

# Medicare.gov Webpage Provider User Feedback Session (PRA)

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Rainmakers Strategic Solutions is looking to add participants to a feedback session for gathering suggestions for improving, and experience using, the Medicare.gov webpage.

To participate in a feedback session, you must have a laptop or desktop computer and be one of the following:

- Any healthcare provider that participates in Medicare, for example:
  - Primary Care Provider
  - Specialists (e.g., cardiologists, endocrinologists, oncologists), Nurse Practitioners (NPs)
  - Geriatrician
  - Orthopedic
  - Physical therapist
  - Occupational therapist
  - Podiatrist
  - Dentist (DDO)
  - Speech-language pathologist
  - Behavioral health providers (e.g., psychiatrists, psychologists, licensed clinical social workers)

**Clinicians with experience in Electronic Health Records (EHR) and Health Information Exchange (HIE) are encouraged to participate**

You can't participate if you:

- Are a current or former federal employee for the Department of Health and Human Services

**Participants who share their opinions in a feedback session will receive a \$45 payment for taking part in the session.**

To be considered for the feedback session, please complete the interest form and a member from the Rainmakers team will follow up with you regarding the next steps.

If you have any questions, please contact us at [rainmakersoutreach@rainmakersolutions.com](mailto:rainmakersoutreach@rainmakersolutions.com) (mailto:rainmakersoutreach@rainmakersolutions.com) or call 844-424-9377.

Data Disclosure: Completing this interest form is voluntary and will take about 5 minutes. We will use the information we collect in this form only to contact participants about their interest in taking part in this feedback session. By completing this form, you agree to be contacted by a Rainmakers staff member. This collection is approved by the Office of Management of Budget (OMB Control No. #####-#####).

\*Indicates required field.

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\*First Name

\*Last Name

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\*Email Address

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\*Phone Number

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\*ZIP Code

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Data Disclosure: Rainmakers Strategic Solutions is committed to protecting your personal information. Participation in this feedback group is voluntary, and the information you share will be used solely for the purpose of contacting you regarding participation in a feedback session. Your feedback and any personal information you provide will remain confidential and will not be disclosed to unauthorized parties. Only authorized personnel will have access to this information, and it will be used strictly for the purposes outlined above. If you would like to request a copy of your responses or personal information, please contact us at [rainmakersoutreach@rainmakersolutions.com](mailto:rainmakersoutreach@rainmakersolutions.com) (<mailto:rainmakersoutreach@rainmakersolutions.com>).

## Sociodemographic Information

The information provided in this interest form will only be used to understand the different perspectives of the feedback session participants.

What is your specialty? Select all that apply.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Behavioral health providers (e.g., psychiatrists, psychologists, licensed clinical social workers) | <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Dentist (DDO)         |
| <input type="checkbox"/> Endocrinologist  | <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Neurologist           |
| <input type="checkbox"/> Occupational therapist   | <input type="checkbox"/> Oncologist   | <input type="checkbox"/> Orthopedic            |
| <input type="checkbox"/> Physical therapist   | <input type="checkbox"/> Podiatrist   | <input type="checkbox"/> Primary Care Provider |
| <input type="checkbox"/> Speech-language pathologist  |                                       |  |
| <input type="checkbox"/> Other (Please specify)   |                                       |  |

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How did you learn of this opportunity?

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> LinkedIn        | <input type="checkbox"/> Facebook | <input type="checkbox"/> Voice of the Patient Network |
| <input type="checkbox"/> Word of mouth   |                                   |   |
| <input type="checkbox"/> Other (specify) |                                   |   |