

Medicare Disenrollee Survey: Medicare Advantage with Prescription Drug Coverage

| Original # | Original Question | New # | New Question |
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| 1 | Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right? (Yes / No) | 1 | No change to item wording. |
| 2 | Did you move outside of the area where [PLAN NAME] was available? (Yes / No) | 2 | No change to item wording. |
| NA | NA | 3 | Do you still belong to [PLAN NAME]? (Yes / No) |
| NA | NA | 4 | Did you recently leave, switch, or were you dropped by a health plan? (Yes / No) |
| NA | NA | 5 | What is the name of the health plan you recently left, switched or were dropped by? (Please print:) |
| 3 | Customer service is information you get from staff about what is covered and how to use the plan. Did you ever try to get information or help from [PLAN NAME]'s customer service? (Yes / No) | 6 | No change to item wording. |
| 4 | How often did the plan's customer service give you the information or help you needed? (Never / Sometimes / Usually / Always / I did not try and get information or help from the plan's customer service) | 7 | How often did the plan's customer service give you the information or help you needed? (Never / Sometimes / Usually / Always / I did not try to get information or help from the plan's customer service) |

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| 5 | Did you ever try to get information from the plan about which prescription medicines were covered? (Yes / No) | 8 | No change to item wording. |
| 6 | How often did the plan give you all the information you needed about which prescription medicines were covered? (Never / Sometimes / Usually / Always / I did not try and get information about which prescription medicines were covered) | 9 | How often did the plan give you all the information you needed about which prescription medicines were covered? (Never / Sometimes / Usually / Always / I did not try to get information about which prescription medicines were covered) |
| 7 | Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine? (Yes / No) | 10 | No change to item wording. |
| 8 | How often did the plan give you all the information you needed about how much you would have to pay for a prescription medicine? (Never / Sometimes / Usually / Always / I did not try and get information about how much I would have to pay for a prescription medicine) | 11 | How often did the plan give you all the information you needed about how much you would have to pay for a prescription medicine? (Never / Sometimes / Usually / Always / I did not try to get information about how much I would have to pay for a prescription medicine) |
| 9 | Did you ever need written information from the plan in a language other than English? (Yes / No) | 12 | No change to item wording. |
| 10 | How often did the plan give you written information in a language other than English? (Never / Sometimes / Usually / Always / I did not need written information in a language other than English) | 13 | No change to item wording. |
| 11 | Did you ever try to get any kind of care, tests, or treatment through the plan? (Yes / No) | 14 | No change to item wording. |
| 12 | How often was it easy to get the care, tests, or treatment you thought you needed through the plan? (Never / Sometimes / Usually / Always) | 15 | No change to item wording. |

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| 13 | Did a doctor ever prescribe a medicine for you that the plan did not cover? (Yes / No) | 16 | No change to item wording. |
| 14 | How often was it easy to use the plan to get the medicines your doctor prescribed? (Never / Sometimes / Usually / Always / I did not use the plan to get any prescription medicines) | 17 | No change to item wording. |
| 15 | Did you ever use the plan to fill a prescription at a local pharmacy? (Yes / No) | 18 | No change to item wording. |
| 16 | How often was it easy to use the plan to fill a prescription at a local pharmacy? (Never / Sometimes / Usually / Always / I did not use the plan to fill a prescription at a local pharmacy) | 19 | No change to item wording. |
| 17 | Did you ever use the plan to fill any prescriptions by mail? (Yes / No) | 20 | No change to item wording. |
| 18 | How often was it easy to use the plan to fill prescriptions by mail? (Never / Sometimes / Usually / Always / I did not use the plan to fill a prescription by mail) | 21 | No change to item wording. |
| 19 | Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate the plan? (0 Worst health plan possible / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 Best health plan possible) | 22 | No change to item wording. |
| 20 | Did you leave the plan because you found out that someone had signed you up for the plan without your permission? (Yes / No) | 23 | No change to item wording. |
| 21 | Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)? (Yes / No) | 24 | No change to item wording. |

