

**ATTACHMENT 1: PRE NOTIFICATION 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:

In a few days, you will receive a questionnaire in the mail about your experiences with your former Medicare health and prescription drug plan. When it arrives, we would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and our responsibility is to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill this responsibility is to find out directly from you the reasons you left or switched health plans.

The questionnaire will be for a survey that CMS is conducting of people who recently disenrolled from their Medicare health and prescription drug plan. The survey will help CMS to learn more about the reasons why beneficiaries leave or switch health plans. The accuracy of the results depends on getting answers from you and other people on Medicare selected for this survey. This is your opportunity to help us serve you better. All information you provide will be held in confidence by CMS 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 have no effect on your Medicare benefits.**

We hope that you will take the opportunity to answer the survey. Your knowledge and experiences could help other people with Medicare to make more informed health choices. 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, sweeping "W" and "S".

Walter Stone
CMS Privacy Officer

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Dear Medicare Beneficiary:

In a few days, you will receive a questionnaire in the mail about your experiences with your former prescription drug plan (also known as Medicare Part D). When it arrives, we would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and our responsibility is to ensure that you get that high-quality care at a reasonable price. One of the ways we can fulfill this responsibility is to find out directly from you the reasons you left or switched prescription drug plans.

The questionnaire will be for a survey that CMS is conducting of people who recently disenrolled from their Medicare Part D prescription drug plan. The survey will help CMS to learn more about the reasons why beneficiaries leave or switch prescription drug plans. The accuracy of the results depends on getting answers from you and other people on Medicare selected for this survey. This is your opportunity to help us serve you better. All information you provide will be held in confidence by CMS 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 have no effect on your Medicare benefits.**

We hope that you will take the opportunity to answer the survey. Your knowledge and experiences could help other people with Medicare to make more informed choices about their prescription drug coverage. 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.

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