

HOME HEALTH CARE CAHPS SURVEY VENDOR APPLICATION FORM

Introduction

This application is to be completed by survey vendor organizations who wish to be approved to conduct the Home Health Care CAHPS (HHCAHPS) Survey.

Before completing this application, organizations should review the [Minimum Business Requirements \(MBRs\) document](#).

Application Restrictions

Please note that any organization that owns, operates, or provides staffing for a home health agency (HHA) will not be permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other HHA. Therefore, if your organization partly or wholly owns, operates, or provides staffing for an HHA or if your organization does not meet the minimum business requirements, please do not complete and submit this application.

Definitions

- **Vendor organization or vendor:** The survey vendor organization submitting this application. The vendor oversees the work of any subcontractor (if applicable) and bears ultimate responsibility for oversight and data quality on the HHCAHPS Survey.
- **Subcontractor:** A separate organization that the vendor contracts with to conduct one or more of the following activities on the HHCAHPS Survey: telephone survey data collection, printing, mail assembly, other mailout activities, mail or questionnaire receipt and processing, construction of XML data files, HHCAHPS toll-free hotline management.
- **You:** “You” refers to the individual completing this application on behalf of the vendor organization.

Instructions For Completing This Form

When completing this application, note the following:

- You will need to provide an answer to all relevant questions.
- You will need to “Save and Continue” each section before moving to the next section. To save a section, click on the “Save and Continue” button at the bottom of the screen.

- In order to “Save and Continue,” you must complete all items in the section. You have 60 minutes to complete and save each section before the application times out. If the application times out, you will need to re-complete any section that you did not save.
- When you have completed all parts of the application and are ready to submit it, please click the “Submit” button that appears on the lower left of the screen.
- After you submit the application, you will receive a confirmation email message with a link that you may use to access your application at any time.
- Each time you access and update your application, you must submit the application again.
- The application should be updated if any of the information in the form changes. For example, when key personnel change, the organization is acquired/merges with another survey vendor, a subcontractor is added/removed, or when applying for approval to conduct a new survey mode.

All survey vendors must designate an HHCAHPS Survey Administrator/Project Manager who will be the main point of contact for the HHCAHPS Coordination Team (see “Organization and Contact Information” tab of the Vendor Application below). This individual must complete an electronic vendor consent form, which will be available from your Dashboard. Completion and submission of this application certifies that you, on behalf of the vendor organization, have read and met the [MBRs](#) for the HHCAHPS Survey and will abide by the requirements included in this application.

Requirement to Reapply

Vendor organizations that do not have any HHA clients after two years from the date of their interim approval will have their approval revoked. If you wish to maintain your approved vendor status at that time, you must reapply. To reapply, you must update your online vendor application, review the self-paced Introduction to the HHCAHPS Survey, complete and pass the associated training certification, and attend all subsequent Update Training sessions.

[SUBMIT / UPDATE APPLICATION BUTTON]

I. ORGANIZATION AND CONTACT INFORMATION

The following general information should be filled out about the Vendor.

A. Vendor Organization Information

Complete the following fields with the Vendor's organizational information. For the address fields (Mailing Address and Physical Address), please provide the location in which the HHCAHPS operations would take place.

Company Name [REQUIRED]:

Mailing Address 1 [REQUIRED]:

Mailing Address 2:

City [REQUIRED]:

State [REQUIRED]:

ZIP Code [REQUIRED]:

Physical address same as mailing address? [BUTTON]

Physical Address 1 [REQUIRED]:

Physical Address 2:

City [REQUIRED]:

State [REQUIRED]:

ZIP Code [REQUIRED]:

(Area Code) Telephone number: [REQUIRED]

(Area Code) Fax number:

Website [REQUIRED]:

II. KEY PROJECT STAFF

A. Vendor's HHCAHPS Survey Administrator/Project Manager

Each Vendor must designate a Survey Administrator/Project Manager. This individual will be responsible for the following:

1. Serving as the main point of contact with the HHCAHPS Survey Coordination Team.
2. Designating another individual within the organization as the backup Administrator.
3. Approving each staff member within the organization who will have access to the HHCAHPS Survey website.
4. Removing access or approving the removal of access for users who should no longer be authorized to access the HHCAHPS Survey website.
5. Notifying the Coordination Team if a new HHCAHPS Survey Administrator/Project Manager needs to be identified (example: personnel change).
6. Maintaining the confidentiality of all data submitted to the HHCAHPS Data Center.

