

APPENDIX H

RETAIN PROVIDER SURVEY MAILINGS (R1, R2)

This page has been left blank for double-sided copying.

RETAIN: Provider Survey Mailings

Listed below are the provider survey mailings for each round of data collection. We provide an example of each document in the appendix in the order shown below.

Provider survey mailing	Week of field period
Pre-field notification letter to practice contact	0
Provider advance letter	1
Provider email invitation	1
Provider email: reminder 1	3
Cover letter for the mailed questionnaire (mailing 1)	3
Provider postcard 1	4
Nonresponse email notification 1 to practice contact	4
Provider email reminder 2	5
Cover letter for the mailed questionnaire (mailing 2)	7
Provider postcard 2	8
Provider email reminder 3	11
Nonresponse email notification 2 to practice contact	13
Provider thank-you letter	1–14

The round 2 (R2) mailings follow the same approach shown above, with modifications to make the text applicable to the R2 effort.

This page has been left blank for double-sided copying.

Provider R1 Survey: Pre-field notification letter to practice contact – Week 0

[PRACTICE ORG NAME]

[ADDRESS 1] [ADDRESS 2]
[PRACTICE CITY], [PRACTICE
STATE] [PRACTICE ZIP]



DATE

Dear [CONTACT FNAME LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to improve labor force participation and reduce reliance on Social Security disability benefits.

The Social Security Administration is funding an evaluation of RETAIN, which Mathematica will conduct. As part of this effort, Mathematica will be fielding two surveys of RETAIN service providers. The first survey begins next week and the second will be conducted one year from now. The provider survey takes 14 minutes to complete. It asks about the provider’s experience delivering patient care and their experience with RETAIN. Providers will receive \$50 for completing this voluntary survey. We will send each provider a letter, followed by an email, inviting them to take part.

The following provider(s) at your practice organization have been selected for the RETAIN provider survey:

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

I recognize providers are very busy and may not check emails or postal mail regularly. Therefore, I extend appreciation in advance for your help in notifying providers about the survey and encouraging their participation.

If you have questions, or if any of these providers are no longer with your practice organization, please contact Holly Matulewicz, the survey director at Mathematica, by telephone (XXX)-XXX-XXXX) or email XXX@mathematica-mpr.com. We appreciate your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and
Employment Support, Social Security Administration

More information on RETAIN can be found at: www.xxx.xxx

This page has been left blank for double-sided copying.

Provider R1 Survey: Provider advance letter – Week 1



[PRACTICE ORG NAME]
[ADDRESS 1] [ADDRESS 2]
[PRACTICE CITY], [PRACTICE
STATE] [PRACTICE ZIP]

DATE

Dear [PROVIDER FNAME LNAME]:

According to our records, you are providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration is funding an evaluation of RETAIN, which Mathematica will conduct. As part of this effort, Mathematica will be fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the first survey about your experiences with RETAIN.
The next one will take place one year from now.

To complete the survey online, go to: xxxxx

Enter your username [FILL USERNAME] and password [FILL PASSWORD].

Please complete the survey by [FILL +2 WEEKS]. By sharing your experiences, you help us assess the effectiveness of the program. The survey should take about 15 minutes to complete. As a token of our appreciation, you will receive \$50 for taking part in this survey. We have enclosed \$5, and you will receive a check for \$45 after completing the survey.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Holly Matulewicz at Mathematica, by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org).

We appreciate your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

More information on RETAIN can be found at: www.xxx.xxx

This page has been left blank for double-sided copying.

Provider R1 Survey: Provider email invitation – Week 1

Subject: Retaining Employment and Talent After Injury/Illness Network

Dear [PROVIDER FNAME LNAME]:

According to our records, you are providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the [U.S. Department of Labor](#). RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN, which [Mathematica](#) will conduct. As part of this effort, Mathematica is fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the first survey about your experiences with RETAIN. The next will take place about one year from now.

To complete the survey, go to: [\[FILL CUSTOMIZED LINK\]](#).

