

**Attachment V. Wave 2 Cover Letter**

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services 7500  
Security Boulevard, Mail Stop C1-25-05 Baltimore,  
Maryland 21244-1850



<<name>>

<<address1>>

<<address2>>

<<city>>, <<state>> <<zip>>

**OMB 0938-1113**

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\*<<finder>>\*

Dear Medicare Beneficiary,

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and our responsibility is to ensure that you receive high-quality care at a reasonable price. One of the ways we can fulfill this responsibility is to find out directly from you about the care you received from your **former Medicare health plan**.

**CMS is conducting a survey to learn why people change, switch, or drop their Medicare health plans.** Your name was selected at random because according to our records you recently changed, switched, or dropped your Medicare health plan. We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this survey about your experiences with your **former Medicare health plan**.

All information you provide will be held in confidence 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. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** The information you provide will help us improve the quality of services you receive from Medicare health plans. This is your opportunity to help us serve you better.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. Your knowledge and experiences could help other people with Medicare to make more informed choices. If you have already sent the survey back, thank you for completing the survey.

If you have any questions about the survey please call the survey 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, appearing to be "A. Larrick", followed by a long horizontal line extending to the right.

Amy K. Larrick  
Acting Director  
Medicare Drug Benefit and C & D Data Group