Note: This designated person must be a different person than the Sampling Manager.

In the space below, please provide the contact information of the person whom you are designating as the HHCAHPS Survey Administrator/Project Manager for your organization. You'll notice the Name and Email Address fields are pre-filled based on the information that was provided on the online Vendor Registration Form.

Name [PREFILLED FROM VENDOR REGISTRATION FORM]:

Title:

Degree/License (e.g., BA, PhD, MBA, PMA):

Mailing Address 1:

Mailing Address 2:

City:

State:

ZIP Code:

(Area Code) Telephone number:

(Area Code) Fax number:

Email address [PREFILLED FROM VENDOR REGISTRATION FORM]:

B. Personnel—Vendor

Please answer the following questions focusing on the Vendor's personnel experience and capabilities.

1. Does your organization employ and have available to work on the HHCAHPS Survey a Sampling Manager with sample frame development and sample selection experience, including experience using different sampling methods (simple random sampling, proportionate stratified random sampling, and disproportionate stratified random sampling)? Note: This designated person must be a different person than the Survey Administrator/Project Manager.

Yes No

Please indicate the name of the Sampling Manager assigned to the HHCAHPS Survey:

2. Does your organization employ and have available to work on HHCAHPS a Computer Programmer(s) with experience receiving encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization?

Yes No

Please indicate the name of the Lead Computer Programmer assigned to the HHCAHPS Survey:

3. Please explain any “No” responses above:

C. Indicate Mode You Are Applying For

Check the survey administration mode(s) for which the Vendor is applying, indicate whether you will be using a subcontractor for that mode, and provide the subcontractor name, number of years of experience they have for conducting surveys using that mode (at the time of application), the role they will play on HHCAHPS, and the equipment and systems they will use. Note that a subcontractor does not have to be an approved HHCAHPS vendor to be considered as a subcontractor. We strongly encourage that all subcontractors have strong qualifications, experience, data security measures, and quality assurance capabilities.

1. Mail Only

Applying for

Using a Subcontractor(s)?

Yes No

If Yes, please provide following information for all subcontractors:

Subcontractor Name:

Number of years of **experience** that the subcontractor has been conducting mail surveys:

Please describe in detail the **role** and tasks this subcontractor will be performing on the HHCAHPS Survey:

Please list specific **equipment and systems** that this subcontractor will use to accomplish the task:

2. Telephone Only

Applying for

Using a Subcontractor(s)?

Yes No

If Yes, please provide following information for all subcontractors:

Subcontractor Name:

Number of years of **experience** that the subcontractor has been conducting telephone surveys: _____

Please describe in detail the **role** and tasks this subcontractor will be performing on the HHCAHPS Survey:

Please list specific **equipment and systems** that this subcontractor will use to accomplish the task:

3. Mixed Mode (Mail and Telephone)

Applying for

Using a Subcontractor(s) for mail activities?

Yes No

If Yes, please provide following information for all subcontractors:

Subcontractor Name:

Number of **experience** that the subcontractor has been conducting mail surveys:

Please describe in detail the **role** and tasks this subcontractor will be performing on the HHCAHPS Survey:

Please list specific **equipment and systems** that this subcontractor will use to accomplish the task:

Using a Subcontractor(s) for telephone activities?

Yes No

If Yes, please provide following information for all subcontractors:

Subcontractor Name:

Number of **experience** that the subcontractor has been conducting telephone surveys: _____

Please describe in detail the **role** and tasks this subcontractor will be performing on the HHCAHPS Survey:

Please list specific **equipment and systems** that this subcontractor will use to accomplish the task:

III. SURVEY VENDOR REQUIREMENTS

As mentioned at the top of the Application, survey vendors should review the [MBRs](#) and vendor participation requirements. Any organization that owns, operates, or provides staffing for a home health agency (HHA) will not be permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other HHA.