Please complete the survey by [FILL +1.5 WEEKS]. By sharing your experiences, you help us assess the effectiveness of the program. The survey takes about 15 minutes to complete. As a token of our appreciation, you will receive a \$45 check for completing the survey.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact me at Mathematica, by telephone (XXX)-XXX-XXXX) or email. We have attached the survey invitation letter from SSA. For more information on RETAIN, go to: [www.xxx.xxx](#)

Thank you for your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R1 Survey: Provider email reminders 1, 2 – Weeks 3 and 5

Subject: Reminder - RETAIN program evaluation

Dear [PROVIDER LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the [U.S. Department of Labor](#). RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The Social Security Administration hired Mathematica to carry out an evaluation of RETAIN.

We have not yet received your completed survey. Your input matters!

To begin the survey, go to: **[FILL CUSTOMIZED LINK]**

The information you provide about your experiences in providing services to this population is critical to the success of the evaluation. The questions will take about 15 minutes to answer. We will mail you a check for \$45 after receiving your completed survey. If you are no longer providing patient care at this practice organization, please reply to this email so we can update our records.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share any survey data that could identify or be linked to your practice organization.

Have questions? Contact me by telephone (XXX)-XXX-XXXX or email.

We appreciate your participation in this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R1 Survey: Cover letter to the paper questionnaire mailing 1 – Week 3.5

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

[DATE (MM/DD/YYYY)]

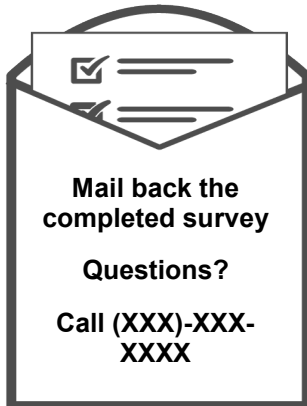


Dear [FIRST NAME / LAST NAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN, which Mathematica will carry out. As part of this effort, Mathematica is fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the first survey about your experiences with RETAIN.

The next one will take place about one year from now.



Your input matters! Please complete the enclosed survey.

- Please return the survey to Mathematica by [DATE OF RELEASE + 2.5 WKS]. We have enclosed a postage-paid envelope for you to use.
- You will receive a \$45 check for completing this voluntary survey.

If you prefer to complete the survey online, go to: xxxxx. Input your username [FILL USERNAME] and password [FILL PASSWORD].

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Mathematica by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org). More information on RETAIN is available at: www.xxx.xxx.

Thank you for your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor.

This page has been left blank for double-sided copying.

Provider R1 Survey: Postcard 1 – Week 4

FRONT OF POSTCARD



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

BACK OF POSTCARD

OMB No.: XXX
Expiration Date: XX/XX/2023

\$45

You are invited to take part in a national survey for the Social Security Administration. We have not yet received your completed survey.

Please call Mathematica at xxx-xxx-xxxx to begin. You will receive \$45 for completing this 15-minute, voluntary survey about the care you provide at this practice organization.

Your input matters! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Provider R1 Survey: Nonresponse email to practice contact– Week 4

Subject: RETAIN evaluation – your help is needed

[LOGOS]

Dear [PRI-CONTACT FNAME] [PRI-CONTACTLNAME]:

According to our records, your practice organization is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. The Social Security Administration hired Mathematica to evaluate this program. As part of this effort, Mathematica is fielding a survey of providers who are delivering services to RETAIN enrollees.

We are writing to let you know that we have not yet received completed surveys from providers at your practice organization.

We recognize that providers are very busy and may not check emails or postal mail regularly. Therefore, we are writing to ask for your help. Could you please reach out to the provider(s) shown below to encourage their participation?

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

The survey will take about 15 minutes to complete. It asks about provider experiences with RETAIN and about the care they delivered to the study population.

If you have questions, or if any of these providers is no longer with your practice organization, please contact me by phone (XXX)-XXX-XXXX or email.

We appreciate your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R1 Survey: Cover letter for mailed questionnaire, mailing 2 – Week 7

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

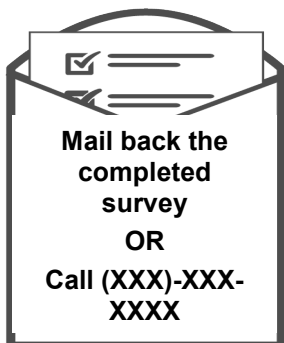
[DATE]



Dear [PROVIDER FNAME LNAME]:

I am writing again to ask you to take part in a survey about the Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program. According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in RETAIN. Funded by the U.S. Department of Labor, RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN. SSA hired Mathematica to conduct the evaluation and field two surveys with RETAIN service providers.

