

Supporting Statement for Paperwork Reduction Act Submission for NMEP Survey

Supporting Statement - Part A

Collection of Assessment Information

The purpose of this submission is to request a revision of 0938-0738 (CMS-R-54) to continue to collect information from Medicare beneficiaries, caregivers, health care providers, and health information providers.

It is critical for this agency to obtain feedback from the aforementioned groups so that the agency can accurately assess the needs of the Medicare audience. As part of the effort to determine how to best serve Medicare's audience, we are requesting approval from OMB for a survey. Using random digit dial and/or an administrative sample, members of the Medicare audience will be called and asked to complete the survey via telephone. The results of this survey will be compiled and studied so that communication may be amended to benefit Medicare's audience.

We are requesting a three-year clearance, so that the feedback received through the survey may be used continually to update and improve research efforts and policy. The purpose of this submission is to request OMB authorization to collect information from Medicare's audience via the survey tool. A copy of the survey is included as Appendix B

The survey has the following objectives:

- Assess satisfaction with and knowledge of the Medicare program.
- Gather information on health behaviors and quality of health care.
- Determined the most used source for Medicare information.
- Gather information from health care provider and health information providers.

A. Background

The MMA mandated the greatest changes to Medicare since the Balanced Budget Act (BBA) of 1997 by expanding health insurance options with the creation of Medicare+Choice, now known as Medicare Health Plans. To support the BBA and help people with Medicare make more informed health care decisions, CMS initiated the National Medicare & You Education Program (NMEP). The NMEP employs numerous communication channels to educate people with Medicare and help them make more informed decisions concerning the Medicare program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and preventive health services. As part of the NMEP, CMS must provide information to this population about the Medicare program and their Medicare Health Plan options, as well as information about prescription drug coverage to help them choose the option that

is right for them.

The NMEP was developed to educate the more than 44 million people with Medicare, as well as their friends and family, caregivers, health care professionals, and counselors with the knowledge and skills needed to ensure that people with Medicare can make fully-informed choices about their health and drug plan options. The challenge is reaching the population segments that have access barriers to information including language, literacy, location, and culture to understand not only their present health care choices under the MMA, but also to instruct new initiatives and benefits under Medicare Prescription Drug Coverage, enacted into law on December 8, 2003 as part of the Medicare Modernization Act (MMA) of 2003. The intent of the MMA is to provide a voluntary program to give relief to people with Medicare to help reduce their costs for prescription drugs. This assessment seeks to develop a design for monitoring and performance assessment activities and outcome measures that play a critical part of CMS's efforts to provide clear and understandable information to people with Medicare and to all of CMS's partners. This effort is to improve overall communication.

The NMEP uses many communication and information channels including: print materials (mainly the *Medicare & You Handbook*); direct mailings, toll-free telephone Line (1-800-MEDICARE); Internet (www.medicare.gov); local outreach activities; partnerships; National Training and Support for Information Intermediaries; beneficiary counseling and assistance from State Health Insurance Assistance Programs (SHIPs), earned and paid media, grassroots organizations, and community-based outreach.

B. Justification

1. Need and Legal Basis

The National Medicare & You Education Program (NMEP) was developed to inform people with Medicare, their family members, and other interested persons about their Medicare options (initially under Medicare+Choice) now under the Medicare Modernization Act (MMA) of 2003. The NMEP was originally enacted under the Balanced Budget Act of 1997 and required the Centers for Medicare & Medicaid Services (CMS) to implement this program. The MMA gives Medicare beneficiaries new prescription plan benefits and new Medicare plan options. The information collection will involve several national telephone surveys, and will survey people with Medicare (in Original Medicare or in other Medicare Health Plans), caregivers, and health care providers. Hard to reach people with Medicare (i.e. low-income, low-literacy, rural, and ethnically diverse populations) will also be surveyed along with those who are not in hard to reach categories. Specifically, the survey will assess the information needs, knowledge, understanding, and experiences of all people with Medicare regarding the changes due to the MMA including Part D, new regional PPO arrangements

and preventive benefits under the MMA, and how they effect this population.

The national surveys will be administered in English and Spanish over the contract period via telephone. The NMEP survey, which is attached, has been used in prior studies. It has been modified to include questions relating to the Prescription Drug Benefit, Medicare Plan options, and the media campaign. New questions were added, and some questions were deleted depending upon the initiatives and needs of the Agency. Some questions will be reworded as a result of focus group testing. All surveys shall keep some questions from the 2005 survey relating to issues such as beneficiary satisfaction, knowledge of basic Medicare, and where people with Medicare get their Medicare information.

2. Information Users

An intensive assessment of the National Medicare Education Program is being undertaken nationally. In the national studies, the NMEP will be thoroughly described, key participants will be interviewed, beneficiaries will contribute insights through focus groups, and Medicare educational materials will be assessed. CMS is seeking understanding about what types of information seniors need, where they seek information, and what information sources they most trust. Included in the surveys are questions regarding how well informed seniors are about Medicare, where seniors go for information about the Medicare program, and what information sources seniors use. A survey has been conducted every year since the beginning of the NMEP. This survey schedule allows for changes over time in beneficiary awareness, knowledge, and information-seeking behaviors to be measured. The results provide insight for CMS planners for future beneficiary knowledge and awareness NMEP. Information gathered in this survey will be used only for purposes of targeting and improving the NMEP for future years.

3. Use of Information Technology

A Computer Assisted Telephone Interviewing (CATI) system will be used for the national surveys. CMS enrollment files will be accessed to select a sample of people with Medicare. These data do not include telephone numbers, so respondents' telephone numbers will be obtained from an automated matching service. Respondents' names and phone numbers will be downloaded into the CATI sample management software module. Survey data will be entered directly into the CATI system as the interview takes place. The use of CATI will enable precise sample management and fast turnaround of data.

The collection of information for this study will be exclusively by telephone, and as such, responses to questions from interviewers will be given orally. In order to conduct the 2008 NMEP survey telephone data collection, it will be necessary to use a computer assisted telephone interviewing program (CATI). The CATI

system catches unlikely or impossible responses, but also errors that might have resulted from simple typographical errors. The CATI program will be modified to meet the project specifications for respondent contact procedures and interview administration and to incorporate changes and updates to the survey. In addition to changes to the English version of the NMEP survey, a Spanish version of the program will be developed. For each English screen, a duplicate Spanish screen will be created. The CATI will be programmed to allow Spanish-speaking interviewers to change the language of the screen to fit the respondent's desired language of administration.

- This collection is not currently available for completion by respondents electronically.
 - This collection could not be made available electronically at this time because it is a phone survey.
 - Since many of the respondents will be 65 years of age or older or disabled, many with vision problems or lack of or discomfort with computers, it is believed that telephone interviewing will yield the best response rates. Thus, there are no plans to have this collection made electronic in the future.
- Data, once collected, is input electronically.
- This collection does not require a signature from the respondent.

