

## MEDICARE BENEFICIARY MAILED SOLICITATION LETTER

[Beneficiary name]

[Beneficiary address 1, or “c/o” with caretaker’s name]

[Beneficiary address 2]

[City, State, ZIP]

[Date]

Dear Medicare Part D drug plan member:

Your Medicare Part D drug plan has identified you as being eligible to participate in a phone interview. We—Econometrica, Inc.—were asked by the Centers for Medicare & Medicaid Services (CMS) to find out if Medicare Part D members are satisfied with the printed summary forms that are given to them after a comprehensive review of their medications. This summary includes a:

- Cover Letter
- Medication Action Plan
- Personal Medication List

We would like to hear your thoughts about how to make these forms better. **Talking with us will not affect your current medications or change the current forms.** We are only going to ask you about **possible changes** to the forms that CMS may make in the future. It may be helpful if you can bring your most current summary forms to the phone interview for your own reference. We will not ask you to tell us any private or personal health information during the interview.

We will try to contact you by phone during the weeks of February 2 to March 13, 2015, to see if you are willing to take this important survey. We hope you will!

Your comments will help CMS make the medication review and forms better for you and other Medicare drug plan members.

**Participation is completely voluntary. Participating (or not participating) in this future interview will not affect your Medicare (or Medicaid, if applicable) benefits.** Be assured that your responses will be used only to help CMS improve the program. Your privacy will be preserved. If you have any questions, please call us toll free at 1-888-207-0728, Monday–Friday, 9 a.m.–5 p.m. ET. Thank you for your time!

Sincerely,

Michael J. Kaiser, Ph.D., M.S.  
MTM Project Manager  
Econometrica, Inc.  
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Bethesda, MD 20814