

**HOME HEALTH CARE CAHPS SURVEY
VENDOR PARTICIPATION FORM**

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

Before completing this application, survey vendors interested in becoming an approved HHCAHPS Survey vendor should review the vendor participation requirements included in the HHCAHPS Protocols and Guidelines Manual. The HHCAHPS Protocols and Guidelines Manual is available on the HHCAHPS website at <https://homehealthcahps.org>.

Vendors that do not have any Home Health Agency clients after 2 years from the date of their interim approval will have their approval rescinded. If you wish to maintain your approved vendor status at that time, you must reapply. To reapply, you must update your online vendor application, attend and successfully complete the next Introduction to the Home Health Care CAHPS Survey webinar sessions, and attend the annual Update training sessions.

To submit this form online, visit the Home Health Care CAHPS Survey website at <https://homehealthcahps.org/>.

Check one:

- New form
- Update to existing form

Date of Submission:

I. ORGANIZATION AND CONTACT INFORMATION

The following general information should be filled out about the applicant organization.

1. VENDOR ORGANIZATION INFORMATION

Organization Name:

Mailing Address 1:

Mailing Address 2:

City:

State:

ZIP Code:

(Area Code) Telephone number:

(Area Code) Fax number:

Website address:

2. CONTACT PERSON

First Name, Middle Initial, Last Name:

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:

E-mail address:

II. SURVEY VENDOR REQUIREMENTS

As indicated at the top of this form, interested vendors should review the vendor participation requirements included in the HHCAHPS Survey Protocols and Guidelines Manual available on the HHCAHPS website. Survey vendors should note the following:

- Any organization that owns, operates, or provides staffing for a home health agency will not be permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other home health agencies. The following types of organizations are not eligible to administer the HHCAHPS Survey (as an approved HHCAHPS survey vendor):
 - organizations or divisions within organizations that own or operate a home health agency or provide home health services, even if the division is run as a separate entity to the home health agency;
 - organizations that provide telehealth, monitoring of home health patients, or teleprompting services for home health agencies; and
 - organizations that provide staffing to home health agencies for providing care to home health patients, whether personal care aides or skilled services staff.
- Applicant organization must conduct all HHCAHPS Survey-related operations within the United States, because of the need to be compliant with required HHCAHPS oversight activities, including site visits to vendor's location.

Survey vendors must meet the minimum set of business requirements described in the Protocols and Guidelines Manual to be eligible to be an approved HHCAHPS Survey vendor. Please respond to the questions below by providing the requested response or checking the

appropriate response box. Completion and submission of this application certifies that your organization has read and meets these requirements.

If your organization is part of an organization that owns, operates, or provides staffing for a home health agency or if your organization does not meet the minimum business requirements, please do not complete and submit this application.

RELEVANT BUSINESS EXPERIENCE

1. Number of Years Your Organization Has Been in Business:
2. Number of Years Your Organization Has Been Conducting 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. Applicant must be able to demonstrate that it has conducted surveys of individuals responding about their own experiences, not of individuals responding on behalf of a business or organization, and applicant must be able to demonstrate that a statistical sampling process was used in the conduct of previously or currently conducted surveys.

Note: Applicant organization must have conducted surveys where a sample of individuals was selected for at least 2 years. If staff within the applicant 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.

The following examples of data collection activities would not satisfy the requirement of valid survey experience for vendors as defined for the HHCAHPS Survey and these would not be considered as part of the experience that HHCAHPS will require:

- polling questions administered to trainees or participants of training sessions or educational courses, seminars, or workshops;
- focus groups, cognitive interviews, or any other qualitative data collection activities;
- surveys of fewer than 600 individuals;
- surveys conducted that did not involve using statistical sampling methods;
- Internet or Web-based surveys; and
- Interactive Voice Recognition Surveys.

3. Survey Experience (*indicate number of years of experience conducting surveys using each data collection mode*):

- Telephone Only
Years:
- Mail Only
Years:
- Mixed Mode (Mail and Telephone)
Years:

INDICATE MODE YOU ARE APPLYING FOR

Check the mode(s) that you are applying for and indicate whether you will be using a subcontractor for that mode. Note that a subcontractor does not have to be an approved HHCAHPS vendor to be considered as a subcontractor.

