

## **Attachment D: Survey of Medicare Beneficiaries and Correspondence**

- Survey of Medicare Beneficiaries
- Survey of Medicare Beneficiaries Correspondence

# Survey of Medicare Beneficiaries

Date

United States Department of Health and Human Services  
Centers for Medicare & Medicaid Services

*[First], [Last]*  
*[MPRID]*  
*[BARCODE]*

## Survey Instructions

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **Go to #1**  
 No

- If you have any questions or need help completing the survey, please call Mathematica toll-free at XXX-XXX-XXXX or email [email address].

**Please begin the survey now.**

## YOUR PROVIDER

1. Our records show that you got care from the provider named below in the last 12 months.

Name of provider label goes here

Is that right?

<sup>1</sup> Yes    <sup>0</sup> No → **Go to #50**

- 1a. What is this provider's specialty?

<sup>1</sup> Internal Medicine    <sup>5</sup> Oncology  
<sup>2</sup> Family Medicine    <sup>6</sup> Other: \_\_\_\_\_  
<sup>3</sup> Cardiology  
<sup>4</sup> Nephrology

**The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.**

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

<sup>1</sup> Yes    <sup>0</sup> No

3. How long have you been going to this provider?

<sup>1</sup> Less than 6 months  
<sup>2</sup> At least 6 months but less than 1 year  
<sup>3</sup> At least 1 year but less than 3 years  
<sup>4</sup> At least 3 years but less than 5 years  
<sup>5</sup> 5 years or more

## YOUR CARE FROM THIS PROVIDER IN THE LAST 12 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.**

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

<sup>0</sup> None → **Go to #50**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

## APPOINTMENTS AND WAIT TIMES

5. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

<sup>1</sup> Yes    <sup>0</sup> No → **Go to #8**

6. Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?

<sup>1</sup> Yes    <sup>0</sup> No

7. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

## COMMUNICATION

8. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

9. In the last 12 months, how often did this provider listen carefully to you?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

10. In the last 12 months, did you talk with this provider about any health questions or concerns?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #12**

11. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

12. In the last 12 months, how often did this provider seem to know the important information about your medical history?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

13. In the last 12 months, how often did this provider show respect for what you had to say?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

14. In the last 12 months, how often did this provider spend enough time with you?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

## TESTING AND TEST RESULTS

15. In the last 12 months, did this provider order a blood test, x-ray, or other test for you?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #17**

16. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

## PRESCRIPTION MEDICATIONS

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

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #23**

18. In the last 12 months, did you and this provider talk about starting or stopping a prescription medicine?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #21**

19. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?

<sup>1</sup> Not at all  
<sup>2</sup> A little  
<sup>3</sup> Some  
<sup>4</sup> A lot

20. When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might **not** want to take a medicine?

- <sup>1</sup> Not at all
- <sup>2</sup> A little
- <sup>3</sup> Some
- <sup>4</sup> A lot

21. In the last 12 months, did this provider ask about medications prescribed for you by another health professional such as a specialist or a dentist?

- <sup>1</sup> Yes    <sup>0</sup> No → **Go to #23**

22. Did this provider review the medications you were prescribed by other health professionals to make sure they were okay to take with medications prescribed by him or her?

- <sup>1</sup> Yes    <sup>0</sup> No    <sup>9</sup> Don't know

#### RATING OF PROVIDER

23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

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

#### INVOLVEMENT IN CARE

24. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

- <sup>1</sup> Yes    <sup>0</sup> No → **Go to #26**

25. Do you believe the care you have received in the last 12 months has been focused on your specific goals for your health?

