

[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.

You can access the survey using the link and PIN below.

**Link to Survey:** [INSERT LINK TO SURVEY]

**PIN:** [PIN]

Since 1991, CMS has conducted the MCBS to better understand the needs of Americans enrolled in Medicare. Including persons residing in facilities in the study is extremely important because they provide essential insight into long-term care access and use. We do not contact facility residents directly.

The survey will take about 10 minutes. We will ask about your facility contact information, the residence history of your resident over the last few months, and basic demographics (such as race, income, and level of education).

Your participation is voluntary and will not 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](mailto:mcbs@norc.org)

Visit us at: [norc.org/MCBS](http://norc.org/MCBS) or  
[cms.gov/MCBS](http://cms.gov/MCBS)

[Mail\_Date]

Dear [IN/EX 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 or FQ/RH/BQ CONTACT] and they nominated you to help us collect information on [R First] [R Last]'s health care insurance and expenditures.

You can access the survey using the link and PIN below.

**Link to Survey: [INSERT LINK TO SURVEY]**

**PIN: [PIN]**

Since 1991, CMS has conducted the MCBS to better understand the needs of Americans enrolled in Medicare. Including persons residing in facilities in the study is extremely important because they provide essential insight into long-term care access and use. We do not contact facility residents directly.

This survey will take approximately 10 minutes and will ask about:

- Health insurance coverage your resident may have in addition to Medicare
  - For example: private insurance, long-term care insurance, Dept. of Veterans Affairs eligibility, and TRICARE or CHAMPVA
- Your facility's billing periods and charges related to your resident's health care.

Your participation is voluntary and will not 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  
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DEPARTMENT OF HEALTH & HUMAN SERVICES  
CENTERS for MEDICARE & MEDICAID SERVICES



[Mail\_Date]

Dear [BILLING OFFICES CONTACT]:

I am writing to request your assistance with an important study called the Medicare Current Beneficiary Survey (MCBS). Since 1991, the Centers for Medicare & Medicaid Services (CMS) has conducted the MCBS to better understand the needs of Americans enrolled in Medicare. Including persons residing in facilities in the study is extremely important because they provide essential insight into long-term care access and use. We do not contact facility residents directly.

We have already spoken to [facility\_name] to collect the health care utilization information for a Medicare beneficiary that resides in their facility. **The facility directed us to you to help us collect information on [R First] [R Last]'s health care costs.**

You can access the web survey using the link and PIN below.

**Link to Survey: [INSERT LINK TO SURVEY]**  
**PIN: [PIN]**

If you manage billing on behalf of multiple facilities, or if multiple residents in the facility you manage billing for are selected for the MCBS, you may receive several email requests. Each resident is an important and irreplaceable part of the MCBS and will require a separate survey response. When possible, we will try to bundle requests to reduce burden on you and your team.

Your participation is voluntary and will not 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,

A handwritten signature in black ink, appearing to read "Marina Vornovitsky", is positioned below the word "Sincerely,".

Marina Vornovitsky

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

**If you would like more information:**

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Email us at: [mcbs@norc.org](mailto:mcbs@norc.org)

Visit us at: [norc.org/MCBS](http://norc.org/MCBS) or  
[cms.gov/MCBS](http://cms.gov/MCBS)

Dear [HS/US 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 or FQ/RH/BQ CONTACT] and they nominated you to help us collect information on [R First] [R Last]'s health status and use of health services in your facility.

You can access the survey using the link and PIN below.

**Link to Survey:** [INSERT LINK TO SURVEY]  
**PIN:** [PIN]

Since 1991, CMS has conducted the MCBS to better understand the needs of Americans enrolled in Medicare. Including persons residing in facilities in the study is extremely important because they provide essential insight into long-term care access and use. We do not contact facility residents directly.

This survey will take between 20 and 25 minutes and will ask about your resident's ability to perform various physical activities and health care services delivered to your resident while in your facility.

Your participation is voluntary and will not 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

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