

SUPPORTING STATEMENT FOR MEDICARE CAHPS SURVEYS

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SUPPORTING STATEMENT - Part A

A. BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) requests a revision to a previously approved survey from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 for the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CMS received approval on 10/29/2010. The current approval expires on 10/31/2013.

Based on requirements in the 2003 Medicare Prescription Drug Improvement and Modernization Act (MMA), the Centers for Medicare & Medicaid Services (CMS) has collected information about the experiences of Medicare Advantage and Medicare prescription drug plan enrollees with their plans through the annual implementation of the CAHPS Survey since 2006. Earlier, requirements in the Balanced Budget Act of 1997 also required CMS to collect and report satisfaction and quality information about the Medicare health plans available under the Medicare + Choice plans and the Medicare Fee-For-Service (FFS) program and to provide this information to Medicare enrollees to assist them in their selection of a Medicare plan. The CAHPS survey for health plans has been collected since 1997 and the Medicare FFS survey has been collected since 2000.

The MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys of plan enrollees in Medicare Advantage (MA) and Medicare prescription drug contracts (PDPs) and report the results to Medicare beneficiaries prior to the annual enrollment period. This request for approval is for CMS to continue conducting the Medicare CAHPS surveys annually to meet the requirement to conduct consumer satisfaction surveys regarding the experiences of beneficiaries with their health and prescription drug plans.

This supporting statement incorporates the CAHPS data collection requirements set forth in the Part C and D final rule published on January 22, 2009. We issued regulations to require that MA organizations, Part D sponsors, and section 1876 cost contractors pay for the data collection costs of the annual CAHPS survey beginning in 2011. Previously, CMS has paid for the fielding of these surveys. As we noted in the preamble to the final rule, in the 2010 Call Letter to Part C and D sponsoring organizations, we informed all MA and Part D contracts with at least 600 enrollees as of July 1 of the prior calendar year that they would be expected to pay for the data collection costs of the CAHPS survey starting with the administration of the 2011 annual CAHPS survey. The final rule set forth this requirement in regulations at §422.152(b)(5) for Part C, §417.472(j) for section 1876 cost contracts, and §423.156 for Part D. CMS will continue to pay for the data collection costs for the Medicare FFS CAHPS survey.

CMS is using a data collection model similar to the one used for the Health Outcome Survey, commercial health plan CAHPS, Hospital CAHPS and Home Health Care CAHPS. CMS approves and trains survey vendors to collect and submit data on behalf of the MA, section 1876 cost, and Part D contracts. All contracts that are required to conduct CAHPS need to contract directly with an approved vendor. CMS is responsible for approving and training vendors, providing technical assistance to vendors, overseeing vendors to ensure that they are following the data collection protocols, providing

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the samples directly to the survey vendors, collecting and analyzing the data for public reporting, and producing reports that the plans can use for quality improvement. This request adds eight questions focusing on care coordination issues to the 2012 MA Only and 2012 MA-PD surveys as well as ten questions to the 2012 FFS survey. There are no changes to the 2012 PDP survey. The additional questions and their placement in the surveys are as follows:

Added items	MA Only	MA- PD	FFS
Personal doctor had your medical records	22	22	19
Personal doctor seemed informed and up-to-date about care you got from specialists	N/A	N/A	N/A
*Personal doctor ordered blood test, x-ray, or other test	N/A	N/A	20
Personal doctor's office followed up to give you results of blood test, x-ray, or other test	N/A	N/A	21
Got test results as soon as you needed	25	25	22
*Took any prescription medicines	26	26	23
Talked with you about your prescriptions	27	27	24
*Got care from more than one type of health provider	28	28	28
*Needed help from personal doctor's office managing care	29	29	29
Got help managing care from different providers	30	30	30
Offered after visit notes	32	32	32

* indicates item not part of coordination of care domain (i.e., screeners)

N/A indicates item was already included in survey

This request for approval takes the OMB control number 0938-0732.

B. JUSTIFICATION

1. Need and Legal Basis

CMS is required to collect and report information on the quality of health care services and prescription drug coverage available to persons enrolled in a Medicare health or prescription drug plan under provisions in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Specifically, the MMA under Sec. 1860D-4 (Information to Facilitate Enrollment) requires CMS to conduct consumer satisfaction surveys regarding Medicare prescription drug plans and Medicare Advantage plans and report this information to Medicare beneficiaries prior to the Medicare annual enrollment period. The Medicare CAHPS survey meets the requirement of collecting and publicly reporting consumer satisfaction information. The CAHPS survey measures are incorporated into the Plan Ratings that are published on www.medicare.gov each fall for consumers. A subset of the CAHPS measures are also included in the *Medicare & You Handbook*.

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2. Information Users

The primary purpose of the CAHPS survey is to provide information to Medicare beneficiaries to help them make more informed choices among health and prescription drug plans available to them. The Medicare CAHPS also provides data to help CMS and others monitor the quality and performance of Medicare health and prescription drug plans and identify areas to improve the quality of care and services provided to enrollees of these plans.

3. Use of Improved Information Technology

There are no barriers or obstacles that prohibit the use of improved technology for this information collection activity. CMS will provide approved CAHPS vendors with the samples of enrollees for their client plans. Respondents return the completed surveys to the vendors and the data are collected and aggregated electronically using scanners that automatically place the data into an electronic database. Telephone follow-up of non-respondents to the mail survey is conducted using Computer Assisted Telephone Interviewing (CATI) and also entered into an electronic database automatically.

4. Duplication of Efforts

The health plan section of the survey that CMS is conducting is the same survey that is required by the National Committee on Quality Assurance (NCQA) for accreditation of commercial non-Medicare health plans; thus, there is no duplication of effort. Besides CAHPS there is no standard satisfaction survey for health or prescription drug plans.

5. Small Business

Survey respondents are Medicare Advantage (MA with or without a Prescription Drug Plan), Medicare Fee-For-Service (FFS), or Medicare Stand Alone Prescription Drug plan (PDP) enrollees. Beginning in 2011, MA and PDP contracts need to pay for the data collection using vendors approved by CMS. The cost of conducting the CAHPS survey for each contract is estimated to be approximately \$5,000. The survey instruments and procedures for completing the instruments are designed to minimize burden on all respondents and will not have a significant impact on small businesses or other small entities.

