

Disenrollee Survey Comparison
MA PD

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
Heading	YOUR FORMER HEALTH PLAN	Heading	YOUR FORMER HEALTH PLAN	No change to wording.	
Directions	We are sending you this survey because we believe you recently left, switched or were dropped by a health plan.	Directions	We are sending you this survey because we believe you recently left or were dropped by a health plan, or switched health plans.	Changed word order for clarity.	
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 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 If Yes, go to Question 2 <input type="checkbox"/> I left or was dropped by a plan but it was not [HEALTH PLAN] Go to Question 2 <input type="checkbox"/> No, I did not belong to [HEALTH PLAN] <input type="checkbox"/> No, I still belong to [HEALTH PLAN] If you answered No to Question 1, please stop and return the survey. You DO NOT have to complete the survey.	Expanded the response options.	

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2	<p>Did you move outside of the area where [PLAN NAME] was available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Please stop and return this survey</p> <p><input type="checkbox"/> No <input type="checkbox"/> If No, go to #6</p>	2	<p>Did you have to leave or switch [PLAN NAME] for any of the following reasons?</p> <p><input type="checkbox"/> I moved outside of the area where the plan was available</p> <p><input type="checkbox"/> I was dropped by the plan</p> <p><input type="checkbox"/> The plan was cancelled or discontinued in my area</p> <p><input type="checkbox"/> The plan was changed by the organization that provides my insurance (such as an employer or a union)</p> <p>PLEASE READ: If you checked any of the reasons above, please stop and return the survey. You DO NOT have to complete the survey.</p> <p><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>	<p>Findings from the field test indicate that some beneficiaries had difficulty navigating the front end questions. We re-worded 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>	
3	<p>Do you still belong to [PLAN NAME]?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Please stop and return this survey</p> <p><input type="checkbox"/> No</p>	3	Dropped	<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>	

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4	Did you recently leave, switch, or were you dropped by a health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please stop and return this survey		Dropped	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).	
5	What is the name of the health plan you recently left, switched or were dropped by? (Please print) _____ Please think of this plan as you answer the questions in this survey.		Dropped	Dropped this question as it did not seem to include navigation of the survey.	
Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN	Heading	GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN	No change to wording.	
Directions	These questions ask about your experience with your former health plan.		These questions ask about your experience with your former health plan. As you answer the rest of the questions in this survey, please think only of your former plan.	Added text for clarity.	

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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 <input type="checkbox"/> No 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 <input type="checkbox"/> No If No, go to #5</p>	No change to item wording.	
7	<p>How often did the plan's customer service give you the information or help you needed?</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 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 <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always <input type="checkbox"/> I did not try to get information or help from the plan's customer service</p>	No change to item wording.	

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8	Did you ever try to get information from the plan about which prescription medicines were covered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #10	5	Did you ever try to get information from the plan about which prescription medicines were covered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #7	No change to item wording.	
9	How often did the plan give you all the information you needed about which prescription medicines were covered? <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	6	How often did the plan give you all the information you needed about which prescription medicines were covered? <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	No change to item wording.	

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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</p> <p><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</p> <p><input type="checkbox"/> No <input type="checkbox"/> If No, go to #9</p>	No change to item wording.	
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</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 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</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 about how much I would have to pay for a prescription medicine</p>	No change to item wording.	

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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	No change to item wording.	
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	No change to item wording.	
Heading	GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN	Directions	GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN	No change to item wording.	

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14	Did you ever try to get any kind of care, tests, or treatment through the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #16	11	Did you ever try to get any kind of care, tests, or treatment through the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #13	No change to item wording.	
15	How often was it easy to get the care, tests, or treatment you thought you needed through the plan? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	12	How often was it easy to get the care, tests, or treatment you thought you needed through the plan? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	No change to item wording.	
16	Did a doctor ever prescribe a medicine for you that the plan did not cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	13	Did a doctor ever prescribe a medicine for you that the plan did not cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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17	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	14	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	No change to item wording.	
18	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 #20	15	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 #17	No change to item wording.	
19	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	16	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	No change to item wording.	

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20	Did you ever use the plan to fill any prescriptions by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #22	17	Did you ever use the plan to fill any prescriptions by mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #19	No change to item wording.	
21	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	18	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	No change to item wording.	

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22	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate the plan? ? 0 Worst health plan possible ? 1 ? 2 ? 3 ? 4 ? 5 ? 6 ? 7 ? 8 ? 9 ? 10 Best health plan possible	19	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate the plan? ? 0 Worst health plan possible ? 1 ? 2 ? 3 ? 4 ? 5 ? 6 ? 7 ? 8 ? 9 ? 10 Best health plan possible	No change to item wording.	
Heading	REASONS YOU LEFT YOUR FORMER HEALTH PLAN	Heading	REASONS YOU LEFT YOUR FORMER HEALTH PLAN	No change to wording.	

