Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	•	Proposed English	Proposed Spanish	COMMENTS
			Language Survey	Language Survey	
		Question Number	Question Number	Question Number	
		Item Count=63	Item Count=63	Item Count=63	
YOUR FORMER HEALTH PLAN	YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change to wording.
Medicare health plan or dropped your Medicare health plan.	We are sending you this survey because we believe you recently switched or dropped your Medicare health plan.	Introduction to Q1	Introduction to Q1	Introduction to Q1	Minor revisions made to Q1 introduction to improve usability
o Yes, I changed or switched health plans o I changed or switched health plans but my <b>former</b> plan was <u>not</u> [PLAN NAME]	Our records show that you used to belong to the health plan whose name is printed on the cover of the survey but that you no longer belong to that plan. Is that right? o Yes, I switched to a different Medicare health plan o I switched health plans but my <b>former</b> 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 plan recently		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.
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)	Did you have to switch plans or drop your former Medicare health 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 HEALTH PLAN	GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH 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> health 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	3	3	3	No change to wording.

Current MA-PD Survey/Question Wording		Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	COMMENTS
		Item Count=63	Item Count=63	Item Count=63	
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	. ,	8	DROPPED	DROPPED	Equivalent item no longer exists on the MA & PD CAHPS survey for comparison of enrollee experiences.

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish	COMMENTS
			Language Survey	Language Survey	
		Question Number	Question Number	Question Number	
		Item Count=63	Item Count=63	Item Count=63	
Did you ever need written information from the plan	Item has been dropped	9 (SPANISH VERSION	NA	DROPPED	Spanish language version of the
in Spanish? Yes/No		ONLY)			survey is distributed almost
					exclusively in Puerto Rico
					where plans customarily
					provide information in Spanish.
					Item dropped due to low
					endorsement and to reduce
		40 (504) 1505 1011	100	DD00050	burden.
. 5 ,	Item has been dropped	10 (SPANISH VERSION	NA	DROPPED	Spanish language version of the
in Spanish?		ONLY)			survey is distributed almost
o Never					exclusively in Puerto Rico
o Sometimes					where plans customarily
o Usually					provide information in Spanish.
o Always					Item dropped due to low
o I did not need written information in Spanish					endorsement and to reduce
					burden.
GETTING HEALTH CARE AND THE PRESCRIPTION	GETTING HEALTH CARE AND THE	HEADER	HEADER	HEADER	No change to wording.
MEDICINES YOU NEEDED FROM YOUR FORMER	PRESCRIPTION MEDICINES YOU NEEDED				
HEALTH PLAN	FROM YOUR FORMER HEALTH PLAN				
Did you ever try to get any kind of care, tests, or	Item has been dropped.	9	DROPPED	DROPPED	Equivalent item no longer
treatment through your former plan? Yes/No					exists on the MA & PD CAHPS
					survey for comparison of
					enrollee experiences.
How often was it easy to get the care, tests, or	How often was it easy to get the care, tests,	10	5	5	No change to wording.
treatment you needed through your former plan?	or treatment you needed through your				
o Never	former plan?				
o Sometimes	o Never				
o Usually	o Sometimes				
o Always	o Usually				
o I did not try to get any kind of care, tests, or	o Always				
treatment through my former plan	o I did not try to get any kind of care, tests,				
	or treatment through my former plan				
NA	In the last 6 months, did you make an	NA	[6	6	New item enables comparison
	appointment to see a specialist?				to enrollee experiences on MA
	o Yes				& PDP CAHPS survey.
	o No if no go to question 8				
	o Someone else made my specialist				
	appointments for me				

