

Attachment VI. MA-PD Survey

Survey Instructions

This survey asks about you and the healthcare you received from your former health plan. 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 CSS (the survey research organization assisting CMS in conducting this survey).

- ◆ 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.
- ◆ 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**].

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 **0938-1113 (Expires: TBD)**. The time required to complete this information collection is estimated to average **18 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 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:

[PLANMARKETING NAME] [Contract #: x]

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

[PLAN MARKETING NAME] [Contract #: x]

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

[PLAN MARKETING NAME/CONTRACT #]

- If you were **not** enrolled in [CONTRACT 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)
- None of the above → **Continue survey, go to Question 3**

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

**GETTING INFORMATION OR HELP
FROM YOUR FORMER
HEALTH PLAN**

As you answer the questions in this survey, please think only of your former 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

5. Did you ever try to get information from your former plan about which prescription medicines were covered?

Yes

No → If No, go to Question 7

6. How often did your former plan give you all the information you needed about which prescription medicines were covered?

Never

Sometimes

Usually

Always

I did not try to get information from my former plan about which prescription medicines were covered

7. 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 → If No, go to Question 9

8. How often did your former plan give you information about how much you would have to pay for a prescription medicine?

Never

Sometimes

Usually

Always

I did not try to get information from my former plan about how much I would have to pay for a prescription medicine

**GETTING HEALTH CARE AND THE
PRESCRIPTION MEDICINES
YOU NEEDED FROM YOUR FORMER
HEALTH PLAN**

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

- Yes
 No → If No, go to Question 11

10. 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

11. Did a doctor ever prescribe a medicine for you that your former plan did not cover?

- Yes
 No

12. How often was it easy to use your former plan to get the medicines your doctor prescribed?

- Never
 Sometimes
 Usually
 Always
 I did not use my former plan to get any prescription medicines

13. Did you ever use your former plan to fill a prescription at a pharmacy?

- Yes
 No → If No, go to Question 15

14. How often was it easy to use your former plan to fill a prescription at a pharmacy?

- Never
 Sometimes
 Usually
 Always
 I did not use my former plan to fill a prescription at a pharmacy

15. Did you ever use your former plan to fill any prescriptions by mail?

- Yes
 No → If No, go to Question 17

16. How often was it easy to use your former plan to fill prescriptions by mail?

- Never
 Sometimes
 Usually
 Always
 I did not use my former plan to fill a prescription by mail

17. 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.

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

- Yes
- No

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

- Yes
- No

20. Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?

- Yes
- No
- I did not have to pay for my prescription medicines

21. 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

22. Some people have to pay their health plan a monthly fee (called a premium) out of their own pocket for health coverage.

Did you leave your former plan because this monthly fee went up?

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

23. Health 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

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

- Yes
- No

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

- Yes
- No

26. Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed?

- Yes
- No

27. Did you leave your former plan because you had problems getting the medicines your doctor prescribed?

- Yes
- No

28. Did you leave your former plan because it was difficult to get brand name medicines?

- Yes
- No
- I did not try to get brand name medicines through my former plan

29. Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed?

- Yes
- No

30. 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

31. 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

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

- Yes
- No

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

Yes

No

34. 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

35. 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

36. 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

37. 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

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

Yes

No

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

Yes

No

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

Yes

No

41. 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 45

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

Yes

No

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

- Yes
- No

44. 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

45. Did you leave your former plan because a family member or friend told you about a better plan?

- Yes
- No

46. 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

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

- Yes
- No

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

- Yes
- No

ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

51. 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

52. 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 54

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

- Yes
- No

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

- Yes
 No → If No, go to Question 56

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

- Yes
 No

56. 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. High blood pressure or hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, other than skin cancer | <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"/> |

57. 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

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

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

59. 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

60. What language do you mainly speak at home?

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

61. Did someone help you complete this survey?

Yes

No → If No, go to Question 63

62. 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)

63. 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**