



Participant Welcome Packet



**Rainmakers Strategic Solutions
Medicare.gov Webpage User Feedback Sessions**

Welcome Participants

Your voice and experience can help improve health care.

Rainmakers Strategic Solutions is honored to host a feedback session to understand your experience using the [Medicare.gov](https://www.Medicare.gov) webpage.



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Who We Are



Rainmakers Strategic Solutions is a federal government contractor that provides an array of programmatic support services, including training and education, program management, data analytics, and engagement with interested parties for federal agencies. With over 30 years of award-winning expertise, the Rainmakers team is made up of respected professionals who apply their extensive clinical and operational expertise to improve project outcomes and deliver outstanding quality to all our clients. For more information about our key cornerstones—excellence, passion, and knowledge—visit the [Rainmakers Strategic Solutions website](#).

One-on-One Feedback Sessions

One-on-One Feedback Session Details

A One-on-One feedback session is an individual meeting hosted on Zoom with either a patient, a patient's caregiver, or another interested party with a focus on getting reactions to, experiences with, and insights on specific topics.

Purpose



The purpose of this feedback session is to develop key takeaways from your experiences, which will help Rainmakers create a report summarizing findings from the feedback session.

In the report, Rainmakers will share the main points from the feedback session and the participants' characteristics with the Centers for Medicare & Medicaid Services (CMS). Participants don't need to give any of their personal information to take part in this feedback session. Rainmakers won't share participants' names with CMS. In place of names, participants will be assigned a number that will be used when referring to their feedback.

Format



The feedback session will be transcribed, recorded, and hosted in a private Zoom meeting. Closed captions will be provided.

Participant Roles and Responsibilities



The role of a feedback session participant is to:

- Confirm their willingness to be involved by completing the participation agreement in this welcome packet in one week.
- Take part in a feedback session through a Zoom meeting, provide feedback, and describe their experiences.
- Complete a poll to decide when to schedule the feedback session.
- Give their opinion and share their thoughts during the discussion.
- Listen to all participants.
- Respect all participants' experiences and time.
- Be respectful of feedback session housekeeping rules.



Feedback and Follow-Up

After you take part in the feedback session, you'll receive an invite to share your feedback through a short anonymous survey. We'll use these answers to improve our process and learn how to best serve future session participants.

Time Commitment



The time commitment for a feedback session is 60 minutes.



Scheduling

Participants will be contacted to schedule a one-on-one session.



Orientation Guide

Participants are asked to review the [orientation guide](#) to prepare for the feedback session.

Rainmakers Responsibilities

Rainmakers is dedicated to fostering a welcoming, respectful, and productive feedback session. Rainmakers' roles include, but aren't limited to:

- Recruiting and preparing participants
- Sharing an orientation guide with participants
- Giving technical support and guidance throughout the process
- Sending materials (including the welcome packet and orientation guide)
- Hosting feedback sessions
- Summarizing findings and submitting a report to CMS

For questions or concerns, email the [Rainmakers Outreach Support team](#).

Payment Policy for Feedback Session Attendance

We appreciate your taking part in our feedback session. To thank you for taking part, CMS will pay you \$45. Please review the following policy about receiving the payment.

Eligibility

To be eligible for payment, a participant must sign and return the participation agreement and attend, give their opinion, and share their thoughts during the feedback session.

Rainmakers is responsible for tracking which participants give their opinion and share their thoughts during the feedback session. However, participants are also encouraged to keep track of how they took part.

Amount

The fixed payment amount is \$45 for the entire commitment, which is a 60-minute feedback session. There's no payment for the prescreening survey.

Disbursement Time Frame

A participant's payment will be processed within 6 weeks after the feedback session they attended.

Payment

After a participant attends a feedback session, they'll be paid via PayPal, direct deposit, or mailed check. Participants who choose PayPal as their payment method will receive their honorarium through their PayPal account. It takes up to 2 weeks to process payments through PayPal. Those with an existing PayPal account must provide Rainmakers with the email associated with the account and will receive a confirmation email once the payment is processed. If a participant does not have a PayPal account, they will receive an email from PayPal on behalf of Rainmakers with instructions to claim the funds. Participants that choose direct deposit will receive an email from the Rainmakers Financial team regarding the next steps. Note that direct deposit payments may take up to 6 weeks to process. Participants can also elect to receive a payment through a mailed check. After processing, mailed checks take 7-10 business days to arrive. For a participant to receive payment, Rainmakers will need their mailing and email address.

Tax Implications

Participants are responsible for any tax implications related to receiving the payment. Consult with a tax professional for guidance.

Nontransferable

The payment is nontransferable and can be issued only to the participant who attended the feedback session.

Policy Changes

Should the payment policy change, modifications will be emailed to participants in advance.

By taking part in our feedback session, the participant agrees to follow the terms outlined in this payment policy. We appreciate your time and insights.

Privacy Statement

For this participation agreement, a feedback session participant is a person who has agreed to give their input, experiences, guidance, and recommendations in the feedback session hosted by Rainmakers. Confidential information shared during the feedback session won't be shared by participants outside of the feedback session. Participants must agree **not** to share information talked about by the hosts or other participants outside of the feedback session.

