

Attachment 4: Initial Cover Letter for the EDPEC for Admitted Patients: HCAHPS ADD-ON VERSIONS A and B

[SAMPLED PATIENT NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE]. [IF NON PROXY GROUP: Because you had a recent emergency room visit at [HOSPITAL NAME], we are asking for your help. IF PROXY GROUP: Because you had a recent emergency room visit at [HOSPITAL NAME], we are asking for help from you or someone who knows most about the care you received.] This survey is part of an ongoing national effort to understand how patients view their emergency room and hospital experience. Results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their care, and will help hospitals improve the care they provide.

Questions 1-25 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals. Your participation is voluntary and will not affect your health benefits.

We hope that you will take the time to complete the survey. [IF PROXY GROUP: If you would prefer, a person who knows most about your care can complete it on your behalf.] Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement.

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,