1. Telephone Only
 Applying for
Using a Subcontractor(s)?
 Yes No

2. Mail Only
 Applying for
Using a Subcontractor(s)?
 Yes No

3. Mixed Mode (Mail and Telephone)
 Applying for
Using a Subcontractor(s)?
 Yes No

If you are using a subcontractor, indicate the number of years of experience that the subcontractor has been conducting surveys, for that mode(s)

- Telephone Only
Years:

- Mail Only
Years:

- Mixed Mode (Mail and Telephone)
Years:

SURVEY CAPABILITY AND CAPACITY

The items below indicate that the applicant organization has the capability and capacity to collect and process all survey-related data for the selected survey administration mode(s) following standardized procedures and guidelines. Applicant must currently possess all required facilities, equipment, and systems to implement the HHCAHPS Survey and have available to work on the project staff with requisite training, qualifications, and experience.

Personnel—Applicant Organization

1. Can your organization designate an HHCAHPS Survey Project Manager with survey administration and management experience?
 Yes No
2. 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)?
 Yes No
3. Does your organization have computer programmers capable of processing data and preparing data files for electronic submission?
 Yes No
4. Please explain any “No” responses above:

Facilities and Systems—Applicant Organization

1. Has physical facilities for processing and storage of all data collection materials.
 Yes No
2. 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, data entry system).
 Yes No
3. Has an electronic survey management system to track fielded surveys throughout the data collection period.
 Yes No
4. Has call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
5. Is capable of offering and manning a toll-free telephone number to receive and address calls from survey participants, required for ALL modes.
 Yes No

6. Has a secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files from home health agencies that protects the confidentiality of patient response data and personal identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No
7. Has appropriate systems in place to protect the confidentiality of electronic data received from home health agencies AND survey data received from patients. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
 Yes No
8. Please explain any “No” responses above:

Sample Frame Development and Sample Selection—Applicant Organization

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 home health agencies to obtain patient data for sampling and is able to accept the data electronically or on hard copy, depending on how the home health agency 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 Home Health Care CAHPS Survey Oversight Team.
 Yes No
4. Is able to draw the sample following specified guidelines and adequately document the process.
 Yes No
5. Please explain any “No” responses above:

SURVEY ADMINISTRATION REQUIREMENTS, BY MODE

Please provide responses for the modes you are applying for. If you are not applying for a specific mode, select “Not Applying for this Mode.”

***Mail-Only Survey Administration* (*Not Applying for this Mode*)**

Vendor has the capability to obtain and verify addresses of sampled patients, print professional-quality survey instruments and materials, assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member, assemble and mail survey materials, receive and process (key entry or scanning) completed questionnaires received, track and identify nonrespondents for follow-up mailing, provide a toll-free customer support line and respond to calls within 1 to 2 business days, and assign final status codes to describe the final result of work on each sampled case.

Yes No

***Telephone-Only Survey Administration* (*Not Applying for this Mode*)**

Vendor has the capability to obtain and verify telephone numbers, develop computer programs for computer-assisted telephone interview instruments, collect data using computer-assisted telephone interviewing (CATI) or alternative electronic system, schedule call backs to nonrespondents at varying times of the day/week, assign a unique sample identification number (SID) to each sampled patient and match SIDs to the status/outcome for each sample member, provide a toll-free customer support line and respond to calls within 1 to 2 business days, and assign final status codes to reflect the results of attempts to obtain completed interviews with sampled cases.

Yes No

***Mixed-Mode Survey Administration* (*Not Applying for this Mode*)**

Vendor has the capability to adhere to all Mail-Only and Telephone-Only Survey Administration requirements described above, and track cases from mail survey through telephone follow-up activities.

Yes No

Please explain any “No” responses above:

Data Processing and File Submission—Applicant Organization

1. Has capability to scan or key and develop data files and edit and clean data according to standard protocols.
 Yes No
2. Has capability to submit data electronically in the specified format (XML) via the Home Health Care CAHPS Survey secured website.
 Yes No

3. Has 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. Verification that the XML template is correctly formatted and contains the proper data headers and data records.
 Yes No
 - c. Ability to work with CMS's contractor to resolve data and data file submission problems.
 Yes No
4. Please explain any "No" responses above:

Quality Assurance

Vendor 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 Home Health Care CAHPS Survey.

