

Sample Cover Letter for Second Questionnaire Mailing to Mail Survey Nonrespondents

Home Health Care CAHPS Survey

To be Printed on Home Health Agency or Vendor Letterhead

«FirstName» «LastName»

«MailDate»

«Address1» «Address2»

«City_Name», «State_Code» «Zip_Zip4»

Dear «FirstName» «LastName»:

You recently got a survey from Medicare about your experiences with «HHA». **If you already sent this survey back, thank you! You don't need to do anything else.**

This is a friendly reminder that we're very interested in learning about your experiences. Your feedback will help others choose a home health care agency and will help Medicare improve the overall quality of home health care.

Please take a few minutes to complete and return the survey in the postage-paid envelope included.

Your voice matters. We know your time is valuable. Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.

For questions about this survey, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

Thank you for helping to improve home health care.

Sincerely,

Name

Home Health Agency Administrator

We care about your care experiences.

If you need help with the survey, please ask a family member or friend.

[PRINT SAMPLE ID HERE]

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