

**Disenrollee Survey Comparison
PDP Only**

01/29/20211

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
Heading	YOUR FORMER PRESCRIPTION DRUG PLAN	Heading	YOUR FORMER PRESCRIPTION DRUG PLAN
Directions	We are sending you this survey because we believe you recently left, switched or were dropped by a prescription drug plan.	Directions	We are sending you this survey because we believe you recently left or were dropped by a <u>prescription drug plan</u> , or switched <u>prescription drug plans</u> .
1	Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #3	1	Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right? <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, go to Question 2 <input type="checkbox"/> I left or was dropped by a plan but it was not [PLAN NAME] <input type="checkbox"/> Go to Question 2 <input type="checkbox"/> No, I did not belong to [PLAN NAME] <input type="checkbox"/> No, I still belong to [PLAN NAME] If you answered No to Question 1, please stop and return the survey. You DO NOT have to complete the survey.

**Disenrollee Survey Comparison
PDP Only**

01/29/20212

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
2	<p>Did you move outside of the area where [PLAN NAME] was available? <input type="checkbox"/> Yes If Yes, Please stop and return the survey <input type="checkbox"/> No If No, go to #6</p>	2	<p>Did you <u>have</u> to leave or switch [PLAN NAME] for any of the following reasons? <input type="checkbox"/> I moved outside of the area where the plan was available <input type="checkbox"/> I was dropped by the plan <input type="checkbox"/> The plan was cancelled or discontinued in my area <input type="checkbox"/> The plan was changed by the organization that provides my insurance (such as an employer or a union) PLEASE READ: If you checked any of the reasons above, please stop and return the survey. You DO NOT have to complete the survey. <input type="checkbox"/> None of the above --> If you did not choose any of the reasons in Question 2 please continue to Question 3</p>
3	<p>Do you still belong to [PLAN NAME]? <input type="checkbox"/> Yes If Yes, Please stop and return this survey <input type="checkbox"/> No Dropped</p>		Dropped

**Disenrollee Survey Comparison
PDP Only**

01/29/20213

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
4	<p>Did you recently leave, switch, or were you dropped by a prescription drug plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, Please stop and return this survey</p>		Dropped
5	<p>What is the name of the prescription drug plan you recently left, switched or were dropped by? (Please print)</p> <hr/> <p>Please think of this plan as you answer the questions in this survey.</p>		Dropped
Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN
Directions	These questions ask about your experience with your former prescription drug plan.		These questions ask about your experience with your former prescription drug plan. As you answer the rest of the questions in this survey, please think only of your former plan.

**Disenrollee Survey Comparison
PDP Only**

01/29/20214

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
6	<p>Customer service is information you get from staff about what is covered and how to use the plan. Did you ever try to get information or help from [PLAN NAME]'s customer service?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If No, go to #8</p>	3	<p>Customer service is information you get from staff about what is covered and how to use the plan. Did you ever try to get information or help from [PLAN NAME]'s customer service?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, go to #5</p>
7	<p>How often did the plan's customer service give you the information or help you needed?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> I did not try to get information or help from the plan's customer service</p>	4	<p>How often did the plan's customer service give you the information or help you needed?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> I did not try to get information or help from the plan's customer service</p>
8	<p>Did you ever try to get information from the plan about which prescription medicines were covered?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If No, go to #10</p>	5	<p>Did you ever try to get information from the plan about which prescription medicines were covered?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> If No, go to #7</p>

**Disenrollee Survey Comparison
PDP Only**

01/29/20215

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
9	<p>How often did the plan give you all the information you needed about which prescription medicines were covered?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not try to get information about which prescription medicines were covered</p>	6	<p>How often did the plan give you all the information you needed about which prescription medicines were covered?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not try to get information about which prescription medicines were covered</p>
10	<p>Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, go to #12</p>	7	<p>Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, go to #9</p>
11	<p>How often did the plan give you all the information you needed about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not try to get information about how much I would have to pay for a prescription medicine</p>	8	<p>How often did the plan give you all the information you needed about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not try to get information about how much I would have to pay for a prescription medicine</p>