A. Relevant Business Experience

1. Number of years Vendor has operated as a business (at the time of application): _____
2. Number of years Vendor has conducted Surveys of Individuals: _____

A “Survey of Individuals” is defined as the collection of data from individuals selected by statistical sampling methods and the data collected are used for statistical purposes. Polling questions, focus groups, cognitive interviews, surveys of fewer than 600 individuals, surveys that did not involve statistical sampling methods, internet or web surveys, and interactive voice recognition surveys will not satisfy the “survey of individuals” requirement.

The Organization (Vendor and any subcontractors) must have conducted surveys where a sample of individuals was selected for at least 2 years. If staff within the Organization have relevant experience obtained while in the employment of a different organization, that experience may **not** be counted toward the 2-year minimum of survey experience.

3. Vendor’s Survey Experience for each data collection mode for which Vendor is seeking CMS approval. Indicate number of years of Vendor’s experience conducting surveys:

Mail Only
Years:

Telephone Only
Years:

Mixed Mode (Mail and Telephone)
Years:

4. Please list surveys (involving at least 600 individuals) for which you have been approved or worked as a vendor or subcontractor in the past five years. Please list other CMS or patient experience surveys, including other CAHPS surveys, first.

| Survey Name | Sponsoring Organization | Vendor or Subcontractor? |
|--------------------|--------------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

B. Work with Other Organizations

The HHCAHPS Survey vendor model presumes that a vendor will contract directly with client HHAs. To ensure compliance with all HHCAHPS protocols, a vendor must disclose working

relationships with any other organization that is involved with communications about or implementation of the HHCAHPS Survey (as a subcontractor, partner, or prime through collaboration, merger, or acquisition). For example, the survey vendor is contacted by another organization that wants to hire that vendor to implement the HHCAHPS Survey on their client HHAs' behalf.

1. Does your organization work with or through a third-party organization that holds the primary contract with any HHAs for which your organization implements the HHCAHPS Survey?

Yes No

2. If “Yes,” please explain:

C. Work with RTI International

RTI International (RTI) supports CMS with the implementation of the HHCAHPS Survey by providing oversight of CMS-approved survey vendors. As such, any pre-existing working relationships between RTI and vendor applicants must be disclosed as part of the application process.

1. Does any division, group or individual within your organization have any current or planned contracts with RTI in any capacity (e.g., a collaborator, client, subcontractor, consultant, etc.)?

Yes No

2. If “Yes,” please explain:

D. Facilities, Systems and Security Policies—Vendor and Subcontractor(s)

Please answer the following items focusing on the Vendor and subcontractor’s experience and capabilities with facilities, systems, and security policies.

1. Has a secure commercial work environment.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

2. Meets all local commercial code requirements.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

3. Will conduct all HHCAHPS operations within the United States.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

4. Have the physical facilities, electronic equipment, and software to receive sample files from participating HHAs and upload HHCAHPS data to the Data Center.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

5. Has physical facilities for processing and storage of all data collection materials.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

6. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printers, computer-assisted telephone interviewing [CATI] or alternative electronic system, live monitoring interviewing, data entry system).
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

7. Has call center or telephone bank facilities for telephone survey implementation.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

8. Has and will implement systems and security policies, which protect the security of personally identifiable information (PII) as defined by HIPAA. This includes sample data and survey data.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

9. Has an electronic survey management system to track fielded surveys throughout the data collection period.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

10. Has policies and procedures in place for authorizing and de-authorizing individuals to access PII and survey data (including background checks, training, signed agreements).
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

11. Has policies and procedures in place for preventing unauthorized individuals from accessing PII and survey data in physical format (including key card/locked access, locked file cabinets).
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

12. Has policies and procedures in place for preventing unauthorized individuals from accessing data in electronic format (including password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection).

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

13. Has policies and procedures in place for safeguarding PII and survey data in physical format against loss or destruction (including fire and building safety codes).

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

14. Has policies and procedures in place for safeguarding PII and survey data in electronic format against loss or destruction (e.g., offsite daily backups).

