

**Medicare Plan Performance Warning Information
Interview Screener: Typical Beneficiaries: Caregivers**

Recruiting Goals by Project: See chart.

	Caregivers (n=24)
Audits and Existing Letters for Denials and Appeals: Review and test information	n=8 total, 90-minute IDIs (virtual) · n=8 caregivers or family members <i>Mix of caregivers to new enrollees (50%) and existing beneficiaries (50%)</i>
Enforcement and Compliance Information: How best to present/explain	n=8 total, 90-minute IDIs (virtual) · n=8 caregivers or family members <i>Mix of caregivers to new enrollees (50%) and existing beneficiaries (50%)</i>
Desired Content Related to Poor Plan Performance: Evaluate and assess various indicators of plan performance	n=8 total, 90-minute IDIs (virtual) · n=8 caregivers or family members <i>Mix of caregivers to new enrollees (50%) and existing beneficiaries (50%)</i>

Key requirements:

- Caregiver to an adult with Medicare coverage (MA or PD)
- Must be primary or joint Medicare decision maker – responsible for researching and making decisions about the person’s health insurance
- Mix of caregivers to new enrollees (50%) or existing beneficiary (50%)
- Access to a computer and willing to take part in online interview

Additional Recruitment Mix:

- Mix of race/ethnicity (Q18-19)
- Good split of male/female but also including some non-binary or transgender if possible (see Q20)
- Ideally, some familiar with Medicare Star Ratings (see Q16)
- Ideally, some who are lower income (see Q21, answered ‘c’ or ‘d’)

The screener will be translated to recruit Spanish speaking audiences (adjusting Q3 to terminate English)

Recruitment Script:

Good morning/afternoon/evening, my name is _____ and I'm calling from (name of company). I am not selling anything nor will you be asked to sign up for or purchase anything. We are looking for individuals to participate in a discussion about healthcare issues that may be relevant to you and your life. The discussion will last 90 minutes and participants will be offered an incentive of **[up to \$XX]**.

May I ask you a few questions to see if you qualify to participate in the study? *If yes, continue. If no, thank and end.*

1. Have you or any member of your household or immediate family ever worked: **[IF YES TO ANY, THANK AND TERMINATE]**
 - a. For a market research company
 - b. For an advertising agency or public relations firm
 - c. For the media (TV/radio/newspapers/magazines)
 - d. In the healthcare profession (as a doctor, nurse, other healthcare professional, in a pharmacy, for a pharmaceutical company, etc.)
 - e. For a health insurance provider
 - f. For a managed care organization or any healthcare provider
 - g. For a medical practice
 - h. In the state legislature or as an elected official
 - i. For the Social Security Administration or Centers for Medicare and Medicaid services formerly known as the Health Care Financing Administration or the Department of Health and Human Services or one of its related agencies such as the Centers for Disease Control, or the Food and Drug Administration?

2. Are you retired from a Federal Government job?
 - a. Yes **[TERMINATE]**
 - b. No

3. Is English your first or primary language?
 - a. Yes
 - b. No **[ASK FOLLOW-UP]**
 - i. Are you comfortable taking part in an interview in English and reviewing written materials in English?
 1. Yes
 2. No **[TERMINATE OR SWITCH TO SPANISH SCREENER]**

4. Have you ever attended a focus group discussion or a personal interview for research purposes? By that we mean an informal, round-table discussion or a personal in-depth interview, conducted by a professional moderator, in which you were asked your opinions regarding a product, a service, or advertising?