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| 22 | Did you leave the plan because the monthly premium for health care and prescription medicine coverage went up? (Yes / No) | 25 | No change to item wording. |
| 23 | Did you leave the plan because you stopped paying the monthly premium for the plan? (Yes / No) | 26 | No change to item wording. |
| 24 | Why did you stop paying the monthly premium for the plan? (I stopped paying the monthly premium because I could not afford it / I stopped paying the monthly premium because I was unhappy with the plan / I stopped paying the monthly premium for some other reason) | 27 | No change to item wording. |
| 25 | A formulary is the list of prescription medicines covered by a health plan. Did you leave the plan because of a change in the formulary? (Yes / No) | 28 | No change to item wording. |
| 26 | Did you leave the plan because you hit the temporary limit (also called the "coverage gap") when you had to pay all of the costs of your prescription medicines up to a yearly limit? (Yes / No) | 29 | Did you leave the plan because you hit the temporary limit (also called the "coverage gap" or "donut hole") when you had to pay all of the costs of your prescription medicines up to a yearly limit? (Yes / No) |
| 27 | Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? (Yes / No) | 30 | No change to item wording. |
| 28 | Did you leave the plan because the dollar amount you had to pay each time you visited a doctor went up? (Yes / No) | 31 | No change to item wording. |
| 29 | Did you leave the plan because you found a health plan that costs less? (Yes / No) | 32 | No change to item wording. |

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| 30 | Did you leave the plan because a change in your personal finances meant you could no longer afford the plan? (Yes / No) | 33 | No change to item wording. |
| 31 | Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed? (Yes / No) | 34 | No change to item wording. |
| 32 | Did you leave the plan because you had problems getting the medicines your doctor prescribed? (Yes / No) | 35 | No change to item wording. |
| 33 | Did you leave the plan because the plan required you to take a generic medicine when you preferred the name brand medicine? (Yes / No) | 36 | Did you leave the plan because it was difficult to get brand name medicines? (Yes / No) |
| 34 | Did you leave the plan because you were frustrated by the plan's approval process for medicines your doctor prescribed that were not on their formulary? (Yes / No) | 37 | No change to item wording. |
| 35 | Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription? (Yes / No) | 38 | No change to item wording. |
| 36 | Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? (Yes / No) | 39 | No change to item wording. |
| 37 | Did you leave the plan because you were frustrated by the plan's approval process for care, tests, or treatment? (Yes / No) | 40 | No change to item wording. |
| 38 | Did you leave the plan because you had problems getting the care, tests or treatment you needed? (Yes / No) | 41 | No change to item wording. |

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| 39 | Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. Did you leave the plan because you had problems getting the plan to pay a claim? (Yes / No) | 42 | No change to item wording. |
| 40 | Did you leave the plan because the doctors or other health care providers you wanted to see did not belong to the plan? (Yes / No) | 43 | No change to item wording. |
| 41 | Did you leave the plan because clinics or hospitals you wanted to go to for care were not covered by the plan? (Yes / No) | 44 | No change to item wording. |
| 42 | Did you leave the plan because it was hard to get information from the plan -- like which health care services were covered or how much a specific test or treatment would cost? (Yes / No) | 45 | No change to item wording. |
| 43 | Did you leave the plan because you were unhappy with how the plan handled a question or complaint? (Yes / No) | 46 | No change to item wording. |
| 44 | Did you leave the plan because you could not get the information or help you needed from the plan? (Yes / No) | 47 | No change to item wording. |
| 45 | Did you leave the plan because their customer service staff did not treat you with courtesy and respect? (Yes / No) | 48 | No change to item wording. |
| 46 | Did you leave [PLAN NAME] because it wasn't what you expected? (Yes / No) | 49 | No change to item wording. |
| 47 | Did you leave the plan because a doctor or pharmacist told you that another plan had better benefits or coverage for prescription medicines? (Yes / No) | 50 | No change to item wording. |

