

**LETTER TO HEALTH PLAN PRESIDENT**  
**PRINTED ON CMS LETTERHEAD**

DATE

First and Last Name, Title  
Health Plan Name  
Address  
City, State, Zip code

Dear [Mr./Ms.] Last Name:

The Centers for Medicare & Medicaid Services (CMS) is conducting an evaluation of the Quality Bonus Payment (QBP) demonstration. As part of this evaluation, Mathematica Policy Research (Mathematica) is conducting a survey of all Medicare Advantage plans operating in 2012. The survey is designed to learn about MA plan's quality improvement efforts; the populations they serve; the methods they use to communicate their star ratings; and their perceptions of the quality ratings and the QBP demonstration and its effect on quality.

An interviewer from Mathematica will call you in the next few days to conduct the first part of this survey, a very short telephone interview. The telephone interview will gather some basic information about the health plans and programs offered under your organization's Medicare contract. The interviewer will also ask you to identify the person at your plan who would be most appropriate for responding to the mail portion on the survey. The questionnaire will then be mailed to that person to complete it and return it to Mathematica in a postage-paid envelope.

Your participation in this survey is voluntary but vital to CMS's understanding of quality improvement programs and the QBP demonstration. All individual responses will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form. Individual responses will not be linked to individual contracts, persons or health plans.

If you have questions about the QBP demonstration evaluation, please feel free to contact the evaluation's CMS project officer, Gerald Riley, at [Gerald.Riley@cms.hhs.gov](mailto:Gerald.Riley@cms.hhs.gov) or (410) 786-6699. If you have questions about the survey or would like to schedule a time for the short telephone interview, please call [NAME], Mathematica's study representative at (888) xxx-xxxx. We look forward to your participation and to receiving your valuable input.

Sincerely,

[NAME]  
CMS Title



**INITIAL LETTER TO MA CONTACT PERSON / SURVEY RESPONDENT**

**PRINTED ON CMS LETTERHEAD**

DATE

First and Last Name, Title  
Health Plan Name  
Address  
City, State, Zip code

Dear [Mr./Ms.] Last Name:

The Centers for Medicare & Medicaid Services (CMS) is conducting an evaluation of the Quality Bonus Payment (QBP) demonstration. As part of this evaluation, Mathematica Policy Research, Inc. (Mathematica) is conducting a survey of all Medicare Advantage (MA) plans operating in 2012. The survey is designed to learn about MA plan's quality improvement efforts; the populations they serve; the methods they use to communicate their star ratings; and their perceptions of the quality ratings and the QBP demonstration and its effect on quality.

**You were identified as the best person to complete this survey by [HEALTH PLAN PRESIDENT] of [HEALTH PLAN NAME] because you are the contact person for the Medicare Advantage contract listed below. Please only report on this MA contract and its associated plans when you complete the enclosed questionnaire.**

**MA contract number: [CONTRACT NUMBER]  
Covering plan ids: [PLAN ID NUMBERS]  
Coverage area: [COVERAGE AREA]**

Your participation in this survey is voluntary, but vital to CMS's understanding of quality improvement programs and the QBP demonstration. Individual responses to this survey will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form. Individual responses will not be linked to individual contracts, persons, or health plans.

Please complete the enclosed questionnaire and return it in the self-addressed, stamped envelope as soon as possible. If you have questions about CMS's evaluation, please feel free to call the CMS project officer for the evaluation, Gerald Riley, at (410) 786-6699. Please call [NAME], Mathematica's study representative at (888) xxx-xxxx if you have questions about the survey or if you need a replacement questionnaire.

We look forward to learning about your MA contract.

Sincerely,

[NAME]  
CMS Title

Enclosure: Survey Questionnaire

**FOLLOW UP LETTER TO MA CONTACT PERSON / SURVEY RESPONDENT**  
**PRINTED ON CMS LETTERHEAD**

DATE

First and Last Name, Title  
Company Name  
Address  
City, State, Zip code

Dear [Mr./Ms.] Last Name:

The Centers for Medicare & Medicaid Services (CMS) is conducting an evaluation of the Quality Bonus Payment (QBP) demonstration. As part of this evaluation, Mathematica Policy Research (Mathematica) is conducting a survey of all Medicare Advantage (MA) plans operating in 2012. The survey is designed to learn about MA plan's quality improvement efforts; the populations they serve; the methods they use to communicate their star ratings; and their perceptions of the quality ratings and the QBP demonstration and its effect on quality.

We have not received your completed survey and have enclosed another questionnaire. Please complete and return the questionnaire in the self-addressed, stamped envelope as soon as possible. **Please only report on the MA contract listed below and its associated plans when completing the enclosed questionnaire.**

**Health Plan: [HEALTH PLAN NAME]**  
**Medicare Advantage contract number: [CONTRACT NUMBER]**  
**Covering plan ids: [PLAN ID NUMBERS]**  
**Coverage area: [COVERAGE AREA]**

Your participation in this survey is voluntary, but vital to CMS's understanding of quality improvement programs and the QBP demonstration. Individual responses to this survey will be kept confidential. Answers from all responding contract holders will be tabulated and provided to CMS in aggregate form. Individual responses will not be linked to individual contracts, persons or health plans.

If you have questions about CMS's evaluation, please feel free to call the CMS project officer for the evaluation, Gerald Riley, at (410) 786-6699. Please call [NAME], Mathematica's study representative at (888) xxx-xxxx if you have questions about the survey or need a replacement questionnaire.

We look forward to learning about your MA contract.

Sincerely,

[NAME]  
CMS Title

Enclosure: Survey Questionnaire