- a. No **[SKIP TO Q5]**
 - b. Yes **[ASK 4b-4d BELOW]**
- 4b. How many of these interviews or groups have you attended? **[RECORD NUMBER, MAX 3 EVER]**
- 4c. What was/were the topics discussed? **[RECORD, IF HEALTHCARE OR HEALTH INSURANCE (INCLUDING MEDICARE, MEDICAID OR CHIP) TERMINATE]**
- 4d. How long ago was the last one of these groups you attended? **[RECORD, MUST BE 6 OR MORE MONTHS]**
5. This session will be conducted online. Which of the following do you have access to? Please select all that apply.
- a. A smart phone with a built-in camera
 - b. A tablet with a built-in camera
 - c. A desktop or laptop computer, with no camera, but has a microphone **[HOLD; WE MAY BE ABLE TO ACCEPT A FEW OF THESE]**
 - d. A desktop or laptop computer, with a built-in or attached web camera **[REQUIRED TO CONTINUE]**
 - e. None of the above
- Must select 'c' or 'd,' otherwise, thank and end.***
6. You will need to use your desktop or laptop computer for this interview and review materials on a screen as part of an online call, like a Zoom call. Will you be comfortable doing that for an interview like this?
- a. Yes
 - b. No **[THANK AND END]**
7. Thank you. We're talking with people who help others in different ways. To start, is there an adult in your life that you help take care of or make decisions for?
- a. Yes
 - b. No **[TERMINATE]**
8. Which of the following things do you assist with? Please select all that apply.
- a. Paying bills
 - b. Appointments
 - c. Household chores
 - d. Making decisions about healthcare plans and coverage **[REQUIRED TO CONTINUE]**
 - e. None of the above **[TERMINATE]**

9. What is the age of the person you help? **[Record exact]**
- a. Age 65 or older
 - b. Age 55 to 64 **[ONLY QUALIFIES IF ON MEDICARE BECAUSE OF DISABILITY OR ESRD, SEE Q11]**
 - c. Age 54 or younger **[TERMINATE]**
10. We're talking with people who help those with different kinds of health insurance. I'll read a list of different types of health insurance. Please tell which type of plan the person you help is enrolled in. Do they have...? **[Read every item. Record each that applies.]**
- a. Health coverage through an employer or union (current or former) **[TERMINATE]**
 - b. Medicare Part A and/or Part B, sometimes called "Original Medicare." **[TERMINATE IF OPTION D IS NOT SELECTED AS WELL]**
 - c. A Medicare Advantage plan (such as a Medicare HMO or PPO that they purchase from an insurance company). *[If needed: Sometimes Medicare Advantage is also called Part C.]*
 - d. A separate, stand-alone Medicare prescription drug plan. *[If needed: Sometimes Medicare prescription plans are called Part D.]* **[IF ORIGINAL MEDICARE, "B," REQUIRED TO QUALIFY]**
 - e. A supplemental or "Medigap" policy
 - f. Medical Assistance or Medicaid from the state of **[INSERT STATE]** **[IF NEEDED: These benefits are sometimes available for people with limited income and financial assets. [ELIGIBLE IF C/D AS WELL AND NOTE AS DUAL-ENROLLED, MEDICARE + MEDICAID]**
 - g. Health insurance that they purchase independently and pay a monthly premium for **[TERMINATE]**
 - h. COBRA **[TERMINATE]**
 - i. TRICARE, TRICARE for Life, Veterans or VA benefits **[TERMINATE]**
 - j. Currently do not have health insurance **[TERMINATE]**
 - k. Something else **[TERMINATE]**
 - l. I'm not sure what kind of coverage they have **[TERMINATE]**
11. Did the person you help originally enroll in Medicare because of a disability or end stage renal disease (ESRD)?
- a. Yes **[REQUIRED IF PERSON THEY ASSIST IS AGE 55-64, SEE Q9]**
 - b. No
 - c. Not sure

12. When did this person first enroll in a Medicare plan? **[ASK FOR MONTH AND YEAR] [IF THEY DON'T KNOW APPROXIMATE DATE, TERMINATE. IF STILL IN ENROLLMENT PROCESS, TERMINATE.]**

[AIM FOR MIX OF NEW ENROLLEES (50%, 23 MONTHS OR LESS) AND EXISTING BENEFICIARIES (50%, 24 MONTHS OR MORE)]

13. **[SKIP IF Q12 INDICATES NEW ENROLLEE]** Did this person make changes to their [HEALTH/DRUG] plan during the most recent Medicare Open Enrollment period — from January 1 - March 31, 2022?

