

# 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.

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 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

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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)

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### Your Health Care in the Last 6 Months

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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 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

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## Your Personal Doctor

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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

(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

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### Getting Health Care From Specialists

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**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

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### Your Health Plan

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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

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## Your Medicare Rights

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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

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### Your Prescription Drug Plan

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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

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**About You**

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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?

- 8<sup>th</sup> 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: \_\_\_\_\_**