6. Less Frequent Collection

The Medicare CAHPS survey is conducted annually. CMS is required to provide up-to-date information to Medicare beneficiaries each year prior to the annual enrollment period to help them make more informed plan choices. Additionally, the information is used by CMS for monitoring of plan quality, and by plans to improve the health care and services they provide to their enrollees. Given the uses of the data, it is important that persons with Medicare, CMS, and others have current information about the experiences of persons enrolled in Medicare health and prescription drug plans. Provision of this information on an annual basis allows for the design of quality improvement initiatives on a timely basis and helps inform beneficiaries about the quality and performance of health and prescription drug plans at the time they make a health or drug plan selection each year.

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7. Special Circumstances

Medicare CAHPS does not require any of the special circumstances noted in the instructions.

8. Federal Register/Outside Consultation

The 60-day *Federal Register* notice published on May 31, 2011 (76 FR 31338). The 30-day *Federal Register* notice published on September 16, 2011 (76 FR 57745). CMS received 5 comments regarding the 30-day *Federal Register* notice. The following is the reconciliation of those comments.

- One commenter stated that the item about complaints being settled satisfactorily is subjective and unfair if complaint goes against CMS guidance.
 - CMS guidance should be applied similarly across contracts, so this item does not unfairly penalize particular contracts. Additionally, the item will only be used internally at CMS for monitoring; it will not be included in Plan Ratings.
- A different commenter suggested revising complaints question.
 - The proposed revision focuses on a different issue—that is, it focuses on satisfaction with communication during complaint process, not on how the complaint was handled.
- One commenter stated that order of response options for complaint items may appear misleading and suggests rephrasing to focus on satisfaction with outcome.
 - The response option order was chosen to be consistent with other items in the survey, and the proposed revision focuses on outcomes versus how the health plan handled the complaint process.
- The same commenter suggested adding item about whether plan could have done something differently when responding to complaint.
 - We will take this under consideration for future years. The proposed item would be open-ended and would require testing to ensure all possible responses are handled.
- The same commenter suggested breaking down item about how long it took for plan to settle complaint into four separate items asking about both written and phone communication.
 - The proposed revision would increase respondent burden, and since respondents may have received a combination of written and phone communication the wording may be confusing.
- The same commenter suggested replacing item about complaints being settled to beneficiary satisfaction with item asking where complaint stands now due to false expectations by beneficiaries for timely responses.
 - Beneficiary information about CMS-specified timeframes for complaint responses should not differ across plans.

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- A different commenter proposed including CMS name and logo on CAHPS survey in order to increase response rate.
 - The CAHPS survey clearly states that CMS is conducting the survey. The plan name is included on the cover letter because beneficiaries identify their plan better than CMS; it is unclear that including the CMS name and logo would increase response rates. We will consider doing a randomized experiment of cover letters with and without the CMS logo next year.
- This commenter recommended that CMS supply two additional case-mix variables to vendors.
 - We will take this under consideration. Providing such beneficiary-level data would require careful analyses of Data Use Agreements with survey vendors.
- This commenter also asserted that the care coordination item related to whether someone from your personal doctor's office followed up to give you test results penalizes health plans with electronic medical records.
 - These are not new items, and MD follow-up includes email follow-up. Our analyses of contracts with and without electronic health records suggest that there is no bias for this item. The data the commenter cites are from a sample of adult health information technology users who are not representative of the Medicare population. The items being compared have different screeners and thus were asked of slightly different subsets of respondents, so the results are not directly comparable.
- Finally, this commenter suggested dropping particular items.
 - The first four items proposed are used for analyses of chronic conditions, and the next three are currently not part of the CAHPS survey.
- Another commenter stated that in an HMO care coordination may be handled by the plan and not the doctor's office.
 - Plans cannot act independently of the physician's office, and they are responsible for contracting with physicians.
- This commenter questioned value of after visit notes.
 - After visit notes ensure patients know what to do following office visits. The item was added to benefit plans, and CMS uses it for monitoring; it will not be included as part of the Plan Ratings.
- This commenter suggested that items about getting tests or treatment through plan do not distinguish between care that requires prior authorization or care members try to get from doctors associated with the plan.
 - These items are not new to CAHPS and focus on any issues beneficiaries have getting care.
- This commenter complained about complexity of documents from Medicare.
 - This is not a reference specifically to the CAHPS data collection.

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- This commenter suggested that since much of what plans can do is regulated, an item asking about complaint resolution does not measure plan performance.
 - Medicare rules are the same across plans, so this item does measure plan performance.
- This commenter stated that items on medication cost do not specify copay or coinsurance which could vary by pharmacy and thus cannot be answered by a plan's customer service department.
 - Plan customer service should be able to answer any cost questions.
- This commenter suggested that item on complaints is biased because members may simply not like plan's response.
 - This item is used for plan monitoring. We have found previously that the number and type of complaints indicates performance problems within a plan. How plans can respond should be the same across contracts.
- This commenter expressed concern about length of the survey and potential for decreased participation.
 - CMS has not found that response rates vary for the MA and PDP versions of the survey despite the differing lengths. Most members who begin responding to a survey finish.
- This commenter stated that the Fee-For-Service (FFS) community does not pay for CAHPS data collection.
 - There is no accountable entity for FFS CAHPS, although individual FFS providers pay for CAHPS surveys.

9. Payment/Gifts to Respondents

Respondents do not receive any payments or gifts.

10. Confidentiality

Individuals and organizations contacted are assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C.552 (Freedom of Information Act), 5 U.S.C.552a (Privacy Act of 1974), and OMB Circular No.A-130. In instances where respondent identity is needed, the information collection fully complies with all respects of the Privacy Act. The System of Records is HPMS No. 09-70-4004.

11. Sensitive Questions

No questions of a sensitive nature are included in the survey.

12. Burden Estimate (Hours and Wages)

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The CAHPS survey takes on average 20 minutes to complete. This burden varies by survey type as shown below, with the Stand Alone FFS type having the lowest burden. Thus, as shown below the total sample of 598,200 members, the total survey burden to complete the survey is approximately the sum of MA (.4 hours x 427,200), Stand Alone PDP (.25 hours x 112,500), and FFS Medicare (.3 x 58,500) or 216,555 hours. The reason for the variation in burden hours by survey type is that the CAHPS survey has specific questions relevant to the of Medicare plan in which a sample member is enrolled, i.e., MA, MA PD, PDP, or MFFS. Sample size for PDP survey is increased to 1500 to improve reliability.

