

Current PDP Survey/Question Wording	Proposed PDP Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	Comments
		Item count=54	Item Count=54	Item Count=54	
YOUR FORMER PRESCRIPTION DRUG PLAN	YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
We are sending you this survey because we believe you recently switched or dropped your Medicare prescription drug plan.	Drop this Introduction.	Introduction to Q1	DROPPED	DROPPED	Delete this short introduction to Q1 to streamline
Our records show that you used to belong to prescription drug 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 prescription drug plan o I switched prescription drug plans but my former 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 prescription drug plan recently	Our records show that you used to belong to this prescription durg plan: [PLACEHOLDER] but that you no longer belong to that plan. Is that correct? o Yes, I left the prescription drug plan printed above o No, I left a different prescription drug plan o No, I did not switch plans or leave ANY prescription drug plan recently	1	1	1	Revised to simplify response option text; also integrate plan name / contract# into the Q1.
Did you <u>have to</u> switch plans or drop your former Medicare prescription drug 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 <u>have to</u> switch plans or drop your former Medicare prescription drug 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	No change to wording.
GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
As you answer the questions in this survey, please think only of your <u>former</u> prescription drug plan (whose name is printed on the cover of this survey).	As you answer the questions in this survey, please think only of your <u>former</u> prescription drug plan (whose name is printed on the cover of this survey).	Q3 preamble	Q3 preamble	Q3 preamble	No change to wording.
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.

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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.
GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN	GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change in wording.
How often was it easy to use your former plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my former plan to get any prescription medicines.	How often was it easy to use your former plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my former plan to get any prescription medicines.	5	5	5	No change to wording.
Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No	Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No	6	6	6	No change to wording.
How often was it easy to use your former plan to fill a prescription at a pharmacy? o Never o Sometimes o Usually o Always o I did not have to use my former plan to fill a prescription at a pharmacy	How often was it easy to use your former plan to fill a prescription at a pharmacy? o Never o Sometimes o Usually o Always o I did not have to use my former plan to fill a prescription at a pharmacy	7	7	7	No change to wording.
Did you ever use your former plan to fill any prescriptions by mail? Yes/No	Did you ever use your former plan to fill any prescriptions by mail? Yes/No	8	8	8	No change to wording.

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How often was it easy to use your former plan to fill prescriptions by mail? o Never o Sometimes o Usually o Always o I did not use my former plan to fill a prescription by mail	How often was it easy to use your former plan to fill prescriptions by mail? o Never o Sometimes o Usually o Always o I did not use my former plan to fill a prescription by mail	9	9	9	No change to wording.
Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your former plan?	Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your former plan?	10	10	10	No change to wording.
REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN	REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change to wording.
The next questions are about reasons you may have had for switching or dropping your former prescription drug plan.	The next questions are about reasons you may have had for switching or dropping your former prescription drug plan.	Q11 preamble	Q11 preamble	Q11 preamble	No change to wording.
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 someone else signed you up for the plan without your permission? Yes/No	11	11	11	Streamlined wording.
Did you leave your former plan because you were taken off the plan by mistake? Yes/No	Item has been dropped	12	DROPPED	DROPPED	Item dropped due to low endorsement and low reliability and to reduce burden.
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 (copayment) went up? o Yes o No o I did not have to pay for my prescription medicines	13	12	12	Added parenthetical reference to "copayment" to improve understanding for some respondents.
Not included	Did you leave your former plan because you found a plan with a lower copayment for prescription drugs? Yes/No	Not included	13	13	Added based on feedback from consumers and plan representatives citing this disenrollment reason.

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Some people have to pay their prescription drug plan a <u>monthly</u> fee (called a premium) out of their own pocket for prescription drug 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 prescription drug plan a <u>monthly</u> premium (fee) out of their own pocket for prescription drug coverage. Did you leave your former plan because this <u>monthly</u> premium went up? o Yes o No o I did not have to pay my former plan a monthly premium out of my own pocket	14	14	14	Minor wording changes around "premium" and "fee" to increase usability.
Not included	Did you leave your plan because you found a plan with a lower monthly premium? o Yes o No o I did not have to pay my former plan a monthly premium out of my own pocket	Not included	15	15	Added based on feedback from consumers and plan representatives citing this disenrollment reason.
Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	15	16	16	No change to wording.
Did you leave your former plan because you found a prescription drug plan that costs less? Yes/No	Item has been dropped	16	DROPPED	DROPPED	New items 13 and 15 ask about costs specifically to be more useful to CMS, plans, and consumers.
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	17	17	17	No change to wording.
Did you leave your former plan because a change in your health meant the plan no longer met your needs? Yes/No	DROPPED	18	DROPPED	DROPPED	Item dropped due to low reliability and to reduce respondent burden.
Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No	Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No	19	18	18	No change to wording.

