

# MA & PDP CAHPS Survey MA-only Survey

## **INITIAL COVER LETTER**

[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and 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 and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your health plan serve you better.

If you changed your Medicare plan for 2016, please answer the questions in the survey thinking about your experiences in the last six months of 2015. 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 about their health plan, so we hope you will choose to help us.

If you have any questions about the survey, please call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-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” Medicare Advantage 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  
 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0732**. The time required to complete this information collection is estimated to average **20 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2014 your health services were covered by the 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 health plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

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### Your Health Care in the Last 6 Months

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3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes  
 No →If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes  
 No →If No, Go to Question 7

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None →If None, Go to Question 9  
 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- Yes
- No →If No, Go to Question 12

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- Less than 1 hour
- 1 to 3 hours
- More than 3 hours but less than 6 hours
- More than 6 hours
- I did not ask for a return call
- I did not get a return call
- I was told to go to the Emergency Room

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

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

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## Your Personal Doctor

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13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

Yes  
 No →If No, Go to Question 33

14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

None →If None, Go to Question 33

- 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

Never  
 Sometimes  
 Usually  
 Always

16. In the last 6 months, how often did your personal doctor listen carefully to you?

Never  
 Sometimes  
 Usually  
 Always

17. In the last 6 months, how often did your personal doctor show respect for what you had to say?

Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, how often did your personal doctor spend enough time with you?

Never  
 Sometimes  
 Usually  
 Always

19. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0 Worst personal doctor possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best personal doctor possible

20. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- Yes
- No →If No, Go to Question 24

22. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never →If Never, Go to Question 24
- Sometimes
- Usually
- Always

23. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did you take any prescription medicine?

- Yes
- No →If No, Go to Question 26

25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?

- Yes
- No →If No, Go to Question 29

27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?

- Yes, a lot
- Yes, a little
- No, not at all

28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?

- Harder
- Not harder or easier
- Easier

29. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No →If No, Go to Question 32

30. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- Yes
- No →If No, Go to Question 32

31. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

- Yes
- No

### Getting Health Care From Specialists

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- Yes →If Yes, Please include your personal doctor as you answer these questions about specialists
- No
- I do not have a personal doctor

34. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
- No →If No, Go to Question 39
- Someone else made my specialist appointments for me

35. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
  - Sometimes
  - Usually
  - Always
  - Someone else made my specialist appointments for me

36. How many specialists have you seen in the last 6 months?
- None →If None, Go to Question 39
  - 1 specialist
  - 2
  - 3
  - 4
  - 5 or more specialists

37. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
- 0 Worst specialist possible
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10 Best specialist possible

38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
- Never
  - Sometimes
  - Usually
  - Always
  - I do not have a personal doctor
  - I did not visit my personal doctor in the last 6 months
  - My personal doctor is a specialist

#### Your Health Plan

39. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?
- Yes
  - No →If No, Go to Question 41
40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
- Never
  - Sometimes
  - Usually
  - Always
41. In the last 6 months, did you try to get information or help from your health plan's customer service?
- Yes
  - No →If No, Go to Question 44



42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

44. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → If No, Go to Question 46

45. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

46. 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 your health plan?

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

47. In the last 6 months, did anyone from a doctor's office or your health plan contact you:

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To remind you to make appointments for tests or treatment?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To remind you to get a flu shot or other immunization?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To remind you about screening tests such as breast cancer or colorectal cancer screening? | <input type="checkbox"/> | <input type="checkbox"/> |

48. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No → If No, Go to Question 50

49. In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?

- Yes
- No

### Your Medicare Rights

50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- Yes
- No →If No, Go to Question 53

51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- Yes
- No →If No, Go to Question 53
- Don't know →If Don't know, Go to Question 53

52. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need 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 these things

53. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes
- No →If No, Go to Question 57

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

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

55. How long did it take for your health 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

56. Was your complaint or problem settled to your satisfaction?

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

#### About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

59. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → If No, Go to Question 61

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

- Yes
- No

61. Do you now need or take any medicine prescribed by a doctor for any condition?

- Yes
- No → If No, Go to Question 63

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

- Yes
- No

63. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- My doctor did not prescribe any medicines for me in the last 6 months

64. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

65. 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

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

- Yes
- No
- Don't know

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

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

68. Have you had a flu shot since July 1, 2015?

- Yes
- No
- Don't know

69. 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

70. 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 72**
- Don't know → **If Don't know, Go to Question 72**

71. 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

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

- 8<sup>th</sup> 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

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

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

74. 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

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

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

76. 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

77. Did someone help you complete this survey?

Yes

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

78. 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:** \_\_\_\_\_