

## **Appendix D.6 Voicemail and Email Messages for Outpatient Clinician Non-respondents**

### Voicemail Script Sent to Non-Respondents After Launch

Hello. We are calling you on behalf of the Centers for Medicare & Medicaid Services, or CMS, regarding an important 20-minute survey regarding CMS quality improvement support services for healthcare providers to improve services for Medicare beneficiaries.

You were sent a letter from CMS and email sent by [insert email address] with a link to the survey. Please check your junk email folder if you do not recall seeing this email.

We hope you will participate in the survey and provide information that will directly contribute to the choices that CMS leadership makes on services that impact you, your work, and Medicare beneficiaries

Please call us back at 844-615-3117 if you have questions or cannot locate the survey. This is not a phishing attempt. The email contains a link to the CMS website with a message confirming the authenticity of this survey activity.

This survey has been approved by the Office of Management and Budget (OMB), as required by the Paperwork Reduction Act. The OMB approval number for this survey is **0938-xxxx**.

Thank you.

### Email Reminder Sent to Non-Respondents

Dear [Name of Respondent],

Hello, we are emailing you on behalf of the Centers for Medicare & Medicaid Services (CMS) about an important 20-minute survey on CMS Quality Improvement Program support provided to physicians and clinicians.

You recently received a letter from CMS about this national survey, explaining that all responses will be securely managed for privacy. While your participation in this survey is voluntary, please know that you were carefully chosen to ensure that our findings represent different types of physicians and clinicians across the nation.

You may confirm this is not a phishing attempt via a public message describing this survey posted on the CMS website at this link: {insert link}

Click the link [insert survey link] to take the survey

Please contact us at [CMS.OPClinician\\_QIsurvey@bah.com](mailto:CMS.OPClinician_QIsurvey@bah.com) or 844-615-3117 if you have questions or problems accessing the survey.

Thank you for your participation in this study.

Best regards,

(Signature to be decided upon)

### **Post-deadline Survey Email**

Email subject line: Please Complete Your CMS Provider Experience Survey

According to our records, you have not completed the important CMS survey about the role of CMS assistance to help improve the quality of care for Medicare beneficiaries in your community.

Please click [here](#) [Insert link] to respond to this brief survey. You are receiving this survey because you play an important role in the delivery of healthcare to Medicare beneficiaries in your community. This survey requires no more than 20 minutes of your time.

While your participation in the survey is voluntary, your responses directly contribute to the choices that CMS leadership makes on services that impact you, your work, and Medicare beneficiaries. All responses to the survey are held securely by a third-party. Only aggregated results will be made available to CMS, and your survey responses will in no way impact your individual relationship with CMS.

You may confirm this is not a phishing attempt via a public message describing this survey posted on the CMS website at this link: [{insert link}](#)

Click the link [\[insert survey link\]](#) to complete the survey **no later than [INSERT DATE]**.

If you believe you are not the appropriate person to complete this survey, please forward this email to the clinician at your facility who is most knowledgeable about quality improvement efforts. If you experience challenges accessing the survey, have questions, or would like to relay a concern, please contact us at [CMS.OPClinician\\_QIsurvey@bah.com](mailto:CMS.OPClinician_QIsurvey@bah.com) or 844-615-3117