

Current PDP Survey/Question Wording	Proposed PDP Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	Comments
		Item count=54	Item Count=54	Item Count=54	
YOUR FORMER PRESCRIPTION DRUG PLAN	YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
We are sending you this survey because we believe you recently changed or switched to another Medicare prescription drug plan or dropped your Medicare prescription drug plan.	We are sending you this survey because we believe you recently switched or dropped your Medicare prescription drug plan.	Introduction to Q1	Introduction to Q1	Introduction to Q1	Minor revisions made to Q1 introduction to improve usability
Our records show that you used to belong to [MARKETING] (Contract Number [PREV_PLAN]) but no longer belong to that plan. Is that right? o Yes, I changed or switched prescription drug plans o I changed or switched prescription drug plans but my former plan was <u>not</u> [PLAN NAME] o No, I did <u>not</u> change, switch or drop prescription drug plans recently	Our records show that you used to belong to prescription drug plan whose name is printed on the cover of this survey but that you no longer belong to that plan. Is that right? o Yes, I switched to a different Medicare prescription drug plan o I switched prescription drug plans but my former plan was <u>not</u> the plan printed on the cover of this survey o No, I did <u>not</u> switch plans or drop my Medicare prescription drug plan recently	1	1	1	For streamlining and to reduce fielding costs, the survey no longer displays customized text with the prior contract name/number. Wording to Q1 and response options changed for new version.
Did you <u>have to</u> change, switch or drop your prescription drug plan for any of the following reasons? o I moved outside of the area where the plan was available o I was dropped by the plan o The plan was cancelled or discontinued in my area o The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union) o None of the above	Did you <u>have to</u> switch plans or drop your former Medicare prescription drug plan for any of the following reasons? o I moved outside of the area where the plan was available o I was dropped by the plan o The plan was cancelled or discontinued in my area o The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union) o None of the above	2	2	2	Re-worded Q2 to improve usability (changed "did you have to change, switch or drop" to "did you have to switch plans or drop").
GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
As you answer the questions in this survey, please think only of your <u>former</u> health plan.	As you answer the questions in this survey, please think only of your <u>former</u> prescription drug plan (whose name is printed on the cover of this survey).	Q3 preamble	Q3 preamble	Q3 preamble	Added reference to the plan name printed on the cover of the survey.
Did you ever try to get information or help from your former plan's customer service? Yes/No	Did you ever try to get information or help from your former plan's customer service? Yes/No	3	3	3	No change to wording.

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How often did your former plan's customer service give you the information or help you needed? o Never o Sometimes o Usually o Always o I did not try to get information or help from my former plan's customer service	How often did your former plan's customer service give you the information or help you needed? o Never o Sometimes o Usually o Always o I did not try to get information or help from my former plan's customer service	4	4	4	No change to wording.
Did you ever try to get information from your former plan about which prescription medicines were covered? Yes/No	Item has been dropped.	5	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.
How often did your former plan give you all the information you needed about which prescription medicines were covered? o Never o Sometimes o Usually o Always o I did not try to get information from my former plan about which prescription medicines were covered.	Item has been dropped.	6	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.
Did you ever try to get information from your former plan about how much you would have to pay for a prescription medicine? Yes/No	Item has been dropped.	7	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.
How often did your former plan give you information about how much you would have to pay for a prescription medicine? o Never o Sometimes o Usually o Always o I did not try to get information from my former plan about how much I would have to pay for a prescription medicine	Item has been dropped.	8	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.

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Did you ever need written information from the plan in Spanish? Yes/No	Item has been dropped	9 (SPANISH VERSION ONLY)	NA	DROPPED	Spanish language version of the survey is distributed almost exclusively in Puerto Rico where plans customarily provide information in Spanish. Item dropped due to low endorsement and to reduce burden
How often did the plan give you written information in Spanish? o Never o Sometimes o Usually o Always o I did not need written information in Spanish	Item has been dropped	10 (SPANISH VERSION ONLY)	NA	DROPPED	Spanish language version of the survey is distributed almost exclusively in Puerto Rico where plans customarily provide information in Spanish. Item dropped due to low endorsement and to reduce burden.
GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN	GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change in wording.
Did a doctor ever prescribe a medicine for you that your former plan did not cover? Yes/No	Item has been dropped.	9	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.
How often was it easy to use your former plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my former plan to get any prescription medicines.	How often was it easy to use your former plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my former plan to get any prescription medicines.	10	5	5	No change to wording.
Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No	Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No	11	6	6	No change to wording.

