



Medicare Advantage Health and Prescription Drug Plan Disenrollment Survey

The questions in this survey are about **your former health plan**.
The name and contract number of your former plan are --

< PREV_BENEFIT >

Provided by <PREV_PLAN_CODE>

Survey Instructions

Thank you for taking time to complete this survey! Your answers are very important to us and will help other people with Medicare choose a health or drug plan.

You received this survey because records show you recently switched or dropped your Medicare health plan.

How to complete this survey:

- ◆ Answer each question based only on your experiences with your former plan (the plan name is printed on the cover of this survey).
- ◆ Answer each question thinking about yourself.
- ◆ Answer each question by putting an “X” in the box to the left of your answer, like this:

Yes

- ◆ Read all the answer choices before marking your answer.
- ◆ Some questions have instructions that tell you to skip questions that may not apply to you. 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**].
- ◆ Return your completed survey in the enclosed postage-paid envelope.

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. The valid OMB control number for this information collection is 0938-1113, with an expiration date of TBD. The time required to complete this information collection is estimated to average **13 minutes** per response, 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 C4-26-05, Baltimore, Maryland 21244-1850.

YOUR FORMER HEALTH PLAN

1. Our records show that you used to belong to this health plan:

< PREV_BENEFIT >

Provided by <PREV_PLAN_CODE>

but that you no longer belong to that plan. Is that correct?

Yes, I left the health plan printed above → **Go to Question 2**

No, I left a different health plan → **Go to Question 2**

No, I did not switch plans or leave ANY Medicare health plan recently

→ **Stop.**

Do not complete the rest of this survey.
Please return the survey in the enclosed envelope.

2. Did you have to switch plans or drop your former Medicare health plan for any of the following reasons?

I moved outside of the area where the plan was available

I was dropped by the plan

The plan was cancelled or discontinued in my area

The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union)



Stop.
Do not complete the rest of this survey.
Please return the survey in the enclosed envelope.

None of the above → **Continue survey, go to Question 3**

GETTING INFORMATION OR HELP FROM 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).

3. Did you ever try to get information or help from your former plan's customer service?

- Yes
 No → If No, go to Question 5

4. How often did your former plan's customer service give you the information or help you needed?

- Never
 Sometimes
 Usually
 Always
 I did not try to get information or help from my former plan's customer service

GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN

5. How often was it easy to get the care, tests, or treatment you needed through your former plan?

- Never
 Sometimes
 Usually
 Always
 I did not try to get any kind of care, tests, or treatment through my former plan

6. Did you make any appointments to see a specialist?

- Yes
 No → If No, go to Question 8
 Someone else made my specialist appointments for me

7. How often did you get an appointment to see a specialist as soon as you needed?

- Never
 Sometimes
 Usually
 Always
 I did not make an appointment to see a specialist

8. How often was it easy to use your former plan to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- I did not use my former plan to get any prescription medicines

9. Did you ever use your former plan to fill a prescription at a pharmacy?

- Yes
- No → If No, go to Question 11

10. How often was it easy to use your former plan to fill a prescription at a pharmacy?

- Never
- Sometimes
- Usually
- Always
- I did not use my former plan to fill a prescription at a pharmacy

11. Did you ever use your former plan to fill any prescriptions by mail?

- Yes
- No → If No, go to Question 13

12. How often was it easy to use your former plan to fill prescriptions by mail?

- Never
- Sometimes
- Usually
- Always
- I did not use my former plan to fill a prescription by mail

13. 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 former plan?

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

REASONS YOU LEFT YOUR FORMER HEALTH PLAN

The next questions are about reasons you may have had for switching or dropping your former health plan.

14. Did you leave your former plan because someone else signed you up for the plan without your permission?

- Yes
- No

15. 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?

- Yes
- No
- I did not have to pay for my prescription medicines

16. Did you leave your former plan because you found a plan with a lower copayment for prescription drugs?

- Yes
- No

17. Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor (copayment) went up?

