

ECHO[®] Survey: Sample Letters

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Sample Cover Letter

Name
Address
City, State ZIP

Date

Dear <<firstname>> <<lastname>>:

IF MBHO SPONSOR, PARAGRAPH 1: <<MBHO>> is sponsoring a study of the quality of health care services provided to its members. Your health insurance plan works with <<MBHO>> to insure that you get the counseling or treatment that you may need. To help us serve you better, we would like to hear about your experiences with our services.

IF HEALTH PLAN SPONSOR, PARAGRAPH 1: <<health plan name>>, is sponsoring a study of the quality of health care services provided to its members to insure that they get the counseling or treatment that they may need. To help us serve you better, we would like to hear about your experiences with our services.

Enclosed is a questionnaire that asks you about your counseling or treatment and <<organization=MBHO or health plan name>>. We would appreciate it if you would take the time to fill out the survey and return it in the envelope provided. Your participation is the only way we can learn how we are doing. You were randomly selected as part of a study of members who received services through <<organization>>. **Your participation is, of course, voluntary, and your benefits and services will not be affected in any way, whether or not you choose to participate.**

The responses you provide will go to <<VENDOR>>, an independent research organization, and will be combined with the information we get from others. Your individual answers will never be disclosed. All information about you will be strictly **confidential**.

If we do not receive a response within the next few weeks, an interviewer from <<VENDOR>> will attempt to contact you by telephone to complete the survey. **If at any time you decide that you would prefer not to participate**, simply return the blank survey in the envelope provided. We will make no further attempts to contact you.

We hope you will take this opportunity to tell us about the quality of your health care services. If you would like to know more about the survey, please contact <<organization representative>> at 1-800-xxx-xxxx, or, if you have specific questions about filling out the survey, please contact <vendor representative>> <<Vendor>> at 1-888-xxx-xxxx.

Sincerely,

<<Organization Representative>>

Sample Fact Sheet about the ECHO Survey

Fact Sheet

EXPERIENCE OF CARE AND HEALTH OUTCOMES (ECHO) SURVEY

Who is doing the study? IF MBHO SPONSOR:<<MBHO>> is sponsoring a study of health care services provided to its members. Your health plan works with <<MBHO>> to ensure that you get the counseling or treatment that you may need. <<MBHO>> has asked <<VENDOR>> to collect data from members about their experiences with their counseling or treatment.

IF HEALTH PLAN SPONSOR: : <<Health plan name>>, is sponsoring a study of health care services provided to its members to ensure that they get the counseling or treatment that they may need. <<Health plan name>> has asked <<VENDOR>> to collect data from members about their experiences with their counseling or treatment.

What is the purpose? To learn about the experiences members have with the people from whom they have received counseling or treatment. The results of this survey will be used to give feedback to the plan to help improve the quality of care.

How was I selected? You are part of a scientific sample of adults who received services through <<organization= MBHO or health plan name>>. You were chosen by chance, but your experiences will be combined with those of other members to give us an accurate picture of how your health plan is performing for people who need counseling or treatment.

What kinds of questions will be asked? We will ask about any experiences you have had with getting the counseling or treatment you needed and how you rate the counseling or treatment you did receive. There are no right or wrong answers.

How long will it take? The survey should take 10-15 minutes to complete.

Are my answers confidential? Absolutely. Your answers will never be used in any way that could be linked to you or your individual household. They will be combined with answers from other surveys to make a statistical report.

Do I have to answer? No. Your help is completely voluntary. Your decision to participate will not affect your coverage in any way.

If you would like to know more about the survey, please contact <<organization REPRESENTATIVE>> or, if you have specific questions about filling out the survey, please contact <<VENDOR REPRESENTATIVE>>.

Sample Reminder Postcard

Experience of Care and Health Outcomes Survey



Dear Member,

About a week ago, we mailed you an *Experience of Care and Health Outcomes Survey*.

If you have already completed and returned the survey, thank you very much for participating.

If you have already told us that you do not want to participate, you will not be contacted again.

If you have not completed the survey, please do so today. It is extremely important that we hear from you so the results can accurately represent all plan members.

If you did not receive the survey, or if you need another copy, please call 1-888-xxx-xxxx and we will mail another survey to you today.

VENDOR REPRESENTATIVE