

INITIAL EMAIL INVITATION – HEALTH PLAN WEB SURVEY

FROM: CMS-mpcahps@rand.org

SUBJECT: CMS Request for Information on Medicare Advantage or Part D Plans

Dear [MCO NAME],

RAND is CMS's contractor for the national implementation of the MA & PDP CAHPS Survey. CMS is planning a future test of web administration of the MA & PDP CAHPS Survey to supplement mail and phone survey administration modes. We are contacting you on behalf of CMS to request some information about the collection of email addresses for your Medicare Advantage or Part D plan enrollees.

CMS would appreciate if you could complete a short survey to provide information about the availability of email addresses for your Medicare enrollees and the feasibility of sharing email address information with your MA & PDP CAHPS survey vendor. This survey will take less than 5 minutes to complete.

Please click here to answer the survey: [URL WITH EMBEDDED PIN]

*The survey should be answered by the person from your organization who is most knowledgeable about the contact information your organization collects from your Medicare enrollees (in particular, the availability of email addresses). If that is someone else, please share this email with that person.*

This survey is voluntary. Your answers will not be publicly reported. The information that we collect will be summarized and we will not identify you or your organization without your permission. Please contact the RAND MA & PDP CAHPS team at [mapdpcahps@rand.org](mailto:mapdpcahps@rand.org) if you have any questions.

Thank you in advance for your help,  
NAME / SIGNATURE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-1370**. The time required to complete this information collection is estimated to average **2 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

REMINDER EMAIL INVITATION – Send 2 business days later

FROM: CMS-mpcahps@rand.org

SUBJECT: Reminder About CMS Request for Information on Medicare Advantage or Part D Plans

Dear [MCO NAME],

A few days ago, we sent you an email inviting you to participate in a brief survey about the availability of email addresses for enrollees in your Medicare Advantage or Part D plans. This survey will inform a future test of web administration of the MA & PDP CAHPS Survey to supplement mail and phone survey administration modes.

We are hoping you are able to take a few minutes to complete this survey. Please click here to answer the survey: [URL WITH EMBEDDED PIN]

*The survey should be answered by the person from your organization who is most knowledgeable about the contact information your organization collects from your Medicare enrollees (in particular, the availability of email addresses). If that is someone else, please share this email with that person. **We are also happy to send an invitation to the correct person, if you send us their name and email address.***

Please contact the RAND MA & PDP CAHPS team at [mapdpcahps@rand.org](mailto:mapdpcahps@rand.org) if you have any questions.

Thank you in advance for your help,  
NAME / SIGNATURE

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