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## *Evaluation of the Acute Care Episode (ACE) Demonstration*

### **Site Visit Correspondence**

# *Evaluation of the Acute Care Episode (ACE) Demonstration*

## **Site Visit Correspondence**

### **Exhibit 1: Letter to Site Liaison (ACE Manager)**

[IMPAQ International Letterhead]

Date

Dear [SITE LIAISON NAME]:

Thank you for your continued support and guidance with the ACE Demonstration.

The Centers for Medicare & Medicaid Services (CMS) has continued to contract with IMPAQ International LLC and the Hilltop Institute at the University of Maryland, Baltimore County in conducting an evaluation of the Acute Care Episode (ACE) Demonstration. As you know, part of the evaluation involves organizing two site visits at participating hospitals; one in the first year and the other in the final year of the demonstration.

Now that we are coming up on the final year of the demonstration, there will be another series of activities including interviews and focus groups with key stakeholders such as the chief executive officer, chief operating officer, chief financial officer, medical chiefs of service in orthopedics and cardiology, and managers of nursing, physical therapy, cardiac intervention lab, and discharge planning departments.

We are employing your assistance once again in identifying appropriate staff for the interviews and focus groups. Your continued support is imperative in order to select individuals and produce a complete list of appropriate staff.

As the liaison for your demonstration site, our team will continue to provide you regular communication about the progress of the evaluation and related activities through phone calls and email as appropriate. If you have any questions, you may contact Oswaldo Urdapilleta, PhD, ACE Demonstration Evaluation Project Director at 443-367-0088, ext. 232, or e-mail him at [ourdapilleta@impaqint.com](mailto:ourdapilleta@impaqint.com). Alternatively, you may contact Jesse M. Levy, PhD who is the Federal Project Officer for the Evaluation of the ACE Demonstration. His phone number is 410-786-6600; his e-mail address is [jesse.levy@cms.hhs.gov](mailto:jesse.levy@cms.hhs.gov).

Thank you for your sustained support and assistance with this evaluation. Your guidance provides a critical role as we complete this evaluation. We appreciate your time and are looking forward to working with you again.

Sincerely,

Oswaldo Urdapilleta, PhD

# *Evaluation of the Acute Care Episode (ACE) Demonstration*

## **Site Visit Correspondence**

### **Exhibit 2: Letter to Key Stakeholder Interviewees (CEO/CFO/COO, Hospital Managers, and ACE Manager)**

[IMPAQ International Letterhead]

Date

Dear [KEY STAKEHOLDER NAME]:

Thank you for your participation in the ACE Demonstration interview in [YEAR], during the first year of the demonstration.

We appreciate your insights as they provided invaluable information about the ACE Demonstration program. The Centers for Medicare & Medicaid Services (CMS) has continued to contract with IMPAQ International LLC and the Hilltop Institute at the University of Maryland, Baltimore County in conducting an evaluation of the Acute Care Episode (ACE) Demonstration in which [NAME OF SITE] is participating.

As part of the evaluation, we are organizing another site visit at participating hospitals for the final year of the demonstration. During this site visit, there will be another series of activities such as interviews and focus groups with key personnel involved in the development and implementation of the demonstration.

[NAME OF LIAISON], the site liaison from [NAME OF HOSPITAL], is working closely with the evaluation team and has helped us identify you as a key individual in the ACE Demonstration. Although you participated in an initial interview, as a critical person in the demonstration, we would appreciate your participation in this second session. The interviews are expected to last approximately 1.5 hours and will entail a discussion from your perspective of the extent to which the demonstration met expectations, strategies that were implemented, and significant challenges.

A member of our evaluation team will be conducting interviews between [PROVIDE RANGE OF DATES] at [NAME OF SITE] for this site visit. Further, a member of our team will contact you to schedule an interview at your convenience. If you have any questions about this interview, please contact Oswaldo Urdapilleta, PhD, ACE Demonstration Evaluation Project Director at 443-367-0088, ext. 232, or e-mail him at [ourdapilleta@impaqint.com](mailto:ourdapilleta@impaqint.com).

We understand that you have many obligations and appreciate your time for this second interview. Your continued contributions will provide imperative information about the ACE Demonstration program as we complete this evaluation.

Sincerely,

Oswaldo Urdapilleta, PhD  
ACE Demonstration Evaluation Project Director

# *Evaluation of the Acute Care Episode (ACE) Demonstration*

## **Site Visit Correspondence**

### **Exhibit 3: Introductory Letter to Focus Group Participants (Beneficiaries)**

[IMPAQ International Letterhead]

Date

Dear [FOCUS GROUP PARTICIPANT NAME]:

We hope that this letter finds you well on the road to recovery following your recent hospitalization.

The Centers for Medicare & Medicaid Services (CMS) has contracted with IMPAQ International LLC and the Hilltop Institute at the University of Maryland, Baltimore County to conduct an evaluation of your experience with the [CARDIAC/ORTHOPEDIC] procedure you underwent at [NAME OF HOSPITAL]. As part of our evaluation we are conducting focus groups with Medicare beneficiaries who have recently been hospitalized for [TYPE OF TREATMENT] at [NAME OF HOSPITAL]. Our team is interested in evaluating your experience during that episode of care and would like to request your participation in these focus groups. Enclosed is a letter from CMS highlighting the importance of this project and your participation.

