

**Centers for Medicare & Medicaid Services**

c/o Survey Processing  
[INSERT VENDOR ADDRESS]



Dear FNAME LNAME:

The Centers for Medicare & Medicaid Services (CMS) is asking for feedback from people in Medicare health and drug plans. **We'd greatly appreciate your time to tell us about your Medicare plan.** Your input will improve Medicare services and help others like you choose a health plan.

**Please take a few minutes to tell us about your experiences.** Medicare uses this information to improve plan quality and to rate and share information on all plans. Plan ratings are publicly available at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

The survey takes about 15 minutes. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday, from XX am - XX pm [INSERT TIME ZONE].

**Thank you for your help with this important project.**

Sincerely,

A handwritten signature in black ink, appearing to read "Amy", followed by a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez  
Director, Medicare Drug Benefit and C & D Data Group

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre XX am y XX pm de [INSERT TIME ZONE].

# Medicare Experience Survey

## MEDICARE SURVEY INSTRUCTIONS

***This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. 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 [Survey Vendor].***

- If you changed your Medicare plan for 2021, answer the questions thinking about your experiences in the last 6 months of 2020.
- 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.
- You are sometimes told not to answer some questions in this survey. 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**]. See the example below:

### EXAMPLE

**1. Do you wear a hearing aid now?**

- ☐ Yes  
☒ No **→If No, Go to Question 3**

**2. How long have you been wearing a hearing aid?**

- ☐ Less than one year  
☐ 1 to 3 years  
☐ More than 3 years  
☐ I don't wear a hearing aid

**3. In the last 6 months, did you have any headaches?**

- ☒ Yes  
☐ No

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. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732** (expires TBD). The time required to complete this information collection is estimated to average **15 minutes**, 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 C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2020 your health services were covered by the plan named on the back page. Is that right?

☐ Yes → If Yes, Go to Question 3  
☐ No

2. Please write below the name of the health plan you had in 2020 and complete the rest of the survey based on the experiences you had with that plan.  
(Please print)
- \_\_\_\_\_

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### Your Health Care in the Last 6 Months

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3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

☐ Yes  
☐ No → If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

☐ Yes  
☐ No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

☐ None → If None, Go to Question 9  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

☐ 0 Worst health care possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best health care possible

10. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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### Your Personal Doctor

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11. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

☐ Yes  
☐ No → If No, Go to Question 27

12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

☐ None → If None, Go to Question 27

☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times

13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

14. In the last 6 months, how often did your personal doctor listen carefully to you?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

15. In the last 6 months, how often did your personal doctor show respect for what you had to say?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

16. In the last 6 months, how often did your personal doctor spend enough time with you?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

17. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

☐ 0 Worst personal doctor possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best personal doctor possible

18. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

☐ Yes  
☐ No → If No, Go to Question 22

20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

☐ Never → If Never, Go to Question 22  
☐ Sometimes  
☐ Usually  
☐ Always

21. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

22. In the last 6 months, did you take any prescription medicine?

☐ Yes  
☐ No → If No, Go to Question 24

23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

24. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

☐ Yes  
☐ No → If No, Go to Question 27

25. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

☐ Yes  
☐ No → If No, Go to Question 27

26. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

☐ Yes, definitely  
☐ Yes, somewhat  
☐ No

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### Getting Health Care From Specialists

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27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

☐ Yes → If Yes, Please include your personal doctor as you answer these questions about specialists

☐ No  
☐ I do not have a personal doctor

28. In the last 6 months, did you make any appointments to see a specialist?

☐ Yes  
☐ No → If No, Go to Question 33  
☐ Someone else made my specialist appointments for me

29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

30. How many specialists have you seen in the last 6 months?

☐ None → If None, Go to Question 33

- ☐ 1 specialist  
☐ 2  
☐ 3  
☐ 4  
☐ 5 or more specialists

31. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0 Worst specialist possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best specialist possible

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always  
☐ I do not have a personal doctor  
☐ I did not visit my personal doctor in the last 6 months  
☐ My personal doctor is a specialist

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### Your Health Plan

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33. In the last 6 months, did you get information or help from your health plan's customer service?

- ☐ Yes  
☐ No → If No, Go to Question 36

34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

36. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes  
☐ No → If No, Go to Question 38

37. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

38. 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 health plan?

- ☐ 0 Worst health plan possible  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10 Best health plan possible

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- ☐ Yes  
☐ No  
☐ I am not sure  
☐ I do not have a co-pay  
☐ I do not have a health condition  
☐ I was offered a lower co-pay for another reason

40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?

- ☐ Yes  
☐ No  
☐ I am not sure  
☐ I do not have a health condition  
☐ I was offered extra benefits for another reason



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**About You**

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**43.** In the last 6 months, did you spend one or more nights in a hospital?

- ☐ Yes
- ☐ No

**44.** In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

**45.** Do you have insurance that pays part or all of the cost of your prescription medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know

**46.** In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

**47.** In the last 6 months, did you receive any mail order medicines that you did not request?

- ☐ Yes
- ☐ No
- ☐ Don't know

48. 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. Hypertension or high blood pressure?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ?                            | <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"/> |

49. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes  
☐ No

50. Do you have difficulty dressing or bathing?

- ☐ Yes  
☐ No

51. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes  
☐ No

52. Have you had a flu shot since July 1, 2020?

- ☐ Yes  
☐ No  
☐ Don't know

53. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes  
☐ No  
☐ Don't know

54. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day  
☐ Some days  
☐ Not at all → If Not at all, Go to Question 56  
☐ Don't know → If Don't know, Go to Question 56

55. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

56. What is the highest grade or level of school that you have completed?

- ☐ 8<sup>th</sup> 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

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

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

58. 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

59. How many people live in your household now, including yourself?

- ☐ 1 person
- ☐ 2 to 3 people
- ☐ 4 or more people

60. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

61. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ☐ Yes
- ☐ No

**62.** Did someone help you complete this survey?

☐ Yes

☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**63.** 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

**Thank you.**

**Please return the completed survey in the postage-paid envelope.  
[SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING]**

**Contract Name:** \_\_\_\_\_

**[OPTIONAL]**

**You may also know your plan by one of the following:**