approved" status of a survey vendor.
12. 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 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 Minimum Business Requirements.	<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 telephone at 844-849-5243 or e-mail at qhpcahps@air.org.