

Appendix A – Revised Advance Letter



July 22, 2019

[FIRST NAME] [LAST NAME]
[ADDRESS]
[CITY], [STATE] [ZIP]

Dear [Mr./Ms.] [LAST NAME]:

Within the next few weeks, a representative of our agency will be coming to your home to ask permission to interview you about your experiences receiving Medicare services. The representative will ask to talk with you for about an hour during that visit or at another time that would be more convenient.

The Centers for Medicare & Medicaid Services is conducting this study to better understand the experiences of people with Medicare. The best way to gather this information is by hearing directly from people with Medicare.

We have selected you as part of a sample of people with Medicare from across the United States that can give us an accurate picture of how well people's health care needs are being met.

Your participation in the study is your choice. Your Medicare benefits cannot be affected in any way by your decision to participate or the answers you provide, and your information will be kept private to the extent permitted by law, as prescribed by the Federal Privacy Act of 1974.

The representative who will contact you is from NORC at the University of Chicago, the research institution collecting this information for us. This person will have identification showing they are a representative for this Medicare survey.

If you have any questions, please call NORC toll-free at 1-877-389-3429, or email mcbs@norc.org. If it would be more convenient for you to set up an appointment for your interview, please call or email us. The enclosed brochure has more information about why we are conducting this study. You can also visit the study website at mcbs.norc.org.

I hope you'll be able to help us with this important project to improve Medicare services.

/s/

Debra Reed-Gillette, Director

Medicare Current Beneficiary Survey
Centers for Medicare & Medicaid Services