

Attachment E. HOS Mailing Materials

Baseline Pre-notification Letter

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is your chance to help improve Medicare.

In a few days, you'll get the “**Medicare Health Outcomes Survey**” in the mail. Your responses will help Medicare improve the care it offers to you and others with Medicare.

Your voice is important! **We'd greatly appreciate a few minutes of your time to help with this important project.** The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you in advance for your help.

Sincerely,

[SENIOR CMS OFFICIAL]

Si desea solicitar el cuestionario en español, por favor llame al número de teléfono gratuito [PHONE NUMBER] o envíe un correo electrónico a [EMAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵，他們的免費電話是 [PHONE NUMBER]，郵件地址是 [EMAIL ADDRESS]。

Если Вы хотели бы попросить этот опросник на русском языке, обращайтесь в по бесплатному номеру телефона [PHONE NUMBER] или по адресу электронной почты [EMAIL ADDRESS].

Baseline Letter for First Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is your chance to help improve Medicare.

The Centers for Medicare & Medicaid Services (CMS) is conducting a survey of people in Medicare health plans. We'd greatly appreciate your time to help us by completing and returning this survey. **Your answers will help Medicare improve the quality of care in Medicare health plans.**

Please take a few minutes to complete the "Medicare Health Outcomes Survey." The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

In two years, we may ask you to take the survey again. The goal is to learn how well your Medicare health plan helps you maintain or improve your health over time.

Your voice is important! We appreciate hearing back from you.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Again, thank you for your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures

Español Al Otro Lado

Baseline and Follow-Up Reminder/Thank-You Postcard

Medicare Health Outcomes Survey

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About a week ago, you should have received the “Medicare Health Outcomes Survey” in the mail. If you already returned this survey, thank you, and you don’t need to do anything else.

If not, this is a friendly reminder that we’re very interested in hearing from you. Your answers will help improve the quality of care in Medicare health plans.

You’ll get another copy of the survey in the mail soon. The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you again for your help with this important project.

Sincerely,
The Centers for Medicare & Medicaid Services

Baseline Letter for Second Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently mailed you the “Medicare Health Outcomes Survey.” If you already returned this survey, thank you, and you don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey to make things easy. Your answers are important and help Medicare monitor plans and improve the quality of care for you and others with Medicare.

In two years, we may ask you to take this same survey again. The goal is to learn how well your Medicare health plan helps you maintain or improve your health over time.

Your voice is important! **Please take a few minutes to complete the “Medicare Health Outcomes Survey.”** The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Again, we greatly appreciate your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures

Follow-Up Pre-notification Letter

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you filled out the “**Medicare Health Outcomes Survey.**” Thank you! In a few days, you’ll get a follow-up survey in the mail.

We’d greatly appreciate a few minutes of your time to respond. Your answers will help us see how well your Medicare plan helps you maintain or improve your health over time. Medicare uses this information to monitor plans and improve the quality of care for you and others with Medicare.

Your voice is important! The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you in advance for your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

Si desea solicitar el cuestionario en español, por favor llame al número de teléfono gratuito [PHONE NUMBER] o envíe un correo electrónico a [EMAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵，他們的免費電話是[PHONE NUMBER]，郵件地址是[EMAIL ADDRESS]。

Если Вы хотели бы попросить этот опросник на русском языке, обращайтесь в по бесплатному номеру телефона [PHONE NUMBER] или по адресу электронной почты [EMAIL ADDRESS].

Follow-Up No Proxy Letter for First Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you took the “**Medicare Health Outcomes Survey.**” Thank you!

You may recall we promised to send this follow-up survey in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We’d greatly appreciate a few minutes of your time to complete and return this survey again. Medicare will use this information to monitor plans and improve the quality of care for you and others with Medicare.

Your voice is important! The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you for your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures

Follow-Up No Proxy Letter for Second Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About a week ago, you should have received the “**Medicare Health Outcomes Survey.**” If you already returned it, thank you, and you don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey to make it easy.

As you may recall, you completed and returned this same survey two years ago. Your responses on this follow-up survey will help us see how well your Medicare plan helped you maintain or improve your health over time.

Your voice is important! Medicare will use this information to monitor plans and improve the quality of care for you and others with Medicare. The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Again, thank you for your help.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures

Follow-Up Proxy Letter for First Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you took the “**Medicare Health Outcomes Survey.**” Thank you!

You may recall we promised to send this same survey to you again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

We’d greatly appreciate a few minutes of your time to complete the enclosed survey.

Medicare will use this information to monitor plans and improve the quality of care for you and others with Medicare.

Your voice is important! The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

Our records show that [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION] completed this survey for you two years ago. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Thank you for your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures

Follow-Up Proxy Letter for Second Questionnaire Mailing (Survey Cover Letter)

[CMS LETTERHEAD]

Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About a week ago, you should have received the “**Medicare Health Outcomes Survey.**” If you already returned it, thank you, and you don’t need to do anything else.

If not, **this is a friendly reminder that we’re very interested in hearing from you.** We’ve included another copy of the survey to make it easy.

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Your voice is important! Your answers will help Medicare monitor plans and improve the quality of care for you and others with Medicare. The survey takes 15 minutes. Your participation is voluntary, and your information is kept private by law.

Our records show that [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION] completed this survey for you two years ago. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

For questions about the survey, call toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

Again, thank you for your help.

Sincerely,

[SENIOR CMS OFFICIAL]

Enclosures