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording		Proposed English	nge Survey  Language Survey  on Number  Question Number	COMMENTS
		Language Survey Question Number	Language Survey Question Number		
NA	, , ,	NA	7	7	New item enables comparison
	an appointment to see a specialist as soon as				to enrollee experiences on MA
	you needed?				& PDP CAHPS survey.
	o Never				
	o Sometimes				
	o Usually				
	o Always				
	o I did not make an appointment to see a				
	specialist				
Did a doctor ever prescribe a medicine for you that	Item has been dropped.	11	DROPPED	DROPPED	Equivalent item no longer
your former plan did not cover? Yes/No					exists on the MA & PD CAHPS
					survey for comparison of
					enrollee experiences.
How often was it easy to use your former plan to get	How often was it easy to use your former	12	8	8	No change to wording.
the medicines your doctor prescribed?	plan to get the medicines your doctor				
o Never	prescribed?				
o Sometimes	o Never				
o Usually	o Sometimes				
o Always	o Usually				
o I did not use my former plan to get any prescription	o Always				
medicines	o I did not use my former plan to get any				
	prescription medicines				
Did you ever use your former plan to fill a	Did you ever use your former plan to fill a	13	9	9	No change to wording.
prescription at a pharmacy? Yes/No	prescription at a pharmacy? Yes/No				
How often was it easy to use your former plan to fill a	How often was it easy to use your former	14	10	10	No change to wording.
prescription at a pharmacy?	plan to fill a prescription at a pharmacy?				
o Never	o Never				
o Sometimes	o Sometimes				
o Usually	o Usually				
o Always	o Always				
o I did not have to use my former plan to fill a	o I did not have to use my former plan to fill				
prescription at a pharmacy	a prescription at a pharmacy				
Did you ever use your former plan to fill any	Did you ever use your former plan to fill any	15	11	11	No change to wording.
prescriptions by mail? Yes/No	prescriptions by mail? Yes/No				
Harachara and the control of the con	11	1.0	42	42	No de la constante de la const
How often was it easy to use your former plan to fill	How often was it easy to use your former	16	12	12	No change to wording.
prescriptions by mail?	plan to fill prescriptions by mail?				
o Never	o Never				
o Sometimes	o Sometimes				
o Usually	o Usually				
o Always	o Always				
o I did not use my former plan to fill a prescription by	1				
mail	prescription by mail	I	i	i .	

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	COMMENTS
		Item Count=63	Item Count=63	Item Count=63	
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?	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?	17	13	13	No change to wording.
REASONS YOU LEFT YOUR FORMER HEALTH PLAN	REASONS YOU LEFT YOUR FORMER HEALTH 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 health plan.	The next questions are about reasons you may have had for switching or dropping your former health plan.	Q18 preamble	Q18 preamble	Q18 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	18	14	14	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	19	15	15	No change to wording.
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	20	16	16	No change to wording.
Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor went up? o Yes o No o I did not have to pay for doctor visits	Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor went up? o Yes o No o I did not have to pay for doctor visits	21	17	17	No change to wording.

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish	COMMENTS
		Language Survey	Language Survey	Language Survey	
		Question Number	Question Number	Question Number	
		Item Count=63	Item Count=63	Item Count=63	
Some people have to pay their health plan a monthly		22	18	18	No change to wording.
fee (called a premium) out of their own pocket for	monthly fee (called a premium) out of their				
health coverage.	own pocket for health coverage.				
Did you leave your former plan because this monthly	Did you leave your former plan because this				
fee went up?	monthly fee went up?				
o Yes	o Yes				
o No	o No				
o I did not have to pay my former plan a monthly fee	o I did not have to pay my former plan a				
out of my own pocket	monthly fee out of my own pocket				
Health plans have a list of the prescription medicines	Health plans have a list of the prescription	23	19	19	No change to wording.
they will cover. Did you leave your former plan	medicines they will cover. Did you leave your				
because they changed the list of prescription	former plan because they changed the list of				
medicines they cover? Yes/No	prescription medicines they cover? Yes/No				
Did you leave your former plan because you found a	Did you leave your former plan because you	24	20	20	No change to wording.
health plan that costs less? Yes/No	found a health plan that costs less? Yes/No				
Did you leave your former plan because a change in	Did you leave your former plan because a	25	21	21	No change to wording.
your personal finances meant you could no longer	change in your personal finances meant you				
afford the plan? Yes/No	could no longer afford the plan? Yes/No				
NOT INCLUDED	, , , , , , , , , , , , , , , , , , , ,	NOT INCLUDED	22	22	New item added to further
	change in your health meant the plan no				assess possible reasons
	longer met your needs? Yes/No				beneficiaries leave their former
NOT INCLUDED	Did you leave your former plan because it	NOT INCLUDED	23	23	plan.  New item added to further
THE THE LOS ES	turned out to be more expensive than you	THO T INCLOSES			assess possible reasons
	expected? Yes/No				beneficiaries leave their former
	,				plan.
Did you leave your former plan because the plan	Did you leave your former plan because the	26	24	24	No change to wording.
refused to pay for a medicine your doctor prescribed?	1				
Yes/No	doctor prescribed? Yes/No				<u> </u>
Did you leave your former plan because you had	Did you leave your former plan because you	27	25	25	No change to wording.
problems getting the medicines your doctor	had problems getting the medicines your				
prescribed? Yes/No Did you leave your former plan because it was	doctor prescribed? Yes/No Did you leave your former plan because it	28	26	26	No change to wording.
difficult to get brand name medicines?	was difficult to get brand name medicines?	20	20	20	livo change to wording.
o Yes	o Yes				
o No	lo No				
o I did not try to get brand name medicines through	o I did not try to get brand name medicines				
my former plan	through my former plan				

