

Medicare Advantage Regional Outreach Experiment Survey (Phone)

PRA Disclosure Statement

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 **0938-1247**. The time required to complete this information collection is estimated to average **10 minutes** per response, 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 C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Kisha Coa at (410)786-6019 or Kisha.Coa@cms.hhs.gov.**

Introduction

LANDLINE

Hello, this is _____ calling from BR Interviewing, a national opinion research firm. We are not trying to sell you anything. We are conducting a survey in your area and would like to include your opinions. All your responses will be kept entirely confidential.

May I please speak to the male age 65 or older who is at home? *[Ask male first to even out natural skew toward female respondents for telephone interviews]*

IF NO MALE, ASK:

May I please speak to the female age 65 or older who is at home?

Please know these calls are randomly monitored for quality and training purposes.

CELL

Hello, this is _____ calling from BR Interviewing, a national opinion research firm. We are not trying to sell you anything. We are conducting a survey in your area and would like to include your opinions. All your responses will be kept entirely confidential.

Please know these calls are randomly monitored for quality and training purposes.

Screening Questions

S1. [DG12] What is your zip code?

Prefer not to answer -> **TERMINATE**

Not one of the experimental or control zip codes -> **TERMINATE**

QUOTAS: *n=800 in experimental zip codes and n=800 in control zip codes; need at least some representation from all 40 markets (does not need to be proportional, however)*

S2. [DG2] Can you tell me the year you were born?

_____ -> if less than 65 years old or over 75 -> **TERMINATE**

Don't know -> **TERMINATE**

Prefer not to answer-> **TERMINATE**

S3. [DG1] Are you: [DO NOT ASK FOR LANDLINE – WILL ALREADY KNOW RESPONSE BASED ON INTRO]

- Male
- Female
- Prefer not to answer

S4. [DMG1] When it comes to your health insurance coverage and health care services do you usually:

- Make those decisions on your own without talking to anyone else
- Make those decisions on your own but talk with others about it
- Make those decisions with someone else's help
- Rely on someone else to make those decisions for you -> **TERMINATE**
- Don't know -> **TERMINATE**
- Prefer not to answer -> **TERMINATE**

S5. [ING1] Do you currently have Medicare?

- Yes
- No -> **TERMINATE**
- Don't know -> **TERMINATE**
- Prefer not to answer -> **TERMINATE**

S6. [ING2] [If YES to Q5]: There are different ways that people can get Medicare coverage. Please select the option that best describes how you get your hospital (Part A) and doctor (Part B) costs covered in **2018**.

- I have a plan directly through Medicare – sometimes called traditional Medicare, Original Medicare, or an 80/20 plan
- I have a plan through a private insurance company like an HMO or PPO, also called Medicare Advantage -> **GO to S9**
- Don't know -> **TERMINATE**
- Prefer not to answer -> **TERMINATE**

S7. [ING6] [If Original Medicare in S6]: Do you have a supplemental plan, also called Medigap, that helps cover the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles?

- Yes
- No
- Don't know
- Prefer not to answer

S8. [ING5] [If Original Medicare in S6]: Do you have a prescription drug plan (Part D)?

- Yes
- No
- Don't know
- Prefer not to answer

S9. [ING2] [If Medicare Advantage in S6]: To confirm, your Medicare Advantage plan is a provided by an independent insurance company, which means you typically show a health plan card from this insurance company when you visit the doctor's office or hospital. Do you use a health plan card from a private insurance company for these types of visits?

- Yes
- No
- Don't know
- Prefer not to answer

S10. [ING2] Do you have health insurance through your job or your spouse's job?

