

## MEDICARE BENEFICIARY SOLICITATION LETTER

[Date]

[Beneficiary name]  
[Beneficiary address 1]  
[Beneficiary address 2]  
[City, State, ZIP]

Dear Medicare Part D drug plan member:

You were identified as being eligible to participate in a special phone interview. Econometrica, Inc. has been asked by the Centers for Medicare & Medicaid Services (CMS) to get your opinion on possible process changes to one or more Part D services you have received in the past.

These services are:

- Comprehensive medication review
- Targeted medication review

We would like to better understand your opinion about how to make these processes better. We will not ask you to tell us any personal health information during the interview.

Your comments will help make these Part D services better for you and other Medicare drug plan members.

We may try to contact you by phone during the months of December, 2015 and January, 2016 to see if you are willing to take this important survey in the months of January or February, 2016.

**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.  
7475 Wisconsin Avenue, Suite 1000  
Bethesda, MD 20814  
[mkaiser@econometricainc.com](mailto:mkaiser@econometricainc.com)