- <sup>1</sup> Yes    <sup>0</sup> No

#### EMOTIONAL HEALTH & PERSONAL ISSUES

26. In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- <sup>1</sup> Yes    <sup>0</sup> No

27. In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

- <sup>1</sup> Yes    <sup>0</sup> No

28. In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- <sup>1</sup> Yes    <sup>0</sup> No

#### TOBACCO USE

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

- <sup>1</sup> Every day
- <sup>2</sup> Some days
- <sup>3</sup> Not at all → **Go to #31**

30. In the last 12 months, how often were you advised to quit smoking or using tobacco by this provider?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

### ALCOHOL USE

31. In the past 12 months, have you had excessive use of alcohol?  
<sup>1</sup> Yes      <sup>0</sup> No
32. In the past 12 months, has this provider talked with you about alcohol use?  
<sup>1</sup> Yes      <sup>0</sup> No

### VACCINATIONS

33. Have you had a flu shot within the past year?  
<sup>1</sup> Yes      <sup>0</sup> No
34. Have you ever had a pneumonia shot? *This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.*  
<sup>1</sup> Yes  
<sup>0</sup> No  
<sup>-9</sup> Don't know

### COLON CANCER SCREENING

**NOTE:** *If you are 50 years or older, please answer #35. Otherwise, skip to #36.*

35. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?  
<sup>1</sup> Yes      <sup>0</sup> No      <sup>-9</sup> Don't know

### OSTEOPOROSIS SCREENING & DIAGNOSIS

36. Has this provider talked to you about osteoporosis and fracture prevention?  
<sup>1</sup> Yes      <sup>0</sup> No      <sup>-9</sup> Don't know

**NOTE:** *If you are 65 years or older AND female, please answer #37 and #38. Otherwise, skip to #39.*

37. Have you ever had a **bone density test** to check for **osteoporosis**, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.  
<sup>1</sup> Yes      <sup>0</sup> No      <sup>-9</sup> Don't know
38. Have you been diagnosed with osteopenia or osteoporosis?  
<sup>1</sup> Yes      <sup>0</sup> No      <sup>-9</sup> Don't know

### WEIGHT CONTROL

39. In the past 12 months, has anyone in this provider's office told you your body mass index (BMI) value?  
<sup>1</sup> Yes  
<sup>0</sup> No  
<sup>-9</sup> Don't know → **Go to note before #41.**
40. In the past 12 months, has anyone in this provider's office given you advice about your weight based on your BMI?  
<sup>1</sup> Yes, lose weight  
<sup>2</sup> Yes, gain weight  
<sup>3</sup> Yes, maintain current weight  
<sup>0</sup> No

## URINARY LEAKAGE

**NOTE:** *If you are female, please answer #41 and, if applicable, #42 and #43. If you are male, skip to #44.*

41. Many people experience problems with urinary incontinence, the leakage of urine. In the past 12 months, have you accidentally leaked urine?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #44**

42. Have you talked with this provider about your urine leakage problem?

<sup>1</sup> Yes      <sup>0</sup> No

43. Has this provider explained options available to you to treat urinary incontinence? *These may include bladder training, exercises, medication and surgery.*

<sup>1</sup> Yes      <sup>0</sup> No

## BLOOD PRESSURE

44. About how long has it been since you last had your blood pressure taken at this provider's office?

<sup>1</sup> Within the past 6 months (1 to 6 months ago)  
<sup>2</sup> Within the past year (7 to 12 months ago)  
<sup>3</sup> Within the past 2 years (1 to 2 years ago)  
<sup>4</sup> More than 2 years ago

45. Has this provider EVER told you that you have high blood pressure?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #47**

46. Are you currently taking medicine for your high blood pressure?

<sup>1</sup> Yes      <sup>0</sup> No

## FALLS

47. Has this provider asked you if you have fallen in the past year?

<sup>1</sup> Yes      <sup>0</sup> No

## SPECIALIST CARE

48. 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 12 months, did you see a specialist for a particular health problem?

<sup>1</sup> Yes      <sup>0</sup> No → **Go to #50**

49. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

<sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always

## ABOUT YOU

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

<sup>1</sup> Excellent  
<sup>2</sup> Very good  
<sup>3</sup> Good  
<sup>4</sup> Fair  
<sup>5</sup> Poor

51. In general, how would you rate your overall **mental** or **emotional** health?

<sup>1</sup> Excellent  
<sup>2</sup> Very good  
<sup>3</sup> Good  
<sup>4</sup> Fair  
<sup>5</sup> Poor