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Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	20	19	19	No change to wording.
Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	21	20	20	No change to wording.
Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	22	21	21	No change to wording.
Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	23	22	22	No change to wording.
Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	24	23	23	No change to wording.
Did you leave your former plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? Yes/No	Did you leave your former plan because it was hard to get information from the plan about which prescription medicines were covered or how much a specific medicine would cost? Yes/No	25	24	24	Small wording change specifying type of information sought.
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	26	25	25	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	27	26	26	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	28	27	27	No change to wording.

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Every year Medicare evaluates all prescription drug plans and gives them a star rating.	Every year Medicare evaluates all prescription drug plans and gives them a star rating.	Q29 preamble	Q28 preamble	Q28 preamble	No change to wording.
Did you leave your former plan because it got a low Medicare star rating? Yes/No	Did you leave your former plan because it got a low Medicare star rating? Yes/No	29	28	28	No change in wording.
Did you leave your former plan because you found another plan with a higher Medicare star rating? Yes/No	Did you leave your former plan because you found another plan with a higher Medicare star rating? Yes/No	30	29	29	No change in wording.
OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN	OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN	HEADER	HEADER	HEADER	No change in 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	31	30	30	No change to wording.
Not included	Did you leave your former plan because an insurance agent or broker told you about a better plan? Yes/No	Not included	31	31	Added based on feedback from consumers and plan representatives citing this disenrollment reason.
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	32	32	32	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	33	33	33	No change to wording.
Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	34	34	34	No change in wording.
ABOUT YOU	ABOUT YOU	HEADER	HEADER	HEADER	No change in wording.
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	35	35	35	No change in wording.

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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	36	36	36	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	37	37	37	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 -- If No, go to Question 40	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 -- If No, go to Question 40	38	38	38	No change to wording.
Is this a condition or problem that has lasted for at least 3 months? Yes/No	Is this a condition or problem that has lasted for at least 3 months? Yes/No	39	39	39	No change to wording.
Do you <u>now</u> need or take any medicine prescribed by a doctor for any condition? Yes/No -- If No, go to Question 42	Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If No, go to question 42	40	40	40	Deleted "any" before "medicine" and "for any condition" to reduce item length.
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	41	41	41	No change to wording.
Has a doctor <u>ever</u> told you that you have any of the following conditions? 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	Has a doctor <u>ever</u> told you that you have any of the following conditions? 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	42	42	42	No change to wording.

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What is the highest grade or level of school that you have completed? <input type="radio"/> 8th grade or less <input type="radio"/> Some high school, but did not graduate <input type="radio"/> High school graduate or GED <input type="radio"/> Some college or 2-year degree <input type="radio"/> 4-year college graduate <input type="radio"/> More than 4-year college degree	What is the highest grade or level of school that you have completed? <input type="radio"/> 8th grade or less <input type="radio"/> Some high school, but did not graduate <input type="radio"/> High school graduate or GED <input type="radio"/> Some college or 2-year degree <input type="radio"/> 4-year college graduate <input type="radio"/> More than 4-year college degree	43	43	43	No change in wording.
Are you of Hispanic or Latino origin or descent? <input type="radio"/> Yes, Hispanic or Latino <input type="radio"/> No, not Hispanic or Latino	Are you of Hispanic or Latino origin or descent? <input type="radio"/> Yes, Hispanic or Latino <input type="radio"/> No, not Hispanic or Latino	44	44	44	No change in wording.
What is your race? Please mark one or more. <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native	What is your race? Please mark one or more. <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White	45	45	45	Changed order of the response options to alphabetical.
What language do you <u>mainly</u> speak at home? <input type="radio"/> Chinese <input type="radio"/> English <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Some other language (please print)	What language do you <u>mainly</u> speak at home? <input type="radio"/> Chinese <input type="radio"/> English <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Some other language (please print)	46	46	46	No change in wording.
Did someone help you complete this survey? Yes/No -- If No, go to Question 49	Did someone help you complete this survey? Yes/No -- If No, go to Question 49	47	47	47	No change in wording.
How did that person help you? Please mark one or more. <input type="radio"/> Read the questions to me <input type="radio"/> Wrote down the answers I gave <input type="radio"/> Answered the questions for me <input type="radio"/> Translated the questions into my language <input type="radio"/> Helped in some other way (please print) _____	How did that person help you? Please mark one or more. <input type="radio"/> Read the questions to me <input type="radio"/> Wrote down the answers I gave <input type="radio"/> Answered the questions for me <input type="radio"/> Translated the questions into my language <input type="radio"/> Helped in some other way (please print) _____	48	48	48	No change to wording.

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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 any questions about your survey responses or the health care services you received? Yes/No	49	49	49	Streamlined this item to reduce burden and preserve usability.