	Units	Sample/ Unit	Sample by Type	Burden/ Survey	Total Hours
MA	534	800	427,200	0.4	170,880
Stand Alone PDP	75	1500	112,500	0.25	28,125
FFS Medicare	65	900	58,500	0.3	17,550
Total Hours					216,555

Beginning in 2011, MA and PDP contracts take an average of 54 hours a year for the CAHPS survey. For the 534 MA contracts, the total annual burden is 28,836 hours (54 hours X 534 contracts). For the 75 PDP contracts, the total annual burden is 4,050 hours (54 hours X 75 contracts). In total for both the MA and PDP contracts, the annual burden is 32,886 hours (54 hours X 609 contracts). The associated burden is the time and effort necessary for MA and PDP contracts to contract with an approved CAHPS survey vendor and for the vendor to perform data collection activities on behalf of the MA and PDP contracts.

	Units	Burden/ Hours	Total Hours
MA	534	54	28,836
Stand Alone PDP	75	54	4,050
Total Hours	609		32,886

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Costs to respondents are the time required by respondents to complete the survey.

Survey Form	Number of Respondents	Total Burden Hours	Average Hourly Wage Rate*	Estimated Data Collection Cost to Respondents
MA	427,200	170,880	\$19.56	\$3,342,413
Stand Alone PDP	112,500	28,125	\$19.56	\$550,125
Medicare FFS	58,500	17,550	\$19.56	\$343,278
Total	598,200	216,555	\$19.56	\$4,235,816

*Based upon the average wages, "National Compensation Survey: Occupational Wages in the United States, May 2007," U.S. Department of Labor, Bureau of Labor Statistics

13. Capitol Cost

Beginning in 2011, the cost to Medicare MA and prescription drug contracts is the cost of their contracting with Medicare CAHPS vendors approved by CMS to pay for the data collection among the sample of Medicare enrollees in their respective contracts that CMS provides to the vendors. CMS estimates this cost is about \$5,000 per contract at the contract level although the final cost is dependent on the negotiated contracts that the MA/PDP contracts execute with CAHPS approved vendors for their data collection. CMS is estimating that there are 609 MA/PDP contracts that are impacted by this small cost.

14. Estimate of Cost to Federal government

The total cost to the Federal government for the 2011 CAHPS Survey is estimated to be \$4.5 million. This total includes CMS management and implementation of the Medicare FFS data collection; approval process for survey vendors; training, oversight, and technical assistance of the approved survey vendors for the MA and PDP plans; preparation and cleaning of data submitted by the survey vendors for the MA and PDP plans; data analysis; preparation of CAHPS measures for public reporting; and production of plan reports to be used by all participating MA and PDP plans for quality improvement.

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15. Changes to Burden

On average, the burden to Medicare beneficiaries has not changed to complete a CAHPS survey: MA burden is .4 hour and the stand-alone PDP and FFS survey burdens are .25 and .3 hours, respectively. The number of respondents has gone up by approximately 31,500 respondents, and the number of contracts has gone down by approximately 15, so the total survey burden has increased by approximately 7,875 hours. The burden to MA and PDP contracts is 54 hours each, or a total of 32,886 hours across the 609 plans; this is a decrease of approximately 810 hours.

16. Publication and Tabulation Dates

The CAHPS survey results are disseminated through tools on www.medicare.gov – Medicare Plan Finder – that contain comparative information on prescription drug and health plans, respectively. The information is also made available to the public through “print on demand” (i.e., beneficiaries can request a hardcopy of this information from 1-800-MEDICARE. The *Medicare & You* Handbook also contains some CAHPS information and instructions about how to obtain information on additional measures. The information is made available in the fall following each annual data collection, prior to the annual enrollment period.

Medicare health and prescription plans also receive plan-specific reports that contain detailed information on the CAHPS results for their plan for use in quality improvement initiatives. These reports also include background information on the methodology and definitions used in CAHPS to assist them in understanding the information in their report.

17. Expiration Date

No exemption is being requested.

18. Exceptions to Certification Statement 19

There are no exceptions taken to item 19 of OMB Form 83-1.

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SUPPORTING STATEMENT – Part B

B.1 Respondent universe and sample

CMS is requiring all MA, MA-PD and Stand Alone PDP plans that have at least 600 eligible enrollees July of the previous year to participate in an independent third party vendor administration of this survey (hereinafter referred to as Medicare CAHPS). The Medicare CAHPS survey is also conducted among a sample of persons enrolled in the Medicare FFS plan for purposes of allowing comparisons of measures obtained from all surveys. For the national Medicare CAHPS survey, the names and addresses of sampled beneficiaries shall be obtained from the Integrated Data Repository (IDR) on or shortly after January each year. Persons with Medicare 18 years old or older who have been continuously enrolled for 6 months or longer in the same Medicare contract and who are not institutionalized are included in the sampling frame. A random sample of between 600 and 800 eligible beneficiaries per reporting unit is selected depending on the size of the contract. Sample sizes are designed to produce estimates with a reliability of 0.8. Medicare health and prescription drug plans are surveyed at the contract organization level and this level will also define the sampling and reporting unit. For Medicare FFS enrollees the sampling and reporting unit is defined at the state or sub-state level for large states. Most sampling units will have about 800 members. A small number of contracts with between 600 and 800 enrollees will have samples comprised of virtually all of their enrollees. If there are less than 600 eligible beneficiaries in an organization at the contract, the survey will not be conducted for that contract.

We established the current default sample size of 800 for MA contracts because this sample size yielded our targeted lower bound of interunit reliability $>.80$ for most consumer-report items at almost all contracts, and for all measures at most contracts. The variation in reliability across contracts occurs primarily because of variation in response rates. It is noteworthy that our current sample size of 800 yields about 480 respondents at a response rate of 60%, typical for MA contracts in 2008-2010; this is roughly equivalent to our samples of 600 with the response rate of 80% that was more typical prior to 2010.

Default sample sizes for PDPs were based on the same criterion as for MA plans, leading us to set the samples somewhat larger, 1500 per contract. The main reason for the difference is that PDP measures show less variation between contracts than do MA contracts; consequently larger samples are required to distinguish among them with similar reliability.

FFS samples were large enough to allow estimation of substate measures so FFS comparison scores could be made more relevant to the local area of each beneficiary. Substate areas for which estimates were calculated and assessed were defined in medium to large states. Final determination of which substate areas would be used in reporting depended on how much measure scores were found to differ across areas within each state. A list of states with multiple sampling areas is provided in Attachment A.

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The survey will be conducted through use of a randomized sample of Medicare enrollees as described above from sampling and reporting units in all 50 states, the District of Columbia, the US Virgin Islands, and Puerto Rico. Some states will be divided into smaller units if they have large numbers of enrollees. Because of changing enrollment patterns and the need to employ the most recent information available, sampling experts from RAND and Harvard will prepare the final sample design based on the current CMS enrollment databases available each year just prior to sample draw.

