Appendix M

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

2019 Prescription Drug Plan Survey

2ND MAILING COVER LETTER - English

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MA & PDP CAHPS Survey
2019 Prescription Drug Plan Survey
2ND MAILING COVER LETTER

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO PLAN MEMBERS]

[SURVEY VENDOR LOGO]
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]
[LAST DATE OF 2ND SURVEY MAILING]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program, and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 10 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2019, please answer the questions in the survey thinking about your experiences in the last six months of 2018. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices, so we hope you will choose to help us.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. If you have already sent the survey back, thank you for completing the survey. If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you for your help with this important survey.

Sincerely,

Signature
[SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.