**Disenrollee Survey Comparison
PDP Only**

01/29/20216

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
12	Did you ever need written information from the plan in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #14	9	Did you ever need written information from the plan in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #11
13	How often did the plan give you written information in a language other than English? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not need written information in a language other than English	10	How often did the plan give you written information in a language other than English? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not need written information in a language other than English
Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN
14	Did a doctor ever prescribe a medicine for you that the plan did not cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	Did a doctor ever prescribe a medicine for you that the plan did not cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
15	How often was it easy to use the plan to get the medicines your doctor prescribed? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to get any prescription medicines	12	How often was it easy to use the plan to get the medicines your doctor prescribed? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to get any prescription medicines

**Disenrollee Survey Comparison
PDP Only**

01/29/20217

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
16	Did you ever use the plan to fill a prescription at a local pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #18	13	Did you ever use the plan to fill a prescription at a local pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #15
17	How often was it easy to use the plan to fill a prescription at a local pharmacy? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to fill a prescription at a local pharmacy	14	How often was it easy to use the plan to fill a prescription at a local pharmacy? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to fill a prescription at a local pharmacy
18	Did you ever use the plan to fill any prescriptions by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #20	15	Did you ever use the plan to fill a prescription at a local pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #15
19	How often was it easy to use the plan to fill prescriptions by mail? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to fill a prescription by mail	16	How often was it easy to use the plan to fill prescriptions by mail? <input type="checkbox"/> Never <input type="checkbox"/> Sometime <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not use the plan to fill a prescription by mail

**Disenrollee Survey Comparison
PDP Only**

01/29/20218

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
20	<p>Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate the plan?</p> <p><input type="radio"/> 0 Worst prescription drug plan</p> <p><input type="radio"/> 1 possible</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p> <p><input type="radio"/> 10 Best prescription drug plan possible</p>	17	<p>Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate the plan?</p> <p><input type="radio"/> 0 Worst prescription drug plan possible</p> <p><input type="radio"/> 1 possible</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p> <p><input type="radio"/> 10 Best prescription drug plan possible</p>
Heading	REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN	Heading	REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN
Directions:	<p>People leave, switch or drop a prescription drug plan for different reasons. These questions are about reasons you may have had for switching, leaving, or dropping [PLAN NAME]. In this survey we use the words “did you leave” to ask about why you left, dropped. or switched from your former prescription drug plan.</p>	Directions:	<p>People leave, drop, or switch prescription drug plans for different reasons. These questions are about reasons you may have had for switching, leaving, or dropping [PLAN NAME].</p>

**Disenrollee Survey Comparison
PDP Only**

01/29/20219

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
21	<p>Did you leave the plan because you found out that someone had signed you up for the plan without your permission?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	18	<p>Did you leave the plan because you found out that someone had signed you up for the plan without your permission?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
22	<p>Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	19	<p>Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
23	<p>A premium is the amount that you pay to have prescription medicine coverage from a prescription drug plan. Some prescription drug plans charge a premium to people on Medicare who are enrolled in that prescription drug plan. Did you leave the plan because the monthly premium for prescription medicine coverage went up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	20	<p>Some Medicare beneficiaries have to pay their prescription drug plan a monthly fee out of their own pocket for coverage for prescription medicines. Did you leave the plan because the monthly fee that the plan charges to provide coverage for prescription medicines went up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Disenrollee Survey Comparison
PDP Only**

