

**2022 Medicare Advantage Plan Survey
Field Test Version**

[New items compared to current MA-Only survey
highlighted in yellow]

2022 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 2022, answer the questions thinking about your experiences in the last 6 months of 2021.
- 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-XXXX**. The time required to complete this information collection is estimated to average **16 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 2021 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 2021 and complete the rest of the survey based on the experiences you had with that plan.
(Please print)

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- 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 in-person, phone, or video appointments for a check-up or routine care?

- 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 get health care for yourself in person, by phone, or by video?

- None →If None, Go to Question 15
 1 time
 2
 3
 4
 5 to 9
 10 or more times

8. In the last 6-months, were any of your visits to doctors, nurses, or other health care providers by phone or video?

- Yes
 No →If No, Go to Question 14

9. In the last 6 months, how often did you get the instructions you needed to use phone or video for your visits?

- Never
- Sometimes
- Usually
- Always

10. In the last 6 months, how often was it easy to have a visit by phone or video?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, how often did the care you got by phone or video meet your needs?

- Never
- Sometimes
- Usually
- Always

12. In the last 6 months, how often did you feel comfortable talking with your doctor, nurse, or other health care provider by phone or video about your health care concerns and symptoms?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your in-person, phone, or video visits start on time?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, when you talked with a doctor, nurse, or other health care provider during a scheduled appointment, how often did they know your health history?

- Never
- Sometimes
- Usually
- Always

15. 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

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

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, did a doctor, nurse, or other health care provider order a blood test, x-ray, or other test for you?

- Yes
- No → If No, Go to Question 23

18. In the last 6 months, when a doctor, nurse, or other health care provider ordered a blood test, x-ray, or other test for you, how often were you told when to expect your test results?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, when a doctor, nurse, or other health care provider ordered a blood test, x-ray, or other test for you, how often did you get your test results?

- Never → If Never, Go to Question 23
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did a doctor, nurse, or other health care provider explain the results of your blood test, x-ray, or other test?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, how often was the explanation of your test results easy to understand?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did you get as much information as you needed about your test results?

- Never
- Sometimes
- Usually
- Always

Your Personal Doctor

23. 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 38

24. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health?

None →If None, Go to Question 38

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

25. 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

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

29. 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

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

- Never
- Sometimes
- Usually
- Always

31. In the last 6 months, how often did your personal doctor dismiss symptoms that were important to you?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → If No, Go to Question 34

33. 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

34. 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 38

35. 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 38

36. 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

37. In the last 6 months, did anyone from your personal doctor's office follow up to ask if you had any questions about your care from these different providers and services?

- Yes
- No

Getting Health Care From Specialists

When you answer the next questions, include the care you got in person, by phone, or by video.

38. 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

39. In the last 6 months, did you make any appointments with a specialist?

Yes

No → **If No, Go to Question 44**

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

Never

Sometimes

Usually

Always

41. How many specialists have you talked to in the last 6 months?

None → **If None, Go to Question 44**

1 specialist

2

3

4

5 or more specialists

42. We want to know your rating of the specialist you talked to 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

43. 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 have not talked with my personal doctor in the last 6 months

My personal doctor is a specialist

Your Health Plan

44. 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 47

45. 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

46. 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

47. 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

About You

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

- Excellent
 Very good
 Good
 Fair
 Poor

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

- Excellent
 Very good
 Good
 Fair
 Poor

50. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Korean
- Tagalog
- Vietnamese
- Some other language

↓
Please print: _____

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

- Yes
- No

52. 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

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

- Yes
- No
- Don't know

54. 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

55. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	No
a. Medical history.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Disability.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Age.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Culture or religion	<input type="checkbox"/>	<input type="checkbox"/>
e. Language or accent ..	<input type="checkbox"/>	<input type="checkbox"/>
f. Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
g. Gender or gender identity	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>

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. 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"/> |

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

- Yes
 No

58. Do you have difficulty dressing or bathing?

- Yes
 No

59. 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

60. Have you had a flu shot since July 1, 2021?

- Yes
 No
 Don't know

61. 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

62. 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 64**
 Don't know → **If Don't know, Go to Question 64**

63. 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 in-person, phone, or video visits in the last 6 months

64. 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

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

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

66. 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

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

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

68. Do you ever use the internet at home?

- Yes
- No

69. 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

70. Did someone help you complete this survey?

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

71. 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]**