1. Vendor must be able to incorporate well-documented quality control procedures (as applicable) for:
- a. In-house training of staff involved in survey operations.
 Yes No
 - b. Sample frame construction and sample selection.
 Yes No
 - c. Printing, mailing, and recording of receipt of incoming survey questionnaires.
 Yes No NA
 - d. Telephone administration of survey.
 Yes No NA
 - e. Coding and editing of survey data and survey-related materials.
 Yes No
 - f. Scanning or keying survey data.
 Yes No NA
 - g. Preparation of final person-level data files for submission.
 Yes No
 - h. All other functions and processes that affect the administration of the Home Health Care CAHPS survey.
 Yes No

2. Vendor agrees to the following documentation requirements:
- a. Will keep electronic or hardcopy files of individuals trained, training dates.
 Yes No
 - b. Will maintain electronic or hardcopy records of interviewers monitored (for telephone administration).
 Yes No
 - c. Will maintain electronic or hardcopy records of mailing dates.
 Yes No
 - d. Will maintain other documentation necessary to allow the Home Health Care CAHPS Survey Oversight team to review procedures implemented, should the vendor be selected for a site visit.
 Yes No
 - e. Will maintain documentation of actions required (and taken) as a result of any decisions made during site visits by the Oversight Team.
 Yes No
3. Vendor agrees to adhere to specified procedures, attend survey training, and participate in quality assurance activities:
- a. Vendor agrees to review and follow all procedures described in the Home Health Care CAHPS Survey Protocols and Guidelines Manual as are relevant for their selected survey modes
 Yes No
 - b. Vendor must attend all CMS Introduction and Update training sessions. Failure to do so will jeopardize their standing as an approved vendor.
 Yes No
 - c. Vendor agrees to participate in any conference calls and site visits requested by the Oversight Team as part of overall quality monitoring activities. 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
4. Please explain any "No" responses above:

III. KEY PROJECT STAFF

Please indicate the name of the Project Manager assigned to the Home Health Care CAHPS Survey, if known: Project Manager

Please indicate the name of the Sampling Manager assigned to the Home Health Care CAHPS Survey, if known: Sampling Manager

IV. LIST OF SUBCONTRACTORS

Check here if you are not going to use any subcontractors and then go to Section V.

LIST OF SUBCONTRACTORS (Add more lines if necessary or include as a separate attachment.)

Note: Survey vendors should promptly update the List of Subcontractors as subcontractors are added or deleted.

Subcontractor Name

- 1.
- 2.
- 3.

Brief Description of Role

- 1.
- 2.
- 3.

For each subcontractor listed above, provide information related to the subcontractor's experience relevant to the tasks it will be performing.

SUBCONTRACTOR #1

1. Name of Subcontractor #1:
2. Number of Years Subcontractor #1 Has Been in Business:
3. Please describe in detail the role and tasks Subcontractor #1 will be performing on the Home Health Care CAHPS Survey:

In Item 4 below, indicate whether this subcontractor will be assisting with any activities related to the Mail Survey. If the subcontractor will not be assisting with any Mail Survey activities, select “No” in Item 4 and go to Item 5. Otherwise, select “Yes” in Item 4 and then answer Items 4a-4i.

4. Will this subcontractor assist with any mail survey activities?

Yes No

For each Item 4a–4i, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls from sample patients within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No

If Item 4a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 4b–4i, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 5 below, please indicate whether this subcontractor will be assisting with activities related to the telephone survey administration. If the subcontractor will not be assisting with telephone survey activities, select “No” and skip to Item 6. If the subcontractor will be involved with telephone survey activities, enter “Yes” in Item 5 and then provide a response to Items 5a–5h.

5. Will this subcontractor assist with any activities related to the telephone survey administration?

Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify telephone numbers of sampled patients.
 Yes No
- c. Develop computer programs for computer-assisted telephone interview instruments.
 Yes No
- d. Collect data using computer-assisted telephone interviewing (CATI) or alternative electronic system.
 Yes No
- e. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- f. Assign a unique sample identification number (SID) to each sampled patient and match SIDs to the status/outcome for each sample member.
 Yes No
- g. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- h. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No

If Item 5a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 5b–5h, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 6 below, indicate whether this subcontractor will be assisting with activities related to a mixed-mode survey implementation. If the subcontractor will not be assisting with these activities, select “No” and then skip to Item 7. If this subcontractor will be assisting with activities related to mixed-mode data collection, select “Yes” in Item 6 and then answer Items 6a–6p.