01/29/202110

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
24	<p>Did you leave the plan because you stopped paying the monthly premium for the plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, go to #26</p>	21	<p>Did you leave the plan because you stopped paying the monthly fee for coverage for prescription medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, go to #23</p>
25	<p>Why did you stop paying the monthly premium for the plan?</p> <p><input type="checkbox"/> I stopped paying the monthly premium because I could not afford it <input type="checkbox"/> I stopped paying the monthly premium because I was unhappy with the plan <input type="checkbox"/> I stopped paying the monthly premium for some other reason</p>	22	<p>Why did you stop paying the the plan's monthly fee?</p> <p><input type="checkbox"/> I stopped paying the monthly fee because I could not afford it <input type="checkbox"/> I stopped paying the monthly fee because I was unhappy with the plan <input type="checkbox"/> I stopped paying the monthly fee for some other reason</p>
26	<p>A formulary is the list of prescription medicines covered by a prescription drug plan. Did you leave the plan because of a change in the formulary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	23	<p>Prescription drug plans have a list of the prescription medicines that the plan will cover. Did you leave the plan because they changed the list of prescription medicines they cover?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Disenrollee Survey Comparison
PDP Only**

01/29/202111

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
27	Did you leave the plan because you hit the temporary limit (also called the “coverage gap” or “donut hole”) when you had to pay all of the costs of your prescription medicines up to a yearly limit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped
28	Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? <input type="checkbox"/> Yes <input type="checkbox"/> No	24	Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? <input type="checkbox"/> Yes <input type="checkbox"/> No
29	Did you leave the plan because you found a prescription drug plan that costs less? <input type="checkbox"/> Yes <input type="checkbox"/> No	25	Did you leave the plan because you found a prescription drug plan that costs less? <input type="checkbox"/> Yes <input type="checkbox"/> No
30	Did you leave the plan because a change in your personal finances meant you could no longer afford the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	26	Did you leave the plan because a change in your personal finances meant you could no longer afford the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
31	Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	27	Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disenrollee Survey Comparison
PDP Only**

01/29/202112

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
32	Did you leave the plan because you had problems getting the medicines your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	28	Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No
33	Did you leave the plan because it was difficult to get brand name medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No	29	Did you leave the plan because it was difficult to get brand name medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No
34	Did you leave the plan because you were frustrated by the plan's approval process for medicines your doctor prescribed that were not on their formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	30	Did you leave the plan because you were frustrated by the plan's approval process for medicines your doctor prescribed that were not on the plan's list of medicines that the plan covers? <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No	31	Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disenrollee Survey Comparison
PDP Only**

01/29/202113

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
36	Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	32	Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? <input type="checkbox"/> Yes <input type="checkbox"/> No
37	Did you leave the plan because you were unhappy with how the plan handled a question or complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	33	Did you leave the plan because you were unhappy with how the plan handled a question or complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
38	Did you leave the plan because you could not get the information or help you needed from the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	34	Did you leave the plan because you could not get the information or help you needed from the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
39	Did you leave the plan because their customer service staff did not treat you with courtesy and respect? <input type="checkbox"/> Yes <input type="checkbox"/> No	35	Did you leave the plan because their customer service staff did not treat you with courtesy and respect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heading	OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN	Heading	OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN

**Disenrollee Survey Comparison
PDP Only**

01/29/202114

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
Directions	Not included.		Every year Medicare evaluates all Medicare prescription drug plans and gives each plan a quality rating. The ratings are referred to as the Medicare star or plan ratings. The ratings provide Medicare beneficiaries information on the quality of services a plan provides.
	Not included.	36	Did you leave the plan because it got a low Medicare star rating? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Not included.	37	Did you leave the plan because you found another plan with a higher Medicare star rating? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Not included.	38	In the past year, did you think about the Medicare star or plan ratings when making a decision about enrolling in a prescription drug plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
40	Did you leave [PLAN NAME] because it wasn't what you expected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped

**Disenrollee Survey Comparison
PDP Only**

01/29/202115

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
41	Did you leave the plan because a doctor or pharmacist told you that another plan had better benefits or coverage for prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped
42	Did you leave the plan because a family member or friend told you that another prescription drug plan was a better plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	39	Did you leave the plan because a family member or friend told you that another prescription drug plan was a better plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
43	Did you leave the plan because you saw a commercial or advertisement for a prescription drug plan you thought you would like better? <input type="checkbox"/> Yes <input type="checkbox"/> No	40	Did you leave the plan because you saw a commercial or advertisement for a prescription drug plan you thought you would like better? <input type="checkbox"/> Yes <input type="checkbox"/> No
44	Did you leave the plan because you found another plan that better met your prescription needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	41	Did you leave the plan because you found another plan that better met your prescription needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
45	Did you leave the plan because you take very few prescription medicines and don't need a prescription drug plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	42	Did you leave the plan because you take very few prescription medicines and don't need a prescription drug plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disenrollee Survey Comparison
PDP Only**

