



Si usted tiene preguntas acerca de esta encuesta o desea recibirla en español, por favor llame al Social & Scientific Systems, Inc. al 1-855-443-2692

[DATE]

ID#

[FIRST NAME] [LAST NAME]

[ADDRESS]

[CITY, STATE AND ZIP]

IMPORTANT MESSAGE ABOUT YOUR MONTANA HEALTH AND ECONOMIC LIVELIHOOD PARTNERSHIP (HELP) PLAN

Dear [HONORIFIC.] [LAST NAME]:

On behalf of the Centers for Medicare & Medicaid Services and Social & Scientific Systems, Inc., we would like to **thank you** for completing the survey about the care you currently receive or have received in the HELP program.

As mentioned before, your participation in this important study will remain private and no one will be able to link your answers to your identity.

Please find enclosed your \$10 Visa® gift card to thank you for participating in the federal survey about the HELP plan. Your participation in this federal survey is different from the information/survey provided by your health insurance plan.

If you have any further questions about this survey, please call the survey help desk at 1-855-443-2692. **Thank you again for your willingness to help improve health care and services provided by the HELP program.**

Sincerely,

<insert signature image>

Paul Gorrell, PhD
Vice President, Health Policy and Data Analysis
Social & Scientific Systems, Inc.