Attachment VII — First Mail Survey Cover Letter

[PRINT ON CMS CONTRACTOR LETTERHEAD]

[Mailed ~ 2 weeks after web survey invitation is sent]

Dear Participant:

We recently invited you to complete the ***National Provider Survey of Home Health Agencies,*** an online survey that is sponsored by the Centers for Medicare & Medicaid Services (CMS). To date, we have not received your completed survey. We are enclosing a hard copy of the survey and requesting that you complete the survey before [DATE].

Every three years, CMS is required by law to assess the quality and efficiency impact of its use of performance measures (i.e., quality, safety, patient experience) that are being deployed to improve care for Medicare beneficiaries. As part of the assessment, CMS is interested in learning about home health agencies' experiences as they participate in CMS performance measurement programs and the changes agencies are making to drive improvements in care. Your home health agency's response to the survey will 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.

CMS recognizes that your home health agency devotes significant resources to collecting data, reporting, and improving your agency's performance on the CMS measures provided on the CMS Home Health Compare website. Your feedback is very important and will be used to improve the functioning of these measurement programs so that they work well for both providers and their patients.

CMS has asked [CMS CONTRACTOR(s)] to conduct and analyze this web survey. Completing the survey will take approximately 60 minutes. You may need to consult with others in your agency to complete the survey. Please complete the enclosed survey and return it in the enclosed envelope. If you prefer to complete the survey online, please go to the following URL and enter your PIN:

Survey URL: (SURVEY LINK)
PIN: XXXX

You may complete the online survey in different sessions. Remember to save your responses. When you log in to complete any remaining questions, you will be taken to the last unanswered question.

Please print a copy for yourself before submitting your completed survey. As you complete the survey, you may want to refer to the Home Health Quality Reporting Program (HHQRP) measures that are enclosed with the survey and accessible at the following link:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html

All of the information you provide will be held in confidence by [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 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, 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]
Survey Project Director
[PROJECT DIRECTOR EMAIL ADDRESS]
[PROJECT DIRECTOR PHONE NUMBER]