

Attachment II. PDP Prenotification Letter

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-24-25
Baltimore, Maryland 21244-1850



PRIVACY OFFICE

OMB 0938-1113

<<name>>
<<address1>>
<<address2>>
<<city>>, <<state>> <<zip>>

Dear Medicare Beneficiary:

In a few days, you will receive a survey in the mail about your experiences with your former prescription drug plan (also known as Medicare Part D). When it arrives, we would greatly appreciate it if you would take the time, about 18 minutes, to fill out this survey.

What is the purpose of the survey?

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and our responsibility is to ensure that you get 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 prescription drug plan. CMS is conducting a survey to learn **why people change, switch, or drop their Medicare prescription drug plan**. Your name was selected at random because according to our records, you recently changed, switched, or dropped your Medicare Part D prescription drug plan.

Your voice is important.

All information you provide in this survey will be held in confidence by CMS 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 and CSS (the survey research organization assisting us in this survey). **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will have no effect on your Medicare benefits.**

When you receive the survey in the next few days, we hope that you will take the opportunity to complete it. The information you share will help improve the services and benefits you and other Medicare beneficiaries receive from Medicare prescription drug plans. 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,

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