

APPENDIX C

**MEDICARE CARE MANAGEMENT PERFORMANCE (MCMP) DEMONSTRATION
ADVANCE LETTER—MEDICARE BENEFICIARIES**

CMS LETTERHEAD
ADVANCE LETTER—MEDICARE BENEFICIARIES

[DATE]

[NAME AND ADDRESS]

Dear Mr./Ms. [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a study called the Medicare Care Management Performance (MCMP) Demonstration. The purpose of the study is to learn about the quality of care Medicare beneficiaries with chronic illnesses receive and their health outcomes. Your name was selected for the study because Medicare records indicate that you have been treated for one of the chronic conditions that we are studying.

Mathematica Policy Research, Inc. (MPR), an independent research company, is conducting the study for CMS. As part of this important study, MPR will survey Medicare beneficiaries in different parts of the United States. This letter is to invite you to take part in this study.

Please help us by completing the enclosed questionnaire and returning it in the postage-paid envelope provided. The questionnaire should only take about 15 minutes to complete. Your participation is voluntary but we strongly encourage you to answer the questions in the survey because your experiences will help Medicare design and improve health care programs for persons who have health conditions similar to yours. The answers you provide will be kept confidential and will not be released, except as required by law. Your information will be used only as part of this evaluation.

If you have any questions, or if you would prefer to complete the survey by phone, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Melanie Costas. A fact sheet providing additional information about the study is enclosed for your information. You can also visit the CMS website at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf for more information.

We look forward to including your valuable experience as a Medicare beneficiary in this study.

Sincerely,

CMS Privacy Officer

Enclosure

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.