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish	COMMENTS
		Language Survey	Language Survey	Language Survey	
		Question Number	Question Number	Question Number	
		Item Count=63	Item Count=63	Item Count=63	
Did you leave your former plan because you were	Did you leave your former plan because you	29	27	27	No change to wording.
frustrated by the plan's approval process for	were frustrated by the plan's approval				
medicines your doctor prescribed?	process for medicines your doctor				
Yes/No	prescribed?				
	Yes/No				
Did you leave your former plan because you did not	Did you leave your former plan because you	30	28	28	No change to wording.
know whom to contact when you had a problem	did not know whom to contact when you				
filling or refilling a prescription?	had a problem filling or refilling a				
Yes/No	prescription? Yes/No				
Did you leave your former plan because it was hard to	Did you leave your former plan because it	31	29	29	No change to wording.
get information from the plan	was hard to get information from the plan				
like which prescription medicines were covered or	like which prescription medicines were				
how much a specific medicine would cost? Yes/No	covered or how much a specific medicine				
	would cost? Yes/No				
Did you leave your former plan because you were	Did you leave your former plan because you	32	30	30	No change to wording.
frustrated by the plan's approval process for care,	were frustrated by the plan's approval				
tests, or treatment? Yes/No	process for care, tests, or treatment? Yes/No				
Did you leave your former plan because you had	Did you leave your former plan because you	33	31	31	No change to wording.
problems getting the care, tests, or treatment you	had problems getting the care, tests, or				
needed? Yes/No	treatment you needed? Yes/No				
Claims are sent to a health plan for payment. You	Claims are sent to a health plan for payment.	34	32	32	No change to wording.
may send in the claims yourself or doctors, hospitals,	You may send in the claims yourself or				
or others may do this for you.	doctors, hospitals, or others may do this for				
Did you leave your former plan because you had	you. Did you leave your former plan because				
problems getting the plan to pay a claim?	you had problems getting the plan to pay a				
Yes/No	claim? Yes/No				
		-			
Did you leave your former plan because the doctors	Did you leave your former plan because the	35	33	33	No change to wording.
or other health care providers you wanted to see did	doctors or other health care providers you				
not belong to the plan?	wanted to see did not belong to the plan?				
Yes/No	Yes/No				
Did you leave your former plan because clinics or	Did you leave your former plan because	36	34	34	No change to wording.
		30	) <del>4</del>	) <del>4</del>	livo change to wording.
hospitals you wanted to go to for care were not	clinics or hospitals you wanted to go to for				
covered by the plan? Yes/No	care were not covered by the plan? Yes/No	27	25	25	No change to wording
Did you leave your former plan because it was hard to	, , ,	37	35	35	No change to wording.
get information from the plan like which health	was hard to get information from the plan				
care services were covered or how much a specific	like which health care services were covered				
test or treatment would cost? Yes/No	or how much a specific test or treatment				
	would cost? Yes/No				

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish	COMMENTS
		Language Survey	Language Survey	Language Survey Question Number	
		Question Number	Question Number		
		Item Count=63	Item Count=63	Item Count=63	
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	38	36	36	No change to wording.
Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	could not get the information or help you needed from the plan? Yes/No		37	37	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	40	38	38	No change to wording.
Every year Medicare evaluates all health plans and gives them a star rating that gives information on health plan quality.	Every year Medicare evaluates all health plans and gives them a star rating.	Q41 preamble	Q39 preamble	Q39 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	41	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	42	39	39	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	43	40	40	Inserted "Medicare" before "star rating" for added clarity.
In the past year, did you consider the Medicare Star Ratings when trying to choose a plan? Yes/No	Item has been dropped	44	DROPPED	DROPPED	Low endorsement; removed to reduce respondent burden
OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change in wording.
Did you leave your former plan because a <u>family</u> member or <u>friend</u> told you about a better plan? Yes/No	Did you leave your former plan because a family member or friend told you about a better plan? Yes/No	45	41	41	No change in 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	46	42	42	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	47	43	43	No change to wording.
Did you leave your former plan because another plan offered better benefits or coverage (for example, dental or vision care)? Yes/No	Did you leave your former plan because another plan offered better benefits or coverage (for example, dental or vision care)? Yes/No	48	44	44	No change to wording.
ABOUT YOU	ABOUT YOU	HEADER	HEADER	HEADER	No change to wording.