Your participation is voluntary and will be held confidential. Refusal to participate will involve no penalty or loss of Medicare benefits to which you are otherwise entitled, and you may discontinue participation at any time without any consequences

Please send back the self-addressed stamped post card saying that you will participate or that you do not want to participate. If you send the post card back saying that you *are not interested*, you will receive no further communication about this evaluation.

If you choose to participate, or if you do not send back the letter, someone from our evaluation team will call you to give you more information about the focus group date and location. If you choose to participate, the total time will be no more than 1.5 hours. We will provide everything you need to participate in the focus group. We will also provide you with a \$25 stipend as well as refreshments.

If you have questions and would like to talk to someone about this evaluation or focus groups, you can speak to a member of our evaluation team by calling 1-800-xxx-xxxx and saying, "I am calling about the ACE focus groups".

On behalf of CMS, I would like to thank you in advance for helping us with this very important evaluation.

Sincerely,

Signatory

# *Evaluation of the Acute Care Episode (ACE) Demonstration*

## **Site Visit Correspondence**

### **Exhibit 4: Introductory Letter to Focus Group Participants (Physicians and Non-Physicians)**

[IMPAQ International Letterhead]

Date

Dear [FOCUS GROUP PARTICIPANT NAME]:

Thank you for your participation in the ACE Demonstration focus groups in [YEAR], during the first year of the demonstration. We appreciate your insights as they provided invaluable information about the ACE Demonstration program. The Centers for Medicare & Medicaid Services (CMS) has continued to contract with IMPAQ International LLC and the Hilltop Institute at the University of Maryland, Baltimore County in conducting an evaluation of the Acute Care Episode (ACE) Demonstration in which [NAME OF SITE] is participating.

As part of the evaluation, we are organizing another site visit at participating hospitals for the final year of the demonstration. During this site visit, there will be another series of activities such as interviews and focus groups with key personnel involved in the development and implementation of the demonstration.

This letter is being sent to you because you have been selected to participate in another focus group with some of your colleagues to discuss your perspective about various aspects of the implementation, outcomes, and evolution of the demonstration. Although you participated in the initial round of focus groups, as a critical person in the demonstration, we would appreciate your involvement in this second session.

The focus groups are expected to last approximately 1.5 hours. We will provide everything you need to participate in the focus group as well some refreshments. Our evaluation team will be conducting focus groups between [RANGE OF DATES] at [NAME OF SITE] for this site visit. A member of our team will contact you to give you more information about the focus group date and location.

If you have any questions about these focus groups, please contact Oswaldo Urdapilleta, PhD, ACE Demonstration Evaluation Project Director at 443-367-0088, ext. 232, or e-mail him at [ourdapilleta@impaqint.com](mailto:ourdapilleta@impaqint.com). Furthermore, [LIAISON NAME] is the liaison for [NAME OF SITE], you may also contact [HIM/HER] at [NUMBER AND EMAIL].

Thank you for your support. We understand that you have many obligations and appreciate your time for this second round of focus groups. Your continued contributions will provide imperative information about the ACE Demonstration on [NAME OF SITE] and its patients.

Sincerely,  
Signatory

# *Evaluation of the Acute Care Episode (ACE) Demonstration*

## **Site Visit Correspondence**

### **Exhibit 5: Official CMS Letter to Beneficiaries**

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C3-21-28  
Baltimore, Maryland 21244-1850



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Dear [FOCUS GROUP PARTICIPANT NAME]:

The Centers for Medicare & Medicaid Services (CMS) has contracted with IMPAQ International, LLC and the Hilltop Institute at the University of Maryland, Baltimore County to conduct an evaluation of your experience from the treatment you received at [NAME OF HOSPITAL].

As part of the evaluation, IMPAQ will be conducting focus groups with Medicare beneficiaries who have recently been hospitalized for [TYPE OF TREATMENT] at [NAME OF HOSPITAL]. CMS is committed to hearing from Medicare beneficiaries and understanding your experiences.

We would like to invite you to participate in a focus group with other beneficiaries. Your decision to participate will be held confidential. Additionally, if you choose not to participate there will be no changes to your Medicare benefits to which you are otherwise entitled.

If you choose to participate, a representative from IMPAQ will be contact you within a few days with more specific information. I hope when you are contacted you will accept the invitation and share your perspective.

Your input will be valuable in assisting CMS in assessing programs and policies for the future. If you have any questions, please feel free to call me at (410) 786-6600 or e-mail me at [jesse.levy@cms.hhs.gov](mailto:jesse.levy@cms.hhs.gov).

Sincerely,

Jesse M. Levy, PhD  
Medicare Acute Care Demonstration Evaluation  
Project Officer  
Office of Research, Development and Information  
Centers for Medicare and Medicaid Services