

Appendix L-4

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

**2021 Prescription Drug Plan Survey
2ND MAILING COVER LETTER - English**

THIS PAGE
INTENTIONALLY
LEFT BLANK

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



April 1, 2021

Dear FNAME LNAME:

We recently asked for your feedback about your experiences in your Medicare plan. **If you recently mailed your survey, thank you, and you don't need to do anything else.**

If not, this is a friendly reminder that we're very interested in hearing back from you.

We hope you'll take a few minutes to complete the enclosed survey to share your feedback on your Medicare drug plan. Medicare uses this information to improve care and help other people with Medicare make more informed health care choices.

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

Again, we'd greatly appreciate your help with this important project. 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].

Sincerely,

A handwritten signature in black ink, appearing to read "Amy", followed by 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].