

Attachment IV — Interview Recruitment Email or Letter

[Send via email or print on **CMS CONTRACTOR** letterhead and mail via first class mail]

[DATE]

[Jane Smith (FIRST NAME and LAST NAME of potential respondent identified by CMS CONTRACTOR)]

[HOME HEALTH AGENCY]

[ADDRESS]

[CITY], [STATE ABBREVIATION] [ZIP]

Dear [TITLE and LAST NAME]:

The Centers for Medicare & Medicaid Services (CMS) has contracted with [CMS CONTRACTOR(s)] to assess home health agencies' experiences in reporting and working to improve performance on CMS home health measures. ***We are writing to ask you to take part in this assessment.***

CMS uses a variety of performance measures to assess the quality and efficiency of care provided to Medicare beneficiaries by home health agencies. Home health agencies report on measures included in the Home Health Quality Reporting Program (HHQRP). Home health agency performance on these measures is publicly reported on the Medicare Home Health Compare website, and a subset of the measures is used in the CMS Home Health Value-Based Purchasing model (in those states enrolled in Value-Based Purchasing).

As one component of this assessment, [CMS CONTRACTOR(s)] will be conducting a set of telephone interviews with home health quality leaders. The purpose of these interviews is to understand how home health agencies have responded to these CMS quality measurement programs and any challenges or undesired consequences they have experienced in doing so. For a summary of the interview questions and a list of home health measures, please see the attached documents.

We would like to conduct a phone interview with a senior-level administrator or leader within your home health agency who is responsible for the delivery of care and is knowledgeable about your agency's performance on Medicare quality and efficiency measures and efforts to improve that performance.

Please let us know if you are the appropriate person at [HOME HEALTH AGENCY NAME] to answer these questions. If you think we should talk with someone else, please provide the name and contact information for that person.

We are very flexible in when we can schedule the interview so that it is at a convenient time for you. The interview will take no longer than one hour.

All of the information we collect will be kept strictly confidential to the extent permitted by law, and you can decline to discuss any topic that you do not want to discuss. No one outside of the research project will have access to the information. [CMS CONTRACTOR(s)] will summarize what we learn from the interviews, aggregating information. No one will be identified by name or agency affiliation.

We know that your time is very valuable, and we wish to thank you in advance for helping us obtain input from [HOME HEALTH AGENCY NAME].

Please call us at [TOLL-FREE NUMBER] or simply reply to this email to schedule your interview or to let us know the name of the appropriate person to interview. We look forward to hearing from you.

Further details about this survey are available at [PLACEHOLDER FOR Reginfo.gov]. [PLACEHOLDER FOR OMB CONTROL NUMBER AND EXPIRATION DATE]

If you have any questions, comments, or concerns about the survey, please contact [CMS CONTRACTOR CONTACT NAME] at [CONTRACTOR EMAIL ADDRESS] or at [CONTRACTOR PHONE NUMBER]. If you have any questions about your rights as a research subject, please contact [CONTRACTOR'S] institutional review board (IRB) at [CONTRACTOR IRB PHONE NUMBER] and ask to speak to [IRB CONTACT NAME].

Sincerely,

[NAME OF PROJECT DIRECTOR AT CMS CONTRACTOR]
[Survey Project Director]