Attachment VIII. MA-Only Survey

Survey Instructions

This survey asks about you and the healthcare you received from your <u>former</u> health plan. Answer each question thinking about <u>yourself</u>. 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 CSS (the survey research organization assisting CMS in conducting this survey).

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes

- Be sure to read <u>all</u> the answer choices given before marking your answer.

- Some questions have instructions that tell you to skip questions that may not apply to you. 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].**

Please read below:

According to CMS records, the following change was made to your Medicare coverage in [MONTH/YEAR]:

- Your **former** Medicare plan or coverage was:

  [PLAN NAME] [CONTRACT #]

- Your **new** Medicare plan or coverage is:

  [PLAN NAME] [CONTRACT #]

- Please answer this survey based only on your experiences with your **former** plan:

  [PLAN MARKETING NAME/CONTRACT #]

- If you were not enrolled in [PLAN NAME/ NUMBER] recently, please answer the survey based on your experiences with the plan you had before you enrolled in your current plan.

GO TO NEXT PAGE→

ATTENTION: Some questions have instructions that tell you to skip questions that may not apply to you. Please check for a skip instruction after you answer each question.

YOUR FORMER HEALTH PLAN

We are sending you this survey because we believe you recently changed or switched to another Medicare health plan or dropped your Medicare health plan.

1. Our records show that you used to belong to [PLAN_NAME] (Contract Number [CONTRACTID]) but no longer belong to that plan. Is that right?

- ☐ Yes, I changed or switched health plans → ***Go to Question 2***
- ☐ I changed or switched health plans but my **former** plan was not [PLAN_NAME] → ***Go to Question 2***
- ☐ No, I did not change, switch, or drop health plans recently → ***Stop. Do not complete the rest of this survey. Please return the survey in the enclosed envelope.***

2. Did you have to change, switch, or drop your former health plan for any of the following reasons?

- ☐ I moved outside of the area where the plan was available
- ☐ I was dropped by the plan
- ☐ The plan was cancelled or discontinued in my area
- ☐ The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union)

} ***Stop. Do not complete the rest of this survey. Please return the survey in the enclosed envelope.***

- ☐ None of the above → ***Continue survey, go to Question 3***

GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN

As you answer the questions in this survey, please think only of your <u>former</u> health plan.

3. Did you ever try to get information or help from your former plan's customer service?

- ☐ Yes
- ☐ No → **If No, go to Question 5**

4. How often did your former plan's customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my former plan's customer service

GETTING HEALTH CARE YOU NEEDED FROM YOUR FORMER HEALTH PLAN

5. Did you ever try to get any kind of care, tests, or treatment through your former plan?

- ☐ Yes
- ☐ No → **If No, go to Question 7**

6. How often was it easy to get the care, tests, or treatment you needed through your former plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get any kind of care, tests, or treatment through my former plan

7. 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 former plan?

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

REASONS YOU LEFT YOUR FORMER HEALTH PLAN

The next questions are about reasons you may have had for changing, switching, or dropping your former health plan.

8. Did you leave your former plan because you found out that someone had signed you up for the plan without your permission?

- ☐ Yes
- ☐ No

9. Did you leave your former plan because you were taken off the plan by mistake?

- ☐ Yes
- ☐ No

10. Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor went up?

- ☐ Yes
- ☐ No
- ☐ I did not have to pay for doctor visits

11. Some people have to pay their health plan a <u>monthly</u> fee (called a premium) out of their own pocket for health coverage.

Did you leave your former plan because this <u>monthly</u> fee went up?

- ☐ Yes
- ☐ No
- ☐ I did not have to pay my former plan a monthly fee out of my own pocket

12. Did you leave your former plan because you found a health plan that costs less?

- ☐ Yes
- ☐ No

13. Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan?

- ☐ Yes
- ☐ No

14. Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment?

- ☐ Yes
- ☐ No

15. Did you leave your former plan because you had problems getting the care, tests, or treatment you needed?

- ☐ Yes
- ☐ No

16. 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 your former plan because you had problems getting the plan to pay a claim?

- ☐ Yes
- ☐ No

17. Did you leave your former plan because the doctors or other health care providers you wanted to see did not belong to the plan?

- ☐ Yes
- ☐ No

18. Did you leave your former plan because clinics or hospitals you wanted to go to for care were not covered by the plan?

- ☐ Yes
- ☐ No

19. Did you leave your former 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?

- ☐ Yes
- ☐ No

20. Did you leave your former plan because you were unhappy with how the plan handled a question or complaint?

- ☐ Yes
- ☐ No

21. Did you leave your former plan because you could not get the information or help you needed from the plan?

- ☐ Yes
- ☐ No

22. Did you leave your former plan because their customer service staff did not treat you with courtesy and respect?

- ☐ Yes
- ☐ No

23. Every year Medicare evaluates all health plans and gives them a star rating that gives information on health plan quality.

Have you ever seen the Medicare Star Rating for any health plan?

- ☐ Yes
- ☐ No→ **If No, go to Question 27**

24. Did you leave your former plan because it got a low star rating?

- ☐ Yes
- ☐ No

25. Did you leave your former plan because you found another plan with a higher star rating?

- ☐ Yes
- ☐ No

26. In the past year, did you consider the Medicare Star Ratings when trying to choose a plan?

- ☐ Yes
- ☐ No

OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN

27. Did you leave your former plan because a <u>family member or friend</u> told you about a better plan?

- ☐ Yes
- ☐ No

28. Did you leave your former plan because you saw a commercial or advertisement for a health plan you thought you would like better?

- ☐ Yes
- ☐ No

29. Did you leave your former plan because you found another plan that better met your prescription needs?

- ☐ Yes
- ☐ No

30. Did you leave your former plan because another plan offered better benefits or coverage (for example, dental or vision care)?

- ☐ Yes
- ☐ No

ABOUT YOU

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

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

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

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

33. In the past 12 months, how many different prescription medicines did you take?

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

34. 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 36**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No → **If No, go to Question 38**

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

- ☐ Yes
- ☐ No

38. Has a doctor <u>ever</u> told you that you had any of the following conditions?

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

39. 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

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

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

41. 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

42. What language do you <u>mainly</u> speak at home?

- ☐ Chinese
- ☐ English
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese
- ☐ Some other language (please print)

_____

43. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **If No, go to Question 45**

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 (please print)

_____

45. May we contact you again if we have any questions about your survey responses or if we have other questions about the health care services that you received?

- ☐ Yes
- ☐ No

THANK YOU FOR COMPLETING THIS SURVEY

Please return your completed survey in the postage paid envelope to:
MEDICARE SATISFACTION SURVEY
PO BOX 1920
MANCHESTER, CT 06045-9939

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