

ATTACHMENT 1: Wave 1 Cover Letter

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, as well as access to prescription medicines. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program. It is our responsibility is to ensure that you get high quality care and coverage for prescriptions at a reasonable price. One of the ways we can fulfill this responsibility is to find out directly from you about your experience with your (**Medicare health plan/prescription drug plan**).

CMS is conducting a survey of people who have disenrolled from their (Medicare health plan/prescription drug plan) to learn more about the reasons **why beneficiaries leave or switch (health plans/prescription drug plans)**. Your name was selected at random by CMS from among all disenrollees from (Medicare Advantage plans with prescription coverage/Medicare Part D prescription drug plans). We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. Please answer the survey for the plan named in the survey booklet. The accuracy of the results depends on getting answers from you and other people with Medicare who have been selected for this survey. This is your opportunity to help us serve you better.

All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and CSS Research, the survey research organization assisting us in this survey. **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.** However, your knowledge and experiences will help CMS to learn where and how (Medicare Advantage plans with prescription coverage/Medicare Part D prescription drug plans) need to do better.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please don't hesitate to call Jeff Burkeen with CSS Research toll-free at 1-XXX-XXX-XXXX, Monday through Friday, between 9:00 a.m. and midnight Eastern time.

Thank you for your help with this important survey.

Sincerely,

Walter Stone
Privacy Officer

ATTACHMENT 2: Wave 2 Cover Letter

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, as well as access to prescription medicines. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program. It is our responsibility is to ensure that you get high quality care and coverage for prescriptions at a reasonable price. One of the ways we can fulfill this responsibility is to find out directly from you about your experience with your **(Medicare health plan/prescription drug plan)**.

CMS is conducting a survey of people who have disenrolled from their (Medicare health plan/prescription drug plan) to learn more about the reasons **why beneficiaries leave or switch (health plans/prescription drug plans)**. Your name was selected at random by CMS from among all disenrollees from (Medicare Advantage plans with prescription coverage/Medicare Part D prescription drug plans). We would greatly appreciate it if you would take the time, about 18 minutes, to fill out this questionnaire. Please answer the survey for the plan named in the survey booklet. The accuracy of the results depends on getting answers from you and other people with Medicare who have been selected for this survey. This is your opportunity to help us serve you better.

All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and CSS Research, the survey research organization assisting us in this survey. **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.**

We recently mailed this same survey to you, but we haven't yet received your completed survey. Learning the reasons why you left, switched, or were dropped from your (Medicare Advantage plan with prescription coverage/Medicare Part D prescription drug plan) is very important to us. Your knowledge and experiences will help CMS to learn where and how (health plans/prescription drug plans) need to do better. If you have already sent the survey back, thank you for completing the survey. CSS Research is a survey organization working with CMS on this survey. If you have any problems completing the survey or have other questions about the survey, please don't hesitate to call Jeff Burkeen with CSS Research toll-free at 1-XXX-XXX-XXXX, Monday through Friday, between 9:00 a.m. and midnight Eastern time.

Thank you for your help with this important survey.

Sincerely,

Walter Stone
Privacy Officer

ATTACHMENT 3: PDP Disenrollee Survey

OMB No. XXXX-XXXX
Exp. Date XX/XX/2011

Medicare Disenrollee Survey

**Version: Stand Alone Prescription Drug Plan
(OMB Version)**

Language: English

Last Updated: August 3, 2010

(This survey contains 73 effective items – numbered 1 through 68 -- and is estimated to require 16 minutes to complete, assuming a rate of 4.5 items per minute.)

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 information collection is **XXXX-XXXX**. The time required to complete this information collection is estimated to average **XX minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Insert Vendor Instructions for Survey Completion Here

YOUR FORMER PRESCRIPTION DRUG PLAN

We are sending you this survey because we believe you recently left, switched or were dropped by a prescription drug plan.

1. Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right?

¹ Yes

² No → **If No, If No, go to #3**

2. Did you move outside of the area where [PLAN NAME] was available?

¹ Yes → **If Yes, Please stop and return this survey**

² No → **If No, If No, go to #6**

3. Do you still belong to [PLAN NAME]?

¹ Yes → **If Yes, Please stop and return this survey**

² No

4. Did you recently leave, switch, or were you dropped by a prescription drug plan?

¹ Yes

² No → **If No, Please stop and return this survey**

5. What is the name of the prescription drug plan you recently left, switched or were dropped by?

Please print: _____ →

Please think of this plan as you answer the questions in this survey.

GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN

These questions ask about your experience with your former prescription drug plan.

6. 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?

¹ Yes

² No → **If No, go to #8**

7. How often did the plan's customer service give you the information or help you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not try to get information or help from the plan's customer service

8. Did you ever try to get information from the plan about which prescription medicines were covered?

- ¹ Yes
- ² No → **If No, go to #10**

9. How often did the plan give you all the information you needed about which prescription medicines were covered?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

I did not try to get information about which prescription medicines were covered

10. Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine?

- ¹ Yes
- ² No → **If No, go to #12**

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?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not try to get information about how much I would have to pay for a prescription medicine

12. Did you ever need written information from the plan in a language other than English?

¹ Yes

² No → **If No, go to #14**

13. How often did the plan give you written information in a language other than English?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not need written information in a language other than English

<p style="text-align: center;">GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN</p>

14. Did a doctor ever prescribe a medicine for you that the plan did not cover?

¹ Yes

² No

15. How often was it easy to use the plan to get the medicines your doctor prescribed?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not use the plan to get any prescription medicines

16. Did you ever use the plan to fill a prescription at a local pharmacy?

¹ Yes

² No → **If No, go to #18**

17. How often was it easy to use the plan to fill a prescription at a local pharmacy?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not use the plan to fill a prescription at a local pharmacy

18. Did you ever use the plan to fill any prescriptions by mail?

¹ Yes

² No → **If No, go to #20**

19. How often was it easy to use the plan to fill prescriptions by mail?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not use the plan to fill a prescription by mail

20. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate the plan?

0 Worst prescription drug plan possible

1

2

3

4

5

6

7

8

9

10 Best prescription drug plan possible

REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN

People leave, switch or drop a prescription drug plan for different reasons. These questions are about reasons you may have had for leaving, switching or dropping [PLAN NAME]. In this survey we use the words “did you leave” to ask about why you left dropped or switched from your former prescription drug plan.

21. Did you leave the plan because you found out that someone had signed you up for the plan without your permission?

¹ Yes

² No

22. Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)?

¹ Yes

² No

23. A premium is the amount that you pay to have prescription medicine coverage from a prescription drug plan. Some prescription drug plans charge a premium to people on Medicare who are enrolled in that prescription drug plan.

Did you leave the plan because the monthly premium for prescription medicine coverage went up?

¹ Yes

² No

24. Did you leave the plan because you stopped paying the monthly premium for the plan?

¹ Yes

² No → **If No, go to #26**

25. Why did you stop paying the monthly premium for the plan?

¹ I stopped paying the monthly premium because I could not afford it

² I stopped paying the monthly premium because I was unhappy with the plan

³ I stopped paying the monthly premium for some other reason

26. A formulary is the list of prescription medicines covered by a prescription drug plan. Did you leave the plan because of a change in the formulary?
- ¹ Yes
² No
27. 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?
- ¹ Yes
² No
28. Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?
- ¹ Yes
² No
29. Did you leave the plan because you found a prescription drug plan that costs less?
- ¹ Yes
² No
30. Did you leave the plan because a change in your personal finances meant you could no longer afford the plan?
- ¹ Yes
² No
31. Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed?
- ¹ Yes
² No
32. Did you leave the plan because you had problems getting the medicines your doctor prescribed?
- ¹ Yes
² No

33. Did you leave the plan because it was difficult to get brand name medicines?

¹ Yes

² 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?

¹ Yes

² No

35. Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription?

¹ Yes

² No

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?

¹ Yes

² No

37. Did you leave the plan because you were unhappy with how the plan handled a question or complaint?

¹ Yes

² No

38. Did you leave the plan because you could not get the information or help you needed from the plan?

¹ Yes

² No

39. Did you leave the plan because their customer service staff did not treat you with courtesy and respect?

¹ Yes

² No

**OTHER REASONS FOR LEAVING YOUR
FORMER PRESCRIPTION DRUG PLAN**

40. Did you leave [PLAN NAME] because it wasn't what you expected?

¹ Yes

² No

41. Did you leave the plan because a doctor or pharmacist told you that another plan had better benefits or coverage for prescription medicines?