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

15. Has a disaster recovery plan for survey data in the event of a disaster.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

16. Has policies and procedures in place for destruction of PII and survey data when specified.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

17. Please explain any “No, neither” responses above:

E. Sample Frame Development and Sample Selection—Vendor

Please answer the following questions focusing on the Vendor’s sample frame development and sample selection experience and capabilities.

1. Has ability to construct a sample frame that includes all patients who meet survey eligibility criteria.

Yes No
2. Will be able to work with individual HHAs to obtain patient data for sampling and is able to accept the data electronically or on hard copy, depending on how the HHA provides it.

Yes No

3. Is able to convert sampling information from paper to electronic file format so that quality control checks can be performed on both the sample frame and the selected sample by the HHCAHPS Survey Oversight Team.

Yes No

4. Is able to draw the sample following specified guidelines as described in the *HHCAHPS Survey Protocols and Guidelines Manual* and adequately document the process.

Yes No

5. Please explain any “No” responses above:

F. Survey Administration Requirements, by Mode

Please provide responses for the modes you are applying for.

Mail-Only Survey Administration

Vendor and/or Subcontractor have the capability to do the following mail survey administration activities:

1. Obtain and verify addresses of sampled patients.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

2. Print according to HHCAHPS formatting guidelines professional-quality survey instruments (containing single-coded questions, code-all-that-apply questions) and materials.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

3. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

4. Merge and print sample patient name and address, and the name of the HHA on personalized mail survey cover letters and print unique sample identification on the survey questionnaire.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

5. Assemble and mail survey materials.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

6. Receive and process (key entry or scanning) completed questionnaires received, including the ability to accept responses to single coded questions and code-all-that apply questions.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

7. Maintain electronic or hardcopy records of mailing dates.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

8. Track and identify nonrespondents for follow-up mailing.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

9. Provide a toll-free customer support line to receive and address telephone calls from sample members within 48 hours for all languages offered by the vendor.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

10. Assign final status codes in accordance with HHCAHPS coding requirements to describe the final result of work on each sampled case.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

11. Please explain any “No, neither” responses above:

Telephone-Only Survey Administration

Vendor and/or Subcontractor have the capability to do the following telephone survey administration activities:

1. Obtain and verify telephone numbers.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

2. Develop computer programs for computer-assisted telephone interview (CATI) instruments.

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

3. Collect data using CATI or alternative electronic system which allows seamless administration of single-coded and code-all-that-apply questions.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
4. Accept and key responses to single coded questions and code-all-that apply questions.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
5. Schedule call backs to nonrespondents at varying times of the day and week.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
6. Assign a unique sample identification number (SID) to each sampled patient and match SIDs to the status/outcome for each sample member.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
7. Provide a toll-free customer support line to receive and address telephone calls from sample members within 48 hours for all languages offered by the vendor.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
8. Conduct live monitoring of interviewers.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
9. Maintain electronic or hardcopy records of interviewers monitored (for telephone administration).
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
10. Assign final status codes in accordance with the HHCAHPS coding guidelines to reflect the results of attempts to obtain completed interviews with sampled cases.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
11. Please explain any “No, neither” responses above:

Mixed Mode (Mail with Telephone Follow-Up) Survey Administration

Vendor and/or Subcontractor have the capability to do the following mixed-mode (i.e., mail with telephone follow-up of nonrespondents) survey administration activities:

1. Adhere to all Mail-Only and Telephone-Only Survey Administration requirements described above.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
2. Track and identify nonrespondents for follow-up telephone attempts.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
3. Track cases from mail survey through telephone follow-up activities.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
4. Please explain any “No, neither” responses above:

G. Data Processing and File Submission—Vendor

Please answer the following questions focusing on the Vendor’s data processing and file submission experience and capabilities.

