

Attachment 6.d. Reminder Letter (English)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S1-13-05
Baltimore, Maryland 21244-1850



Month 2014

NAME
ADDRESS
CITY, STATE ZIP

Dear NAME:

About a month ago, we sent you a survey that the Centers for Medicare & Medicaid Services (CMS) is doing called the **Program Participant Survey**. We have not gotten the survey back from you yet. We are doing this survey to learn more about your experiences with the **(Program Name or Specific Program Name) program**. If you have already sent us your survey, thank you very much!

Please take a few minutes to answer the survey. Please return the survey in the envelope included with this letter.

It is your choice whether or not to do the survey. Your decision will not affect your Medicaid benefits. Your answers will be kept confidential and are protected by the Privacy Act. We will not share your answers with **(Program Name or Specific Program Name)**. We hope that you will do the survey. Your answers will help us to make programs like this better.

If you have any questions, please call NAME toll-free at 1-877-XXX-XXXX. Si desea recibir la versión de la encuesta en español, por favor llame al 1-877- XXX-XXXX.

Thank you for your help with this survey.

Sincerely,

NAME
CMS TITLE