

**APPENDIX I**

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



**CMS LETTERHEAD**  
**ADVANCE LETTER—COMPARISON PHYSICIANS**

[DATE]

[NAME AND ADDRESS]

Dear Dr. [FILL LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) is sponsoring a three-year demonstration called the Medicare Care Management Performance (MCMP) Demonstration. The goals of the demonstration are to improve quality of care to eligible fee-for-service Medicare beneficiaries and encourage the implementation and use of health information technology (HIT) among physicians who serve Medicare beneficiaries. Currently, the demonstration is operating in four states: California, Arkansas, Massachusetts, and Utah.

Mathematica Policy Research, Inc. (MPR), an independent research organization, is conducting a study of MCMP for CMS. The purpose of the study is to evaluate the demonstration's impact on physicians' ability to meet the needs of Medicare beneficiaries through the use of health information technology (HIT) and evidence-based outcome measures.

As part of this study, MPR will survey approximately 1,600 physicians across the United States about their use of HIT. Half of these physicians will be from practices that are participating in the demonstration, and half will be from comparison practices that are not participating in the demonstration. This letter is to invite you to participate in the survey as a comparison physician.

Your participation in the survey is voluntary, but important. In order to evaluate the impact of the demonstration, both participating and non-participating practices are needed. Please complete the enclosed questionnaire and return it in the postage paid envelope provided. In a pretest, physicians took an average of 10 minutes to complete the questionnaire. Your answers will remain completely confidential to the extent allowable by law. Neither your name nor your practices' name will ever be included in any reports prepared as part of this study.

If you have any questions, or if you would prefer to complete the survey by telephone, please call MPR toll-free at 1-XXX-XXX-XXXX and ask for Melanie Costas. An interviewer from MPR

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will follow up with you in a couple of weeks to answer any questions you might have or to schedule an appointment to complete the survey with you by telephone if you haven't already done so.

If you would like to learn more about the study, please visit the CMS website at [http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649\\_Summary.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/MMA649_Summary.pdf).

We look forward to including your valuable input 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 collections is **xxxx-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 suggestion for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26,