01/29/202116

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
46	What was the one most important reason you left [PLAN NAME]? (please print) <hr/> <hr/>	43	What was the one most important reason you left [PLAN NAME]? (Check one) <input type="checkbox"/> Financial or cost reasons <input type="checkbox"/> Problems getting prescription drugs through the plan <input type="checkbox"/> Problems getting information from the plan about prescription drugs <input type="checkbox"/> Switched to another plan that offers better benefits or coverage <input type="checkbox"/> Another reason. Please specify: <hr/> <hr/>
Heading	YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES	Heading	YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES
47	Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker, or plan representative ever call you without your asking them to, to tell you about insurance for prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No	44	Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker, or plan representative ever call you without your asking them to, to tell you about insurance for prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disenrollee Survey Comparison
PDP Only**

01/29/202117

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
48	Did an insurance agent, broker, or plan representative ever visit your home you without your asking them to, to tell you about insurance for prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No	45	Did an insurance agent, broker, or plan representative ever visit your home without your asking them to, to tell you about insurance for prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No
49	Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	46	Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
50	Did an insurance agent or broker give you any information that was not correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #52	47	Did an insurance agent, broker, or plan representative give you any information that was <u>not</u> correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #49

**Disenrollee Survey Comparison
PDP Only**

01/29/202118

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
51	What kind of information was not correct? <input type="checkbox"/> What the plan covered <input type="checkbox"/> What the plan would cost you <input type="checkbox"/> Which pharmacies were covered by the plan <input type="checkbox"/> Some other information (Please print) <hr/> <input type="checkbox"/> I did not get any information that was not correct	48	What kind of information was not correct? Please check all that apply. <input type="checkbox"/> What the plan covered <input type="checkbox"/> What the plan would cost you <input type="checkbox"/> Which pharmacies were covered by the plan <input type="checkbox"/> Some other information (please print) <hr/> <hr/> <hr/>
Heading	ABOUT YOU	Heading	ABOUT YOU
52	In general, how would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	49	In general, how would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
53	In general, how would you rate your overall mental health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	50	50. In general, how would you rate your overall mental health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

**Disenrollee Survey Comparison
PDP Only**

01/29/202119

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
54	In the last 12 months, how many different prescription medicines did you fill or have refilled? <input type="checkbox"/> None <input type="checkbox"/> 1 to 2 medicines <input type="checkbox"/> 3 to 5 medicines <input type="checkbox"/> 6 or more medicines	51	In the last 12 months, how many different prescription medicines did you fill? (Don't count the same prescriptions twice) <input type="checkbox"/> None <input type="checkbox"/> 1 to 2 medicines <input type="checkbox"/> 3 to 5 medicines <input type="checkbox"/> 6 or more medicines
55	In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #57	52	In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? <input type="checkbox"/> Yes <input type="checkbox"/> No-->If No, go to #54
56	Is this a condition or problem that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	53	Is this a condition or problem that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
57	Do you now need or take medicine prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #59	54	Do you now need or take medicine prescribed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #56
58	Is this to treat a condition that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	55	Is this to treat a condition that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disenrollee Survey Comparison
PDP Only**

