

Attachment F. HOS-M Mailing Materials

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—Modified**” 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].

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 improve the care in Medicare's health plans.**

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

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].

Thank you for your help with this important project.

Sincerely,

[SENIOR CMS OFFICIAL]

P.S. If you need help with the survey, ask a relative, friend, or caregiver who knows about your health to fill it out for you.

Reminder/Thank-You Postcard

Medicare Health Outcomes Survey—Modified

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

About a week ago, you should have received the “Medicare Health Outcomes Survey—Modified” in the mail. If you already returned the 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 care in Medicare’s health plans.

If you did not receive the survey or misplaced it, please 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

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—Modified.” 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 will help improve the care in Medicare’s health plans.

Your voice is important! **Please take a few minutes to complete the “Medicare Health Outcomes Survey—Modified.”** 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]

P.S. If you need help with the survey, ask a relative, friend, or caregiver who knows about your health to fill it out for you.