## Advance Letter Revisions Crosswalk for OMB

Items are listed in order of appearance in the original (control) letter. The revised letter items contain the adapted language which relates to the corresponding point in the control letter.

In total, these changes do not alter the content or meaning of the letter, are budget neutral, do not have an impact on respondent burden, and may have a positive impact on survey response rates.

Original (Control) Letter	<u>Revised Letter</u>	Justification for Update
CMS Logo header [Letter header]	Department of Health and Human Services logo [Letter header]	To standardize and select a single logo – the HHS logo—for use on all mail materials including the Advance Letter.
Centers for Medicare and Medicaid Services address [Letter header]	Address not listed (replaced with HHS logo).	Reduces the number of agencies and addresses referenced in the materials (outer mailing envelope contains NORC return address).
The Centers for Medicare and Medicaid Services (CMS), part of the U.S. Department of Health & Human Services, would like you to help us better understand the needs of Americans enrolled in Medicare [Paragraph 1].	The Centers for Medicare & Medicaid Services is conducting this study to better understand the experiences of people with Medicare [Paragraph 2].	Incorporating plain language guidelines to more directly communicate with sampled beneficiary.
Since 1991, we have conducted an important study called the Medicare Current Beneficiary Survey. For the last 25 years, this survey has been the nation's primary source of information about how Medicare affects the people it serves [Paragraph 2].	Not included.	To align with best practices, the letter should provide only necessary information to create a straightforward letter for beneficiaries.
Because we cannot interview everyone on Medicare, we selected a sample of enrollees to represent all of those on Medicare. You have been selected as a result of a scientific process that ensures all beneficiaries are represented in the survey [Paragraph 2].	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 [Paragraph 3].	Incorporating plain language guidelines to better explain technical background.
Through this study, we gather important information that cannot be obtained in any other way [Paragraph 3].	The best way to gather this information is by hearing directly from people with Medicare [Paragraph 2].	Incorporating plain language guidelines to communicate the significance of the survey to beneficiary.

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Original (Control) Letter	<u>Revised Letter</u>	<u>Justification for Update</u>
A few of the topics we would like to discuss with you include: your access to health care services, your use of health care services, the rising cost of care, and your satisfaction with the care you received [Paragraph 3].	Not included.	To align with best practices, the letter should provide only necessary information to create a straightforward letter for beneficiaries.
NORC at the University of Chicago, a respected social science research organization, has been contracted to conduct the study [Paragraph 5].	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 [Paragraph 5].	Incorporating plain language guidelines including clear information regarding what to expect if they decide to participate in the survey.
A professional interviewer will contact you in person or by phone to setup a visit. If you agree to participate in the study, the interview will take about one hour [Paragraph 5].	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 [Paragraph 1].	Incorporating plain language guidelines including clear information regarding what to expect if they decide to participate in the survey. This topic has been moved to the beginning of the new letter to clearly explain what is being asked of them.
The Medicare Current Beneficiary Survey is important to the future of Medicare [Paragraph 7].	Not included.	Reduce redundancy