01/29/202120

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
59	Has a doctor ever told you that you had any of the following conditions? a. A heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Angina or coronary heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No c. A stroke? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Cancer, other than skin cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No	56	Has a doctor ever told you that you had any of the following conditions? a. A heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Angina or coronary heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Hypertension of high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Cancer, other than skin cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No
60	What is your age? <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 to 34 <input type="checkbox"/> 35 to 44 <input type="checkbox"/> 45 to 54 <input type="checkbox"/> 55 to 64 <input type="checkbox"/> 65 to 74 <input type="checkbox"/> 75 to 79 <input type="checkbox"/> 80 to 84 <input type="checkbox"/> 85 or older	57	What is your age? <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 to 34 <input type="checkbox"/> 35 to 44 <input type="checkbox"/> 45 to 54 <input type="checkbox"/> 55 to 64 <input type="checkbox"/> 65 to 74 <input type="checkbox"/> 75 to 79 <input type="checkbox"/> 80 to 84 <input type="checkbox"/> 85 or older
61	Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female	58	Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female

**Disenrollee Survey Comparison
PDP Only**

01/29/202121

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
62	What is the highest grade or level of school that you have completed? <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree	59	What is the highest grade or level of school that you have completed? <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Some high school, but did not graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or 2-year degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> More than 4-year college degree
63	Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	60	Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino
64	What is your race? Please mark one or more. <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	61	What is your race? Please mark one or more. <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native
65	What language do you mainly speak at home? <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Some other language (Please print) <hr/>	62	What language do you mainly speak at home? <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Some other language (please print) <hr/>

**Disenrollee Survey Comparison
PDP Only**

01/29/202122

Question Number	2010 Version: PDP_Pilot	Question Number	2013 Version: 2PDP Survey
66	Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Go to #68	63	Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Go to #65
67	How did that person help you? Please mark one or more. <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Entered the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way (Please print) _____	64	How did that person help you? Please mark one or more. <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Entered the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way (please print) _____
68	The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received? <input type="checkbox"/> Yes <input type="checkbox"/> No	65	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? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Change	Comments
No change to wording.	
Changed word order/added underlining for emphasis.	
Findings from the field test indicate that some beneficiaries had difficulty navigating the front end questions. We expanded the response options in question 1 to make it easier to screen out as well as identify beneficiaries who truly didn't disenroll voluntarily.	

Description of Change	Comments
<p>Findings from the field test indicate that some beneficiaries had difficulty navigating the front end questions. We reworded question 2 and expanded the response options to make it easier to navigate this question and to better identify and screen out beneficiaries who truly didn't disenroll voluntarily.</p>	
<p>Dropped this question to improve navigation and to make it easier to screen out beneficiaries who did not disenroll voluntarily (this question was folded into the response options for question 1).</p>	

Description of Change	Comments
Dropped this question to improve navigation and to make it easier to screen out beneficiaries who did not disenroll voluntarily (this question was folded into the response options for question 1).	
Dropped this question as it did not seem to include navigation of the survey.	
No change to wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to wording.	
Changed wording order in the first sentence and dropped the last sentence to reduce reading burden.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
Shortened and revised question wording to make it easier to understand based on findings from cognitive interviews (avoid using the term "premium" and instead describe what a premium is).	

Description of Change	Comments
Revised question wording to make it easier to understand based on findings from cognitive interviews.	
Revised question wording to make it easier to understand based on findings from cognitive interviews.	
Revised question wording to make it easier to understand based on findings from cognitive interviews (avoid using the word "formulary").	

Description of Change	Comments
Dropped based on findings from field test (item with low endorsement).	
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
Revised question wording to make it easier to understand based on findings from cognitive interviews (avoid using the word "formulary").	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to wording.	

Description of Change	Comments
New text.	
New Item added upon request from CMS.	
New Item added upon request from CMS.	
New Item added upon request from CMS.	
Dropped based on findings from field test (item with low endorsement).	

Description of Change	Comments
Dropped based on findings from field test (item with low endorsement).	
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
Revised item to make it a close-ended item (created response options from open ended responses from the field test).	
No change to wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
Dropped the last response option added instruction to the question for clarity.	
No change to wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
Added instructions based on findings from cognitive interviews.	
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
Changed option c from "Stroke" to "Hypertension or high blood pressure."	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	
No change to item wording.	

Description of Change	Comments
No change to item wording.	
No change to item wording.	
No change to item wording.	