- Yes
- No
- I did not have to pay for doctor visits

18. Did you leave your former plan because you found a plan with a lower copayment for doctors' visits?

- Yes
- No

19. Some people have to pay their health plan a monthly premium (fee) out of their own pocket for health coverage.

Did you leave your former plan because the monthly premium went up?

- Yes
- No
- I did not have to pay my former plan a monthly premium out of my own pocket

20. Did you leave your former plan because you found a plan with a lower monthly premium?

- Yes
- No
- I did not have to pay my former plan a monthly premium out of my own pocket

21. Health 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

22. Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan?

- Yes
- No

23. Did you leave your former plan because it turned out to be more expensive than you expected?

Yes

No

24. Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed?

Yes

No

25. Did you leave your former plan because you had problems getting the medicines your doctor prescribed?

Yes

No

26. Did you leave your former plan because it was difficult to get brand-name medicines?

Yes

No

I did not try to get brand-name medicines through my former plan

27. Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed?

Yes

No

28. 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

29. 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

30. Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment?

Yes

No

31. Did you leave your former plan because you had problems getting the care, tests, or treatment you needed?

Yes

No

32. Did you leave your former plan because you had problems getting the plan to pay a claim?

Yes

No

33. 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

34. Did you leave your former plan because the clinics or hospitals you wanted to go to were not covered by the plan?

Yes

No

35. Did you leave your former plan because it was hard to get information from the plan about which health care services were covered or how much a specific test or treatment would cost?

Yes

No

36. Did you leave your former plan because you were unhappy with how the plan handled a question or complaint?

Yes

No

37. Did you leave your former plan because you could not get the information or help you needed from the plan?

Yes

No

38. Did you leave your former plan because their customer service staff did not treat you with courtesy and respect?

Yes

No

39. Every year Medicare evaluates all health plans and gives them a star rating.

Did you leave your former plan because it got a low Medicare star rating?

Yes

No

40. Did you leave your former plan because you found another plan with a higher Medicare star rating?

Yes

No

OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN

41. Did you leave your former plan because a family member or friend told you about a better plan?
- Yes
 No
42. Did you leave your former plan because an insurance agent or broker told you about a better plan?
- Yes
 No
43. Did you leave your former plan because you saw a commercial or advertisement for a plan you thought you would like better?
- Yes
 No
44. Did you leave your former plan because you found another plan that better met your prescription needs?
- Yes
 No
45. Did you leave your former plan because another plan offered better benefits or coverage (for example, dental or vision care, hearing aids, pre-paid cards for medications and supplies)?
- Yes
 No

ABOUT YOU

46. In general, how would you rate your overall health?
- Excellent
 Very good
 Good
 Fair
 Poor
47. In general, how would you rate your overall mental or emotional health?
- Excellent
 Very good
 Good
 Fair
 Poor
48. In the past 12 months, how many different prescription medicines did you take?
- None
 1 to 2 medicines
 3 to 5 medicines
 6 or more medicines

49. 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 50

50. Is this a condition or problem that has lasted for at least 3 months?

Yes

No

51. Do you now need or take medicine prescribed by a doctor?

Yes

No → If No, go to Question 52

52. Is this medicine to treat a condition that has lasted for at least 3 months?

Yes

No

53. Has a doctor ever told you that you had any of the following conditions?

Yes

No

a. A heart attack

b. Angina or coronary heart disease

c. High blood pressure or hypertension

d. Cancer, other than skin cancer

e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)

f. Any kind of diabetes or high blood sugar

54. 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

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

Yes, Hispanic or Latino

No, not Hispanic or Latino

56. What is your race? Please mark one or more.

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander

- White

57. What language do you mainly speak at home?

- Chinese
- English
- Russian
- Spanish
- Vietnamese
- Some other language (please print):

58. Did someone help you complete this survey?

- Yes
- No → If No, go to Question 60

59. 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 (please print):

60. May we contact you again if we have any questions about your survey responses or the health care services you received?

- Yes
- No

THANK YOU FOR COMPLETING THIS SURVEY

Please return your completed survey in the postage paid envelope to:

**MEDICARE SATISFACTION SURVEY
PO BOX 3416
HOPKINS, MN 55343-9740**

This page intentionally left blank.