6. Will this subcontractor conduct any tasks related to a mixed-mode survey administration?

Yes No

In Items 6a–6p, please check “Yes” or “No” to indicate whether this subcontractor will be conducting any of the following activities on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No
- j. Obtain and verify telephone numbers.
 Yes No
- k. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
- l. Collect data using CATI or alternative electronic system.
 Yes No

- m. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- n. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- o. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No
- p. Track cases from mail survey through telephone follow-up activities.
 Yes No

If Item 6a is checked “Yes,” please describe the subcontractor’s qualifications and experience with sample frame construction and sample selection.

For each “Yes” entered in Items 6b–6p, please list specific equipment and systems that this subcontractor will use to accomplish the task.

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 7a–7e, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter “NA” if the subcontractor will not be involved in a specific task.

7. Does this subcontractor have well-documented quality control procedures (as applicable) for:

- a. In-house training of staff involved in survey operations?
 Yes No NA
- b. Printing, mailing, and recording of receipt of survey questionnaires?
 Yes No NA
- c. Telephone administration of survey?
 Yes No NA
- d. Coding and editing of survey data and survey-related materials?
 Yes No NA
- e. Scanning or keying survey data?
 Yes No NA

Please explain any “No” responses checked in Items 7a–7e.

Subcontractor Facilities and Systems**8. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor's assigned activities. Enter NA if this subcontractor will not be involved in the activity.**

- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA
- b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No NA
- c. Has an electronic survey management system to track fielded surveys throughout the data collection period.
 Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
- e. Is capable of offering and manning a toll-free telephone number to receive and address calls from survey participants, required for ALL modes.
 Yes No NA
- f. Has a secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files from home health agencies that protects the confidentiality of patient response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No NA
- g. Has appropriate systems in place to protect the confidentiality of electronic data received from home health agencies AND response data received from patients. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
 Yes No NA

Please explain any "No" responses in Items 8a–8g.

**CONTINUE ON THE NEXT PAGE IF MORE THAN ONE SUBCONTRACTOR
 WILL BE USED. OTHERWISE GO TO SECTION V ON PAGE 26.**

Subcontractor #2

1. Name of Subcontractor #2:
2. Number of Years Subcontractor #2 Has Been in Business:
3. Please describe in detail the role and tasks Subcontractor #2 will be performing on the Home Health Care CAHPS Survey.

In Item 4 below, indicate whether this subcontractor will be assisting with any activities related to the Mail Survey. If the subcontractor will not be assisting with any Mail Survey activities, select “No” in Item 4 and go to Item 5. Otherwise, select “Yes” in Item 4 and then answer Items 4a-4i.

4. Will this subcontractor assist with any mail survey activities?

- Yes No

For each Item 4a–4i, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls from sample patients within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No

If Item 4a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 4b–4i, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 5 below, please indicate whether this subcontractor will be assisting with activities related to the telephone survey administration. If the subcontractor will not be assisting with telephone survey activities, select “No” and skip to Item 6. If the subcontractor will be involved with telephone survey activities, enter “Yes” in Item 5 and then provide a response to Items 5a–5h.

5. Will this subcontractor assist with any activities related to the telephone survey administration?

Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify telephone numbers of sampled patients.
 Yes No
- c. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
- d. Collect data using CATI or alternative electronic system.
 Yes No
- e. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- f. Assign a unique sample identification number (SID) to each sampled patient and match SIDs to the status/outcome for each sample member.
 Yes No
- g. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- h. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No

If Item 5a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 5b–5h, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 6 below, indicate whether this subcontractor will be assisting with activities related to a mixed-mode survey implementation. If the subcontractor will not be assisting with these activities, select “No” and then skip to Item 7. If this subcontractor will be assisting with activities related to mixed-mode data collection, select “Yes” in Item 6 and then answer Items 6a–6p.