4. Duplication of Efforts

Many of the questions in the NMEP survey mirror many of those designed for the Medicare Current Beneficiary Survey (MCBS). We incorporated in the NMEP survey as many questions as possible from the MCBS so we could have similar information at both the national and local levels, however, other questions related more directly to the objectives of the NMEP. The MCBS was not sufficient for our purposes. The MCBS is a nationally representative sample and as such is not representative of the segments being intensively studied for the NMEP assessment. We expect considerable differences across segments in the level of awareness of beneficiaries and the MCBS sample will not illuminate these differences at the local level. The national surveys will not mirror the MCBS in that it will incorporate new questions pertaining to immediately changing Medicare initiatives of the MMA. Many of the basic questions to be used on this upcoming survey have been used in previous NMEP administrations of the survey.

5. Small Business

Not applicable. The information collection request does not involve any small businesses.

6. Less Frequent Collection

Information is being collected in intervals described in Table B-1. Less frequent information collection will not support the required analysis of changes in beneficiary knowledge/awareness resulting from the NMEP

**Table B-1
Previous and Current Waves of the NMEP Survey**

Wave I:	September 1998	2,400 respondents	36,000 minutes/600 hours
Wave II:	January/ February 1999	2,400 respondents	36,000 minutes/600 hours
Wave III:	January/ February 2000	2,400 respondents	36,000 minutes/600 hours
Wave IV:	January/ February 2001	2,400 respondents	36,000 minutes/600 hours
Wave V:	January/ February 2002	2,400 respondents	36,000 minutes/600 hours
Wave VI:	January/ February 2003	2,400 respondents	36,000 minutes/600 hours
Wave VII:	May/June 2004	2,400 respondents	36,000 minutes/600 hours
Wave VII:	May/June 2004	2,400 respondents	36,000 minutes/600 hours
Wave VIII:	November 2005/February 2006	5,700 respondents	85,500 minutes/1,425 hours
Wave IX:	December 2008/ January 2009	1,750 respondents	26,250 minutes/437.5 hours

	Wave X	December 2009/ January 2010	1,750 respondents
26,250minutes/437.50 hours			
	Wave XI:	November 2010/ December 2010	1,750 respondents
26,250minutes/437.50 hours			
hours	Wave XII:	November 2011/ December 2011	1,750 respondents
			26,250minutes/437.50

7. Special Circumstances

These are no special circumstances with this information collection request.

8. Federal Register/Outside Consultation

A 60-day Federal Register notice will be published on 9/19/08, it is attached.

9. Payments/Gifts to Respondents

There are no provisions for payments or gifts to respondents.

10. Confidentiality

with information is All information obtained through the surveys will be reported in aggregate. No individual respondent's information will be reported independently or identifying information. All identifying information will be removed from analytic files and will be destroyed after the aggregated information is assembled.

11. Sensitive Questions

There are no questions of a sensitive nature on the survey.

12. Burden Estimates (Hours & Wages)

The amount of surveyed individuals each year from 1998 to 2011 (including the proposed dates) are given in Table B-1. The length of the telephone survey is approximately 20 minutes. There is no cost to respondents other than approximately 20 minutes of their time. The proposed study will be to 7,000 members of Medicare's audience, 4,900 beneficiaries and 2,100 caregivers, health care providers, and health information providers. Annually there will be 1,750 respondents, and it will take 26,250minutes/437.50 hours. Of the 1,750 respondents, 1,225 will be beneficiaries and 525 will be other members of Medicare's audience.

13. Capital Costs

There is no capital cost associated with this information collection request.

14. Cost to the Federal Government

The estimated cost to the government for conducting the upcoming surveys will be approximately \$1,604,167 for labor hours, materials and supplies, overhead, general and administrative costs, and fees. We will survey approximately 1.228 times the number of respondents to the 2005 survey. The cost of the 2005 survey of 5,700 respondents was \$1,306,250.

15. Program/Burden Change

This is a revision of a previously approved collection. The burden has increased from 5,700 respondents, 85,000 minutes, and 1,425 hours to 7,000 respondents, 105,000 minutes, and 1,750 hours. The change in the burden is due to an increase in sample size because CMS is attempting to reach a larger national representative sample. There is no longer a need to survey case study sites in 10 U.S. communities because the NMEP is no longer limited to 10 US communities. CMS has a need to survey on a national level.

16. Publication/Tabulation Dates

The next wave of the survey will be conducted according to the schedule in Table C1 and will focus on changes between previous survey waves in: awareness of new Medicare program initiatives and options; knowledge about Medicare; where beneficiaries go to find information about Medicare; and beneficiary satisfaction with their information and knowledge. These observed changes will be connected with detailed NMEP implementation features nationally and in each community, and analysts will be looking for increases in knowledge and awareness. Survey results and other results from the NMEP assessment will be fully reported to CMS, to guide subsequent NMEP surveys. It is possible that some survey results will be shared through conferences or other publications.

The schedule for information collection and dissemination of the data for the case studies is from December 2008 to December 2011 with final report due within 5 weeks of the end of data collection.

17. Expiration Date

Not Applicable. This information collection request does not lend itself to an expiration date since the data collection is being conducted by telephone.

18. Certification Statement

The proposed data collection does not involve any exceptions to the certification statement identified in line 19 of OMB form 83-I.

Supporting Statement – Part B

1. Potential Respondent Universe

The target population for the NMEP Survey consists of all 44 million Medicare beneficiaries, caregivers and providers in the continental United States (fifty states plus the District of Columbia). We are planning on obtaining 7,000 completed interviews in several national surveys.

Records of all Medicare beneficiaries are maintained by CMS.

2. Procedures for Collecting Information

Sample: As previously described, the target population for the NMEP survey include Medicare beneficiaries, caregivers, and providers in the 50 contiguous United States and the District of Columbia. In order to get a representative and reliable sample of Medicare beneficiaries sample of approximately 30,000 beneficiaries will be drawn.

Based on the NMEP 2005 experience, we expect a 50 percent telephone and address match (that is, 15,000 cases). We plan to interview 40 percent of the eligible cases, that is, in total, approximately 6,000 beneficiary and caregiver interviews. The approximate 1,000 remaining interviews will be with providers. CMS will implement the following steps in selecting a sample of Medicare beneficiaries:

*Remove ineligible records including: beneficiaries in Puerto Rico and U.S. territories; deceased beneficiaries; and beneficiaries no longer eligible for

Medicare.

*Sort the administrative file by key demographic variables (geographic region, race, Medicaid eligibility, gender, and age) to help ensure that an appropriate

proportion of each demographic group will be represented.

cases *Select systematically with equal probability a sample of approximately 30,000 while the records are in the above sort order.

sent *Once the sample has been selected, addresses for the sampled beneficiaries will be for telephone matching. To maximize the match for telephone numbers, two telephone matching services will be used. Based on the hit rate from the NMEP 2005, we expect to match 50% of beneficiary addresses with telephone numbers.

