

Appendix L-2

**Medicare Advantage and Prescription Drug Plan
(MA & PDP) CAHPS[®] Survey**

**2021 Prescription Drug Plan Survey
*INITIAL COVER LETTER – English***

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]



March 11, 2021

Dear FNAME LNAME:

The Centers for Medicare & Medicaid Services (CMS) is asking for feedback from people in Medicare health and drug plans. **We'd greatly appreciate your time to tell us about your Medicare plan.** Your input will improve Medicare services and help others like you choose a drug plan.

Please take a few minutes to tell us about your experiences. Medicare uses this information to improve plan quality and to rate and share information on all plans. Plan ratings are publicly available at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

The survey takes about 10 minutes. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Thank you for your help with this important project.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez", with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre XX am y XX pm de [INSERT TIME ZONE].