6. Will this subcontractor conduct any tasks related to a mixed-mode survey administration?

Yes No

In Items 6a–6p, please check “Yes” or “No” to indicate whether this subcontractor will be conducting any of the following activities on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No
- j. Obtain and verify telephone numbers.
 Yes No
- k. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
- l. Collect data using CATI or alternative electronic system.
 Yes No
- m. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No

- n. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- o. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No
- p. Track cases from mail survey through telephone follow-up activities.
 Yes No

If Item 6a is checked “Yes,” please describe the subcontractor’s qualifications and experience with sample frame construction and sample selection.

For each “Yes” entered in Items 6b–6p, please list specific equipment and systems that this subcontractor will use to accomplish the task.

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 7a–7e, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter “NA” if the subcontractor will not be involved in a specific task.

7. Does this subcontractor have well-documented quality control procedures (as applicable) for:

- a. In-house training of staff involved in survey operations?
 Yes No NA
- b. Printing, mailing, and recording of receipt of survey questionnaires?
 Yes No NA
- c. Telephone administration of survey?
 Yes No NA
- d. Coding and editing of survey data and survey-related materials?
 Yes No NA
- e. Scanning or keying survey data?
 Yes No NA

Please explain any “No” responses checked in Items 7a–7e.

Subcontractor Facilities and Systems**8. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor's assigned activities. Enter NA if this subcontractor will not be involved in the activity.**

- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA
- b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No NA
- c. Has an electronic survey management system to track fielded surveys throughout the data collection period.
 Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
- e. Is capable of offering and manning a toll-free telephone number to receive and address calls from survey participants, required for ALL modes.
 Yes No NA
- f. Has a secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files from home health agencies that protects the confidentiality of patient response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No NA
- g. Has appropriate systems in place to protect the confidentiality of electronic data received from home health agencies AND response data received from patients. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
 Yes No NA

Please explain any "No" responses in Items 8a–8g.

**CONTINUE ON THE NEXT PAGE IF MORE THAN TWO SUBCONTRACTORS
 WILL BE USED. OTHERWISE GO TO SECTION V ON PAGE 26.**

Subcontractor #3

1. Name of Subcontractor #3:
2. Number of Years Subcontractor #3 Has Been in Business:
3. Please describe in detail the role and tasks Subcontractor #3 will be performing on the Home Health Care CAHPS Survey.

In Item 4 below, indicate whether this subcontractor will be assisting with any activities related to the Mail Survey. If the subcontractor will not be assisting with any Mail Survey activities, select “No” in Item 4 and go to Item 5. Otherwise, select “Yes” in Item 4 and then answer Items 4a-4i.

4. Will this subcontractor assist with any mail survey activities?

Yes No

For each Item 4a–4i, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls from sample patients within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No

If Item 4a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 4b–4i, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 5 below, please indicate whether this subcontractor will be assisting with activities related to the telephone survey administration. If the subcontractor will not be assisting with telephone survey activities, select “No” and skip to Item 6. If the subcontractor will be involved with telephone survey activities, enter “Yes” in Item 5 and then provide a response to Items 5a–5h.

5. Will this subcontractor assist with any activities related to the telephone survey administration?

Yes No

For each Item 5a–5h, please check “Yes” or “No” to indicate whether this subcontractor will be conducting the activity on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify telephone numbers of sampled patients.
 Yes No
- c. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
- d. Collect data using CATI or alternative electronic system.
 Yes No
- e. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No
- f. Assign a unique sample identification number (SID) to each sampled patient and match SIDs to the status/outcome for each sample member.
 Yes No
- g. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- h. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No

If Item 5a is checked “Yes,” please describe the subcontractor’s experience and qualifications for constructing sample frames and sample selection.

For each “Yes” entered in Items 5b–5h, please list specific equipment and systems that this subcontractor will use to accomplish the task.

In Item 6 below, indicate whether this subcontractor will be assisting with activities related to a mixed-mode survey implementation. If the subcontractor will not be assisting with these activities, select “No” and then skip to Item 7. If this subcontractor will be assisting with activities related to mixed-mode data collection, select “Yes” in Item 6 and then answer Items 6a–6p.

6. Will this subcontractor conduct any tasks related to a mixed-mode survey administration?

Yes No

In Items 6a–6p, please check “Yes” or “No” to indicate whether this subcontractor will be conducting any of the following activities on the Home Health Care CAHPS Survey.