The response rate for the 2005 survey was 55.8 %.

provide Target number of completes at target response rate will yield data which will percent error stable national estimates for all Medicare beneficiaries. The maximum yielding 7,000 for estimates of percentages obtained from a simple random sample time. For example, completed interviews will not exceed 2 percent 95 percent of the in managed care suppose 50 percent of Medicare beneficiaries report being enrolled percent of the plans. We can be 95 percent confident that between 48 to 52 the largest for the beneficiaries are enrolled managed care plans. The percent error is away from the 50 50 percent proportion and decreases as proportion moves further sampling or data percent/50 percent split. No unusual problems are foreseen in the collection for the NMEP survey activities.

Data Collection: We will use a questionnaire which has been used in previous years and modified based on findings from behavior coding over two administration cycles. The questionnaire will be modified to measure knowledge and understanding of the Medicare program. The questionnaire will be approximately 20 minutes in length.

Interviewers Data will be collected using computer assisted telephone interviewing. will be trained specifically on the administration of this study and will be monitored throughout the data collection period to ensure data collected is of the highest quality. Respondents will be sent a pre-notification letter to inform them that they will be called by a survey interviewer and to answer some of their questions in advance. The data collection contractor will mail a pre-notification letter (Appendix A) informing sampled individuals of the survey, its voluntary nature, the legislative authority under which the survey is conducted, and Privacy Act provisions.

Over the course of the project, interviewers will call members of Medicare's audience and complete the various surveys in either English or Spanish, at the request of the respondent. Data cleaning will take place throughout the data collection period with a final round of data cleaning to occur after the last

interviews have been completed. The final clean data will be weighted to account for sample selection and non-response.

Table C-1 outlines the data collection timetable of activities and shows the breakdown of the modes, types and desired number of completes.

Table C-1

Timetable and Description of Surveys

<u>Language</u>	<u>Mode</u>	<u>Type</u>	<u>When</u>	<u>Number of Surveys</u>
English And Spanish	Phone	10 National Surveys	Rolling basis Survey in field for 2 weeks-- then high- level results	7,000

3. Methods Used to Maximize Response Rates

To maximize response rates and minimize delay in getting critical data about the roll out of the prescription drug benefit, CMS is using a computer assisted telephone interviewing (CATI) mode of data collection.

To achieve the highest possible response rate to the survey, CMS’s survey contractor will:

- * Conduct interviews in English and Spanish. Although the number of the sampled respondents who will complete the interview in Spanish is estimated to be small, it is important to ensure that the opinions and experiences of this population are represented.
- * Use assisted proxies to help complete interviews with respondents who have hearing or speech impairments. The number of cases to be completed with assisted proxies will be very small, but these beneficiaries are likely to be users of more Medicare services so their input is critical to this task.
- * Send pre-notification letters to selected respondents. This measure has been shown to increase response rates and also serve as notification to respondents of an up-coming call.

- * Focus much attention on training interviewers to answer respondent questions. Specific training modules will be designed to prepare interviewers to communicate effectively with seniors and alleviate any concerns respondents may have regarding participation in the study and their Medicare benefits.
- * Have interviewers available during a wide range of times to complete interviews with respondents. Since we will be conducting interviews across the United States, we will have interviewers available from 9am to midnight Eastern time, Monday through Friday, 10am to 9pm Eastern time on Saturday, and noon to 11pm Eastern time on Sunday.
- * Vary calling times to respondents. In an effort to contact respondents at a time that is convenient for them, the CATI scheduler will track calls to each case and insure that calls are placed to beneficiaries at different times of the day and different days of the week. When a specific appointment the time is requested, the scheduler will deliver the case to an interviewer at the appointed time.
- * Conduct refusal verification to give respondents a second chance to participate in the study.
- * Maintain a toll-free telephone number for respondents to call with questions about the study. The toll-free telephone will be answered by a specially trained interviewer during all hours of data collection. During the hours when data collection is not underway, callers will be prompted to leave a message to have their call returned.

After data collection is complete, the data will be weighted to adjust for sampling probability and the effects of nonresponse. The adjustment steps will include:

- * Weighting to account for selection of the sample records from the selected administrative file;
- * Weighting adjustment to make sampled weights match the number of eligible beneficiaries;
- * Weighting adjustment to compensate for non-response in the interview phase.

NMEP 2008 data was weighted using the protocol described above.

4. Tests of Procedures or Methods

There will be no tests of procedures of methods in the NMEP 2008 survey.

5. Contacts for NMEP 2008

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Appendix A.

During this period of expanding program services, the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers the Medicare program is conducting this telephone survey to help us understand what information you need about Medicare, where you go to find the information, and if you feel we have been effective in getting you the information you need to make informed decisions about Medicare benefits and medical care.

As part of our commitment to enhancing communication to meet your needs, we are asking you to take a few minutes to answer some questions. All information you provide will be held in confidence by CMS and is protected by the Privacy Act. **You do not have to participate in this survey. Your help is voluntary and your decision to participate or not to participate will not affect your Medicare benefits in any way.** This is a legitimate research study sponsored by the Centers for Medicare & Medicaid Services (CMS), which is part of the United States Department of Health & Human Services.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this NMEP survey is 0938-0738. The time required to complete this information collection is estimated to average less than 20 minutes. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn.: Reports Clearance Officer, 7500 Security Blvd. Baltimore, MD. 21244.

Appendix B.

A. SCREENING QUESTIONS

- 1) Have you (or has your spouse) ever worked for the Social Security Administration or the Centers for Medicare & Medicaid Services, formerly known as the Health Care Financing Administration?

Yes
No

- 2) Do you currently receive Medicare or Medicaid benefits?

Yes
No
Refuse
Don't know

- 3) Gender [Don't ask]

Male
Female

B. GENERAL MEDICARE AND INSURANCE COVERAGE

- 1) Which of the following types of health insurance do you have to cover your hospital expenses or doctor visits?
- Medicare, but no other medical insurance
 - Medicare and a supplemental insurance policy, sometimes called Medigap
 - A Medicare HMO or PPO plan, also known as Medicare Advantage, where you have to see a doctor from the plan's list
 - Medicare plus employer or retiree coverage
 - Medicaid
 - VA, or veterans' health insurance
 - Tricare
 - No insurance/Self-Pay
 - Other (Specify _____)
 - Refuse
 - Don't know
- 2) Are you aware of Medicare prescription drug plans, also called Part D?
- Yes
 - No
 - Refuse
 - Don't Know
- 3) Are you enrolled in a Medicare prescription drug plan?
- Yes
 - No
 - Don't know
 - Refuse
- 4) Some people are not enrolled in a Medicare prescription drug plan because they already have insurance that covers the cost of prescription drugs.
- Do you have other insurance that pays for your prescription drugs?
- Yes
 - No
 - Don't know
 - Refuse
- 5) Here is a list of the kinds of insurance and health plans that some people have that help pay for their prescription drugs. Please tell me which one or ones you have (READ LIST).
- Medigap, or Medicare Supplemental insurance
 - An HMO
 - A PPO
 - Employer, Union, or retiree health insurance
 - Drug discount card from a pharmacy or pharmaceutical company
 - Other (Specify _____)
 - Don't know
 - Refuse

C. HEALTH BEHAVIORS

- 1) When it comes to your Medicare coverage and services, do you usually make decisions on your own,

with someone else's help, or do you rely on someone else to make those decisions for you? [IF NECESSARY, READ LIST TO CLARIFY.]

