

**Appendix D: Follow-Up Letter**  
[CMS Letterhead]

[DATE]

Dr. [FIRST NAME] [LASTNAME]  
[ADDR1]  
[ADDR2]  
[CITY], [STATE] [ZIP]

Dear Dr. [FIRSTNAME] [LASTNAME]:

We write to remind you to please participate in an important evaluation regarding the *2006 Medicare Oncology Demonstration Program*, a national program that uses evidence-based practice guidelines to encourage quality care for patients with a primary diagnosis of cancer in one of 13 major diagnostic categories. While current quality initiatives such as the Physician Quality Reporting Initiative (PQRI) assess 74 diverse quality measures applicable to many Medicare physicians, the 2006 Demonstration, which ended in December of 2006, gathered information specific to oncologists and hematologists regarding patients' treatments, the spectrum of care they received, and the frequency with which physician's used clinical practice guidelines. Your participation in the survey is crucial to help us better understand the impact of the demonstration on your practice, as well as your overall experience with the demonstration. If you recently mailed your completed survey, please excuse this reminder. If you have yet to participate, please know that your responses are crucial to informing and improving how Medicare pays for cancer care in the future.

The National Cancer Institute (NCI) and the Centers for Medicare & Medicaid Services (CMS) are conducting this study in collaboration with L&M Policy Research and The National Opinion Research Center (NORC), a non-profit research center affiliated with the University of Chicago that has been conducting research in the public interest for over 60 years.

Recently you should have received a questionnaire packet that included **a check for \$25 to show our appreciation** for taking part in this important survey. If you did not receive this check, please let us know by calling 1-800-XXX-XXXX.

**The survey will take 10 minutes to complete.** All the information that would identify you or your practice will be kept private. No individual providers will be identified in any of the analyses or reports from this evaluation and your decision on whether or not to participate in the survey will not affect your eligibility in the Medicare demonstration. Taking part in the survey is voluntary. You may elect to skip any questions. Please know your answers are very important to us; your responses will help inform both an understanding of current cancer care practices and future Medicare demonstration programs.

You may notice some numbers on the cover of this survey. These numbers are ONLY used to let us know if you returned your survey. Please return your completed survey in the enclosed postage-paid business reply envelope. If you prefer, you may return your survey by either e-mail or fax. Please e-mail your completed survey as a PDF file to [emailaddress@norc.org](mailto:emailaddress@norc.org) or fax it to 1-800-XXX-XXXX.

If you have questions or would like more information about the evaluation, please call NORC toll-free at 1-800-XXX-XXXX. For questions regarding your rights as a research subject, please contact NORC's IRB Administrator at 1-866-309-0542. We hope you decide to join us in this important evaluation.

Sincerely,

CMS Signature  
Title

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Agency