Demographic and geographic information on non-respondents is obtained from the sample frame at the time the sample is drawn and used in developing weights for preparing survey results that reflect the full Medicare population. Weighting is done on a stratified basis at the contract and geographic area level to further assure that the measures prepared from the survey results reflect the Medicare population. Two sets of weights are calculated. "Plan weights" are combined sampling and nonresponse weights for the units in the original design. These weights are used for measures that we publicly report. For the MA and PDP sample, these units are contracts, and for the FFS sample, these are states. Weights are calculated as the ratio of eligible enrollment to number of valid surveys. For other analyses of the CAHPS data, we then calculate "individual weights" using a raking weighting procedure (loglinear weights calculated by iterative proportional fitting) to weight the respondents to match distributions estimated from the entire sample (including respondents, nonrespondents, and those drawn but excluded by subsampling). This corrects for biases due to differential nonresponse associated with beneficiary characteristics as well as reduces the effects of random variation in nonresponse.

Case-mix adjustment methods are also employed for comparing performance between contracts. Case-mix adjustment takes into account the mix of enrollees. Case-mix variables include dual eligibility and education among other variables. The coefficients indicate how much higher or lower people with a given characteristic tend to respond compared to others with the baseline value for that characteristic, on the 0-100 scale used in consumer reports. For example, for the measure "rating of care", the coefficient for "age 80-84" is +1.0067, indicating that respondents in that age range tend to score their plans 1.0067 point higher than otherwise similar people in the 70-74 age range (the baseline or reference category). Similarly, dual eligibles tend to respond -0.6665 points lower on this item than otherwise similar non-duals. Contracts with above-average concentrations of respondents who are in the 80-84 age range will be adjusted downwards to compensate for the positive response tendency of their respondents. Similarly, contracts with above-average concentrations of respondents who are dual eligibles will be adjusted upwards to compensate for their respondents' negative response tendency. The case-mix patterns are not always consistent across measures. The composites consist of multiple items, each of which is adjusted separately before combining the adjusted scores into a composite score. In Appendix A we report the average of the coefficients for these several items, for each of the categories (rows) of the table, as a summary of the adjustment for the composite.

B.2 Information collection procedures

The administration of the survey consists of vendors (or CMS in the case of FFS Medicare enrollees) mailing a pre-notification letter signed by the CMS Privacy Officer prior to the mailing of the first questionnaire a week to ten days later; a second questionnaire is mailed to non-respondents

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approximately three weeks after the initial survey mailing. Telephone follow-up of non-respondents to the mail portion of the survey is conducted beginning about two weeks after the mailing of the second questionnaire. A minimum of 6 call-back attempts are required to reach the sample member.

B.3 Methods to maximize response rates

The CAHPS survey has developed a mixed-mode data collection protocol, as described above, that uses a pre-notification letter alerting sample members that a survey will be mailed to them shortly, a first mailing of the full questionnaire booklet, followed by a second mailing to those who do not respond to the earlier mailing of the questionnaire. For those who also do not respond to the second mailing of the questionnaire, CAHPS employs a telephone follow-up through which it offers sample members the opportunity to complete the survey by phone. The mailing materials to all sample members also include a toll-free telephone number that allows recipients to call in to ask questions about the survey. Overall this system has resulted in response rates of between 64-83 percent on average over the first twelve years of national data collection in Medicare Advantage and Medicare FFS CAHPS, varying somewhat by plan type, contract, and region of the country. Average response rates for 2011 were 46% and 40% for MA and PDP, respectively. The 2010 MA and FFS response rates were 61% and 58%, respectively. Within contracts, the decreases in response rates from 2011 to 2010 were essentially no more variable than were changes in response rates from 2009 to 2010. 2011 and 2010 response rates correlated at 0.76, a very similar value to what has been observed in previous consecutive years. This small variability decreases the risk of nonresponse bias that differentially affects contracts. 2011 rates were lower than anticipated because we switched from CMS implementing the survey to contracts contracting with survey vendors to implement the survey. Survey vendors were responsible for identifying phone numbers for beneficiaries. This year we anticipate the response rate to increase now that vendors have more experience and we are providing them with telephone numbers for beneficiaries.

Efforts are employed to maximize response rates including testing of the survey questions prior to their inclusion in the questionnaires to ensure that beneficiaries comprehend the questions and can answer with minimal effort. Second, the survey is conducted in both English and Spanish language to meet the needs of most of our sampled beneficiaries. Also the method of administration – a pre-notification letter, two mailings of the questionnaire, and telephone follow-up of non-respondents – is a multi-pronged, comprehensive strategy that avoids the weaknesses of reliance upon mail or telephone administration alone.

We have found no evidence of nonresponse bias on any of the reported CAHPS measures. While CAHPS scores increased more often from 2010 to 2011 than they decreased, this trend was not unlike that seen in previous consecutive years. Changes in response rate from 2010 to 2011 were not statistically significantly correlated with changes in CAHPS scores 2010 to 2011 at the contract level after standard corrections for multiple comparisons.

B.4 Tests of procedures or methods

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The Medicare CAHPS survey has been tested within the Medicare population using a variety of methods similar to those used in development of commercial CAHPS and other large health care surveys. The core CAHPS questions were developed by the CAHPS consortium led by the Agency for Healthcare Research and Quality and modified for use by the CMS. Testing of both the core questions and supplemental questions added by CMS included a multi-state field testing of the full set of CAHPS questionnaires among Medicare health and prescription drug plan enrollees, and tests of the timing for the two mailings of the survey, as well as training of survey interviewers for the telephone follow-up data collection. As noted above modifications have been made following several implementations of the annual survey based on lessons learned from prior year collections. Each modification in turn is tested among persons enrolled in Medicare prior to its use on the survey form or its effect on data collection. See below also for additional detail regarding statistical design modifications.

B.5 Statistical and questionnaire design consultants

We receive ongoing input from statisticians in developing, designing, conducting, and analyzing the information collected from this survey. This statistical expertise will continue to be available from RAND and Harvard Medical School.

Analysis of the Medicare CAHPS survey will be conducted using methodologies and programs developed by the Agency for Healthcare Research and Quality and the CAHPS Consortium and used by other CAHPS surveyors including the National Committee for Quality Assurance over the last dozen years. These analytic programs are documented in the CAHPS Health Plan Survey and Reporting Kit and include a set of SAS files which comprise the CAHPS Analysis Program known as the CAHPS macro. The macro allows users to analyze and statistically adjust the survey data in order to make valid comparisons of performance across plan types.