- Yes -> **TERMINATE**
- No
- Don't know -> **TERMINATE**
- Prefer not to answer -> **TERMINATE**

S11. [ING2] Do you have health insurance coverage through any of the following? [READ LIST]

- Medicaid or state assistance -> **TERMINATE**
- VA or Veterans' health insurance -> **TERMINATE**
- Railroad health insurance -> **TERMINATE**
- End-stage renal disease (ESRD) health insurance -> **TERMINATE**
- None of the above
- Don't know -> **TERMINATE**
- Prefer not to answer -> **TERMINATE**

QUOTAS: n=480 in each group have Original Medicare from S6 and n=320 in each group have Medicare Advantage from S6

Familiarity/Perceptions of Medicare Advantage

1. [DMG4] [If Original Medicare in S6]: Prior to today, have you heard of Medicare Advantage Plans?
 - Yes
 - No
 - Don't know
 - Prefer not to answer

2. [DMG4a] How familiar are you with Medicare Advantage as an option for how to receive your Medicare? [READ LIST]
 - Very familiar
 - Somewhat familiar
 - Not very familiar
 - Not at all familiar
 - Don't Know
 - Prefer not to answer

3. [PG6] Overall how favorable is your impression of Medicare Advantage plans? [READ LIST]
 - Very favorable
 - Somewhat favorable
 - Somewhat unfavorable
 - Very unfavorable
 - Don't know
 - Prefer not to answer

Campaign Exposure

- 4a. [AWG5] Have you recently seen, read or heard anything about Medicare Advantage plans?
 [READ AND ROTATE LIST. AFTER EACH STATEMENT PAUSE.]

	Yes	No	Don't know	Prefer not to answer
On television				
On the radio				
In the mail				
On the Internet				
In a newspaper or magazine				
Through word of mouth				

4b. [FOR EACH YES, IMMEDIATELY FOLLOW UP WITH: [AWG2B] Was that in an advertisement, a news piece or article, or both?

	4b. [AWG2B] If yes, was that in an advertisement, a news piece or article, or both?		
	Advertisement	News/article	Both
On television			
On the radio			
In the mail			
On the Internet			
In a newspaper or magazine			
Through word of mouth	N/A		

4c. [AWG2A] [IF select “Advertisement” for Radio in 4b]: You said you heard an advertisement for Medicare Advantage on the radio. Please briefly describe what you heard. Be as specific as possible when describing the advertisement. [OPEN ENDED]

4d. [AWG2A] [IF selected “Advertisement” for Internet in 4b]: You said you saw an advertisement for Medicare Advantage on the Internet. Please briefly describe what you saw. Be as specific as possible when describing the advertisement. [OPEN ENDED]

5. [AWG5] Have you recently received any emails that included information about Medicare Advantage?

- Yes
- No
- Don't know
- Prefer not to answer

Knowledge about Medicare Advantage

6. [KG7] For the following statements, please tell me if you believe the statement is true or false. [READ STATEMENTS. PROBE FOR BEST GUESS ONLY ONCE IF DON'T KNOW ANSWER IS GIVEN. THEN ACCEPT DON'T KNOW] **[RANDOMIZE ORDER OF STATEMENTS]**

	True	False	I don't know	I haven't heard	Prefer not to answer
a. All Medicare Advantage plans have a cap on out of pocket costs					
b. All Medicare Advantage plans are health plans from private companies					
c. Medicare Advantage plans combine your hospital, doctor, and prescription drug benefits into a single plan					

7. [PG9] I'm going to read you three statements about Medicare Advantage plans. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. **[RANDOMIZE ORDER OF STATEMENTS]**

	Strongly agree	Somewhat Agree	Somewhat Disagree	Strongly disagree	Don't know	Prefer not to answer
a. With Medicare Advantage you can choose the coverage that's right for you						
b. Medicare advantage plans include extra benefits like hearing, vision, and dental coverage						
c. 4 out of 5 people pay a premium of less than \$50 per month for their Medicare Advantage plans						

Medicare Advantage decision-making

8. [BG1] During the last Open Enrollment period, did you [or the person who helps you] review your insurance coverage to see if there were going to be changes in the monthly premiums, deductibles, co-payments, or other out of pocket expenses?
- Yes
 - No
 - Don't know
 - Prefer not to answer