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Directions	People leave, switch or drop a health plan for different reasons. These questions are about reasons you may have had for leaving, switching or dropping [PLAN NAME]. In this survey we use the words "did you leave" to ask about why you left, dropped or switched from your former health plan.	Directions	People leave, drop, or switch health plans for different reasons. These questions are about reasons you may have had for switching, leaving, or dropping [PLAN NAME].	Changed wording order in the first sentence and dropped the last sentence to reduce reading burden.	
23	Did you leave the plan because you found out that someone had signed you up for the plan without your permission? <input type="checkbox"/> Yes <input type="checkbox"/> No	20	Did you leave the plan because you found out that someone had signed you up for the plan without your permission? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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24	Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)? <input type="checkbox"/> Yes <input type="checkbox"/> No	21	Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
25	<p>A premium is the amount that you pay to have health care and prescription medicine coverage from a health plan. Some health plans charge a premium to people on Medicare who are enrolled in that health plan. This premium that the health plan charges is separate from the premium that people on Medicare pay for Medicare Part B. Medicare Part B premiums are usually deducted each month from a person's Social Security check. Did you leave the plan because the monthly premium for health care and prescription medicine coverage went up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	22	<p>Some Medicare beneficiaries have to pay their health plan a monthly fee out of their own pocket for coverage for health and prescription medicines. Did you leave the plan because the monthly fee that the health plan charges to provide coverage for health care and prescription medicines went up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	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).	

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
26	<p>Did you leave the plan because you stopped paying the monthly premium for the plan?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No If No, go to #28</p>	23	<p>Did you leave the plan because you stopped paying the monthly fee for coverage for health care and prescription medicines?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No If No, go to #25</p>	<p>Revised question wording to make it easier to understand based on findings from cognitive interviews.</p>	
27	<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</p> <p><input type="checkbox"/> I stopped paying the monthly premium because I was unhappy with the plan</p> <p><input type="checkbox"/> I stopped paying the monthly premium for some other reason</p>	24	<p>Why did you stop paying the plan's monthly fee?</p> <p><input type="checkbox"/> I stopped paying the monthly fee because I could not afford it</p> <p><input type="checkbox"/> I stopped paying the monthly fee because I was unhappy with the plan</p> <p><input type="checkbox"/> I stopped paying the monthly fee for some other reason</p>	<p>Revised question wording to make it easier to understand based on findings from cognitive interviews.</p>	

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28	A formulary is the list of prescription medicines covered by a health plan. Did you leave the plan because of a change in the formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	25	Health 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Revised question wording to make it easier to understand based on findings from cognitive interviews (avoid using the word "formulary").	
29	Did you leave the plan because you hit the temporary limit (also called the "coverage gap" or "donut hole") when you had to pay all of the costs of your prescription medicines up to a yearly limit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped	Dropped based on findings from field test (item with low endorsement).	
30	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	26	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	No change to item wording.	

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31	Did you leave the plan because the dollar amount you had to pay each time you visited a doctor went up? <input type="checkbox"/> Yes <input type="checkbox"/> No	27	Did you leave the plan because the dollar amount you had to pay each time you visited a doctor went up? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
32	Did you leave the plan because you found a health plan that costs less? <input type="checkbox"/> Yes <input type="checkbox"/> No	28	Did you leave the plan because you found a health plan that costs less? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
33	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	29	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	No change to item wording.	
34	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	30	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	No change to item wording.	

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
35	Did you leave the plan because you had problems getting the medicines your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	31	Did you leave the plan because you had problems getting the medicines your doctor prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
36	Did you leave the plan because it was difficult to get brand name medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No	32	Did you leave the plan because it was difficult to get brand name medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
37	Did you leave the plan because you were frustrated by the plan's approval process for medicines your doctor prescribed that were not on their formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	33	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	Revised question wording to make it easier to understand based on findings from cognitive interviews (avoid using the word "formulary").	

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38	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	34	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	No change to item wording.	
39	Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	35	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	No change to item wording.	
40	Did you leave the plan because you were frustrated by the plan's approval process for care, tests, or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	36	Did you leave the plan because you were frustrated by the plan's approval process for care, tests, or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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41	Did you leave the plan because you had problems getting the care, tests or treatment you needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	37	Did you leave the plan because you had problems getting the care, tests, or treatment you needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
42	Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. Did you leave the plan because you had problems getting the plan to pay a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	38	Claims are sent to a health plan for payment. You may send in the claims yourself or doctors, hospitals, or others may do this for you. Did you leave the plan because you had problems getting the plan to pay a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
43	Did you leave the plan because the doctors or other health care providers you wanted to see did not belong to the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	39	Did you leave the plan because the doctors or other health care providers you wanted to see did not belong to the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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44	Did you leave the plan because clinics or hospitals you wanted to go to for care were not covered by the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	40	Did you leave the plan because clinics or hospitals you wanted to go to for care were not covered by the plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
45	Did you leave the plan because it was hard to get information from the plan -- like which health care services were covered or how much a specific test or treatment would cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	41	Did you leave the plan because it was hard to get information from the plan -- like which health care services were covered or how much a specific test or treatment would cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
46	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	42	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	No change to item wording.	