¹ Yes

² No

42. Did you leave the plan because a family member or friend told you that another prescription drug plan was a better plan?

¹ Yes

² No

43. Did you leave the plan because you saw a commercial or advertisement for a prescription drug plan you thought you would like better?

¹ Yes

² No

44. Did you leave the plan because you found another plan that better met your prescription needs?

¹ Yes

² No

45. Did you leave the plan because you take very few prescription medicines and don't need a prescription drug plan?

¹ Yes

² No

46. What was the one most important reason you left [PLAN NAME]?

Please print: _____

<p style="text-align: center;">YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES</p>

47. 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 prescription medicines?

- ¹ Yes
² No

48. Did an insurance agent, broker, or plan representative ever visit your home without your asking them to, to tell you about insurance for prescription medicines?

- ¹ Yes
² No

49. Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative?

- ¹ Yes
² No

50. Did an insurance agent, broker, or plan representative give you any information that was not correct?

- ¹ Yes
² No → **If No, go to #52**

51. What kind of information was not correct?

- ¹ What the plan covered
- ² What the plan would cost you
- ³ Which pharmacies were covered by the plan
- ⁴ Some other information

Please print: _____

- ⁵ I did not get any information that was not correct

ABOUT YOU

52. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

53. In general, how would you rate your overall mental health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

54. In the last 12 months, how many different prescription medicines did you fill or have refilled?

- ¹ None
- ² 1 to 2 medicines
- ³ 3 to 5 medicines
- ⁴ 6 or more medicines

55. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ¹ Yes
- ² No → **If No, go to #57**

56. Is this a condition or problem that has lasted for at least 3 months?

¹ Yes

² No

57. Do you now need or take medicine prescribed by a doctor?

¹ Yes

² No → **If No, go to #59**

58. Is this to treat a condition that has lasted for at least 3 months?

¹ Yes

² No

59. Has a doctor ever told you that you had any of the following conditions?

a. A heart attack?

Yes

¹

No

²

b. Angina or coronary heart disease?

¹

²

c. A stroke?

¹

²

d. Cancer, other than skin cancer?

¹

²

e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)?

¹

²

f. Any kind of diabetes or high blood sugar?

¹

²

60. What is your age?

¹ 18 to 24

² 25 to 34

³ 35 to 44

⁴ 45 to 54

⁵ 55 to 64

⁶ 65 to 74

⁷ 75 to 79

⁸ 80 to 84

⁹ 85 or older

61. Are you male or female?

¹ Male

² Female

62. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

63. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

64. What is your race? Please mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

65. What language do you mainly speak at home?

- 1 Chinese
- 2 English
- 3 Russian
- 4 Spanish
- 5 Vietnamese
- 6 Some other language

Please print: _____

66. Did someone help you complete this survey?

- 1 Yes
- 2 No → **If No, Go to #68**

67. 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: _____

68. 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

THANK YOU FOR COMPLETING THIS SURVEY
Please return your completed survey in the postage paid envelope to:
(Insert Vendor Address Here)

ATTACHMENT 4: MA-PD Disenrollee Survey

OMB No. XXXX-XXXX
Exp. Date XX/XX/2011

Medicare Disenrollee Survey

**Version: Medicare Advantage with Prescription
Drug Coverage (OMB Version)**

Language: English

Last Updated: August 3, 2010

(This survey contains 81 effective items – numbered 1 through 78 -- and is estimated to require 18 minutes to complete, assuming a rate of 4.5 items per minute.)

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 information collection is **XXXX-XXXX**. The time required to complete this information collection is estimated to average **XX minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Insert Vendor Instructions for Survey Completion Here

YOUR FORMER HEALTH PLAN

We are sending you this survey because we believe you recently left, switched or were dropped by a health plan.

1. Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right?

¹ Yes
² No → **If No, go to #3**

2. Did you move outside of the area where [PLAN NAME] was available?

¹ Yes → **If Yes, Please stop and return this survey**
² No → **If No, go to #6**

3. Do you still belong to [PLAN NAME]?

¹ Yes → **If Yes, Please stop and return this survey**
² No

4. Did you recently leave, switch, or were you dropped by a health plan?

¹ Yes
² No → **If No, Please stop and return this survey**

5. What is the name of the health plan you recently left, switched or were dropped by?

Please print: _____ →

Please think of this plan as you answer the questions in this survey.

GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN

These questions ask about your experience with your former health plan.

6. 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?

¹ Yes
² No → **If No, go to #8**

7. How often did the plan's customer service give you the information or help you needed?
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not try to get information or help from the plan's customer service
8. Did you ever try to get information from the plan about which prescription medicines were covered?
- ¹ Yes
 - ² No → **If No, go to #10**
9. How often did the plan give you all the information you needed about which prescription medicines were covered?
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not try to get information about which prescription medicines were covered
10. Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine?
- ¹ Yes
 - ² No → **If No, go to #12**
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?
- ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always
 - ⁵ I did not try to get information about how much I would have to pay for a prescription medicine

12. Did you ever need written information from the plan in a language other than English?

¹ Yes

² No → **If No, go to #14**

13. How often did the plan give you written information in a language other than English?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I did not need written information in a language other than English

<p style="text-align: center;">GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN</p>
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*14. Did you ever try to get any kind of care, tests, or treatment through the plan?

¹ Yes

² No → **If No, go to #16**

*15. How often was it easy to get the care, tests, or treatment you thought you needed through the plan?

¹ Never

² Sometimes

³ Usually

⁴ Always

16. Did a doctor ever prescribe a medicine for you that the plan did not cover?

¹ Yes

² No

17. How often was it easy to use the plan to get the medicines your doctor prescribed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not use the plan to get any prescription medicines

18. Did you ever use the plan to fill a prescription at a local pharmacy?

- ¹ Yes
- ² No → **If No, go to #20**

19. How often was it easy to use the plan to fill a prescription at a local pharmacy?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not use the plan to fill a prescription at a local pharmacy

20. Did you ever use the plan to fill any prescriptions by mail?

- ¹ Yes
- ² No → **If No, go to #22**

21. How often was it easy to use the plan to fill prescriptions by mail?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- ⁵ I did not use the plan to fill a prescription by mail

*22. 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
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

REASONS YOU LEFT YOUR FORMER HEALTH PLAN

People leave, switch or drop a health plan for different reasons. These questions are about reasons you may have had for leaving, switching or dropping [PLAN NAME]. In this survey we use the words “did you leave” to ask about why you left, dropped or switched from your former health plan.

23. Did you leave the plan because you found out that someone had signed you up for the plan without your permission?

- ¹ Yes
- ² No

24. Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)?

- ¹ Yes
- ² No

- *25. A premium is the amount that you pay to have health care and prescription medicine coverage from a health plan. Some health plans charge a premium to people on Medicare who are enrolled in that health plan.

This premium that the health plan charges is separate from the premium that people on Medicare pay for Medicare Part B. Medicare Part B premiums are usually deducted each month from a person's Social Security check.

Did you leave the plan because the monthly premium for health care and prescription medicine coverage went up?

- ¹ Yes
² No

26. Did you leave the plan because you stopped paying the monthly premium for the plan?

- ¹ Yes
² No → **If No, go to #28**

27. Why did you stop paying the monthly premium for the plan?

- ¹ I stopped paying the monthly premium because I could not afford it
² I stopped paying the monthly premium because I was unhappy with the plan
³ I stopped paying the monthly premium for some other reason

- *28. 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?

- ¹ Yes
² 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?

- ¹ Yes
² No

30. Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?

- ¹ Yes
² No

*31. Did you leave the plan because the dollar amount you had to pay each time you visited a doctor went up?

¹ Yes

² No

*32. Did you leave the plan because you found a health plan that costs less?

¹ Yes

² No

33. Did you leave the plan because a change in your personal finances meant you could no longer afford the plan?

¹ Yes

² No

34. Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed?

¹ Yes

² No

35. Did you leave the plan because you had problems getting the medicines your doctor prescribed?

¹ Yes

² No

36. Did you leave the plan because it was difficult to get brand name medicines?

¹ Yes

² No

37. 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?

¹ Yes

² No

38. Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription?
- ¹ Yes
² No
39. 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?
- ¹ Yes
² No
- *40. Did you leave the plan because you were frustrated by the plan's approval process for care, tests, or treatment?
- ¹ Yes
² No
- *41. Did you leave the plan because you had problems getting the care, tests or treatment you needed?
- ¹ Yes
² No
- *42. 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?
- ¹ Yes
² No
- *43. Did you leave the plan because the doctors or other health care providers you wanted to see did not belong to the plan?
- ¹ Yes
² No
- *44. Did you leave the plan because clinics or hospitals you wanted to go to for care were not covered by the plan?
- ¹ Yes
² No

*45. 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?