Feedback session participants may voluntarily share their personal information, their experiences, and the experiences of individuals for whom they are or were caregivers. They're not required to talk about anything that makes them uncomfortable and can decline to answer any questions.

Confidentiality/Nondisclosure and Financial Disclosure Statement

All potential feedback session participants must let Rainmakers know about any financial interest or other relationships that may affect their judgment or views. The purpose of this disclosure is for Rainmakers to decide whether the individual's interests or relationships may affect the session's discussions or key findings. The purpose is not to stop individuals who could have a conflict of interest from taking part in a feedback session.

A potential conflict of interest could occur if a participant in a feedback session is also an employee of a company being evaluated. For instance, if the session focuses on the usability of a product, and one of the participants works for the company that developed the product, their feedback might unintentionally favor the company's interests.

This connection should be disclosed to ensure transparency and to help manage any potential biases in the discussion.

Please answer the following disclosure questions:

Do you or your family members receive payment from any organizations that would affect your opinions or decisions?

Check one: Yes No

If **“yes,”** please describe (e.g., grant/research support, consultant, speaker’s bureau, any stock shareholder, other financial or material support). Include the name of the corporation or organization.

Corporation or organization: _____

Consent to Participate

By signing below, I acknowledge that I have reached the age of majority in my jurisdiction and am competent to enter into this agreement, that I have read and understand this financial disclosure and welcome packet, and that I agree to take part in the feedback session. I hereby forever waive and release Rainmakers Strategic Solutions, LLC, and the officers, employees, and independent contractors performing on its behalf and the Centers for Medicare & Medicaid Services (CMS) from any claims I may have relating to their use of my information according to the terms of this agreement.

- I understand that the information shared during the feedback session is confidential, and I agree **not** to share information shared by the hosts or other participants outside of the feedback session. I understand that information discussed during the feedback session will be summarized by Rainmakers and shared with CMS.
- I certify that I have read the welcome packet, have reviewed the privacy agreement, and notified Rainmakers of all financial disclosures. Should my financial disclosures change, I will inform Rainmakers immediately. By signing this, I agree to take part in the feedback session and follow all policies.

Name: _____ Date: _____

Signature: _____ Email: _____

For questions or concerns, email the [Rainmakers Outreach Support team](#).

Medicare.gov Webpage

Feedback Session Hosted by Rainmakers Strategic Solutions

Thank you for agreeing to take part in the Medicare.gov webpage feedback session. This document is an overview of helpful tips to enhance your participation. We have also included the questions that we will cover during the session. By providing the questions in advance, we hope to increase your comfort level during the session.

Zoom Tips:



1. Make sure your internet connection is stable to avoid disruptions and to maintain clear communication.



2. Test your audio and video before joining to make sure they are working properly. This will prevent technical difficulties during the session.



3. Consider using a headset for better audio quality, especially if you are in a noisy environment.



4. Find a quiet, well-lit space to join the meeting with minimal distractions.



5. Try positioning yourself in an area with a neutral background to minimize any potential background distractions during the meeting.



6. Make sure your camera is at eye level for a professional video appearance.



7. If you feel comfortable, enable your video to build a sense of connection among participants and enhance the overall session experience.

[How to Join a Zoom Meeting Video](#)

Housekeeping:



Use the "Raise Hand" feature to indicate that you would like to speak, make sure everyone has time to speak, and avoid interruptions.



Closed captioning is provided.



Mute yourself when not speaking to minimize background noise and maintain a clear audio environment.



You may join by phone if you can't join through Zoom.



Be respectful by listening and being open to everyone's opinion.



We will include polls throughout the session.



We will record the session for transparency and documentation purposes.

Agenda:

1. Welcome and Introductions (5 minutes)
2. Participant Feedback (50 minutes)
3. Closing Remarks to Conclude Feedback Session (5 minutes)

Example Layout for Care Compare User Testing

Task 1: User Testing Activity

Question 1: When hovering over the text next to the symbol, for each provider found on the search, what do you think this text represents?

Filter by: Distance: 15 mi Sex Medicare-approved payment View All Filters

Showing 1 - 15 of 300 doctors & clinicians Sort by: Closest

1. **Sabina T. Grochowski, MD**
0 mi 850 7th Ave
New York, NY 10019-5230
(212) 586-2605
S Charges the Medicare-approved amount (so you pay less out-of-pocket)
Specialties: Internal medicine
Compare

2. **Robert F. Morrison, CH**
0 mi 850 7th Ave
Suite 406
New York, NY 10019-5230
(718) 530-3696
? May charge the Medicare-approved amount
Specialties: Chiropractic
Compare

Task 2: Sample Questions for User Testing

Question 2: For a provider that has the ? symbol, hover over the text next to it, and please read the text that appears in the box. What does this text mean to you?

Filter by: Distance: 15 mi Sex Medicare-approved payment View All Filters

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