

Appendix D.5 Data Collection Pre-Notification Communication Outpatient Clinician Letter and Emails



7500 SECURITY BOULEVARD • BALTIMORE, MD 21244



OMB number: 0938-xxxx
Expiration Date: xx/xx/20xx

[FACILITY ADDRESS]

XXXXXX xx, 2026

Dear [OUTPATIENT CLINICIAN NAME],

The Centers for Medicare & Medicaid Services (CMS) is conducting a brief online survey to learn directly from you, our healthcare providers, how the CMS Quality Improvement Program can best support the healthcare services you provide to Medicare beneficiaries. The survey will be conducted among physicians and clinicians as part of the CMS Quality Improvement Program evaluation of its services. Through this survey, your feedback contributes valuable information on the effectiveness and delivery of CMS quality improvement support to healthcare providers.

On [insert date], you will receive an email with a link to the survey. This survey should take no more than 20 minutes to complete, and all responses will be securely managed by Booz Allen Hamilton, our contractor conducting an independent evaluation of provider feedback related to the CMS Quality Improvement Program. We will be collecting responses from hundreds of healthcare providers across the nation. The aggregated results will not identify you or your organization, and your responses will not in any way affect your relationship with CMS.

While your participation in this survey is voluntary, your responses directly contribute to the choices that CMS leadership makes on services that impact you, your work, and Medicare beneficiaries. If you believe you are not the appropriate person to complete this survey, please forward this pre-notification letter to the clinician at your location who is most knowledgeable about quality improvement efforts at your location.

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

If you have questions, please contact Booz Allen Hamilton at CMS.OPClinician_QIsurvey@bah.com or 844-615-3117. Thank you in advance for your participation in this important survey.

Sincerely,

[SIGNATURE]

Traci Archibald,
Acting Director, Quality Improvement and Innovation Group
CMS Center for Clinical Standards and Quality

7500 Security Boulevard, Baltimore, MD 21244
Traci.archibald@cms.hhs.gov

Pre-Launch (2-3 days prior)

Email subject line: CMS Provider Experience Survey Coming Soon

In the next week, from the Centers for Medicare & Medicaid Services (CMS), you will receive an email with a link to a survey where you will be able to provide confidential feedback on the CMS Quality Improvement Program services available to physicians and clinicians.

The survey should take no more than 20 minutes to complete. Your voluntary responses will provide CMS with information about their assistance to providers, specifically, which areas of support work well and which call for improvement, and all your responses will be securely managed. Only you can provide the necessary feedback on your experiences and observations. If you believe you are not the appropriate person to complete this survey, please forward this email notice to the clinician at your facility who is most knowledgeable about quality improvement efforts.

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

Thank you for your participation in the survey program. If you have questions or concerns, please contact us at CMS.OPClinician_QIsurvey@bah.com or 844-615-3117.

Day of Survey Email

Email subject line: Please Respond to a 20-Minute CMS Provider Experience Survey

On behalf of the Centers for Medicare & Medicaid Services (CMS), we kindly request your assistance in evaluating services provided through the CMS Quality Improvement Program, by completing a brief online survey. It will take no more than 20 minutes to respond, and your feedback will help CMS support the healthcare services you provide to Medicare beneficiaries.

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 the survey is voluntary, please know that your responses directly contribute to the choices that CMS leadership makes on services that impact you, your work, and Medicare beneficiaries.

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

Survey link:

[INSERT LINK]

Click the link above 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 or 844-615-3117.

Thanks for your participation.

Best regards,

(Signature to be decided upon)