- I make those decisions on my own
- I make those decisions with someone else's help
- I rely on someone else to make those decisions for me

2) Who usually helps you or makes these decisions for you? [DO NOT READ LIST. ACCEPT MULTIPLES.]

- Spouse
- Child
- Other family member
- A friend
- Receive help at a senior center
- Receive help from my state's health insurance department
- Other (Specify: _____)

3) Thinking about your own health, how often do you and your doctor or nurse discuss ways that you can stay healthy or improve your health?

- Never
- Rarely
- Occasionally
- Every office visit
- Refuse
- Don't know

4) And how often do you and your doctor or nurse discuss ways that you can control your health care costs?

- Never
- Rarely
- Occasionally
- Every office visit
- Refuse
- Don't know

5) How confident are you that you can identify when it is necessary for you to get medical care? Would you say that you are...

- Very confident
- Confident
- Somewhat confident
- Not at all confident
- [DO NOT READ] Don't go to doctors
- Refuse
- Don't know

6) How often do you take a list of all your prescribed medicines to your doctor visits? [READ LIST]

- Never
- Sometimes
- Usually
- Always
- Not applicable, not on prescription meds

Refuse
Don't know

- 7) How confident are you that you know the right questions to ask before surgery to make sure you have a shorter, safer hospital stay? [READ LIST]

Not at all confident
Somewhat confident
Confident
Very confident
Refuse
Don't know

- 8) How often do you ask your doctor questions about Medicare?

Never
Rarely
Occasionally
Every office visit
Refuse
Don't know

- 9) How does your doctor usually handle these questions?

Try to answer them on their own
Refer you to someone else in their office
Refer you to Medicare
Other (Specify _____)
Don't know

D. GENERAL SATISFACTION

- 1) Overall, how satisfied or dissatisfied are you with the information and assistance you have received from Medicare in the past year? Would you say you are

Very satisfied
Somewhat satisfied,
Somewhat dissatisfied, or
Very dissatisfied?
Refuse
Don't know

- 2) How favorable or unfavorable is your opinion of the Medicare Program? Would you say...?

Very favorable
Somewhat favorable
Somewhat unfavorable
Very unfavorable
Refuse
Don't know

- 3) In general, how favorable or unfavorable is your impression of health insurance companies? Would you say...?
- Very favorable
 - Somewhat favorable
 - Somewhat unfavorable
 - Very unfavorable
 - Refuse
 - Don't know
- 4) How favorable or unfavorable is your impression of the Medicare prescription drug plans (Part D)? Would you say...?
- Very favorable
 - Somewhat favorable
 - Somewhat unfavorable
 - Very unfavorable
 - Refuse
 - Don't know

E. BENEFICIARY PERCEPTIONS / OPINIONS

- 1) I am going to read you several statements about Medicare. For each one, please tell me if you believe the statement is true or false. If you do not know the answer, please give me your best guess.

True False Don't
Know

- 1a) Seniors who have limited incomes can receive extra help from the Social Security Administration to help pay for Medicare premiums, deductibles, and co-payments.
- 1b) Medicare by itself doesn't cover or pay for all of your health care expenses.
- 1c) Medicare offers a "welcome to Medicare physical exam for new enrollees which Medicare covers within the first year of Part B coverage.
- 1d) Medicare covers the cost of heart screening to check cholesterol among other risk factors.
- 1e) Medicare covers the cost of diabetes screenings.
- 1f) Medicare covers the cost of colon cancer screenings.
- 1g) Medicare covers the cost of routine mammograms to check for breast cancer.
- 1h) Medicare pays for screening tests for prostate cancer.
- 1i) Out of pocket costs are the same in all Medicare prescription drug plans.
- 1j) If seniors are satisfied with how their plan worked in 2007, they don't need to review how it will work in 2008.
- 1k) The co-payments and deductibles for Medicare plans can change from year to year.
- 1l) Monthly premiums for Medicare plans can change from year to year.
- 1m) The drugs covered by Medicare plans can change from year to year.
- 1n) Seniors can switch to a drug plan that doesn't have a coverage gap.
- 1o) Seniors can switch to a drug plan that covers the drugs they take if their drug needs have changed.
- 1p) Seniors can switch Medicare plans during the open enrollment period.
- 1q) I can find plan comparison information in my Medicare and You handbook.

- 1r) I can find plan comparison information on www.Medicare.gov.
- 1s) I can compare plans to help me make my health care decisions.
- 1t) I feel in charge of my health plan choice.
- 1u) All Medicare prescription drug plans covers the same list of prescription drugs.
- 1v) Anyone on Medicare can sign up for Part D, prescription drug coverage.
- 1w) Only people with low incomes can sign up for Part D.
- 1x) Beneficiaries have methods available to them to resolve complaints about the quality of their healthcare.
- 1y) Medicare health plans are allowed to raise their fees or change their benefits every year.
- 1z) If you are in a Medicare health plan and disagree with a decision they've made about your health care, you have a right to appeal that decision.

1aa) People can switch to a different Medicare health plan only once during a given year.

1ab) Recent changes have been made to Medicare coverage rules for certain medical equipment and supplies.

2) How much would you say you know about the Medicare Prescription drug benefit?

- A great deal
- A fair amount
- Just some
- Very little
- Nothing
- Don't know

F. LOW INCOME SUBSIDY INFORMATION

1) Have you ever received a letter from Medicare or the Social Security Administration advising you to apply for extra financial help with Medicare prescription drug plan costs?

- Yes
- No
- Refuse
- Don't know

2) Have you ever received a letter or call from your prescription drug plan advising you to apply for extra financial help with Medicare prescription drug costs?

- Yes
- No
- Refuse
- Don't know

3) Did you apply to for Extra Help to pay for Medicare prescription drug costs?

- Yes
- No
- Refuse

Don't know

- 4) Did you know that people with limited income may qualify for financial assistance to help lower their prescription drug costs?

Yes
No
Refuse
Don't know

- 5a) Have you ever been given or mailed an application for extra help to pay for prescription drug coverage? [READ LIST. IF NEEDED, EXPLAIN THAT THIS IS AN APPLICATION SENT TO SOCIAL SECURITY.]