1. Has capability to scan or key, develop data files, and edit and clean data according to standard protocols.
 Yes No
2. Has prior experience and the capability to submit data electronically in the specified format (XML) via a secured website, similar to the HCAHPS Survey website.
 Yes No
3. Has prior experience and the capability to follow all data cleaning and data submission rules, including:
 - a. Verification that data are de-identified and contain no duplicate cases.
 Yes No
 - b. Ability to export data from the electronic data collection system to an XML template, confirm that the data were exported correctly and that the XML files are formatted correctly and contain the correct data headers and data records.
 Yes No

- c. Verification that the XML template is correctly formatted and contains the proper data headers and data records.
 Yes No
- d. Willingness to work with the HHCAHPS Survey Coordination Team to resolve questions about data and data file submission problems.
 Yes No

4. Please explain any “No” responses above:

H. Quality Assurance–Vendor and Subcontractor(s)

Vendor and Subcontractor(s) must have experience incorporating quality assurance into all sampling, data collection, data processing, and data file construction activities as noted below. Vendor agrees to participate in all required training and quality assurance activities necessary to ensure the successful implementation of the HHCAHPS Survey.

Well-Documented Quality Control Procedures

- 1. Vendor and subcontractor incorporate well-documented quality control procedures for training of staff involved in survey operations.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
- 2. Vendor incorporates well-documented quality control procedures for sample frame construction and sample selection.
 Yes No
- 3. Vendor and subcontractor incorporate well-documented quality control procedures for printing, mailing, and recording of receipt of incoming survey questionnaires.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
- 4. Vendor and subcontractor incorporate well-documented quality control procedures for telephone administration of survey, including live monitoring capabilities.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
- 5. Vendor and subcontractor incorporate well-documented quality control procedures for coding and editing of survey data and survey-related materials.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

6. Vendor and subcontractor incorporate well-documented quality control procedures for scanning or keying survey data.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
7. Vendor incorporates well-documented quality control procedures for preparation of final case-level data files for submission.
 Yes No
8. Vendor and subcontractor incorporate well-documented quality control procedures on all other functions and processes that affect the implementation of the HHCAHPS Survey.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
9. Please explain any “No” or “No, neither” responses above:

Documentation Requirements

1. Vendor and subcontractor agree to keep electronic or hardcopy files of individuals trained and training dates.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
2. Vendor and subcontractor agree to maintain electronic or hardcopy records of interviewers monitored (for telephone administration).
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
3. Vendor and subcontractor agree to maintain electronic or hardcopy records of mailing dates.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
4. Vendor and subcontractor agree to maintain other documentation necessary to allow the HHCAHPS Survey Oversight Team to review procedures implemented, should the vendor be selected for a site visit.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither
5. Vendor and subcontractor agree to maintain documentation of actions required (and taken) as a result of any decisions made during site visits by the Coordination Team.
 Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

6. Please explain any “No, neither” responses above:

Participation Requirements

1. Vendor and subcontractor agree to review and follow all procedures described in the *HHCAHPS Survey Protocols and Guidelines Manual* as relevant for their approved survey mode(s).

Yes, Vendor and/or Subcontractor Yes, Vendor Only No, neither

2. Vendor agrees to review the Introduction to the HHCAHPS Survey Training and complete the post-training certification and attend any subsequent Update Training sessions. Failure to do so will jeopardize their standing as an approved vendor.

Yes No

3. Subcontractors with significant roles on HHCAHPS and/or who are in receipt of patient identifying data agree to participate in all relevant vendor training sessions.

Yes No

4. Vendor agrees to participate in vendor oversight activities, including, but not limited to, conference calls, site visits, and Quality Assurance Plan submissions as requested by the Coordination Team as part of overall quality monitoring activities.

Yes No

5. Vendor agrees to provide documentation as requested for site visits and conference calls, including, but not limited to, staff training records, telephone interviewer monitoring records, sample frame development documentation, and data file construction documentation.

Yes No

6. Vendor acknowledges that review of and agreement with the HHCAHPS Survey vendor MBRs and Participation Requirements are necessary for participation and public reporting of the HHCAHPS Survey results.

Yes No

7. Please explain any “No” or “No, neither” responses above:

IV. ACKNOWLEDGEMENT

I certify that:

- I have reviewed and agree to meet the Survey Vendor Requirements for the HHCAHPS Survey, listed in this form.
- The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the HHCAHPS Survey Vendor Requirements.

Click here indicating that you (Survey Administrator/Project Manager) agree to the terms stated above.