

**ATTACHMENT 2: SURVEY COVER LETTERS
(MA-PD VERSION, STAND ALONE PDP VERSION, AND MA
ONLY VERSION)**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-24-25
Baltimore, Maryland 21244-1850



CMS PRIVACY OFFICE

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **Medicare health plan**.

CMS is conducting a survey of people who have disenrolled from their Medicare health plan to learn more about the reasons **why people leave or switch health plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better.

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,

A handwritten signature in black ink that reads 'Walter D. Stone'.

Walter Stone
CMS Privacy Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-24-25
Baltimore, Maryland 21244-1850



CMS PRIVACY OFFICE

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **Medicare health plan**.

CMS is conducting a survey of people who have disenrolled from their Medicare health plan to learn more about the reasons **why people leave or switch health plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. Your knowledge and experiences could help other people with Medicare to make more informed choices. If you have already sent the survey back, thank you for completing the survey.

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,

A handwritten signature in black ink that reads "Walter D. Stone". The signature is written in a cursive, flowing style.

Walter Stone
CMS Privacy Officer

Dear Medicare Beneficiary:

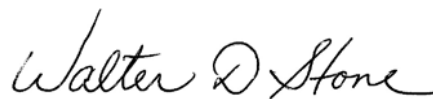
The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **prescription drug plan** (also known as Medicare Part D).

CMS is conducting a survey of people who have disenrolled from their Medicare prescription drug plan to learn more about the reasons **why people leave or switch prescription drug plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better.

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,

A handwritten signature in cursive script that reads "Walter D. Stone".

Walter Stone
CMS Privacy Officer

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **prescription drug plan** (also known as Medicare Part D).

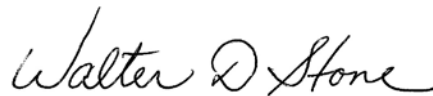
CMS is conducting a survey of people who have disenrolled from their Medicare prescription drug plan to learn more about the reasons **why people leave or switch prescription drug plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. Your knowledge and experiences could help other people with Medicare to make more informed choices. If you have already sent the survey back, thank you for completing the survey.

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,



Walter Stone
CMS Privacy Officer

Dear Medicare Beneficiary:

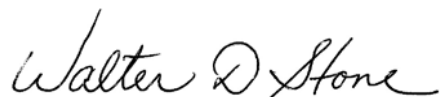
The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **Medicare health plan**.

CMS is conducting a survey of people who have disenrolled from their Medicare health plan to learn more about the reasons **why people leave or switch health plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,



Walter Stone
CMS Privacy Officer

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and it is our responsibility to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you received from your **Medicare health plan**.

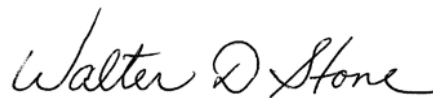
CMS is conducting a survey of people who have disenrolled from their Medicare health plan to learn more about the reasons **why people leave or switch health plans**. Your name was selected at random by CMS because according to our records, you recently left [PLAN NAME]. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As you answer the questions in the survey, please think about your experiences with [PLAN NAME].

All information you provide will be held in confidence and is protected by the Privacy Act. This means that the information you provide will not be shared with anyone other than authorized persons at CMS and CSS, the survey research organization assisting us in this survey. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive. This is your opportunity to help us serve you better.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. Your knowledge and experiences could help other people with Medicare to make more informed choices. If you have already sent the survey back, thank you for completing the survey.

If you have any questions about the survey please call the CSS direct toll-free number 1-855-400-3657 anytime from 9:00 a.m. to midnight Eastern time, Monday through Friday. Thank you for your help with this important survey.

Sincerely,

A handwritten signature in black ink that reads "Walter D. Stone". The signature is written in a cursive style with a large, prominent "W" and "S".

Walter Stone

CMS Privacy Officer