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| 48 | Did you leave the plan because a family member or friend told you that another health plan was a better plan? (Yes / No) | 51 | No change to item wording. |
| 49 | Did you leave the plan because you saw a commercial or advertisement for a health plan you thought you would like better? (Yes / No) | 52 | No change to item wording. |
| 50 | Did you leave the plan because you found another plan that better met your prescription needs? (Yes / No) | 53 | No change to item wording. |
| 51 | Did you leave the plan because another plan offered better benefits or coverage for some types of care, treatment, or services? (Yes / No) | 54 | No change to item wording. |
| 52 | Did you leave the plan because your doctor or another health care provider or someone from the plan told you that you could get better care or treatment elsewhere? (Yes / No) | 55 | No change to item wording. |
| 53 | What was the one most important reason you left [PLAN NAME]? (Please print:) | 56 | No change to item wording. |
| 54 | An insurance agent or broker sells insurance for your health, your home, or your car. Did an insurance agent or broker ever call you without your asking them to, to tell you about insurance for health care or prescription medicines? (Yes / No) | 57 | Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker , or plan representative ever call you without your asking them to, to tell you about insurance for health care or prescription medicines? (Yes / No) |
| 55 | Did an insurance agent or broker ever <u>visit your home</u> you without your asking them to, to tell you about insurance for health care or prescription medicines? (Yes / No)_ | 58 | Did an insurance agent, broker, or plan representative ever <u>visit your home</u> without your asking them to, to tell you about insurance for health care or prescription medicines? (Yes / No)_ |

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| 56 | Did you decide to leave [PLAN NAME] because of information you got from an insurance agent or broker? (Yes / No) | 59 | Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative? (Yes / No) |
| 57 | Did an insurance agent or broker give you any information that was <u>not</u> correct? (Yes / No) | 60 | Did an insurance agent, broker, or plan representative give you any information that was not correct? (Yes / No) |
| 58 | What kind of information was <u>not</u> correct? (What the plan covered / What the plan would cost you / Which doctors belong to the plan / Which pharmacies are covered by the plan / Which hospitals are covered by the plan / Some other information Please print: / I did not get any information that was not correct) | 61 | No change to item wording. (What the plan covered / What the plan would cost you / Which doctors belong to the plan / Which pharmacies are covered by the plan / Which hospitals are covered by the plan / Some other information Please print: / I did not get any information that was not correct) |
| 59 | In general, how would you rate your overall health? (Excellent / Very good / Good / Fair / Poor) | 62 | No change to item wording. |
| 60 | In general, how would you rate your overall <u>mental</u> health? (Excellent / Very good / Good / Fair / Poor) | 63 | No change to item wording. |
| 61 | In the last 12 months, how many different prescription medicines did you fill or have refilled? (None / 1 to 2 medicines / 3 to 5 medicines / 6 or more medicines) | 64 | No change to item wording. |
| 62 | In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? (Yes / No) | 65 | No change to item wording. |
| 63 | Is this a condition or problem that has lasted for at least 3 months? (Yes / No) | 66 | No change to item wording. |

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| 64 | Do you now need or take medicine prescribed by a doctor? (Yes / No) | 67 | No change to item wording. |
| 65 | Is this to treat a condition that has lasted for at least 3 months? (Yes / No) | 68 | No change to item wording. |
| 66 | Has a doctor <u>ever</u> told you that you had any of the following conditions? (a. A heart attack? / b. Angina or coronary heart disease? / c. A stroke? / d. Cancer, other than skin cancer? / e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)? / f. Any kind of diabetes or high blood sugar?) | 69 | No change to item wording. |
| 67 | What is your age? (18 to 24 / 25 to 34 / 35 to 44 / 45 to 54 / 55 to 64 / 65 to 74 / 75 to 79 / 80 to 84 / 85 or older) | 70 | No change to item wording. |
| 68 | Are you male or female? (Male / Female) | 71 | No change to item wording. |
| 69 | What is the highest grade or level of school that you have completed? (8 th grade or less / Some high school, but did not graduate / High school graduate or GED / Some college or 2-year degree / 4-year college graduate / More than 4-year college degree) | 72 | No change to item wording. |
| 70 | Are you of Hispanic or Latino origin or descent? (Yes, Hispanic or Latino / No, not Hispanic or Latino) | 73 | No change to item wording. |
| 71 | What is your race? Please mark one or more. (White / Black or African-American / Asian / Native Hawaiian or other Pacific Islander / American Indian or Alaska Native) | 74 | No change to item wording. |

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| 72 | What language do you <u>mainly</u> speak at home? (Chinese / English / Russian / Spanish / Vietnamese / Some other language Please print:) | 75 | No change to item wording. |
| 73 | Did someone help you complete this survey? (Yes / No) | 76 | No change to item wording. |
| 74 | How did that person help you? Please mark one or more. (Read the questions to me / Entered the answers I gave / Answered the questions for me / Translated the questions into my language / Helped in some other way Please print:) | 77 | No change to item wording. |
| 75 | The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received? (Yes / No) | 78 | No change to item wording. |