52. What is your age?

<sup>1</sup> 18 to 24  
<sup>2</sup> 25 to 34  
<sup>3</sup> 35 to 44  
<sup>4</sup> 45 to 54  
<sup>5</sup> 55 to 64  
<sup>6</sup> 65 to 69  
<sup>7</sup> 70 to 74  
<sup>8</sup> 75 to 79  
<sup>9</sup> 80 to 84  
<sup>10</sup> 85 or older

53. Are you male or female?

- <sup>1</sup> Male
- <sup>2</sup> Female

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

- <sup>1</sup> 8th grade or less
- <sup>2</sup> Some high school, but did not graduate
- <sup>3</sup> High school graduate or GED
- <sup>4</sup> Some college or 2-year degree
- <sup>5</sup> 4-year college graduate
- <sup>6</sup> More than 4-year college degree

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

- <sup>1</sup> Yes, Hispanic or Latino
- <sup>2</sup> No, not Hispanic or Latino

56. What is your race? *Mark one or more.*

- <sup>1</sup> White
- <sup>2</sup> Black or African American
- <sup>3</sup> Asian
- <sup>4</sup> Native Hawaiian or Other Pacific Islander
- <sup>5</sup> American Indian or Alaskan Native
- <sup>6</sup> Other

**HELP COMPLETING THE SURVEY**

57. Did someone help you complete this survey?

- <sup>1</sup> Yes
- <sup>0</sup> No → **Thank you.**

58. How did that person help you? *Mark one or more.*

- <sup>1</sup> Read the questions to me
- <sup>2</sup> Wrote down the answers I gave
- <sup>3</sup> Answered the questions for me
- <sup>4</sup> Translated the questions into my language
- <sup>5</sup> Helped in some other way

← Please describe the help received:

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**THANK YOU!**

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



**Attachment D2. Survey of Medicare Beneficiaries: Correspondence**

*CMS LETTERHEAD*

**CMS Pre-Notification Letter to Medicare Beneficiaries**

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

In recent years, the Centers for Medicare & Medicaid Services (CMS) has implemented a number of programs and initiatives aimed at making health care more accessible, less costly, and of higher quality. As a Medicare beneficiary, you have valuable insight into how well we are doing at achieving these access, cost, and quality goals.

This letter is to invite you to participate in the **Survey of Medicare Beneficiaries**. The results from the survey will help CMS (1) better understand the health status of Medicare beneficiaries, (2) learn how beneficiaries communicate with their health care providers, and (3) learn about ways in which beneficiaries are involved in their own care. As a courtesy, you will be sent a gift card for \$2.

CMS has hired Mathematica Policy Research (Mathematica) to conduct this survey. In the near future, Mathematica will be mailing you a copy of the survey. Although participating is your choice, we strongly encourage you to complete the brief survey and return it the postage-paid envelope Mathematica provides. Your input is critical so that CMS can determine if its programs and initiatives are meeting the needs of Medicare beneficiaries.

The information you provide on the survey will be kept private to the full extent allowable by law. You do not have to participate and, if you do participate, you can skip items you do not want to answer. Information that is shared will be done in ways that do NOT allow you to be identified. Also, participating in the survey will in no way impact your current or future Medicare benefits or the health care that you receive.

If you have any questions, please call Kirsten Barrett, Mathematica's Survey Director, at (202) 554-7564 or email her at [kbarrett@mathematica-mpr.com](mailto:kbarrett@mathematica-mpr.com).

Thank you in advance for your assistance.

Sincerely,

Kate Goodrich, M.D., M.H.S.  
Acting Director  
Quality Measurement & Health Assessment Group  
Center for Clinical Standards and Quality  
Centers for Medicare & Medicaid Services

*MATHEMATICA LETTERHEAD*

**Invitation Letter From Mathematica to Medicare Beneficiaries**

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

We need your help with an important survey being conducted for the Centers for Medicare & Medicaid Services (CMS). Your input is needed so that CMS can learn if and how its programs and initiatives are meeting the goals of improving access to health care, reducing health care cost, and improving health care quality for people like you.

You have been chosen to participate in the **Survey of Medicare Beneficiaries**. This brief, 10-minute survey will help CMS (1) better understand the health status of Medicare beneficiaries, (2) learn how beneficiaries communicate with their health care providers, and (3) learn about ways in which beneficiaries are involved in their own care. As a courtesy, you will be sent a gift card for \$2.