¹ Yes

² No

46. Did you leave the plan because you were unhappy with how the plan handled a question or complaint?

¹ Yes

² No

47. Did you leave the plan because you could not get the information or help you needed from the plan?

¹ Yes

² No

48. Did you leave the plan because their customer service staff did not treat you with courtesy and respect?

¹ Yes

² No

OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN
--

49. Did you leave [PLAN NAME] because it wasn't what you expected?

¹ Yes

² No

50. Did you leave the plan because a doctor or pharmacist told you that another plan had better benefits or coverage for prescription medicines?

¹ Yes

² No

*51. Did you leave the plan because a family member or friend told you that another health plan was a better plan?

¹ Yes

² No

*52. Did you leave the plan because you saw a commercial or advertisement for a health plan you thought you would like better?

¹ Yes

² No

53. Did you leave the plan because you found another plan that better met your prescription needs?

¹ Yes

² No

*54. Did you leave the plan because another plan offered better benefits or coverage for some types of care, treatment, or services?

¹ Yes

² No

*55. 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?

¹ Yes

² No

56. What was the one most important reason you left [PLAN NAME]?

Please print: _____

**YOUR EXPERIENCE WITH INSURANCE AGENTS,
BROKERS OR PLAN REPRESENTATIVES**

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?

- ¹ Yes
² No

58. Did an insurance agent, broker, or plan representative ever visit your home without your asking them to, to tell you about insurance for health care or prescription medicines?

- ¹ Yes
² No

59. Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative?

- ¹ Yes
² No

60. Did an insurance agent, broker, or plan representative give you any information that was not correct?

- ¹ Yes
² No → **If No, go to #62**

61. What kind of information was not correct?

- ¹ What the plan covered
² What the plan would cost you
³ Which doctors belong to the plan
⁴ Which pharmacies are covered by the plan
⁵ Which hospitals are covered by the plan
⁶ Some other information

Please print: _____

⁷ I did not get any information that was not correct

ABOUT YOU

62. In general, how would you rate your overall health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

63. In general, how would you rate your overall mental health?

- ¹ Excellent
- ² Very good
- ³ Good
- ⁴ Fair
- ⁵ Poor

64. In the last 12 months, how many different prescription medicines did you fill or have refilled?

- ¹ None
- ² 1 to 2 medicines
- ³ 3 to 5 medicines
- ⁴ 6 or more medicines

65. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ¹ Yes
- ² No → **If No, go to #67**

66. Is this a condition or problem that has lasted for at least 3 months?

- ¹ Yes
- ² No

67. Do you now need or take medicine prescribed by a doctor?

- ¹ Yes
- ² No → **If No, go to #69**

68. Is this to treat a condition that has lasted for at least 3 months?

- ¹ Yes
- ² No

69. Has a doctor ever told you that you had any of the following conditions?

- | | <u>Yes</u> | <u>No</u> |
|--|---------------------------------------|---------------------------------------|
| a. A heart attack? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |
| b. Angina or coronary heart disease? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |
| c. A stroke? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |
| d. Cancer, other than skin cancer? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |
| e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar? | ¹ <input type="checkbox"/> | ² <input type="checkbox"/> |

70. What is your age?

- ¹ 18 to 24
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 to 79
- ⁸ 80 to 84
- ⁹ 85 or older

71. Are you male or female?

- ¹ Male
- ² Female

72. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

73. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

74. What is your race? Please mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

75. What language do you mainly speak at home?

- 1 Chinese
- 2 English
- 3 Russian
- 4 Spanish
- 5 Vietnamese
- 6 Some other language

Please print: _____

76. Did someone help you complete this survey?

- 1 Yes
- 2 No → **If No, Go to #78**

77. How did that person help you? Please mark one or more.

- 1 Read the questions to me
- 2 Entered the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

Please print: _____

78. 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?

¹ Yes

² No

THANK YOU FOR COMPLETING THIS SURVEY

Please return your completed survey in the postage paid envelope to:
(Insert Vendor Address Here)