DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF ENTERPRISE DATA & ANALYTICS

[Mail_Date]

Dear Facility Representative [or RECIPIENT]:

I am asking for your help with an important study called the Medicare Current Beneficiary Survey (MCBS). A resident in your facility, [R First] [R Last], has been selected to participate.

The MCBS helps improve Medicare services by providing the Centers for Medicare & Medicaid Services (CMS) with information about the experiences of people enrolled in Medicare, including those living in long-term care facilities like yours. We do not contact residents directly — your help is essential to provide information about [Resident's First Name]'s background and care.

The table below outlines the information we will be collecting across three web survey sections. Within the next few weeks, an MCBS interviewer will call you to identify the appropriate contacts at your facility or in your billing office who are best able to answer questions for each web survey section.

Sections	Description	Average Time
Residence History & Background	Confirms facility information. Collects background and demographic information on your resident and establishes where your resident has resided within the last few months.	10 minutes
Health Insurance & Expenditures	Health insurance coverage your resident may have in addition to Medicare and your facility's billing periods and charges for your resident's health care.	10 minutes
Health Status & Use of Health Services	Your resident's general health status and conditions and the health care services delivered to them while in your facility.	25 minutes

Your participation is voluntary and won't affect your relationship with programs administered by CMS. Your answers are private, as prescribed by The Privacy Act of 1974. Your cooperation with the MCBS will not violate HIPAA privacy regulations or impose additional disclosure burdens on your facility.

Please help us in this national effort to improve the Medicare program.

Sincerely,

Marina Vornovitsky

Director, Medicare Current Beneficiary Survey
Centers for Medicare and Medicaid Services

If you would like more information:

Call us at: 1-844-777-2151

Email us at: mcbs@norc.org

Visit us at: norc.org/MCBS or cms.gov/MCBS

Enclosure
OMB No. 0938-0568 | Expires 1/31/2029

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[Mail_Date]

Dear [FQ/RH/BQ CONTACT]:

I am writing to ask for your help completing a short survey about a Medicare resident in your facility, [R First] [R Last]. An MCBS interviewer spoke with [SCREENER CONTACT] and they nominated you to help us collect information on [R First] [R Last]'s background and their time in your facility.

Please look for an email invitation (Subject: [EMAIL SUBJECT]) or use the link and PIN below to start the survey. The survey will take about 10 minutes and we will ask about your facility contact information, the residence history of your resident over the last few months, and some demographics (ex: race, income, level of education).

Link to Survey: [INSERT LINK TO SURVEY]

PIN: [PIN]

Since 1991, CMS has conducted the Medicare Current Beneficiary Survey (MCBS) to better understand the needs of Americans enrolled in Medicare. Including persons residing in facilities in the study provides essential insight into long-term care access and use. We do not contact facility residents directly. We need your help to collect information on [R First] [R Last]'s background and their time in your facility.

Your participation is voluntary and won't affect your relationship with programs administered by CMS. Your answers are private, as prescribed by The Privacy Act of 1974. Your cooperation with the MCBS will not violate HIPAA privacy regulations or impose additional disclosure burdens on your facility.

Please help us in this national effort to improve the Medicare program.

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