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish Language Survey Question Number	COMMENTS
		Language Survey	Language Survey Question Number		
		Question Number			
		Item Count=63	Item Count=63	Item Count=63	
In general, how would you rate your overall health?	In general, how would you rate your overall	49	45	45	No change to wording.
o Excellent	health?				
o Very good	o Excellent				
o Good	o Very good				
o Fair	o Good				
o Poor	o Fair				
	o Poor				
In general, how would you rate your overall mental or	In general, how would you rate your overall	50	46	46	No change to wording.
emotional health?	mental or emotional health?				
o Excellent	o Excellent				
o Very good	o Very good				
o Good	o Good				
o Fair	o Fair				
o Poor	o Poor				
In the past 12 months, how many different		51	47	47	No change to wording.
prescription medicines did you take?	prescription medicines did you take?				
o None	o None				
o 1 to 2 medicines	o 1 to 2 medicines				
o 3 to 5 medicines	o 3 to 5 medicines				
o 6 or more medicines	o 6 or more medicines			_	
In the past 12 months, have you seen a doctor or	In the past 12 months, have you seen a	52	48	48	No change to wording.
other health provider 3 or more times for the same	doctor or other health provider 3 or more				
condition or problem?	times for the same condition or problem?				
Yes/No	Yes/No				
Is this a condition or problem that has lasted for at	Is this a condition or problem that has lasted	53	49	49	No change to wording.
least 3 months? Yes/No	for at least 3 months? Yes/No				ine enange to wording.
Do you now need or take any medicine prescribed by		54	50	50	No change to wording.
a doctor for any condition?	prescribed by a doctor for any condition?				
Yes/No	Yes/No				
Is this medicine to treat a condition that has lasted for	·	55	51	51	No change to wording.
at least 3 months? Yes/No	lasted for at least 3 months? Yes/No				
Has a doctor <u>ever</u> told you that you have any of the	Has a doctor ever told you that you have any	56	52	52	No change to wording.
following conditions?	of the following conditions?				
o A heart attack	o A heart attack				
o Angina or coronary heart disease	o Angina or coronary heart disease				
o High blood pressure or hypertension	o High blood pressure or hypertension				
o Cancer, other than skin cancer	o Cancer, other than skin cancer				
o Emphysema, asthma or COPD (chronic obstructive	o Emphysema, asthma or COPD (chronic				
pulmonary disease)	obstructive pulmonary disease)				
o Any kind of diabetes or high blood sugar	o Any kind of diabetes or high blood sugar				

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English	Proposed English	Proposed Spanish Language Survey Question Number	COMMENTS
		Language Survey	Language Survey		
		Question Number	Question Number		
		Item Count=63	Item Count=63	Item Count=63	
What is the highest grade or level of school that you	What is the highest grade or level of school	57	53	53	No change to wording.
have completed?	that you have completed?				
o 8th grade or less	o 8th grade or less				
o Some high school, but did not graduate	o Some high school, but did not graduate				
o High school graduate or GED	o High school graduate or GED				
o Some college or 2-year degree	o Some college or 2-year degree				
o 4-year college graduate	o 4-year college graduate				
o More than 4-year college degree	o More than 4-year college degree				
Are you of Hispanic or Latino origin or descent?	Are you of Hispanic or Latino origin or	58	54	54	No change to wording.
o Yes, Hispanic or Latino	descent?				
o No, not Hispanic or Latino	o Yes, Hispanic or Latino				
,	o No, not Hispanic or Latino				
What is your race? Please mark one or more.	What is your race? Please mark one or more.	59	55	55	No change to wording.
o White	o White				
o Black or African-American	o Black or African-American				
o Asian	o Asian				
o Native Hawaiian or other Pacific Islander	o Native Hawaiian or other Pacific Islander				
o American Indian or Alaska Native	o American Indian or Alaska Native				
o / when said malain or / washa madire					
What language do you mainly speak at home?	What language do you mainly speak at	60	56	56	No change to wording.
o Chinese	home?				
o English	o Chinese				
o Russian	o English				
o Spanish	o Russian				
o Vietnamese	o Spanish				
o Some other language (please print)	o Vietnamese				
	o Some other language (please print)				
Did someone help you complete this survey? Yes/No	Did someone help you complete this survey?	61	57	57	No change to wording.
	Yes/No				
How did that person help you? Please mark one or	How did that person help you? Please mark	62	58	58	No change to wording.
more.	one or more.				
o Read the questions to me	o Read the questions to me				
o Wrote down the answers I gave	o Wrote down the answers I gave				
o Answered the questions for me	o Answered the questions for me				
o Translated the questions into my	o Translated the questions into my				
language	language				
o Helped in some other way (please	o Helped in some other way (please				
print)	print)				
May we contact you again if we have questions about		63	59	59	No change to wording.
your survey responses or if we have other questions	questions about your survey responses or if				
about the health care services that you received?	we have other questions about the health				
Yes/No	care services that you received? Yes/No				