Yes, applied and was approved
Yes, applied, but was denied
Yes, applied and am waiting to hear the results
Yes, I gave it to someone else to fill out, but I'm not sure what happened
Yes, I've received an application, but I have not filled it out
No, I have never been given or mailed an application
Not sure
Refuse

- 5b) And why haven't you filled out and mailed in the application? [RECORD VERBATIM RESPONSE]

-
- 6) I'm going to read you a couple of statements. For each sentence I want you to tell me whether you think it is true, false or if you don't know.

- 6a) People with limited income may qualify for financial assistance from the Medicare Program to help lower their prescription drug costs.

True
False
Refuse
Don't know

- 6b) You would accept financial assistance from the government to help pay for your prescription drugs.

True
False
Refuse
Don't know

- 6c) You would qualify as a person with limited income.

True
False
Refuse
Don't know

- 7) And why do you think you might not qualify as a person with limited income?

My income is too high

I don't take enough prescription drugs
I don't pay much for prescription drugs
I (or spouse) is still working
I have other insurance
I have been denied as a person with limited income in the past
Other (Specify _____)
Refuse
Don't know

- 8) After you applied for extra help to pay for Medicare prescription drug costs, what was the result? [READ LIST. IF NEEDED, EXPLAIN THAT THIS IS AN APPLICATION SENT TO SOCIAL SECURITY.]

Were you approved to get Extra Help
Were you denied Extra Help
Are you waiting to hear the results
Did you give it to someone else to fill out but you are not sure what happened
Refuse
Don't know

- 9) How difficult or easy was it to complete the application form? Would you say it was...?

Very difficult
Somewhat difficult
Somewhat easy
Very easy
Refuse
Don't know

- 10) How likely is it that you will apply for extra financial help to pay for a Medicare prescription drug plan in 2008? Would you say ...?

Definitely will not apply
Probably will not apply
Probably will apply
Definitely will apply
Refuse
Don't know

- 11) How difficult do you believe it is to apply for extra financial help for the Medicare Prescription Drug Program? Would you say...?

Not difficult
Somewhat difficult
Very difficult
Refuse
Don't know

- 12) How concerned are you about providing personal information, such as actual dollar amounts in your bank accounts, on an application for extra financial help for the Medicare Prescription Drug Program? Would you say...?

Not concerned
Somewhat concerned
Very concerned
Refuse

Don't know

G. BRANDING

- 1) To what extent do you agree that Medicare is *modern*? Would you say you...
 - Disagree completely
 - Disagree somewhat
 - Agree somewhat
 - Agree completely

- 2) To what extent do you agree that Medicare is *innovative*? Would you say you...
 - Disagree completely
 - Disagree somewhat
 - Agree somewhat
 - Agree completely

- 3) To what extent do you agree that Medicare is *your partner in healthcare*? Would you say you...
 - Disagree completely
 - Disagree somewhat
 - Agree somewhat
 - Agree completely

H. INFORMATION SOURCES

- 1) Where do you usually get information about Medicare coverage and services? [DO NOT READ LIST. ACCEPT MULTIPLES. IF RESPONDENT SAYS "IN THE MAIL," CLARIFY FROM WHERE]
 - In the mail – from Medicare: A LETTER
 - In the mail – from Medicare: A PAMPHLET
 - In the mail – from Medicare: THE HANDBOOK
 - In the mail – from somewhere else (nonspecific)
 - Medicare and You handbook
 - 1-800-MEDICARE
 - www.medicare.gov
 - Physician or nurse
 - Pharmacist
 - Insurance or drug plan
 - Friends/family
 - Television, radio, newspaper, magazine
 - Senior Center
 - Health Fair
 - Internet (specify _____)
 - Library
 - OTHER (Specify _____)
 - Refuse
 - Don't know

- 2) I'd like to ask you how often you have looked for information about Medicare or

health insurance over the past year. Would you say that over the past year you have looked for information about Medicare or health insurance...

- Frequently
- Sometimes
- Rarely
- Never

3) In the past 12 months, did you look for information on any of the following topics:

- Insurance coverage, co-payments or billing?
- Changes to your Medicare benefits?
- Comparing your health plan options
- Getting help to pay for your prescription drugs?
- The new 2006 Prescription drug benefit?
- Quality of care at hospitals?

4) Which source of information are you most comfortable with when seeking information about the Medicare program and its benefits?

- The Social Security Office
- The Medicare Program
- AARP
- A Senior Center or Aging Program (This is meant to encompass SHIP since they probably won't know SHIP by name)
- State Department of Insurance or Health
- Insurance Company or Agent
- Family Member, Friend, or Co-Worker
- Other (Specify: _____)
- Refuse
- Don't know

5) Are you familiar with the Medicare & You Handbook, mailed to beneficiaries each year in the fall?

- Yes
- No
- Refuse
- Don't know

6) If yes, would you say you have read it thoroughly, read parts of it, glance through it, or you really haven't yet looked through it at all?

- Read it thoroughly
- Read parts of it (thoroughly or not)
- Glanced through it
- Really haven't looked through it at All
- Refuse
- Don't know

7) Would you say you use the Medicare & You Handbook, a lot, use it sometimes, or do you use it rarely or not at all?

- Use it a lot
- Use it sometimes
- Rarely use it

Don't use it at all
Refuse
Don't know

- 8) All in all, how satisfied or dissatisfied are you with the help it provides in answering questions about Medicare? Would you say you are

Very satisfied
Somewhat satisfied
Neither satisfied nor unsatisfied
Somewhat unsatisfied
Very unsatisfied
Refuse
Don't know

- 9) Thinking of all of the information you have received in the past year about choosing or comparing health plan options, how easy was it to understand the information? Was it:

Very easy
Somewhat
Neither easy nor difficult
Somewhat difficult
Very difficult
Refuse
Don't know

I. INTERNET USAGE

- 1) Do you have access to the Internet, either on your own or with someone else's help?

Yes
No
Refuse
Don't know

- 2) Have you ever visited Medicare's website (READ www.Medicare.gov) either on your own or with someone else's help?

Yes, on my own
Yes, with someone else's help
No
Refuse
Don't know

- 3) How often do you access the internet on your own or with someone else's help? [READ LIST.]

Almost daily
Once or twice a week
Once or twice a month
Only a few times a year
Don't have internet access/don't use the internet
Refuse
Don't know

- 4) Have you ever used the internet for any of the following activities? [READ LIST]
[ACCEPT MULTIPLES]

Online banking
Shopping online
Researching health issues or topics
Reading the news
Managing your retirement funds
Visiting your health insurance website
Tracking or accessing your own personal health or medical records
Checking email
[DO NOT READ] None of these
Refuse
Don't know

J. 1-800-MEDICARE

- 1) There's a special nationwide toll-free Medicare information helpline number run by the federal Medicare program. The number is 1-800-MEDICARE OR 1-800-633-4227. In the past year, have you ever called this number to get information about Medicare?

Yes
No
Refuse
Don't know

- 2) [IF YES]Thinking about the most recent call you made to this number, what was the reason you called?