To date, we have not received your completed survey. You will receive a \$45 check for completing this 15-minute survey. It has questions about your experience with RETAIN and about the care you provide for this patient population.



Your input matters! Please return the survey to Mathematica by [+2.5Wks].

- We have enclosed a postage-paid envelope for you to use.
- If you prefer to complete the survey online, go to: [xxxxx](#). Input your username [FILL USERNAME] and password [FILL PASSWORD].

This survey is voluntary; however, your participation is critical to the success of this study.

Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Mathematica by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org). Thank you for your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

For more information on RETAIN, go to: www.xxx.xxx

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

This page has been left blank for double-sided copying.

Provider R1 Survey: Provider postcard 2 – Week 8.5

FRONT OF POSTCARD



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Survey ends soon!

BACK OF POSTCARD

OMB No.: XXX
Expiration Date: XX/XX/2023

\$45

We invite you to take part in a national survey for the Social Security Administration. We have not yet received your completed survey.

Please call Mathematica at xxx-xxx-xxxx to begin.

You will receive \$45 for completing this 15-minute, voluntary survey about the care you provide at this practice organization.

The survey ends soon! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Provider R1 Survey: Provider email reminder 3 – Week 11

Subject: RETAIN evaluation – survey ending soon

Dear [PROVIDER LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, which is testing promising early interventions for adults with recently acquired injuries or disabilities. The Social Security Administration is funding an evaluation of RETAIN, which [Mathematica](#) will carry out.

The survey is ending soon, and we have not yet heard from you. Your answers to questions about the care you deliver to this patient population are valuable to our assessment of this program. The questions will take about 15 minutes to answer.

To complete the survey online, go to: [FILL CUSTOMIZED LINK].

We will mail you a check for \$45 after receiving your completed survey. If you are no longer providing patient care at [FILL PRACTICE ORG], please reply to this email so we can update our records.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share any survey data that could identify or be linked to your practice organization.

Have questions? Contact the Mathematica by telephone (XXX)-XXX-XXXX or email. We appreciate your help with this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R1 Survey: Nonresponse email notification 2 – Week 13

Subject: RETAIN evaluation – help needed, study ends soon

Dear [PRI-CONTACT FNAME] [PRI-CONTACTLNAME]:

I am writing to follow up about the provider survey for the RETAIN evaluation. According to our records, your practice organization is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, which is testing promising early interventions for adults with recently acquired injuries or disabilities.

We have not yet received completed surveys from the provider(s) shown below. Would you please confirm that they are still providing patient care at your practice organization? If they are not, please contact me so we can update our records.

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

If they are still providing patient care, may I ask for your help in reaching out to these providers?

The survey is ending soon. Mathematica is happy to answer any questions you or the provider may have about the survey. Please feel free to contact me at (XXX)-XXX-XXXX or by email.

We appreciate your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.



Provider R1 Survey: Provider thank-you letter

Dear Provider:

Thank you for participating in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) provider survey. We appreciate your help and support of the evaluation.

Enclosed is a check for \$45 as a token of our appreciation. We look forward to connecting with you again for the next survey, to be conducted about one year from now.

If your contact information changes, please contact Mathematica study team by phone at xxx-xxx-xxxx or by email (xxxx@mathematica-mpr.org).

Thank you again for your support of this important study.

Best regards,

A handwritten signature in black ink that reads "Holly A. Matulewicz".

Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

More information about RETAIN is available at: www.xxx.xxxxxx

This page has been left blank for double-sided copying.

Provider R2 Survey: Pre-field notification letter to practice contact – Week 0

[PRACTICE ORG NAME]
[ADDRESS 1] [ADDRESS 2]
[PRACTICE CITY], [PRACTICE
STATE] [PRACTICE ZIP]



DATE

Dear [CONTACT FNAME LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to improve labor force participation and reduce reliance on Social Security disability benefits.