The programs prepare several measures of plan experiences in two broad categories – global ratings of the care and services received and reports of specific experiences using the plan. The CAHPS macro is updated occasionally to address new survey questions and issues and has been updated to include data collected in the MA-PD and PDP CAHPS, such as data on enrollee experiences with and ratings of their Medicare prescription drug plans, both MA-PDs and Stand Alone PDPs.

The CAHPS data analysis programs use multivariate analysis to control for differences in plan enrollments according to specific enrollee characteristics that have been empirically found to affect enrollees' perceptions of their care and plan experiences, but for which the plan has no control, such as age, education, health status, and whether or not a spouse or family member assisted the enrollee in completing the survey questionnaire. This set of analysis has been documented in a series of Case-Mix Adjustment Reports that present reasons why specific enrollee characteristics are used in the adjustment process and why other factors are not. For example, prior analyses of many CAHPS survey data files show that age and health status affect enrollees' perceptions of their plan and care experiences in systematic ways. By adjusting for these effects, the CAHPS measures produced from the CAHPS macro present measures that control for differences in the proportions of enrollees in each plan having these characteristics.

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Ongoing statistical consultation is provided by:

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2012 Medicare Advantage Only Plan Survey

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 **0938-0732**. The time required to complete this information collection is estimated to average **25 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.

DRAFT COVER LETTER

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 25 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us, and your health plan, 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 [VENDOR NAME], 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 other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please call [VENDOR NAME] toll-free at 1-XXX XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you in advance for your participation.

Sincerely,

Walter Stone
Privacy Officer

**“Medicare Satisfaction Survey”
2012 Medicare Advantage Plan Survey**

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
 Yes
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [**→If No, Go to Question 3**]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
 No **→If No, Go to Question 3**

2. How long have you been wearing a hearing aid?

- Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
 No

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 **0938-0732**. The time required to complete this information collection is estimated to average **25 minutes**, 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 C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right?

- Yes → **If Yes, Go to Question 3**
 No

2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

Your Health Care in the Last 6 Months

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
 No → **If No, Go to Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never
 Sometimes
 Usually
 Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes
 No → **If No, Go to Question 7**

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → If None, Go to Question 9
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- Yes
- No → If No, Go to Question 12

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- Less than 1 hour
- 1 to 3 hours
- More than 3 hours but less than 6 hours
- More than 6 hours
- I did not ask for a return call
- I did not get a return call
- I was told to go to the Emergency Room

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?

- Yes
- No → If No, Go to Question 15

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
 No → If No, Go to Question 33

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → If None, Go to Question 33
 1
 2
 3
 4
 5 to 9
 10 or more

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
 Sometimes
 Usually
 Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
 Sometimes
 Usually
 Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
 Sometimes
 Usually
 Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

22. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- Yes
- No → If No, Go to Question 26

24. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never → If Never, Go to Question 26
- Sometimes
- Usually
- Always

25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

26. In the last 12 months, did you take any prescription medicine?

- Yes
- No → **If No, go to Question 28**

27. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → **If No, go to Question 31**

29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- Yes
- No → **If No, go to Question 31**

30. In the last 6 months, did you **get the help you needed** from your personal doctor's office to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

31. How satisfied are you with the help you received from your personal doctor's office to manage your care in the last 6 months?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

32. After visit notes sum up what was talked about on a visit to a doctor's office. After visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you after visit notes?

- Yes
- No

Getting Health Care From Specialists

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
- No → If No, Go to Question 38

34. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
- Sometimes
- Usually
- Always

35. How many specialists have you seen in the last 6 months?

- None → If None, Go to Question 38
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

36. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

37. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- I do not have a personal doctor
- I did not visit my personal doctor in the last 6 months

Your Health Plan

38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- Yes
- No → If No, Go to Question 40

39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

40. In the last 6 months, did you try to get information or help from your health plan's customer service?

- Yes
- No → If No, Go to Question 43

41. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → If No, Go to Question 45

44. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

45. 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 your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

Your Medicare Rights

46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- Yes
- No →If No, Go to Question 49

47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- Yes
- No →If No, Go to Question 49
- Don't know →If Don't know, Go to Question 49

48. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of these things

49. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes
- No → If No, Go to Question 53

50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

51. How long did it take for your health plan to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

52. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good

Fair
 Poor

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?

- Yes
- No → If No, Go to Question 57

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

- Yes
- No

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

- Yes
- No → If No, Go to Question 59

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

- Yes
- No

59. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- My doctor did not prescribe any medicines for me in the last 6 months.

60. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

61. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

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

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

63. Have you had a flu shot since September 1, 2010?

- Yes
 No
 Don't know

64. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
 No
 Don't know

65. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
 Some days
 Not at all → If Not at all, Go to Question 67
 Don't know → If Don't know, Go to Question 67

66. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

67. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

68. Are you male or female?

- Male
- Female

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

- 8th 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

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

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

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

72. Did someone help you complete this survey?

- Yes
- No → If No, Go to Question 74

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

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

74. Do you live alone?

- Yes, I live alone
- No, I live with others

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

Thank you.

Please return the completed survey in the postage-paid envelope.

[SURVEY VENDOR ADDRESS]

Contract Name:_____

2012 Medicare Advantage Prescription Drug Plan Survey

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 **0938-0732**. The time required to complete this information collection is estimated to average **25 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.

DRAFT COVER LETTER

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 25 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us, and your health plan, serve you better.

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If you have any questions about the survey or would like to find out how to complete the survey by phone, please call [VENDOR NAME] toll-free at 1-XXX XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you in advance for your participation.

Sincerely,

Walter Stone
Privacy Officer

**“Medicare Satisfaction Survey”
2012 Medicare Advantage Prescription Drug Survey**

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
 Yes
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [**→If No, Go to Question 3**]. See the examples below:

EXAMPLE

1. Do you wear a hearing aid now?

Yes

No **→If No, Go to Question 3**

2. How long have you been wearing a hearing aid?

Less than one year

1 to 3 years

More than 3 years

I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

Yes

No

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 **0938-0732**. The time required to complete this information collection is estimated to average **25 minutes**, 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 C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right?

- Yes → If Yes, Go to Question 3
- No

2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

Your Health Care in the Last 6 Months

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes
- No → If No, Go to Question 7

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → If None, Go to Question 9
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- Yes
- No → If No, Go to Question 12

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

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- Sometimes
- Usually
- Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- Less than 1 hour
- 1 to 3 hours
- More than 3 hours but less than 6 hours
- More than 6 hours
- I did not ask for a return call
- I did not get a return call
- I was told to go to the Emergency Room

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?