Coverage for specific tests, services, products or procedures
Billing, claims, co-payments, or cost questions
General questions about coverage or what Medicare pays
Coverage while traveling
Hospitalization coverage, costs, length of stay
Prescriptions
Making insurance or HMO choices
Long term care/nursing home coverage
Generally keeping informed
Other (Specify _____)
Refuse
Don't know

K. OPEN ENROLLMENT

Each year, Medicare has an open enrollment period between November 15 and December 31st. During the open enrollment period, people on Medicare can decide to make changes to their insurance coverage, including Medigap, Medicare Advantage, and prescription drug plans.

- 1) Were you aware before this interview that you could make changes in your Medicare insurance coverage during the open enrollment period?

Yes
No
Refuse

Don't know

- 2) Since you started receiving Medicare, have you (or the person who helps you) ever made changes to the type of Medicare medical or drug plan coverage you have?

Yes, I did
Not applicable – 2008 was 1st year of enrollment in plan
Yes, the person who helped me did
No, the person who helped me did not
Don't recall what I did
Don't recall what the person who helped
Refuse
Don't know

- 3) During the last open enrollment period, which was November 15 to December 31 of 2007, did you (or the person who helps you) review your Medicare coverage to see if, in 2008, there were going to be changes in the premium, deductibles, co-payments, or other out of pocket expenses?

Yes, I did
No, I did not
Not applicable – 2008 was 1st year of enrollment in plan
Yes, the person who helped me did
No, the person who helped me did not
Don't recall what I did
Don't recall what the person who helped me did
Refuse
Don't know

- 4) During the last open enrollment period, did you (or the person who helps you) review your Medicare coverage to see if the kinds of treatment, drugs and services covered would still meet your health care needs in 2008?

Yes, I did
No, I did not
Not applicable – 2008 was 1st year of enrollment in plan
Yes, the person who helped me did
No, the person who helped me did not
Don't recall what I did
Don't recall what the person who helped me did
Refuse

Don't know

- 5) Did you (or the person who helps you) compare your plan with other plans that were available in 2008?

Yes, I did
No, I did not
Not applicable – 2008 was 1st year of enrollment in plan
Yes, the person who helped me did
No, the person who helped me did not
Don't recall what I did
Don't recall what the person who helped me did
Refuse
Don't know

6) What did you compare? [READ LIST. ACCEPT MULTIPLES]

- Cost of the premium
- Deductible amount
- Co-payments
- Types of treatment or services covered
- Prescription drugs covered
- Quality of the plan
- Quality of the service provided by the plan
- Don't recall what I compared
- Don't recall what person who helped me compared
- Other (Specify _____)

7) Thinking about the upcoming open enrollment period, do you (or the person who helps you) plan to review your current insurance plans to see if they are still the right ones OR do you plan to stick with the coverage you currently have? And do you... [READ LIST.]

- Definitely plan to review current coverage
- Probably plan to review current coverage
- Probably plan to stick with current coverage
- Definitely plan to stick with current coverage
- Refuse
- Don't know

8) And of the following three, which are you (or the person who helps you) planning to review? [READ LIST]

- Only health insurance
- Only prescription drug coverage
- Both health and prescription drug insurance coverage
- Not sure
- Refuse
- Don't know

9) Here are several issues that may be important in evaluating or selecting Medicare health or prescription drug insurance. Please rate each one on how important it is for you. A "0" means you think it is very unimportant and a "10" means it is very important. Remember you can use any number between 0 and 10. [READ LIST. ROTATE STATEMENTS]

When evaluating or selecting a Medicare health or prescription drug plan, how important is...	10 pt	DK	Refused
9a. Out of pocket expenses, including co-payments and deductibles		-1	-2
9b. Cost of the monthly premium		-1	-2
9c. Being able to see the doctor you choose		-1	-2
9d. Getting the prescription drugs your doctor prescribes, including brand name drugs		-1	-2
9e. Quality of the plan		-1	-2

9f. Customer service provided by the plan

-1 -2

- 10) I'm going to read you some statements that some people might say about Medicare. Please tell me whether you agree or disagree with each statement [READ LIST. ROTATE STATEMENTS].

	Strongly	Somewhat	Somewhat	Strongly	DK	Refused
10a. Before the open enrollment period, it's worth it to do a "check-up" or "review" of my Medicare coverage to make sure it still meets my health needs.	1	2	3	4	-1	-2
10b. Even if my health needs haven't changed, I need to use the open enrollment period to make sure my insurance plan hasn't changed.	1	2	3	4	-1	-2
10c. During open enrollment, I plan to see if there is a plan with lower premiums and co-pays for me.	1	2	3	4	-1	-2
10d. The earlier in the open enrollment period that I make changes in my insurance, the more likely it is my plan will be in place by January first.	1	2	3	4	-1	-2

- 11) Have you or your caregiver ever asked your doctor about enrolling in or changing coverage during open enrollment?

Yes, I asked
 Yes, my caregiver asked
 No
 Don't know

L. PREVENTION

- 1) To the best of your knowledge, which of the following types of services does Medicare pay for? If you are not sure, please take your best guess. [READ LIST AND ROTATE. REPEAT BEFORE EACH ITEM: "Does Medicare pay for ...?"]

Preventive services, including screenings for different diseases
 A physical exam when you first join Medicare
 Annual physical exams
 Counseling to quit smoking
 Weight loss counseling
 Shots for things like the flu or pneumonia

- 2) When I say "preventive services, including screening for different diseases," what kinds of screenings or procedures do you think that includes? [DO NOT READ LIST. ACCEPT MULTIPLES.]

Blood tests
 Bone mass measurement
 Cancer screening
 Cardiovascular screening/heart disease/heart problems

- Colonoscopy
- Diabetes screening, blood glucose or blood sugar testing
- Glaucoma test
- Mammogram or breast cancer screening
- MRI
- Pap test
- Prostate cancer screening
- X-rays
- Immunizations for flu or pneumonia
- Other (Specify _____)
- Refuse
- Don't know

M. PRESCRIPTION DRUGS: COVERAGE AND OUT OF POCKET COSTS

- 1) Do you currently take any PRESCRIPTION medicine on a DAILY basis?
 - Yes
 - No
 - Refuse
 - Don't know

- 2) How many different kinds of prescription drugs do you take? _____

- 3) Thinking now about how much you spend in a typical year on prescription drugs, including your monthly premium for your prescription drug coverage, your deductible, co-pays and all of your out-of-pocket costs for your prescriptions, using your best guess what is your estimate on how much you spend in a year?

\$ _____ (RECORD DOLLAR AMOUNT IN WHOLE NUMBERS, NO RANGES OR FRACTIONS--- ASK FOR A NUMBER BUT IF SUBJECT IS UNSURE TRY USING CATEGORIES)

 - \$0-\$20
 - \$21-\$60
 - \$61-\$100
 - \$101-\$300
 - \$301- \$400
 - \$401 or higher
 - Don't know

- 4) In the last year, how much of a problem, if any, have you had being able to afford the prescription drugs you needed? Would you say it was...
 - A big problem
 - A small problem
 - Not a problem
 - Refuse
 - Don't know

- 5) Including refills of earlier prescriptions as well as new prescriptions that were written or phoned in by a doctor, in 2008, were any prescription drugs prescribed for you that you did not get?