We hope you choose to complete this important survey. The information you provide will be kept private to the extent allowable by law. Information that is shared will be done in ways that do NOT allow you to be identified. Also, completing the survey will in no way affect your current or future Medicare benefits or the health care that you receive.

We have included the survey as well as a postage-paid return envelope. If you have trouble completing the survey by mail, please call Mathematica at <NUMBER>. We will be happy to help you complete the survey over the phone.

If you have any questions, please call our help desk number at <NUMBER> or email us at <project email>.

Thank you in advance for helping us with this important effort.

Sincerely,

Kirsten Barrett, Ph.D.  
Senior Survey Researcher  
Mathematica Policy Research

Enclosures: (2)

*MATHEMATICA LETTERHEAD*

**Reminder Letter #1 from Mathematica to Medicare Beneficiaries**

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

A couple of weeks ago, we sent you a letter inviting you to participate in the **Survey of Medicare Beneficiaries**. This important survey, sponsored by the Centers for Medicare & Medicaid Services (CMS), will help CMS learn if and how its programs and initiatives are meeting the goals of improving access to health care, reducing health care cost, and improving health care quality for people like you.

If you have completed and returned the survey, please accept our thanks. If you have not yet completed and returned the survey, please do so as soon as possible. The survey takes about 10 minutes to complete. The information you provide will be kept private. Information that is shared will be done in ways that do NOT allow you to be identified. Also, completing the survey will in no way affect your current or future Medicare benefits or the health care that you receive.

If you have trouble completing the survey by mail, please call Mathematica at <NUMBER>. We will be happy to help you complete the survey over the phone.

If you have any questions or need a new copy of the survey, please call our help desk number at <NUMBER> or email us at <project email>.

Thank you in advance for helping us with this important effort.

Sincerely,

Kirsten Barrett, Ph.D.  
Senior Survey Researcher  
Mathematica Policy Research

*MATHEMATICA LETTERHEAD*

**Reminder Letter #2 from Mathematica to Medicare Beneficiaries**

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

The **Survey of Medicare Beneficiaries** will soon be ending. This important survey, sponsored by the Centers for Medicare & Medicaid Services (CMS), will help CMS learn if and how its programs and initiatives are meeting the goals of improving access to health care, reducing health care cost, and improving health care quality for people like you.

Please consider completing and returning the survey today. It takes about 10 minutes to complete. The information you provide will be kept private. Information that is shared will be done in ways that do NOT allow you to be identified. Also, completing the survey will in no way affect your current or future Medicare benefits or the health care that you receive.

If you have trouble completing the survey by mail, please call Mathematica at <NUMBER>. We will be happy to help you complete the survey over the phone.

If you have any questions or need a new copy of the survey, please call our help desk number at <NUMBER> or email us at <project email>.

Thank you in advance for helping us with this important effort.

Sincerely,

Kirsten Barrett, Ph.D.  
Senior Survey Researcher  
Mathematica Policy Research

*MATHEMATICA LETTERHEAD*

**Final Letter from Mathematica to Medicare Beneficiaries**

Date

NAME

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP

Dear <NAME>:

The **Survey of Medicare Beneficiaries** will end on [MONTH DATE, YEAR]. There is still time for you to complete the 10-minute survey! The survey, sponsored by the Centers for Medicare & Medicaid Services (CMS), will help CMS learn if and how its programs and initiatives are meeting the goals of improving access to health care, reducing health care cost, and improving health care quality for people like you.

The information you provide will be kept private. Information that is shared will be done in ways that do NOT allow you to be identified. Also, completing the survey will in no way affect your current or future Medicare benefits or the health care that you receive.

If you have trouble completing the survey by mail, please call Mathematica at <NUMBER>. We will be happy to help you complete the survey over the phone.

If you have any questions or need a new copy of the survey, please call our help desk number at <NUMBER> or email us at <project email>.

Thank you in advance for helping us with this important effort.

Sincerely,

Kirsten Barrett, Ph.D.  
Senior Survey Researcher  
Mathematica Policy Research