- a. Yes
- b. No **[TERMINATE]**

14. During this most recent enrollment period/when you helped them enroll, how did you look into plan options available to this person, including coverage and cost, before making any decisions? *[Mark all that apply. Need at least one to continue. If none, terminate.]*

- a. Talked with the insurance company
- b. Called 1-800-MEDICARE
- c. Talked with an insurance agent/broker
- d. Read information they got in the mail or at a sales event
- e. Visited health or drug plan websites
- f. Visited [medicare.gov](https://www.medicare.gov)
- g. Other _____ **[HOLD FOR REVIEW]**
- h. I did not look into options / Someone else did it for me **[TERMINATE]**

15. I'd like you to think about your role in researching and making decisions about this person's Medicare. When researching and choosing health or drug plans, would you say that:

- a. You were most responsible for researching and choosing their health insurance plan
- b. You and another person, perhaps the person who the plan was for, are jointly responsible for researching and choosing their health insurance plan
- c. You are responsible for choosing their health plan but had someone else's help or input
- d. Someone else is mostly responsible for researching and selecting their health insurance plan **[TERMINATE]**

16. When you selected this person's Medicare health or drug plan, did you happen to notice how the plan was rated? This is called the Medicare Star Rating.

- a. Yes
- b. No
- c. Not sure

[RECRUIT A MIX OF AWARE AND UNAWARE]

Thank you. We want to ensure we speak with a diverse group of individuals. Please answer the following demographic questions.

17. What is the highest level of education you have completed? **[RECRUIT A MIX]**

- a. Less than high school
- b. High school diploma/GED
- c. Some college (1-2 years, no degree)
- d. Some college (more than 2 years, no degree)
- e. Associate's or two-year degree
- f. 4-year college degree
- g. Graduate degree/more than 4-year degree

18. Are you of Hispanic or Latino origin or descent? **[RECRUIT A MIX]**

- a. Yes
- b. No
- c. Prefer not to answer

19. Which of the following best describes your race? Please select all that apply.

[RECRUIT A MIX]

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. Caucasian/White
- f. Use a different term: _____
- g. Prefer not to answer

20. What ways do you identify yourself? Please select all that apply. **[RECRUIT A MIX]**

- a. Male
- b. Female **[CAP: NO MORE THAN HALF]**
- c. Transgender
- d. Non-binary or gender fluid
- e. Prefer not to answer

21. People can describe their financial situation in different ways, regardless of income. If you are comfortable sharing, let me know which of these four descriptions best fits you. The descriptions are: **[RECRUIT A MIX]**

- a. I'm living comfortably
- b. I have enough to get by
- c. Sometimes I struggle to make ends meet
- d. I cannot make ends meet

- e. Prefer not to answer
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INVITATION & INSTRUCTIONS

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study regarding healthcare and would like to hear your views. In order to hear them first-hand, we are conducting ONLINE INTERVIEWS. The INTERVIEWS will last 90 MINUTES. No one will attempt to sell you anything and no one will call on you as a result of your participation. As a token of our appreciation for your help in our research effort, you will receive a **[\$XX]** honorarium after the session. This is an important research effort and we hope that you will be part of it. We can only invite a few people to take part. May we schedule your attendance?

I will be emailing you more information about the interview. I will also contact you again by phone to remind you about the session closer to the date.

[NONE OF THE BELOW INFORMATION SHOULD BE SHARED AT ANY TIME, IT IS STRICTLY FOR THE RECRUITER'S NEEDS; ONLY FIRST NAMES AND LAST INITIALS SHOULD BE INCLUDED IN THE GRID]

22. Your full name?

23. What is the best number to reach you?

- a. Is this home or cell?
- b. Do you prefer text messages?

Thanks again. Have a good morning/afternoon/evening.

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