

2012 Original Medicare FFS Health Plan Proposed Survey

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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.)

	<u>I am unable to do this activity</u>	<u>Yes, I have difficulty</u>	<u>No, I do not have difficulty</u>
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