

## Attachment VI — Reminder Email

*[Send ~ 1 week after 1st survey is sent]*

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

Dear Participant:

We need your help! We recently sent you an email inviting you to complete the **National Provider Survey of Home Health Agencies**, sponsored by the Centers for Medicare & Medicaid Services (CMS). To date, we have not received your completed survey, and the deadline for completing it is coming up soon. **Please take a few minutes to complete the survey today.**

The purpose of this survey is to help CMS understand:

- How the CMS performance measures are changing the way in which your home health agency is delivering care.
- Factors that are driving your agency's investments in performance improvement.
- Issues your agency faces related to reporting the CMS measures.
- Potential undesired effects associated with the measures.
- Challenges your agency faces related to improvement on the CMS measures.

Your feedback is very important and will be used to improve the functioning of CMS measurement programs so that they work well both for providers and for their patients. CMS has asked [CMS CONTRACTOR(s) NAME(s)] to conduct and analyze this survey.

Completing the survey will take approximately 60 minutes. To complete the survey online, please go to the following URL and enter your PIN:

Survey URL: [\[ADD SURVEY LINK\]](#)  
PIN: XXXX

All of the information you provide will be held in confidence by the [CMS CONTRACTOR(s)] to the extent allowed by law. [CMS CONTRACTOR(s)] will combine your survey answers with the answers from other home health agencies that complete the survey and will produce only summary results across all home health agencies. When presenting survey results to CMS, [CMS CONTRACTOR(s)] will not include your name or any other information that could identify you or your home health agency. Please note that:

- Your home health agency's participation in the survey is voluntary.
- Your decision to participate or not to participate will have no effect on your (or your organization's) relationship with CMS.
- You can skip any question you do not want to answer.
- [CMS CONTRACTOR(s)] will not share your information with anyone, except as required by law.

- [CMS CONTRACTOR(s)] will not share your individual responses with your employer or with CMS.

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, or if you would like to receive a hard copy of 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 the [CONTRACTOR'S] Institutional Review Board (IRB) at [CONTRACTOR IRB PHONE NUMBER] and ask to speak to [IRB CONTACT NAME].

**Thank you in advance for your help with this important survey!**

Sincerely,

[NAME OF PROJECT DIRECTOR AT CMS CONTRACTOR]  
[Principal Investigator (Survey Project Director)]