

«FirstName» «LastName»
«Address1» «Address2»
«City_Name», «State_Code» «Zip_Zip4»

«MailDate»

Dear «FirstName» «LastName»:

This is an important survey from Medicare for people who get home health care. **Please take a few minutes to share your experiences with «HHA» and return the survey in the enclosed postage-paid envelope.** Your feedback helps Medicare improve the overall quality of home health care, and helps others choose a home health agency.

Your voice matters. We want your answers to reflect your own views and not anyone from the agency named above. If you need help with the survey, please ask a family member or a friend.

Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.


If you have any questions about this survey, please call RTI International, the organization working with Medicare, (toll-free) at 1-866-662-8174 or email HHCAHPSmode@rti.org.

Thank you for helping to improve home health care.

Sincerely,



Anne Kenyon
RTI Project Director
<https://hhcahpsmode.rti.org/>



**We care about your
home health care
experience.**

«CaseID»

Si tiene preguntas o desea recibir la versión de la encuesta en español, por favor llámenos al número que aparece arriba o envíenos un correo electrónico.