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47	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	43	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	No change to item wording.	
48	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	44	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	No change to item wording.	

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	Not Included		<p>Every year Medicare evaluates all Medicare health and 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.</p> <p>Did you leave the plan because it got a low Medicare Star Rating? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	New Item added upon request from CMS.	
	Not Included		<p>Did you leave the plan because you found another plan with a higher Medicare Star Rating? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	New Item added upon request from CMS.	
	Not Included	47	<p>In the past year, did you think about the Medicare Star or Plan ratings when making a decision about enrolling in a health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	New Item added upon request from CMS.	

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Heading	OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	Heading	OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	No change to wording.	
49	Did you leave [PLAN NAME] because it wasn't what you expected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped	Dropped based on findings from field test (item with low endorsement).	
50	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	Dropped based on findings from field test (item with low endorsement).	
51	51. Did you leave the plan because a family member or friend told you that another health plan was a better plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	48	Did you leave the plan because a family member or friend told you that another health plan was a better plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

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52	Did you leave the plan because you saw a commercial or advertisement for a health plan you thought you would like better? <input type="checkbox"/> Yes <input type="checkbox"/> No	49	Did you leave the plan because you saw a commercial or advertisement for a health plan you thought you would like better? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
53	Did you leave the plan because you found another plan that better met your prescription needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	50	Did you leave the plan because you found another plan that better met your prescription needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
54	Did you leave the plan because another plan offered better benefits or coverage for some types of care, treatment, or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	51	Did you leave the plan because another plan offered better benefits or coverage for some types of care, treatment, or services (for example, dental or vision care)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Added examples of services based on findings from cognitive interviews.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
55	Did you leave the plan because your doctor or another health care provider or someone from the plan told you that you could get better care or treatment elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dropped	Dropped based on findings from field test (item with low endorsement).	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
56	What was the one most important reason you left [PLAN NAME]? (Please print) <hr/> <hr/> <hr/>	52	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 the care, tests, or treatment you needed through the plan <input type="checkbox"/> Problems with plan not covering doctors or hospitals you wanted to see <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/> <hr/>	Revised item to make it a close-ended item (created response options from open ended responses from the field test).	
Heading	YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES		YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES	No change to wording.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
57	<p>Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker, or plan representative ever call you without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	53	<p>Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker, or plan representative ever call you without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	No change to item wording.	
58	<p>Did an insurance agent, broker, or plan representative ever visit your home you without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	54	<p>Did an insurance agent, broker, or plan representative ever visit your home without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
59	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	55	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	No change to item wording.	
60	Did an insurance agent, broker, or plan representative give you any information that was not correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to #62	56	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 #58	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
61	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 doctors belong to the plan <input type="checkbox"/> Which pharmacies are covered by the plan <input type="checkbox"/> Which hospitals are 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	57	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 doctors belong to the plan <input type="checkbox"/> Which pharmacies are covered by the plan <input type="checkbox"/> Which hospitals are covered by the plan <input type="checkbox"/> Some other information (please print)	Dropped the last response option added instruction to the question for clarity.	
Heading	ABOUT YOU	Heading	ABOUT YOU	No change to wording.	
62	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	58	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	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
63	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	59	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	No change to item wording.	
64	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	60	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	Added instructions based on findings from cognitive interviews.	
65	In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, go to #67	61	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 #63	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
66	Is this a condition or problem that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	62	Is this a condition or problem that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	
67	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 #69	63	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 #65	No change to item wording.	
68	Is this to treat a condition that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	64	Is this to treat a condition that has lasted for at least 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change to item wording.	

Disenrollee Survey Comparison
MA PD

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
69	<p>Has a doctor ever told you that you had any of the following conditions?</p> <p>a. A heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Angina or coronary heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. A stroke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Cancer, other than skin cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	65	<p>Has a doctor ever told you that you had any of the following conditions?</p> <p>a. A heart attack? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Angina or coronary heart disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Hypertension or high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Cancer, other than skin cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Changed option c from "Stroke" to "Hypertension or high blood pressure."</p>	

**Disenrollee Survey Comparison
MA PD**

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
70	70. 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	66	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	No change to item wording.	
71	Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female	67	Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female	No change to item wording.	
72	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	68	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	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

01/29/2021

Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
73	Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	69	Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino	No change to item wording.	
74	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	70	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	No change to item wording.	
75	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/>	71	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/>	No change to item wording.	

**Disenrollee Survey Comparison
MA PD**

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Question Number	2010 Version: MA_PD_Pilot	Question Number	2013 Version: 2MA_PD Survey	Description of Change	Comments
76	Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Go to #78	72	72. Did someone help you complete this survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Go to #74	No change to item wording.	
77	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) <hr/>	73	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) <hr/>	No change to item wording.	
78	The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received? <input type="checkbox"/> Yes <input type="checkbox"/> No	74	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	No change to item wording.	