Yes
No
Refuse
Don't know

6) How frequently do you get prescription drugs from Canada or Mexico?

Often
Occasionally
Rarely
Never

7) Thinking about your prescription drug coverage. Some people we have talked to say they would be likely to enroll in a drug coverage plan, while others say they would not. How likely would you be to enroll in a prescription drug plan offered through Medicare? Would you be — very likely, somewhat likely, not too likely, not at all likely?

Very likely
Somewhat likely
Not too likely
Not at all likely
Refuse
Don't know

N. HOSPITAL / DOCTOR CHOICE

I would like you to think about how you would decide which hospital to go to if you were facing a serious health issue that might require hospitalization or surgery at some point. Please do not think here about circumstances where you would be facing an immediate medical emergency.

Please tell me if you agree or disagree with the following statements. [READ FIRST STATEMENT. WAIT FOR RESPONSE, THEN CLARIFY FOR AGREE/DISAGREE RESPONSES] Is that strongly [agree/disagree] or somewhat [agree/disagree]?

NOTE: RECORD ON SCALE AS FOLLOWS:

“1” = STRONGLY DISAGREE

“2” = SOMEWHAT DISAGREE

“3” = NEITHER AGREE NOR DISAGREE

“4” = SOMEWHAT AGREE

“5” = STRONGLY AGREE

[READ & RECORD RESPONSE. ROTATE ORDER]

- 1) I would insist on going to my most preferred hospital, even if that hospital were not the one recommended by or associated with my doctor
- 2) I would be inclined to trust any hospital suggested by my doctor, but I would still research it.
- 3) The choice of which hospital I would go to is primarily my doctor's decision
- 4) In choosing a hospital, I would be more influenced by the opinions of my family and friends than my

doctor's recommendation.

- 5) Would be willing to go for an initial test at the hospital recommended by my doctor, even if that hospital was not my preferred hospital

O. QUALITY OF CARE

The next questions focus on information you may have seen about quality of care.

- 1) Have you seen any information that compares the quality of care at different hospitals?

Yes
No
Refuse
Don't know

- 2) Where did you see it?

In My Health Plan
In The Newspaper or in a Magazine
On a Television Program
On the Internet
On Medicare's Website
In a Brochure or Booklet From Medicare
Literature From Hospital
Other (Specify _____)
Refuse
Don't know

- 3) Have you read or heard about any programs that pay hospitals based on how good the care is at the hospital? That is, they get paid more because they give better care.

Yes
No
Refuse
Don't know

- 4) When you have questions or concerns about how good the care is at a hospital, where do you get information?

Family Member or Friend
Doctor's Office
Health Plan/Insurance Company
The Medicare Program
1-800-Medicare Toll Free Hotline
Employer/Past Employer
AARP-Type Service
The Social Security Office
The Internet
Medicare.gov Website
Someone at a Health Fair/Senior Expo
Hospital
Other (Specify _____)

Refuse
Don't know

- 5) Have you seen or heard of the Department of Health and Human Services' Hospital Compare, a website that provides information on how well hospitals care for their patients?

Yes
No
Refuse
Don't know

- 6) Thinking about information regarding how good the care is at hospitals, how much would you trust information from:

(SOURCES)

The Federal government agency that runs Medicare
State agencies that license the facilities
A private organization or business devoted to improving the quality of health care
A consumer-oriented publication like Consumer Reports
An organization for seniors like AARP
A doctor you were seeing for your own health
Newspapers or magazines
Radio or TV
Family or friends
A health insurance plan

P. CAREGIVERS' QUESTIONS

- 1) Do you currently assist someone in making decisions regarding their health?

Yes
No
Don't know
Refuse

- 2) What is your relationship to that person?

Paid aide who is just helping them get around
Paid aide who is more of a day-to-day caregiver
Family member/friend who is just helping you them around
Family member/friend who is more of a day-to-day caregiver
Family member/friend who is not necessarily caregiving on a daily basis, but is involved in decisions about their health

- 3) Which of the following types of assistance have you provided for a spouse, family member, friend or other person with Medicare? [ACCEPT MULTIPLES. READ LIST, PAUSE AFTER EACH STATEMENT, IF NEEDED SAY, "WOULD THAT BE YES OR NO?"]

Medicare and other insurance decisions
Health care decisions
Spoken with a healthcare provider on behalf of or along with someone else
Financial and legal decisions
Paying bills

Transportation
Household chores or grocery shopping
Sorting medications, filing prescriptions, dosing medication into daily amounts
Bathing and dressing
Preparing meals
Searched for community resources and/or programs (IF NEEDED, CLARIFY
“such as church programs, social programs, senior centers”)
Other (Specify) _____
[DO NOT READ] None of these

- 4) How frequently do you provide care to this person? [READ LIST IF NEEDED]

Daily
Several times a week
About once a week
A few times a month
Once a month
Less than once a month

Q. DEMOGRAPHICS

- 1) What is your marital status? {Read only if necessary}

Single
Married
Unmarried but in committed relationship
Separated
Divorced
Widowed

- 2) What is the highest grade you completed in school? {Read if necessary}

8th Grade Or Less
Some High School, But Did Not Graduate
High School Graduate Or GED
Vocational Or Trade School
Some College Or 2-Year Degree
4-Year College Graduate
More Than 4-Year College Degree
Don't know

- 3) Could you please tell me in what year you were born?

Under 65
65–66
67–70
71–75
76–80
81+
Refuse

- 4) Are you Hispanic or Latino?

Yes
No
Refuse
Don't know

5) What is your racial or ethnic background? (Select one or more)

White
Black
Asian
American Indian
Other (Specify) _____
Refuse
Don't know

6) Compared to other people who are the same age as you, do you consider your health to be

Excellent
Very good
Good
Fair
Poor
Refuse
Don't know

7) What is the annual income of your household? Is it - (READ. IF NEEDED, CLARIFY: INCOME BEFORE TAXES AND DEDUCTIONS)?

Under \$10,000 (\$0-\$14,999)
\$10,000-\$20,000 (\$24,999)
\$20,000-\$30,000 (\$34,999)
\$30,000-\$40,000 (\$49,999)
\$40,000-\$50,000 (\$74,999)
\$50,000-\$75,000
\$75,000-\$100,000
\$100,000 and over
Refuse
Don't know

R. PROVIDERS' QUESTIONS

1) Which of these best describes your area of medical specialization? [DO NOT ACCEPT MULTIPLES]

Family Practice/Family Medicine Physician
General Practice Physician
Internal Medicine Physician
Physician Assistant in Family Practice, General Practice or Internal Medicine Practice
Nurse Practitioner in Family Practice, General Practice or Internal Medicine Practice
None of the above
Don't know

2) Which of these best describes the practice in which you primarily work? [DO NOT ACCEPT

MULTIPLES]

- Office based practice
- Hospital based practice
- Don't know

3) In what state is this practice located? _____

4) What percent of your full-time working hours are typically spent in direct patient care activities, as opposed to teaching, research or administration? Would you say that direct patient care is...?

