

Medicare.gov Webpage Patient and Caregiver User Feedback Session (PRA)



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

- A Medicare beneficiary of any age
- A caregiver of a Medicare beneficiary

You can't participate if you:

- Are a current or former federal employee for the Department of Health and Human Services
- Have participated in health-related interviews or focus groups within the last six months

Participants who share their opinions in 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) or call 844-424-9377.

Date Disclosure: Completing this interest form is voluntary and will take about 5 minutes to complete. We will use the information we collect in this form only to contract 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.

First Name

Last Name

Email Address

Phone Number

ZIP Code

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>)

Background Information

The information provided in this interest form will only be used as part of the selection process for the feedback session.

Select all that apply.

- I am a Medicare enrollee.
- I am a caregiver of a person enrolled in Medicare.
- I am both a Medicare enrollee and a caregiver of a person enrolled in Medicare.
- I am a federal employee
- None of these apply.
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How did you learn of this opportunity?

- LinkedIn
- Facebook
- Voice of the Patient Network
- Word of mouth
- Other (specify)