- a. Construct the sample frame or select the survey sample.
 Yes No
- b. Obtain and verify addresses of sampled patients.
 Yes No
- c. Print professional-quality survey instruments and materials.
 Yes No
- d. Assign a unique sample identification number (SID) to each sampled patient and match the SID to the status/outcome for each sample member.
 Yes No
- e. Assemble and mail survey materials.
 Yes No
- f. Receive and process (key entry or scanning) completed questionnaires.
 Yes No
- g. Track and identify nonrespondents for follow-up mailing.
 Yes No
- h. Provide a toll-free customer support line and respond to calls within 1 to 2 business days.
 Yes No
- i. Assign final status codes to describe the final result of work on each sampled case.
 Yes No
- j. Obtain and verify telephone numbers.
 Yes No
- k. Develop computer programs for computer-assisted telephone interview (CATI) instruments.
 Yes No
- l. Collect data using CATI or alternative electronic system.
 Yes No
- m. Schedule call backs to nonrespondents at varying times of the day/week.
 Yes No

- n. Provide a toll-free customer support line and respond to calls from sampled patients within 1 to 2 business days.
 Yes No
- o. Assign final status codes to reflect the results of attempts to obtain completed interview with sampled cases.
 Yes No
- p. Track cases from mail survey through telephone follow-up activities.
 Yes No

If Item 6a is checked "Yes," please describe the subcontractor's qualifications and experience with sample frame construction and sample selection.

For each "Yes" entered in Items 6b–6p, please list specific equipment and systems that this subcontractor will use to accomplish the task.

Subcontractor Quality Assurance

The subcontractor must have experience incorporating quality assurance in all data collection and data processing activities. In Items 7a–7e, indicate whether this subcontractor has well-documented quality control procedures for each activity. Enter "NA" if the subcontractor will not be involved in a specific task.

7. Does this subcontractor have well-documented quality control procedures (as applicable) for:

- a. In-house training of staff involved in survey operations?
 Yes No NA
- b. Printing, mailing, and recording of receipt of survey questionnaires?
 Yes No NA
- c. Telephone administration of survey?
 Yes No NA
- d. Coding and editing of survey data and survey-related materials?
 Yes No NA
- e. Scanning or keying survey data?
 Yes No NA

Please explain any "No" responses checked in Items 7a–7e.

Subcontractor Facilities and Systems**8. Subcontractors must have the following systems and processes in place to ensure the security of the data throughout the contractor's assigned activities. Enter NA if this subcontractor will not be involved in the activity.**

- a. Has physical facilities for processing and storage of all data collection materials.
 Yes No NA
- b. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printing, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system).
 Yes No NA
- c. Has an electronic survey management system to track fielded surveys throughout the data collection period.
 Yes No NA
- d. Has call center or telephone bank facilities for telephone survey implementation.
 Yes No NA
- e. Is capable of offering and manning a toll-free telephone number to receive and address calls from survey participants, required for ALL modes.
 Yes No NA
- f. Has a secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files from home health agencies that protects the confidentiality of patient response data and personally identifying information (e.g., hardcopy documents must be stored in a locked file cabinet, room, or building).
 Yes No NA
- g. Has appropriate systems in place to protect the confidentiality of electronic data received from home health agencies AND response data received from patients. Systems may include storing electronic files in password-protected locations, use of firewalls, use of strong password policies, use of data encryption software for sending private health information, and use of proper software for virus and spyware protection. This would also include limiting access to data only to personnel who require access and administrators.
 Yes No NA

Please explain any "No" responses in Items 8a–8g.

V. CONTRACTED HOME HEALTH AGENCIES

Check here if you are not currently under contract with any home health agencies and then go to Section VI.

LIST OF CONTRACTED HOME HEALTH AGENCIES

Please enter the information requested below or attach a list with the same information requested.

Vendor should submit an Update to this form whenever home health agencies are added or removed from the list of active contracts.

