ATTACHMENT G

Advance and confirmation Letters

Form Approved

OMB No: 0935-XXX

Exp. Date XX/XX/20XX

Re: Interview Request – CHIPRA Quality Demonstration Evaluation

Dear [Insert Name]:

I am writing to you from [the Urban Institute or Mathematica Policy Research] to request an appointment to interview you about [state’s] CHIPRA-authorized Medicaid/CHIP quality demonstration grant. The Urban Institute and Mathematica Policy Research are part of the team conducting cross-state evaluation of the 18 states that received these five-year grants. (Our evaluation is Federally funded through the Agency for Healthcare Research and Quality (AHRQ), while the Centers for Medicare & Medicaid Services (CMS) is funding the demonstration grants to states.)

We are interviewing people who are closely involved in the design, management, and day-to-day operations of demonstration activities, as well as other people who care about how these demonstrations affect children’s health care quality in Medicaid and CHIP. We would be particularly interested to meet with you during our first round of site visits to hear your thoughts and insights on several topics, including:

[insert key topics for this respondent type]

Our site visit team will be in [state] during the week of [insert date]. If you are available to speak with us for about [\_\_] minutes, kindly let us know the best way to schedule such an appointment. We would be happy to come to your office for this interview, unless you have another preference.

Your responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c). If you have any questions about our evaluation or this request, please feel free to contact me or any of the individuals listed below. Thank you very much for your consideration. We look forward to speaking with you.

Sincerely,

[Kelly Devers, Ian Hill, or Leslie Foster]

For more information:

Site visit leaders: Kelly Devers, kdevers@urban.org,, Ian Hill (ihill@urban.org), or Leslie Foster, lfoster@mathematica-mpr.com

State director for [state’s] CHIPRA quality demonstration grant: [insert name and email address]

Cross-state evaluation director: Henry Ireys, hireys@mathematica-mpr.com

AHRQ project officer: Cindy Brach, cindy.brach@ahrq.hhs.gov

CMS project officer: Karen Llanos, karen.llanos@cms.hhs.gov

Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time to complete the interview. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attn: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Rd., Rm. 5036, Rockville MD 20850.

Form Approved

OMB No: 0935-XXX

Exp. Date XX/XX/20XX

Re: Interview Confirmation – CHIPRA Quality Demonstration Evaluation

Dear [Name]:

I am writing to confirm our appointment to interview you about [state’s] CHIPRA-authorized Medicaid/CHIP quality demonstration grant. Our appointment is scheduled for [date and local time] at [street address].

Although there is no need to prepare for the interview, the types of questions we will ask include:

[insert key topics for this respondent type]

Other important information about the evaluation and our interview include the following:

**Sponsors.** The evaluation is Federally funded through the Agency for Healthcare Research and Quality (AHRQ). The demonstration grants to states are provided by the Centers for Medicare & Medicaid Services (CMS).

 **Confidentiality.** Your interview responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c). Interview data will be shared among members of the cross-state evaluation team. The cross-state evaluation team will report to AHRQ and CMS on the general themes that emerge from all interviews. Reports may list interview respondents by state; however, no quotes or specific comments will be attributed to a named individual without permission from that individual.

 **Audio Recording.** At the start of our appointment with you, we will request permission to record our conversation (audio only). We may use the audio recording to fill in gaps in or clarify our written notes from the conversation. We will not transcribe interviews.

We look forward to meeting you soon.

Sincerely,

[Kelly Devers, Ian Hill, or Leslie Foster]

Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time to complete the interview. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attn: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Rd., Rm. 5036, Rockville MD 20850.