- Yes
- No → If No, Go to Question 15

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
 No → If No, Go to Question 33

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → If None, Go to Question 33
 1
 2
 3
 4
 5 to 9
 10 or more

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- Never
 Sometimes
 Usually
 Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
 Sometimes
 Usually
 Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
 Sometimes
 Usually
 Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

22. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- Yes
- No → If No, Go to Question 26

24. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never → **If Never, Go to Question 26**
- Sometimes
- Usually
- Always

25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

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- Yes
- No → **If No, go to Question 28**

27. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → **If No, go to Question 31**

29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- Yes
- No → **If No, go to Question 31**

30. In the last 6 months, did you **get the help you needed** from your personal doctor's office to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

(Additional Questions for PPO PDP Survey Only):

PPO a. Some insurance plans have a network or group of doctors who belong to the plan. You pay less if you use doctors who belong to the network, and more if you use doctors who are not part of the network.

Does your health plan's network have enough doctors to choose from?

- Yes
- No

PPO b. In the last 6 months, did you try to find out if a doctor was part of < your health plan's network?

- Yes
- No

PPO c. Was the information you found on whether a doctor was part of your health plan's network accurate?

- Yes
- No

I did not find the information

31. How satisfied are you with the help you received from your personal doctor's office to manage your care in the last 6 months?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

32. After visit notes sum up what was talked about on a visit to a doctor's office. After visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you after visit notes?

- Yes
- No

Getting Health Care From Specialists

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
 No → If No, Go to Question 38

34. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
 Sometimes
 Usually
 Always

35. How many specialists have you seen in the last 6 months?

- None → If None, Go to Question 38
 1 specialist
 2
 3
 4
 5 or more specialists

36. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible

37. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- I do not have a personal doctor
- I did not visit my personal doctor in the last 6 months

PPO d. Some insurance plans have a network or group of doctors who belong to the plan. You pay less if you use doctors who belong to the network, and more if you use doctors who are not part of the network.

In the last 6 months, did you visit any specialists who were not part of your health plan's network?

- Yes
- No
- I don't know

Your Health Plan

38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- Yes
- No → If No, Go to Question 40

39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

40. In the last 6 months, did you try to get information or help from your health plan's customer service?

- Yes
- No → If No, Go to Question 43

41. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → If No, Go to Question 45

44. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

45. 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 your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

Your Medicare Rights

46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- Yes
 No → If No, Go to Question 49

47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- Yes
 No → If No, Go to Question 49
 Don't know → If Don't Know, Go to Question 49

48. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
 Offer to send you forms that you need in order to file an appeal
 Suggest how to resolve your complaint
 Listen to your complaint but did not help to resolve it
 Discourage you from taking action
 Do none of these things

49. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes
 No → If No, Go to Question 53

50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- Very dissatisfied
 Somewhat dissatisfied
 Neither dissatisfied nor satisfied
 Somewhat satisfied
 Very satisfied

51. How long did it take for your health plan to settle your complaint?

- Same day

- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

52. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

Your Prescription Drug Plan

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

53. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?

- Yes
- No → If No, Go to Question 56

54. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months → Go to Question 56

55. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

56. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- Yes
- No → If No, Go to Question 58

57. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

58. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- Yes
- No → If No, Go to Question 60

59. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

60. In the last 6 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

61. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- Yes
- No →If No, Go to Question 64

62. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

- Yes
- No →If No, Go to Question 64
- All my prescribed medicines are covered →Go to Question 64

63. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of the above
- All my prescribed medicines were covered

64. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to get any medicines in the last 6 months

65. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

- Yes
- No →If No, Go to Question 67

66. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

67. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

- Yes
- No →If No, Go to Question 69
- I am not sure if my drug plan offers prescriptions by mail →Go to Question 69

68. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
- I am not sure if my drug plan offers prescriptions by mail

69. 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 your prescription drug plan?

- 0 Worst prescription drug plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best prescription drug plan possible

70. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

73. 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 → If No, Go to Question 75

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

- Yes
- No

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

- Yes
- No → If No, Go to Question 77

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

- Yes
- No

77. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

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

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

79. Have you had a flu shot since September 1, 2010?

- Yes
- No
- Don't know

80. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

81. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all →If Not at all, Go to Question 83
- Don't know →If Don't know, Go to Question 83

82. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

83. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

84. Are you male or female?

- Male
- Female

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

- 8th 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

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

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

87. 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

88. Did someone help you complete this survey?

- Yes
- No → If No, Go to Question 90

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

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

90. Do you live alone?

- Yes, I live alone
- No, I live with others

91. 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.

Please return the completed survey in the postage-paid envelope.

[SURVEY VENDOR ADDRESS]

Contract Name: _____

2012 Medicare Stand Alone Prescription Drug Plan Survey

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 **0938-0732**. The time required to complete this information collection is estimated to average **15 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.

DRAFT COVER LETTER

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 15 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us, and your health plan, 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 [VENDOR NAME], 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 other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please call [VENDOR NAME] toll-free at 1-XXX XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you in advance for your participation.

Sincerely,

Walter Stone
Privacy Officer

**“Medicare Satisfaction Survey”
2012 Prescription Drug Plan Survey**

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
 Yes
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [**→If No, Go to Question 3**]. See the examples below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
 No **→If No, Go to Question 3**

2. How long have you been wearing a hearing aid?

- Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
 No

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 **0938-0732**. The time required to complete this information collection is estimated to average **15 minutes**, 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 C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2011 your prescriptions were covered by the Medicare prescription drug plan named on the back page.
Is that right?

Yes → **If Yes, Go to Question 3**
 No

2. Please write below the name of the Medicare prescription drug plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan.
(Please print)

3. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?

Yes
 No → **If No, Go to Question 6**

4. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

Never
 Sometimes
 Usually
 Always
 I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.

5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

Never
 Sometimes
 Usually
 Always
 I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- Yes
- No → If No, Go to Question 8

7. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

8. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- Yes
- No → If No, Go to Question 10

9. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

10. In the last 6 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

11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- Yes
- No →If No, Go to Question 17

12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

- Yes
- No →If No, Go to Question 17
- All my prescribed medicines are covered →Go to Question 17

13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of the above
- All my prescribed medicines were covered

14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

15. How long did it take for your plan to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

16. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

17. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to get any medicines in the last 6 months

18. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

- Yes
- No → If No, Go to Question 20

19. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

20. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

- Yes
- No →If No, Go to Question 22
- I am not sure if my drug plan offers prescriptions by mail →Go to Question 22

21. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
- I am not sure if my drug plan offers prescriptions by mail

22. 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 your prescription drug plan?