The Social Security Administration is funding an evaluation of RETAIN, which Mathematica will conduct. As part of this effort, Mathematica is fielding two surveys of RETAIN service providers. This is the second and final survey. The provider survey takes 14 minutes to complete. It asks about the provider’s experience delivering patient care and their experience with RETAIN. Providers will receive \$50 for completing this voluntary survey. We will send each provider a letter, followed by an email, inviting them to take part.

The following provider(s) at your practice organization have been selected for the RETAIN provider survey:

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

I recognize providers are very busy and may not check emails or postal mail regularly. Therefore, I extend appreciation in advance for your help in notifying providers about the survey and encouraging their participation.

If you have questions, or if any of these providers are no longer with your practice organization, please contact Holly Matulewicz, the survey director at Mathematica, by telephone (XXX)-XXX-XXXX) or email XXX@mathematica-mpr.com. We appreciate your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support, Social Security Administration

More information on RETAIN can be found at: www.xxx.xxx

This page has been left blank for double-sided copying.

Provider R2 Survey: Provider advance letter – Week 1

[PRACTICE ORG NAME]
[ADDRESS 1] [ADDRESS 2]
[PRACTICE CITY], [PRACTICE
STATE] [PRACTICE ZIP]



DATE

Dear [PROVIDER FNAME LNAME]:

According to our records, you are providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration is funding an evaluation of RETAIN, which Mathematica will conduct. As part of this effort, Mathematica is fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the second and final survey about your experiences with RETAIN.

To complete the survey online, go to: xxxxx

Enter your username [FILL USERNAME] and password [FILL PASSWORD].

Please complete the survey by [FILL +2 WEEKS]. By sharing your experiences, you help us assess the effectiveness of the program. The survey should take about 15 minutes to complete. As a token of our appreciation, you will receive \$50 for taking part in this survey. We have enclosed \$5, and you will receive a check for \$45 after completing the survey.

This survey is voluntary; however, your participation is critical to the success of this study.

Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Holly Matulewicz at Mathematica, by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org).

We appreciate your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

More information on RETAIN can be found at: www.xxx.xxx

This page has been left blank for double-sided copying.

Provider R2 Survey: Provider email invitation – Week 1

Subject: Retaining Employment and Talent After Injury/Illness Network

Dear [PROVIDER FNAME LNAME]:

According to our records, you are providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the [U.S. Department of Labor](#). RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN, which [Mathematica](#) will conduct. As part of this effort, Mathematica is fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the second and final survey about your experiences with RETAIN.

To complete the survey, go to: [\[FILL CUSTOMIZED LINK\]](#).

Please complete the survey by [FILL +1.5 WEEKS]. By sharing your experiences, you help us assess the effectiveness of the program. The survey takes about 15 minutes to complete. As a token of our appreciation, you will receive a \$45 check for completing the survey.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact me at Mathematica, by telephone (XXX)-XXX-XXXX) or email. We have attached the survey invitation letter from SSA. For more information on RETAIN, go to: [www.xxx.xxx](#)

Thank you for your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R2 Survey: Provider email reminders 1, 2 – Weeks 3 and 5

Subject: Reminder - RETAIN program evaluation

Dear [PROVIDER LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the [U.S. Department of Labor](#). RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The Social Security Administration hired Mathematica to carry out an evaluation of RETAIN.

We have not yet received your completed survey. Your input matters!

To begin the survey, go to: **[FILL CUSTOMIZED LINK]**

The information you provide about your experiences in providing services to this population is critical to the success of the evaluation. The questions will take about 15 minutes to answer. We will mail you a check for \$45 after receiving your completed survey. If you are no longer providing patient care at this practice organization, please reply to this email so we can update our records.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share any survey data that could identify or be linked to your practice organization.

Have questions? Contact me by telephone (XXX)-XXX-XXXX or email.

