

Appendix D.6: State Cost Survey Follow Up Interview Email

OMB #: 0584-xxxx
Expiration Date: xx/xx/20xx

From: Joshua Leftin
Sent: [DATE]
To: [STATE CN OR MEDICAID REPRESENTATIVE]
Cc: Anne Gordon
Subject: DC-Medicaid Evaluation Cost Survey Request – [STATE]

Greetings. Thank you for your participation in the DC-Medicaid Evaluation Cost Survey. Please let me know if you will be available on [DATE] at [TIME] for a telephone call. The purposes of the phone call are to follow up on your responses (clarifying any questions we have) and to give you a chance to provide feedback (so that we can make the workbook easier to use in future quarters).

You may want to review your responses before the call.

Thanks,
Josh

Joshua Leftin
Research Analyst
Mathematica Policy Research
1100 1st Street, NE, 12th Floor
Washington, D.C. 20002-4221
Tel: 202-250-3531
Fax: 202-863-1763
jleftin@mathematica-mpr.com