9. [BG1] During the last Open Enrollment period, did you [or the person who helps you] review your insurance coverage to see if the kinds of treatment, drugs and services covered will meet your health care needs?
- Yes
 - No
 - Don't know
 - Prefer not to answer
10. [BG1] Did you (or the person who helps you) compare your plan with other plans that are available?
- Yes
 - No
 - Don't know
 - Prefer not to answer
11. [BG1] [If Original Medicare in S6]: Have you (or the person who helps you) recently considered Medicare Advantage as an option for your health insurance?
- Yes -> **Go to Q13**
 - No -> **Go to Q12**
 - Don't know -> **Go to Q14**
 - Prefer not to answer -> **Go to Q14**
12. [ISG4] [If NO to Q11]: Why didn't you consider Medicare Advantage plans as an option for your health insurance? [DO NOT READ. ACCEPT MULTIPLE RESPONSES]
- I am satisfied with my current plan
 - I don't know enough about Medicare Advantage plans
 - My healthcare provider or doctor is not covered by Medicare Advantage plans
 - There are not enough/any Medicare Advantage plans in my area
 - I was previously on a Medicare Advantage plan and was not satisfied with it
 - Other (Specify)
 - Don't know
 - Prefer not to answer
13. [DMG4A] [If YES to Q11]: How seriously did you consider Medicare Advantage as an option for your healthcare? [READ LIST]
- Very seriously
 - Seriously
 - Somewhat seriously
 - Not very seriously
 - Don't know
 - Prefer to answer

14. [BG11] [If YES, DK, or Refuse to Q11]: What, if anything, did you do to learn more about Medicare Advantage plans? [DO NOT READ LIST. ACCEPT MULTIPLE]
- I did not do anything to learn more about Medicare Advantage plans
 - I looked at the *Medicare and You* Handbook
 - I called 1-800-MEDICARE
 - I went to Medicare.gov
 - I went to another website
 - I spoke to an insurance broker
 - I spoke to friends or family
 - Other, specify
 - Don't know
 - Prefer not to answer
15. [BG1] [If Original Medicare in S6]: Did you switch to a Medicare Advantage plan for 2019?
- Yes -> **Go to Q17**
 - No
 - Don't know
 - Prefer not to answer
16. [BG8] [If Original Medicare in S6 & Q15 = No]: How likely are you to switch to a Medicare Advantage plan in the future?
- Very likely
 - Somewhat likely
 - Somewhat unlikely
 - Very unlikely
 - Don't know
 - Prefer not to answer

Demographics

17. [IUG4] How often do you use the Internet on your own or with someone else's help? [READ LIST IF NECESSARY]
- Daily or almost daily
 - Once or twice a week
 - Once or twice a month
 - Only a few times a year
 - Don't use the internet
 - Don't know
 - Prefer not to answer

18. [HSG3] Compared to other people who are the same age as you, do you consider your health to be: [READ LIST]
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Don't know
 - Prefer not to answer
19. [DG6] What is your current marital status? [READ LIST IF NECESSARY]
- Married
 - Divorced
 - Separated
 - Widowed
 - Single, never married
 - Don't know
 - Prefer not to answer
20. [DG5] What is the highest level of education that you have completed? [DO NOT READ LIST. CLARIFY AS NEEDED]
- Grade school or less
 - Some high school
 - Completed high school/GED
 - Vocational/technical school
 - Some college/ 2 years or less
 - Some college/ more than 2 years
 - Graduated college
 - Post-graduate degree (e.g., PhD or Master's degree)
 - Don't know
 - Prefer not to answer
21. [DG3] Are you Hispanic or Latino? [IF NECESSARITY CLARIFY: "For instance, Mexican American, Cuban, or Puerto Rican]
- Yes
 - No
 - Don't know
 - Prefer not to answer

22. [DG4] What is your racial or ethnic background? [IF NECESSARY, READ LIST. ACCEPT MULTIPLES]

- White
- Black
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other (specify)
- Don't know
- Prefer not to answer

23. [DG10] What is the annual income of your household before taxes and deductions? Is it: [READ LIST]

- Less than \$10,000
- \$10,000 to less than \$15,600
- \$15,600 to less than \$21,000
- \$21,00 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more?
- Don't know
- Prefer not to answer