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How often was it easy to use your former plan to fill a prescription at a pharmacy? o Never o Sometimes o Usually o Always o I did not have to use my former plan to fill a prescription at a pharmacy	How often was it easy to use your former plan to fill a prescription at a pharmacy? o Never o Sometimes o Usually o Always o I did not have to use my former plan to fill a prescription at a pharmacy	12	7	7	No change to wording.
Did you ever use your former plan to fill any prescriptions by mail? Yes/No	Did you ever use your former plan to fill any prescriptions by mail? Yes/No	13	8	8	No change to wording.
How often was it easy to use your former plan to fill prescriptions by mail? o Never o Sometimes o Usually o Always o I did not use my former plan to fill a prescription by mail	How often was it easy to use your former plan to fill prescriptions by mail? o Never o Sometimes o Usually o Always o I did not use my former plan to fill a prescription by mail	14	9	9	No change to wording.
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 former plan?	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 former plan?	15	10	10	No change to wording.
REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN	REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
The next questions are about reasons you may have had for changing, switching or dropping your former prescription drug plan.	The next questions are about reasons you may have had for switching or dropping your former prescription drug plan.	Q16 preamble	Q11 preamble	Q11 preamble	Re-worded preamble to improve usability by revising "changing, switching or dropping" to "switching or dropping."
Did you leave your former plan because you found out that someone had signed you up for the plan without your permission? Yes/No	Did you leave your former plan because you found out that someone had signed you up for the plan without your permission? Yes/No	16	11	11	No change to wording.
Did you leave your former plan because you were taken off the plan by mistake? Yes/No	Did you leave your former plan because you were taken off the plan by mistake? Yes/No	17	12	12	No change to wording.

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Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? o Yes o No o I did not have to pay for my prescription medicines	Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription went up? o Yes o No o I did not have to pay for my prescription medicines	18	13	13	No change to wording.
Some people have to pay their prescription drug plan a <u>monthly</u> fee (called a premium) out of their own pocket for prescription drug coverage. Did you leave your former plan because this <u>monthly</u> fee went up? o Yes o No o I did not have to pay my former plan a monthly fee out of my own pocket	Some people have to pay their prescription drug plan a <u>monthly</u> fee (called a premium) out of their own pocket for prescription drug coverage. Did you leave your former plan because this <u>monthly</u> fee went up? o Yes o No o I did not have to pay my former plan a monthly fee out of my own pocket	19	14	14	No change to wording.
Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	20	15	15	No change to wording.
Did you leave your former plan because you found a prescription drug plan that costs less? Yes/No	Did you leave your former plan because you found a prescription drug plan that costs less? Yes/No	21	16	16	No change to wording.
Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No	Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No	22	17	17	No change to wording.

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NOT INCLUDED	Did you leave your former plan because a change in your health meant the plan no longer met your needs? Yes/No	NOT INCLUDED	18	18	New item added to further assess possible reasons beneficiaries leave their former plan.
NOT INCLUDED	Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No	NOT INCLUDED	19	19	New item added to further assess possible reasons beneficiaries leave their former plan.
Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	23	20	20	No change to wording.
Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	24	21	21	No change to wording.
Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	25	22	22	No change to wording.
Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	26	23	23	No change to wording.
Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	27	24	24	No change to wording.
Did you leave your former plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? Yes/No	Did you leave your former plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? Yes/No	28	25	25	No change to wording.
Did you leave your former plan because you were unhappy with how the plan handled a question or complaint? Yes/No	Did you leave your former plan because you were unhappy with how the plan handled a question or complaint? Yes/No	29	26	26	No change to wording.

