# MA & PDP CAHPS Survey
# Prescription Drug Plan Survey

## *INITIAL COVER LETTER - English*

[SURVEY VENDOR LOGO] [PLAN LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 15 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2015, please answer the questions in the survey thinking about your experiences in the last six months of 2014. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices.

If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXX-XXXX, Monday through Friday, between xx:xx a.m. and xx:xx p.m.

Thank you in advance for your participation.

Sincerely,

Signature
[SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.

# "Medicare Satisfaction Survey"
# Prescription Drug Plan Survey

## MEDICARE SURVEY INSTRUCTIONS

***This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].***

- Answer all the questions by putting an "X" in the box to the left of your answer, like this:
  ☒ Yes
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

## EXAMPLE

**1. Do you wear a hearing aid now?**

☐ Yes 0
☒ No **→If No, Go to Question 3**

**2. How long have you been wearing a hearing aid?**

☐ Less than one year
☐ 1 to 3 years
☐ More than 3 years
☐ I don't wear a hearing aid

**3. In the last 6 months, did you have any headaches?**

☒ Yes
☐ No

**1.** Our records show that in 2014 your prescriptions were covered by the Medicare prescription drug plan named on the back page.
Is that right?

☐ Yes →**If Yes, Go to Question 3**
☐ No

**2.** Please write below the name of the Medicare prescription drug plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

_____

**3**. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?

☐ Yes
☐ No →**If No, Go to Question 6**

**4**. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months → **Go to Question 6**

**5**. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

**6**. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

☐ Yes
☐ No →**If No, Go to Question 8**

**7**. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

**8**. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- ☐ Yes
- ☐ No →**If No, Go to Question 10**

**9**. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

**10**. In the last 6 months, how many different prescription medicines did you fill or have refilled?

- ☐ None
- ☐ 1 to 2 medicines
- ☐ 3 to 5 medicines
- ☐ 6 or more medicines

**11**. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- ☐ Yes
- ☐ No →**If No, Go to Question 17**

**12**. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

- ☐ Yes
- ☐ No →**If No, Go to Question 17**
- ☐ All my prescribed medicines are covered →**Go to Question 17**

**13**. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

Please mark one or more.

- ☐ Tell you that you can file an appeal
- ☐ Offer to send you forms that you need in order to file an appeal
- ☐ Suggest how to resolve your complaint
- ☐ Listen to your complaint but did not help to resolve it
- ☐ Discourage you from taking action
- ☐ Do none of the above
- ☐ All my prescribed medicines were covered

**14**. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

**15.** How long did it take for your plan to settle your complaint?

- ☐ Same day
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 or more weeks
- ☐ I am still waiting for it to be settled

**16**. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled

**17.** In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:

| | **Yes** | **No** |
|---|---|---|
| a. To make sure you filled or refilled a prescription? | ☐ | ☐ |
| b. To make sure you were taking medications as directed? | ☐ | ☐ |

**18**. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not use my prescription drug plan to get any medicines in the last 6 months

**19**. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

- ☐ Yes
- ☐ No →**If No, Go to Question 21**

**20**. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

**21**. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

- ☐ Yes
- ☐ No →**If No, Go to Question 23**
- ☐ I am not sure if my drug plan offers prescriptions by mail →**Go to Question 23**

**22**. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
- ☐ I am not sure if my drug plan offers prescriptions by mail

**23**. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?

- ☐ 0 - Worst prescription drug plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 - Best prescription drug plan possible

**24**. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

**About You**

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**26**. In general, how would you rate your overall <u>mental or emotional</u> health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**27**. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?

- ☐ Yes
- ☐ No →**If No, Go to Question 29**

**28**. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

**29**. Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?

- ☐ Yes
- ☐ No →**If No, Go to Question 31**

**30**. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

**31**. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

**32**. In the last 6 months, did you receive any mail order medicines that you did not request?

- ☐ Yes
- ☐ No
- ☐ Don't know

**33**. Has a doctor ever told you that you had any of the following conditions?

| | Yes | No |
|---|---|---|
| a. A heart attack? | ☐ | ☐ |
| b. Angina or coronary heart disease? | ☐ | ☐ |
| c. Hypertension or high blood pressure? | ☐ | ☐ |
| d. Cancer, other than skin cancer? | ☐ | ☐ |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | ☐ | ☐ |
| f. Any kind of diabetes or high blood sugar? | ☐ | ☐ |

**34**. Have you had a flu shot since July 1, 2014?

- ☐ Yes
- ☐ No
- ☐ Don't know

**35**. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Every day
- ☐ Some days
- ☐ Not at all →**If Not at all, Go to Question 38**
- ☐ Don't know →**If Don't know, Go to Question 38**

**37**. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

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

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

**39**. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

**40**. What is your race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

**41**. How many people live in your household now, including yourself?

- ☐ 1 person
- ☐ 2 to 3 people
- ☐ 4 or more people

**42**. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- ☐ Yes
- ☐ No

**43**. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**44**. How did that person help you? Please mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

**Thank you.**

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

**[SURVEY VENDOR ADDRESS]**

**Contract Name: _____**