

Current MA-Only Survey/Question Wording	Proposed MA-Only Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	Comments
		Item Count=45	Item Count=45	Item Count=45	
YOUR FORMER HEALTH PLAN	YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change to wording.
We are sending you this survey because we believe you recently changed or switched to another 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
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 health plans o I changed or switched health plans but my former plan was not [PLAN NAME] o No, I did not change, switch or drop health plans recently	Our records show that you used to belong to the health 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 health plan o I switched health plans but my former plan was not the plan printed on the cover of this survey o No, I did not switch plans or drop my Medicare 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 have to change, switch or drop your former 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	Did you have to switch 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 former health plan.	As you answer the questions in this survey, please think only of your former 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	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.
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 health 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 health plan's customer service	4	4	4	No change to wording.

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Did you ever need written information from the plan in Spanish? Yes/No	Item has been dropped	5 (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	6 (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 HEALTH CARE YOU NEEDED FROM YOUR FORMER HEALTH PLAN	GETTING HEALTH CARE YOU NEEDED FROM YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change to wording.
Did you ever try to get any kind of care, tests, or treatment through your former plan? 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 was it easy to get the care, tests, or treatment you needed through your former plan? o Never o Sometimes o Usually o Always o I did not try to get any kind of care, tests, or treatment through my former plan	How often was it easy to get the care, tests, or treatment you needed through your former plan? o Never o Sometimes o Usually o Always o I did not try to get any kind of care, tests, or treatment through my former plan	6	5	5	No change to wording.
NA	In the last 6 months, did you make an appointment to see a specialist? o Yes o No if no go to question 8 o Someone else made my specialist appointments for me	NA	6	6	New item enables comparison to enrollee experiences on MA & PDP CAHPS survey.
NA	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? o Never o Sometimes o Usually o Always o I did not make an appointment to see a specialist	NA	7	7	New item enables comparison to enrollee experiences on MA & PDP CAHPS survey.

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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 <u>former</u> 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 <u>former</u> plan?	7	8	8	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.	Q8 preamble	Q9 preamble	Q9 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	8	9	9	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	9	10	10	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	10	11	11	No change to wording.
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? 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 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? o Yes o No o I did not have to pay my former plan a monthly fee out of my own pocket	11	12	12	No change to wording.
Did you leave your former plan because you found a health plan that costs less? Yes/No	Did you leave your former plan because you found a health plan that costs less? Yes/No	12	13	13	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	13	14	14	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	15	15	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	16	16	New item added to further assess possible reasons beneficiaries leave their former plan.
Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment? Yes/No	Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment? Yes/No	14	17	17	No change to wording.
Did you leave your former plan because you had problems getting the care, tests, or treatment you needed? Yes/No	Did you leave your former plan because you had problems getting the care, tests, or treatment you needed? Yes/No	15	18	18	No change to wording.
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	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	16	19	19	No change to wording.
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	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	17	20	20	No change to wording.
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	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	18	21	21	No change to wording.
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	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	19	22	22	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	20	23	23	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	Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	21	24	24	No change to wording.

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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	22	25	25	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.	Q23 preamble	Q26 preamble	Q26 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	23	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	24	26	26	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	25	27	27	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	26	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 to 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	27	28	28	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	28	29	29	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	29	30	30	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	30	31	31	No change to wording.
ABOUT YOU	ABOUT YOU	HEADER	HEADER	HEADER	No change to wording.

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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	31	32	32	No change to 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	32	33	33	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	33	34	34	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	34	35	35	No change to wording.
Is this a condition or problem that has lasted at least 3 months? Yes/No	Is this a condition or problem that has lasted at least 3 months? Yes/No	35	36	36	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	36	37	37	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	37	38	38	No change to wording.

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<p>Has a doctor <u>ever</u> told you that you have any of the following conditions?</p> <ul style="list-style-type: none"> 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 	<p>Has a doctor <u>ever</u> told you that you have any of the following conditions?</p> <ul style="list-style-type: none"> 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 	38	39	39	No change to wording.
<p>What is the highest grade or level of school that you have completed?</p> <ul style="list-style-type: none"> 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 	<p>What is the highest grade or level of school that you have completed?</p> <ul style="list-style-type: none"> 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 	39	40	40	No change to wording.
<p>Are you of Hispanic or Latino origin or descent?</p> <ul style="list-style-type: none"> o Yes, Hispanic or Latino o No, not Hispanic or Latino 	<p>Are you of Hispanic or Latino origin or descent?</p> <ul style="list-style-type: none"> o Yes, Hispanic or Latino o No, not Hispanic or Latino 	40	41	41	No change to wording.
<p>What is your race? Please mark one or more.</p> <ul style="list-style-type: none"> o White o Black or African-American o Asian o Native Hawaiian or other Pacific Islander o American Indian or Alaska Native 	<p>What is your race? Please mark one or more.</p> <ul style="list-style-type: none"> o White o Black or African-American o Asian o Native Hawaiian or other Pacific Islander o American Indian or Alaska Native 	41	42	42	No change to wording.

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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)	42	43	43	No change to wording.
Did someone help you complete this survey? Yes/No	Did someone help you complete this survey? Yes/No	43	44	44	No change to 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)	44	45	45	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	45	46	46	No change to wording.