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Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	30	27	27	No change to wording.
Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No	Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No	31	28	28	No change to wording.
Every year Medicare evaluates all prescription drug plans and gives them a star rating that gives information on prescription drug plan quality.	Every year Medicare evaluates all prescription drug plans and gives them a star rating.	Q32 preamble	Q29 preamble	Q29 preamble	Re-worded the preamble to improve usability.
Have you ever seen the Medicare Star Rating for any health plan? Yes/No	Item has been dropped	32	DROPPED	DROPPED	Low endorsement; removed to reduce respondent burden
Did you leave your former plan because it got a low star rating? Yes/No	Did you leave your former plan because it got a low Medicare star rating? Yes/No	33	29	29	Inserted "Medicare" before "star rating" for added clarity.
Did you leave your former plan because you found another plan with a higher star rating? Yes/No	Did you leave your former plan because you found another plan with a higher Medicare star rating? Yes/No	34	30	30	Inserted "Medicare" before "star rating" for added clarity.
In the past year, did you consider Medicare Star Ratings when trying to choose a plan? Yes/No	Item has been dropped	35	DROPPED	DROPPED	Low endorsement; removed to reduce respondent burden
OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN	OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change in wording.
Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No	Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No	36	31	31	No change to wording.
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	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	37	32	32	No change to wording.
Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No	Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No	38	33	33	No change to wording.

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Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	39	34	34	No change in wording.
ABOUT YOU	ABOUT YOU	HEADER	HEADER	HEADER	No change in wording.
In general, how would you rate your overall health? o Excellent o Very good o Good o Fair o Poor	In general, how would you rate your overall health? o Excellent o Very good o Good o Fair o Poor	40	35	35	No change in wording.
In general, how would you rate your overall <u>mental or emotional</u> health? o Excellent o Very good o Good o Fair o Poor	In general, how would you rate your overall <u>mental or emotional</u> health? o Excellent o Very good o Good o Fair o Poor	41	36	36	No change to wording.
In the past 12 months, how many different prescription medicines did you take? o None o 1 to 2 medicines o 3 to 5 medicines o 6 or more medicines	In the past 12 months, how many different prescription medicines did you take? o None o 1 to 2 medicines o 3 to 5 medicines o 6 or more medicines	42	37	37	No change to wording.
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	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	43	38	38	No change to wording.
Is this a condition or problem that has lasted for at least 3 months? Yes/No	Is this a condition or problem that has lasted for at least 3 months? Yes/No	44	39	39	No change to wording.
Do you <u>now</u> need or take any medicine prescribed by a doctor for any condition? Yes/No	Do you <u>now</u> need or take any medicine prescribed by a doctor for any condition? Yes/No	45	40	40	No change to wording.
Is this medicine to treat a condition that has lasted for at least 3 months? Yes/No	Is this medicine to treat a condition that has lasted for at least 3 months? Yes/No	46	41	41	No change to wording.

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Has a doctor <u>ever</u> told you that you have any of the following conditions? o A heart attack o Angina or coronary heart disease o High blood pressure or hypertension o Cancer, other than skin cancer o Emphysema, asthma or COPD (chronic obstructive pulmonary disease) o Any kind of diabetes or high blood sugar	Has a doctor <u>ever</u> told you that you have any of the following conditions? o A heart attack o Angina or coronary heart disease o High blood pressure or hypertension o Cancer, other than skin cancer o Emphysema, asthma or COPD (chronic obstructive pulmonary disease) o Any kind of diabetes or high blood sugar	47	42	42	No change to wording.
What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	48	43	43	No change in wording.
Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	49	44	44	No change in wording.
What is your race? Please mark one or more. o White o Black or African-American o Asian o Native Hawaiian or other Pacific Islander o American Indian or Alaska Native	What is your race? Please mark one or more. o White o Black or African-American o Asian o Native Hawaiian or other Pacific Islander o American Indian or Alaska Native	50	45	45	No change in wording.
What language do you <u>mainly</u> speak at home? o Chinese o English o Russian o Spanish o Vietnamese o Some other language (please print)	What language do you <u>mainly</u> speak at home? o Chinese o English o Russian o Spanish o Vietnamese o Some other language (please print)	51	46	46	No change in wording.

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Did someone help you complete this survey? Yes/No	Did someone help you complete this survey? Yes/No	52	47	47	No change in wording.
How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way (please print) _____	How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way (please print) _____	53	48	48	No change to wording.
May we contact you again if we have questions about your survey responses or if we have other questions about the health care services that you received? Yes/No	May we contact you again if we have questions about your survey responses or if we have other questions about the health care services that you received? Yes/No	54	49	49	No change to wording.