We appreciate your participation in this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R2 Survey: Cover letter to the paper questionnaire mailing 1 – Week 3.5

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

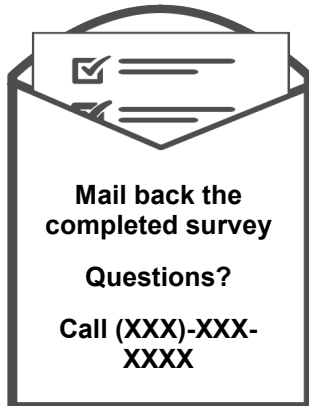


[DATE (MM/DD/YYYY)]

Dear [FIRST NAME / LAST NAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN, which Mathematica will carry out. As part of this effort, Mathematica is fielding two surveys with RETAIN service providers.

I am writing to invite you to take part in the second and final survey about your experiences with RETAIN.



Your input matters! Please complete the enclosed survey.

- Please return the survey to Mathematica by [DATE OF RELEASE + 2.5 WKS]. We have enclosed a postage-paid envelope for you to use.
- You will receive a \$45 check for completing this voluntary survey.

If you prefer to complete the survey online, go to: xxxxx. Input your username [FILL USERNAME] and password [FILL PASSWORD].

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Mathematica by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org). More information on RETAIN is available at: www.xxx.xxx.

Thank you for your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor.

This page has been left blank for double-sided copying.

Provider R2 Survey: Postcard 1 – Week 4

FRONT OF POSTCARD



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. BOX 2393
Princeton, NJ 08543-2393

Return Service Requested

Your input matters!

BACK OF POSTCARD

OMB No.: XXX
Expiration Date: XX/XX/2023

\$45

You are invited to take part in a national survey for the Social Security Administration. We have not yet received your completed survey.

Please call Mathematica at xxx-xxx-xxxx to begin. You will receive \$45 for completing this 15-minute, voluntary survey about the care you provide at this practice organization.

Your input matters! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Provider R2 Survey: Nonresponse email to practice contact – Week 4

Subject: RETAIN evaluation – your help is needed

[LOGOS]

Dear [PRI-CONTACT FNAME] [PRI-CONTACTLNAME]:

According to our records, your practice organization is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, funded by the U.S. Department of Labor. The Social Security Administration hired Mathematica to evaluate this program. As part of this effort, Mathematica is fielding this survey of providers who are delivering services to RETAIN enrollees.

We are writing to let you know that we have not yet received completed surveys from providers at your practice organization.

We recognize that providers are very busy and may not check emails or postal mail regularly. Therefore, we are writing to ask for your help. Could you please reach out to the provider(s) shown below to encourage their participation?

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

The survey will take about 15 minutes to complete. It asks about provider experiences with RETAIN and about the care they delivered to the study population.

If you have questions, or if any of these providers is no longer with your practice organization, please contact me by phone (XXX)-XXX-XXXX or email.

We appreciate your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.

Provider R2 Survey: Cover letter for mailed questionnaire, mailing 2 – Week 7

[ADDRESS 1 / ADDRESS 2]
[CITY, STATE ZIP]

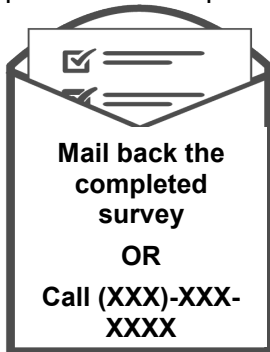
[DATE]



Dear [PROVIDER FNAME LNAME]:

I am writing again to ask you to take part in a survey about the "Retaining Employment and Talent After Injury/Illness Network" (RETAIN) program. According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in RETAIN. Funded by the U.S. Department of Labor, RETAIN seeks to test promising early interventions for adults with recently acquired injuries or disabilities. The goal is to help improve labor force participation and reduce reliance on Social Security disability benefits. The Social Security Administration (SSA) is funding an evaluation of RETAIN. SSA hired Mathematica to conduct the evaluation and field two surveys with RETAIN service providers. This is the final survey.

To date, we have not received your completed survey. You will receive a \$45 check for completing this 15-minute survey. It has questions about your experience with RETAIN and about the care you provide for this patient population.



Your input matters! Please return the survey to Mathematica by [+2.5Wks].

- We have enclosed a postage-paid envelope for you to use.
- If you prefer to complete the survey online, go to: xxxxx. Input your username [FILL USERNAME] and password [FILL PASSWORD].

This survey is voluntary; however, your participation is critical to the success of this study.

Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share with SSA any survey data that could identify or be linked to your practice organization.

If you have questions, or if you no longer provide patient care at [PRACTICE ORG], please contact Mathematica by telephone ((XXX)-XXX-XXXX) or email (XXX@mathematica-mpr.org). Thank you for your support of this important evaluation.

Sincerely,

FILL NAME, Associate Commissioner of the Office of Research, Demonstration, and Employment Support
Social Security Administration

For more information on RETAIN, go to: www.xxx.xxx

Para información e instrucciones en español, llame (XXX)-XXX-XXXX por favor

This page has been left blank for double-sided copying.

Provider R2 Survey: Provider postcard 2 – Week 8.5

FRONT OF POSTCARD



SOCIAL SECURITY ADMINISTRATION
50751.XXX
P.O. Box 2393
Princeton, NJ 08543-2393

Return Service Requested

Survey ends soon!

BACK OF POSTCARD

OMB No.: XXX
Expiration Date: XX/XX/2023

\$45

We invite you to take part in a national survey for the Social Security Administration. We have not yet received your completed survey.

Please call Mathematica at xxx-xxx-xxxx to begin.

You will receive \$45 for completing this 15-minute, voluntary survey about the care you provide at this practice organization.

The survey ends soon! We look forward to hearing from you.

This page has been left blank for double-sided copying.

Provider R2 Survey: Provider email reminder 3 – Week 11

Subject: RETAIN evaluation – survey ending soon

Dear [PROVIDER LNAME]:

According to our records, your practice organization, [FILL ORG], is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, which is testing promising early interventions for adults with recently acquired injuries or disabilities. The Social Security Administration is funding an evaluation of RETAIN, which [Mathematica](#) will carry out.

The survey is ending soon, and we have not yet heard from you. Your answers to questions about the care you deliver to this patient population are valuable to our assessment of this program. The questions will take about 15 minutes to answer.

To complete the survey online, go to: [FILL CUSTOMIZED LINK].

We will mail you a check for \$45 after receiving your completed survey. If you are no longer providing patient care at [FILL PRACTICE ORG], please reply to this email so we can update our records.

This survey is voluntary; however, your participation is critical to the success of this study. Neither your name nor the name of your organization will be used in any report. Moreover, Mathematica will not share any survey data that could identify or be linked to your practice organization.

Have questions? Contact the Mathematica by telephone (XXX)-XXX-XXXX or email.

We appreciate your help with this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying`

Provider R2 Survey: Nonresponse email notification 2 – Week 13

Subject: RETAIN evaluation – help needed, study ends soon

Dear [PRI-CONTACT FNAME] [PRI-CONTACTLNAME]:

I am writing to follow up about the provider survey for the RETAIN evaluation. According to our records, your practice organization is providing care to individuals enrolled in the “Retaining Employment and Talent After Injury/Illness Network” (RETAIN) program, which is testing promising early interventions for adults with recently acquired injuries or disabilities.

We have not yet received completed surveys from the provider(s) shown below. Would you please confirm that they are still providing patient care at your practice organization? If they are not, please contact me so we can update our records.

[PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME] [PROVIDER NAME]

If they are still providing patient care, may I ask for your help in reaching out to these providers?

The survey is ending soon. Mathematica is happy to answer any questions you or the provider may have about the survey. Please feel free to contact me at (XXX)-XXX-XXXX or by email.

We appreciate your support of this important evaluation.

Sincerely,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

This page has been left blank for double-sided copying.



Provider R2 Survey: Provider thank-you letter

Dear Provider:

Thank you for participating in the Retaining Employment and Talent After Injury/Illness Network (RETAIN) provider survey. We appreciate your help and support of the evaluation.

Enclosed is a check for \$45 as a token of our appreciation.

If you have any questions about the study, please contact Mathematica study team by phone at xxx-xxx-xxxx or by email (xxxx@mathematica-mpr.org).

Thank you again for your support of this important study.

Best regards,



Holly Matulewicz, Senior Survey Researcher
Mathematica Survey Director for the RETAIN evaluation

More information about RETAIN is available at: www.xxx.xxxxxx

This page has been left blank for double-sided copying.