1. Home Health Agency Name and State:

CMS Certification Number (formerly known as the Medicare Provider Number):

Agency Contact Name, Telephone Number, and E-mail Address:

Selected Mode of Survey Administration:

- Mixed Mode
- Mail Only
- Telephone Only

2. Home Health Agency Name and State:

CMS Certification Number (formerly known as the Medicare Provider Number):

Agency Contact Name, Telephone Number, and E-mail Address:

Selected Mode of Survey Administration:

- Mixed Mode
- Mail Only
- Telephone Only

3. Home Health Agency Name and State:

CMS Certification Number (formerly known as the Medicare Provider Number):

Agency Contact Name, Telephone Number, and E-mail Address:

Selected Mode of Survey Administration:

- Mixed Mode
- Mail Only
- Telephone Only

4. Home Health Agency Name and State:

CMS Certification Number (formerly known as the Medicare Provider Number):

Agency Contact Name, Telephone Number, and E-mail Address:

Selected Mode of Survey Administration:

- Mixed Mode
- Mail Only
- Telephone Only

5. Home Health Agency Name and State:

CMS Certification Number (formerly known as the Medicare Provider Number):

Agency Contact Name, Telephone Number, and E-mail Address:

Selected Mode of Survey Administration:

- Mixed Mode
- Mail Only
- Telephone Only

VI. PARTICIPATION REQUIREMENTS

All vendors who wish to become approved vendors for the Home Health Care CAHPS Survey must adhere to the following requirements. The vendor must:

1. Participate in both the Introduction to the Home Health Care CAHPS Survey Training and any subsequent Update trainings. The vendor's Project Manager must attend the training; it is strongly advised that the vendor's Sampling and Data Managers also attend.
2. Review and Follow the Home Health Care CAHPS Survey Protocols and Guidelines Manual and the Data Submission Manual.
3. Develop and Submit a Quality Assurance Plan, following guidelines described in the Home Health Care CAHPS Survey Protocols and Guidelines Manual. Update the plan as information contained within it changes.
4. Participate and cooperate in all oversight activities conducted by the Home Health Care CAHPS Survey Oversight Team, including but not limited to conference calls and site visits, as deemed necessary.
5. Acknowledge that review of and agreement with these Participation Requirements is necessary for participation and public reporting of Home Health Care CAHPS Survey results.

VII. APPLICANT ORGANIZATION ACCEPTANCE

I certify that:

- I have reviewed and agree to meet the Participation Rules for the Home Health Care CAHPS Survey.
- The statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the Home Health Care CAHPS Survey Vendor Requirements.

AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Organization: _____

Date: _____

VIII. DESIGNATING A SURVEY ADMINISTRATOR

All vendors must designate a Survey Administrator to whom the Home Health CAHPS Survey Coordination Team will issue credentials to access the private side of the Home Health Care CAHPS Survey website. The Administrator will be responsible for the following:

1. Designating another individual within the organization as the backup Administrator.
2. Completing or approving each staff member who will have access to the Home Health Care CAHPS Survey website as a non-administrator user.
3. Granting individual non-administrator users access to specific functions on the Home Health Care CAHPS Survey website.
4. Updating non-administrator user information on the Home Health Care CAHPS Survey website based on staff changes/assignments.
5. Removing access or approving the removal of access for users who are no longer authorized to access the private side of the Home Health Care CAHPS Survey website.
6. Serving as the main point of contact with the Home Health Care CAHPS Survey Data Center.
7. Notifying the Home Health Care CAHPS Survey Data Coordination Team if his or her role as the Home Health Care CAHPS Survey Administrator will no longer be valid and identifying his or her successor.

8. Maintaining the confidentiality of all data that are submitted to the Home Health Care CAHPS Survey Data Center.

In the space below, please indicate the name, title, and e-mail address of the person whom you are designating as the Home Health Care CAHPS Survey Administrator for your organization. This e-mail address will be used as the login credentials for the survey administrator, so it is very important to enter it accurately.

HOME HEALTH CARE CAHPS SURVEY ADMINISTRATOR

Name: _____

Title: _____

Phone: _____

Email: _____

To submit this form online, visit the Home Health Care CAHPS Survey website at <https://homehealthcahps.org/>. If you prefer to submit this form via mail or e-mail, please send to:

Mail

RTI International
Attn: Vanessa Thornburg
3040 Cornwallis Rd.
PO Box 12194
Research Triangle Park, NC 27709-2194

E-mail

Hhcahps@rti.org

Fax

(919) 541-7400
Attn: Vanessa Thornburg, Home Health Care CAHPS Survey