- 0 Worst prescription drug plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best prescription drug plan possible

23. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

26. 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 → If No, Go to Question 28

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

- Yes
- No

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

- Yes
- No → If No, Go to Question 30

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

- Yes
- No

30. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

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

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

32. Have you had a flu shot since September 1, 2010?

- Yes
- No
- Don't know

33. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

34. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all →If Not at all, Go to Question 36
- Don't know →If Don't know, Go to Question 36

35. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

36. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

37. Are you male or female?

- Male
- Female

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

- 8th 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

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

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

40. 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

41. Did someone help you complete this survey?

- Yes
- No → If No, Go to Question 43

42. How did that person help you?

Please mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

43. Do you live alone?

- Yes, I live alone
- No, I live with others

44. 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.

Contract Name: _____

Please return the completed survey in the postage-paid envelope.

[SURVEY VENDOR ADDRESS]

2012 Original Medicare FFS Health Plan Proposed Survey

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 **0938-0732**. The time required to complete this information collection is estimated to average **20 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.

DRAFT COVER LETTER

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS), is the federal agency that administers the Medicare program and our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare to learn more about the care and services you receive. Your name was selected at random by CMS from among Medicare enrollees. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help us serve you better.

If you changed your Medicare plan for 2011 please answer the questions in the survey thinking about your experiences in the last six months of 2010. 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 Thoroughbred Research Group, 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 other people with Medicare make more informed choices, so we hope you will choose to help us.

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 Chris Allen with Thoroughbred Research Group toll-free at 1-866-406-1110, Monday through Friday, between 9:00 a.m. and midnight Eastern time.

Thank you in advance for your participation.

Sincerely,

Walter Stone
CMS Privacy Officer

YOUR HEALTH INSURANCE COVERAGE

Our records show that you are now in Medicare, the health insurance program for people 65 years old or older or persons with certain disabilities.

Please answer the following questions in this survey as fully as possible regardless of whether you consider yourself in Medicare.

1. Some people who have Medicare also have other insurance to help pay for some of the costs of their health care. Do you have any other insurance that pays at least some of the cost of your health care?

- Yes
 No → If No, Go to Question 3

2. Please mark the box below for each type of health insurance that you have.

- Medigap, which may be identified on the front of your policy as “Medicare Supplemental Insurance”
 Employer, Union, or Retiree Health Coverage (insurance)
 Veteran’s Benefits, also known as VA benefits
 Military Retiree Benefits, also known as Tricare
 Medicaid, also known as State medical assistance, which is for some persons with limited income and resources
 Any Prescription Drug Plan
 Other (Please write the name of the other health insurance you currently have on the line below.)
-

- I don’t have health insurance other than Medicare.

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor’s office?

- Yes
 No → If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes
- No → If No, Go to Question 7

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → If None, Go to Question 10
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

10. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?

- Yes
- No → If No, Go to Question 12

11. In the last 6 months, how often was it easy to get the medical equipment you needed through Medicare?

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

12. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → If No, Go to Question 33

13. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → If None, Go to Question 33
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

14. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

19. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- Yes
- No → If No, go to Question 23

21. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never → If Never, go to Question 23
- Sometimes
- Usually
- Always

22. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

23. In the last 12 months, did you take any prescription medicine?

- Yes
- No → If No, go to Question 25

24. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, did you see your personal doctor for a specific illness or for any health conditions?

- Yes
- No → If No, Go to Question 28

26. In the last 6 months, how often did your personal doctor give you easy to understand instructions about what to do to take care of this illness or health condition?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 months, how often did your personal doctor ask you to describe how you were going to follow these instructions?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

Yes

No → If No, go to Question 31

29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

Yes

No → If No, go to Question 31

30. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

Yes, definitely

Yes, somewhat

No

31. How satisfied are you with the help you received from your personal doctor's office to manage your care in the last 6 months?

Very dissatisfied

Somewhat dissatisfied

Neither dissatisfied nor satisfied

Somewhat satisfied

Very satisfied

32. After visit notes sum up what was talked about on a visit to a doctor's office. After visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you after visit notes?

Yes

No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
- No → If No, Go to Question 38

34. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
- Sometimes
- Usually
- Always

35. How many specialists have you seen in the last 6 months?

- None → If None, Go to Question 38
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

36. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

37. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- I do not have a personal doctor
- I did not visit my personal doctor in the last 6 months

MEDICARE EXPERIENCE

The next questions ask about your experience with Medicare.

38. In the last 6 months, did you try to get any kind of care, tests, or treatment through Medicare?

- Yes
- No → If No, Go to Question 40

39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through Medicare?

- Never
- Sometimes
- Usually
- Always

40. In the last 6 months, did you try to get information or help from Medicare's customer service?

- Yes
- No → If No, Go to Question 43

41. In the last 6 months, how often did Medicare's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did Medicare's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, did Medicare give you any forms to fill out?

- Yes
- No → If No, Go to Question 45

44. In the last 6 months, how often were the forms from Medicare easy to fill out?

- Never
- Sometimes
- Usually
- Always

45. 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 Medicare?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

Your Medicare Rights

You have the right to file an appeal if Medicare decides not to provide or pay for health care services or stops providing health care services.

46. Was there ever a time when you believed you needed care or services that Medicare decided not to give you?

- Yes
- No → If No, Go to Question 53

47. Have you ever asked anyone at Medicare to reconsider a decision not to provide or pay for health care or services?

- Yes
- No → If No, Go to Question 49
- Don't know

48. When you spoke to Medicare about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help resolve it
- Discourage you from taking action
- Do none of these things

49. In the last 6 months, have you called or written Medicare with a complaint or problem?

- Yes
- No → **If No, Go to Question 53**

50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how Medicare handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

51. How long did it take for Medicare to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

52. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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?

- Yes
- No → If No, Go to Question 57

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

- Yes
- No

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

- Yes
- No → If No, Go to Question 59

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

- Yes
- No

59. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- Never

- Sometimes
- Usually
- Always
- My doctor did not prescribe any medicines for me in the last 6 months.

60. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

61. In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months.

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

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

63. Have you had a flu shot since September 1, 2010?

- Yes
- No
- Don't know

64. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

65. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **If Not at all, Go to Question 67**
- Don't know

66. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months.

67. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 69
- 70 to 74
- 75 to 79
- 80 to 84
- 85 or older

68. Are you male or female?

- Male
- Female

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

- 8th 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

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

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

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

72. Did someone help you complete this survey?

- Yes
- No → If No, Go to Question 74

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

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

74. Do you live alone?

- Yes, I live alone
- No, I live with others

75. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)

	I am unable to do this activity	Yes, I have difficulty	No, I do not have difficulty
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting in or out of chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. 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

Sampling by State

State	Multiple sampling units
AL	no
AK	no
AZ	no
AR	no
CA	yes
CO	no
CT	no
DE	no
FL	yes
GA	yes
HI	no
ID	no
IL	yes
IN	yes
IA	no
KS	no
KY	no
LA	no
ME	no
MD	no
MA	no
MI	yes
MN	no
MS	no
MO	yes
MT	no
NE	no
NV	no
NH	no
NJ	yes
NM	no
NY	yes
NC	yes
ND	no
OH	yes
OK	no
OR	no

PA	yes
RI	no
SC	no
SD	no
TN	yes
TX	yes
UT	no
VT	no
VA	yes
WA	no
WV	no
WI	no
WY	no

Case-mix Coefficients

Table A: Part C CAHPS Measures

Predictor	Rate Health Plan	Rate Care	Get Care Quickly (Comp)	Get Needed Care (Comp)	Health Plan Customer Service (Comp)
Age: 64 or under	-2.1160	-1.6219	-0.2814	-1.8235	-1.2284
Age: 65 - 69	-0.4413	-0.3719	-0.0339	-0.3974	0.0226
Age: 70 - 74					
Age: 75 - 79	1.4672	0.7507	0.2559	0.2364	-0.0681
Age: 80 - 84	2.3631	1.0067	0.3044	1.2680	1.9649
Age: 85 and older	2.4894	1.1786	1.2566	0.9409	1.2913
Less than an 8th grade education	-0.9662	-1.7340	-1.4821	-2.2163	-0.6414
Some high school	0.6049	-0.5523	-0.4616	-1.3017	0.7212
High School					
Some college	-2.4154	-1.4509	-0.4550	-2.4582	-1.6513
College graduate	-2.9925	-2.1963	-1.0826	-1.9892	-1.8315
More than a bachelor's degree	-3.9597	-2.8613	-0.7290	-2.9980	-3.4713
General health rating: excellent	4.3852	4.4802	4.2458	3.5073	1.1931
General health rating: very good	2.1768	2.2671	1.4456	1.9281	0.7732
General health rating: good					
General health rating: fair	-1.4182	-2.3763	-2.0824	-2.2621	-1.7677
General health rating: poor	-1.6517	-4.4942	-1.5518	-2.2326	-2.8554
Mental health rating: excellent	3.3185	4.7950	3.2628	4.7405	2.5871
Mental health rating: very good	1.6891	2.2681	2.0315	2.2846	0.8945
Mental health rating: good					
Mental health rating: fair	-1.5093	-0.9321	-0.6570	-0.8731	-1.5914
Mental health rating: poor	-4.5770	-2.3034	-1.0109	-2.5027	-4.0258
Proxy helped	-1.3468	-1.8609	-1.0290	-1.5313	-2.7689
Proxy answered	-0.4403	0.3490	1.2539	0.7683	-0.0543
Medicaid dual eligible	1.7320	-0.6650	-0.4302	-1.2793	1.0206
Low-income subsidy (LIS)	1.0662	-1.1168	-1.7504	-2.1873	-0.9946

Table B: Medicare Advantage – Prescription Drug Plans (MA-PD) Part D CAHPS Measures

Predictor	Rate Drug Plan	Getting Information from Drug Plan	Getting Needed Prescription Drugs
Age: 64 or under	-2.2413	0.3011	-1.1524
Age: 65 - 69	-0.7125	0.5109	-0.4013
Age: 70 - 74			
Age: 75 - 79	1.7589	1.2572	0.8484
Age: 80 - 84	2.9000	1.5003	0.8203
Age: 85 and older	4.4668	3.2079	1.4065
Less than an 8th grade education	-0.3543	-2.1145	-1.5838
Some high school	1.1344	-2.3570	-0.4623
High School Grad			
Some college	-2.4641	-1.3814	-1.0613
College graduate	-3.1642	-2.2557	-1.8851
More than a bachelor's degree	-4.6093	-3.2908	-2.4089
General health rating: excellent	4.1322	-0.7890	0.4966
General health rating: very good	2.1242	1.4408	1.0496
General health rating: good			
General health rating: fair	-1.3689	-1.8829	-1.1141
General health rating: poor	-2.6663	-2.9313	-1.6472
Mental health rating: excellent	3.1867	3.2722	3.2373
Mental health rating: very good	1.9223	1.4741	1.9017
Mental health rating: good			
Mental health rating: fair	-1.2271	-2.2218	-1.6854
Mental health rating: poor	-5.4349	-1.2400	-3.1617
Proxy helped	-1.7771	-1.4652	-0.5619
Proxy answered	-1.3441	2.7103	0.8492
Medicaid dual eligible	5.6227	1.0935	0.4459
Low-income subsidy (LIS)	4.8168	-2.7270	0.0307

Table C: Prescription Drug Plan (PDP) Part D CAHPS Measures

Predictor	Rate Drug Plan	Getting Information from Drug Plan	Getting Needed Prescription Drugs
Age: 64 or under	-4.2022	-4.9303	-2.4333
Age: 65 – 69	0.0156	-2.2726	-0.1306
Age: 70 - 74			
Age: 75 - 79	1.6718	-0.8715	0.9318
Age: 80 - 84	3.9067	-0.6732	1.8915
Age: 85 and older	4.2600	-2.1678	1.6319
Less than an 8th grade education	-0.0710	-3.0265	-0.9893
Some high school	2.2590	-4.7234	-0.1304
High School Grad			
Some college	-2.8246	-2.1696	-1.5105
College graduate	-2.4274	-0.6314	-1.1214
More than a bachelor's degree	-3.5882	-4.6391	-3.0517
General health rating: excellent	1.2160	8.4604	-0.1508
General health rating: very good	1.6149	2.8123	0.6320
General health rating: good			
General health rating: fair	-0.2359	2.0085	-0.3197
General health rating: poor	-1.4514	2.3588	-3.1609
Mental health rating: excellent	1.3093	-0.7475	2.8568
Mental health rating: very good	0.1730	0.0846	1.6769
Mental health rating: good			
Mental health rating: fair	-1.6635	-1.0040	-1.8467
Mental health rating: poor	-3.3997	-12.0579	-2.2798
Proxy helped	-3.9816	-1.1662	-3.1792
Proxy answered	-3.9291	-2.3589	-0.8496
Medicaid dual eligible	9.6360	3.0150	2.5317
Low-income subsidy (LIS)	8.7225	3.9897	3.0514