

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C1-25-05  
Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

In a few days, you'll get an important survey in the mail. We hope you'll complete and return the “**Medicare Health Outcomes Survey**” when it arrives. Your responses will help Medicare improve the quality of health plans and help others choose a plan.

You may have received this survey before and we may ask you to complete it again. Your response helps Medicare monitor health plans over time.

**Your voice matters.** The survey takes just a few minutes, and your information is kept private by law. Participation is voluntary.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you in advance for your help.**

Sincerely,

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

Si desea solicitar el cuestionario en español, por favor llame al número de teléfono gratuito [PHONE NUMBER] o envíe un correo electrónico a [EMAIL ADDRESS].

如果您需要中文版的問卷，請致電或電郵，他們的免費電話是 [PHONE NUMBER]，郵件地址是 [EMAIL ADDRESS]。

Если Вы хотели бы попросить этот опросник на русском языке, обращайтесь в по бесплатному номеру телефона [PHONE NUMBER] или по адресу электронной почты [EMAIL ADDRESS].

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



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

This is an important survey from Medicare. We'd greatly appreciate you taking the time to complete and return the "**Medicare Health Outcomes Survey**." Your answers will help us improve the quality of Medicare health plans.

**Your voice matters.**

The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

In two years, we may ask you to take the "**Medicare Health Outcomes Survey**" again. The goal is to monitor health plans over time.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you for your help with this important survey.**

Sincerely,

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

Enclosures

**Español Al Otro Lado**

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



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently sent you the “**Medicare Health Outcomes Survey.**” If you recently returned this survey, thank you! You don’t need to do anything else.

If not, **this is a friendly reminder that we’re still very interested in hearing from you.** We have included another copy of the survey to make it easy. Your responses will help us monitor plans and improve care for people with Medicare.

In two years, we may ask you to take this same survey again. The goal is to monitor health plans over time.

We know your time is valuable. The survey takes only a few minutes to complete. Participation is voluntary, and your information is kept private by law.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**We greatly appreciate your help.**

Sincerely,

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

Enclosures

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7500 Security Boulevard, Mail Stop C1-25-05  
Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you filled out the “**Medicare Health Outcomes Survey.**” Thank you! In a few days, you’ll get a follow-up survey in the mail.

**We’d greatly appreciate you taking the time to respond again.** Your answers will help Medicare monitor health plans over time and improve care for people with Medicare.

**Your voice matters.** The survey takes just a few minutes to complete, and your information is kept private by law. Participation is voluntary.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you in advance for your help with this important survey.**

Sincerely,

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c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you took the “**Medicare Health Outcomes Survey.**” Thank you!

You may recall that we promised to send the survey again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

**We’d greatly appreciate you taking the time to complete and return this survey.**

Your response will help Medicare monitor health plans and improve care for people with Medicare.

**Your voice matters.** The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you for your help with this important survey.**

Sincerely,

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Medicare Drug Benefit and C & D Data Group

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c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

About two years ago, you took the “**Medicare Health Outcomes Survey.**” Thank you!

You may recall we promised to send this same survey to you again in two years. The goal is to see how well your Medicare plan helped you maintain or improve your health over time.

**We’d greatly appreciate you taking the time to complete the enclosed survey.** Medicare will use this information to monitor plans and improve the quality of care for people with Medicare.

Our records show that two years ago, the name of the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

**Your response is important.** The survey takes just a few minutes. Participation is voluntary, and your information is kept private by law.

For questions about the survey, please call the survey vendor organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you for your help with this important survey.**

Sincerely,

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

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c/o Survey Processing  
[SURVEY VENDOR RETURN ADDRESS]



**CENTER FOR MEDICARE**

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Dear [MEMBER FIRST NAME] [MEMBER LAST NAME]:

We recently mailed you the “**Medicare Health Outcomes Survey.**” If you already returned it, 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 from you.** We’ve included another copy of the survey to make it easy.

You may recall that you completed and returned this same survey two years ago. Your responses on this follow-up survey will help Medicare monitor health plans over time and improve the quality of care for people with Medicare.

**Your voice matters.**

We know your time is valuable. The survey takes just a few minutes to complete, and your information is kept private by law. Participation is voluntary.

For questions about the survey, please call the survey organization working with Medicare toll-free at [PHONE NUMBER] or email [EMAIL ADDRESS].

**Thank you again for your help.**

Sincerely,

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

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If not, **this is a friendly reminder that Medicare is still very interested in hearing from you.** We’ve included another copy of the survey to make it easy.

You may recall that you took this same survey two years ago. Your responses help us see how well your Medicare plan helped you maintain or improve your health over time.

Our records show that two years ago, the person who helped you complete the survey was [SURVEY VENDOR INSERTS APPROPRIATE INFORMATION]. **If you need help taking this survey again, please ask this person or someone else who knows about your health to help you.**

**Your response is important.** Your answers will help Medicare monitor plans and improve care for people with Medicare.

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