- Zero to 24% of your working time
- 25% to 49% of your working time
- 50% to 74% of your working time
- 75% or more of your working time
- Don't know

5) Approximately what percent of your practice's revenues would you say come from Medicare?

- Zero to 19%
- 20% to 39%
- 40% to 59%
- 60% to 79%
- 80% or more
- Don't know

6) Do you currently accept new Medicare patients?

- Yes
- No
- Don't Know

7) How often would you say you are asked questions about Medicare by patients or caregivers? [DO NOT ACCEPT MULTIPLES]

- Daily
- Several times a week
- A few times a month
- A few times a year
- Almost never
- Don't know

8) How do you handle these questions? Please check all that apply. [ACCEPT MULTIPLES?]

- Try to answer them yourself
- Refer them to someone else in your office
- Refer them to Medicare
- Other (Specify _____)
- Don't know

9) Is there a person in the practice where you primarily work who typically answers patients' or caregivers' questions about Medicare?

- Yes, a Nurse
- Yes, a Nurse Practitioner
- Yes, an Office Manager
- Yes, a Physician
- Yes, a Physician Assistant
- Yes, a Receptionist
- Yes, a Referral Coordinator
- Yes, a Other (Specify _____)
- No
- Don't know

10) When patients or caregivers ask you questions about Medicare, how often are the questions about these topics?

	Frequently	Sometimes	Rarely	Never	Don't know
10a. Part A/B coverage questions	4	3	2	1	-1
10b. Part D/prescription drug coverage	4	3	2	1	-1
10c. Preventive care	4	3	2	1	-1
10d. Where to get general information	4	3	2	1	-1
10e. Whether procedures or tests are covered	4	3	2	1	-1
10f. Resolving problems with Medicare	4	3	2	1	-1
10g. Resolving problems with a Medicare drug plan or health plan	4	3	2	1	-1
10h. Other (Specify _____)	4	3	2	1	-1

11) Approximately how many minutes would you say you spend on each of the following activities during an average workday in which you see patients?

Please enter the number of minutes.

11a. Answering patient questions or counseling them on Part D/prescription drug coverage issues.

11b. Looking for alternative meds for Part D patients due to co-pay or coverage issues.

11c. Resolving prior authorization issues related to Part D coverage.

11d. Responding to pharmacist queries regarding product switches due to lack of adequate Part D coverage or high co-pays. _____

12) Please rate the usefulness, as you perceive it, of these Medicare channels of communication for patients and caregivers.

	Very Useful	Somewhat Useful	Not very Useful	Not at all Useful	Don't know
12a) www.medicare.gov website	4	3	2	1	-1
12b) 1-800 Medicare	4	3	2	1	-1
12c) <i>Medicare & You</i> handbook	4	3	2	1	-1
12d) Other Medicare brochures available through the 800 number or website	4	3	2	1	-1

13) If you were to describe the economic status of your Medicare patients, what percent would you say are in each of these categories? Please enter percentages that add to 100%.

Please enter a percent for each line.

- a. Wealthy _____
 - b. Upper middle class _____
 - c. Middle class _____
 - d. Lower middle class _____
 - e. Poor _____
- 100%

14) To the best of your knowledge, which of the following types of information are available to the general public on the Hospital Compare website? [ACCEPT MULTIPLES]

- Hospital charges
- Hospital quality ratings
- Mortality rates
- Patient satisfaction scores
- Physician quality ratings
- Process improvement indicators
- Don't know

- 15) Have you heard of the Physician Quality Reporting Initiative (PQRI) or Personal Health Records (PHRs)?
- Yes, both
 - Yes, PQRI
 - Yes, PHRs
 - No
- 16) When discussing preventive services with patients, which one of the following is most often true? [DO NOT ACCEPT MULTIPLES]
- You usually raise the topic of which preventive screenings the patient is due to have
 - Patient or caregiver usually raises the topic
 - You and the patient/caregiver raise the topic to about an equal extent
 - Don't typically discuss preventive health issues with patients or caregivers
 - Don't know
- 17) Do you feel that patients' knowledge about the need for, and awareness of, preventive services covered by Medicare has increased, decreased or stayed about the same over the last few years?
- Increased
 - Stayed the same
 - Decreased
 - Don't know
- 18) Have you visited this website, <http://www.medlearn.com/>?
- Yes
 - No
 - Don't know
- 19) Have you heard of a website called Hospital Compare, a site that provides information to consumers about how well hospitals provide care for certain conditions?
- Yes
 - No
 - Don't know
- 20) How would you describe the area or areas in which your practice operates? Please check all that apply. [ACCEPT MULTIPLES]
- Large city
 - Mid-size city
 - Small city
 - Suburban
 - Rural
 - Don't know
- 21) Which of these descriptions best describes the size of your practice?

- Sole practitioner
- 1 – 4 physician practice
- 5 – 9 physician practice
- 10 or more physicians
- Don't know

22) Finally, who is the majority owner of your practice?

- Government
- Hospital/integrated delivery system (IDS)
- Insurance company or health maintenance organization (HMO)
- MSO (Management Services Organization) or PPMC (Physician Practice Management Company)
- Physicians
- University or medical school
- None of the above
- Don't know

S. PARTNERS' QUESTIONS

1) Which of these best describes your organization? [DO NOT ACCEPT MULTIPLES]

- Health care focused
- Disease focused
- Prevention focused
- Ethnic-group focused
- Age group focused
- Faith based
- Other (Specify_____)
- None of the above
- Don't know

2) What training materials have you used?

- Outreach toolkits
- Web casts
- Press Releases
- Publications (Specify_____)
- Campaign Materials
- Beneficiary Mailings
- Podcasts
- Other (Specify_____)
- Don't know

3) What purpose did these training materials serve?

- Used during information session
- Given to beneficiaries
- Circulated throughout office
- Used as reference tool

Other (Specify _____)

4) How well do these materials enable you to perform Medicare outreach and assistance for your constituencies?

- Well
- Neutral
- Poorly
- Don't know

5) Do you know how to obtain additional Medicare information?

- Yes
- No
- Don't know

6) Which training products are most effective?

- Outreach toolkits
- Web casts
- Press Releases
- Publications (Specify _____)
- Campaign Materials
- Beneficiary Mailings
- Podcasts
- Other (Specify _____)
- Don't know

7) Which training products are least effective?

- Outreach toolkits
- Web casts
- Press Releases
- Publications (Specify _____)
- Campaign Materials
- Beneficiary Mailings
- Podcasts
- Other (Specify _____)
- Don't know

8) How can these products be improved?

Thank you very much for your time!