

Current MA-PD Survey/Question Wording	Proposed MA-PD Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	COMMENTS
		Item Count=59	Item Count=60	Item Count=60	
<b>YOUR FORMER HEALTH PLAN</b>	<b>YOUR FORMER HEALTH PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
We are sending you this survey because we believe you recently switched or dropped your Medicare health 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 the health plan whose name is printed on the cover of the survey but that you no longer belong to that plan. Is that right? o Yes, I switched to a different Medicare health plan o I switched health plans but my <b>former</b> plan was <b>not</b> the plan printed on the cover of this survey o No, I did <b>not</b> switch plans or drop my Medicare plan recently	Our records show that you used to belong to this health plan: [PLACEHOLDER] but that you no longer belong to that plan. Is that correct? o Yes, I left the health plan printed above o No, I left a different health plan o No, I did not switch plans or leave ANY Medicare health 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 health 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 health 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.
<b>GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN</b>	<b>GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
As you answer the questions in this survey, please think only of your <u>former</u> health 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> health 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 -- If no, go to question 5	Did you ever try to get information or help from your former plan's customer service? Yes/No -- If no, go to question 5	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.
<b>GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN</b>	<b>GETTING HEALTH CARE AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
How often was it easy to get the care, tests, or treatment you needed through your former plan? o Never o Sometimes o Usually o Always o I did not try to get any kind of care, tests, or treatment through my former plan	How often was it easy to get the care, tests, or treatment you needed through your former plan? o Never o Sometimes o Usually o Always o I did not try to get any kind of care, tests, or treatment through my former plan	5	5	5	No change to wording.
In the last 6 months, did you make an appointment to see a specialist? o Yes o No <b>if no go to question 8</b> o Someone else made my specialist appointments for me	Did you make an appointment to see a specialist? o Yes o No <b>if no go to question 8</b> o Someone else made my specialist appointments for me	6	6	6	Deleted the reference to "In the last 6 months" to reduce cognitive burden.
In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? o Never o Sometimes o Usually o Always o I did not make an appointment to see a specialist	How often did you get an appointment to see a specialist as soon as you needed? o Never o Sometimes o Usually o Always o I did not make an appointment to see a specialist	7	7	7	Deleted the reference to "In the last 6 months" to reduce cognitive burden.

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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	8	8	8	No change to wording.
Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No -- If No, go to question 11	Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No -- If No, go to question 11	9	9	9	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	10	10	10	No change to wording.
Did you ever use your former plan to fill any prescriptions by mail? Yes/No -- If no, go to question 13	Did you ever use your former plan to fill any prescriptions by mail? Yes/No -- If no, go to question 13	11	11	11	No change to wording.
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	12	12	12	No change to wording.
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?	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?	13	13	13	No change to wording.
<b>REASONS YOU LEFT YOUR FORMER HEALTH PLAN</b>	<b>REASONS YOU LEFT YOUR FORMER HEALTH PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
The next questions are about reasons you may have had for switching or dropping your former health plan.	The next questions are about reasons you may have had for switching or dropping your former health plan.	Q14 preamble	Q14 preamble	Q14 preamble	No change to wording.

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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	14	14	14	Streamlined wording.
Did you leave your former plan because you were taken off the plan by mistake? Yes/No	Item has been dropped	15	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	16	15	15	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	16	16	Added based on feedback from consumers and plan representatives citing this disenrollment reason.
Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor went up? o Yes o No o I did not have to pay for doctor visits	Did you leave your former plan because the dollar amount you had to pay each time you visited a doctor (copayment) went up? o Yes o No o I did not have to pay for doctor visits	17	17	17	Added parenthetical reference to "copayment" to improve usability.
Not included	Did you leave your former plan because you found a plan with a lower copayment for doctors' visits? Yes/No	Not included	18	18	Added based on feedback from consumers and plan representatives citing this disenrollment reason.

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Some people have to pay their health plan a <u>monthly</u> fee (called a premium) out of their own pocket for health 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 health plan a <u>monthly</u> premium (fee) out of their own pocket for health coverage.  Did you leave your former plan because the <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	18	19	19	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	20	20	Added based on feedback from consumers and plan representatives citing this disenrollment reason.
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	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	19	21	21	No change to wording.
Did you leave your former plan because you found a health plan that costs less? Yes/No	Item has been dropped	20	DROPPED	DROPPED	New items 16, 18, and 20 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	21	22	22	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	Item has been dropped	22	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	23	23	23	No change to wording.
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	24	24	24	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	25	25	25	No change to wording.

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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	26	26	26	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	27	27	27	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	28	28	28	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	29	29	29	Small wording change specifying type of information sought.
Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment? Yes/No	Did you leave your former plan because you were frustrated by the plan's approval process for care, tests, or treatment? Yes/No	30	30	30	No change to wording.
Did you leave your former plan because you had problems getting the care, tests, or treatment you needed? Yes/No	Did you leave your former plan because you had problems getting the care, tests, or treatment you needed? Yes/No	31	31	31	No change to wording.
Claims are sent to a health plan for payment. You may send in the claims yourself or doctors, hospitals, or others may do this for you. Did you leave your former plan because you had problems getting the plan to pay a claim? Yes/No	Did you leave your former plan because you had problems getting the plan to pay a claim? Yes/No	32	32	32	Streamlined this item by removing the preamble to reduce burden and preserve usability.
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	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	33	33	33	No change to wording.

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Did you leave your former plan because the clinics or hospitals you wanted to go to for care were not covered by the plan? Yes/No	Did you leave your former plan because the clinics or hospitals you wanted to go to were not covered by the plan? Yes/No	34	34	34	Removed "for care" from the item to streamline.
Did you leave your former plan because it was hard to get information from the plan -- like which health care services were covered or how much a specific test or treatment would cost? Yes/No	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	35	35	35	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	36	36	36	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	37	37	37	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	38	38	38	No change to wording.
Every year Medicare evaluates all health plans and gives them a star rating.	Every year Medicare evaluates all health plans and gives them a star rating.	Q39 preamble	Q39 preamble	Q39 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	39	39	39	No change to 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	40	40	40	No change to wording.
<b>OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN</b>	<b>OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN</b>	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	41	41	41	No change in 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	42	42	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	42	43	43	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	43	44	44	No change to wording.

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Did you leave your former plan because another plan offered better benefits or coverage (for example, dental or vision care)? Yes/No	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	44	45	45	Added additional examples of benefits and coverage to improve understanding.
<b>ABOUT YOU</b>	<b>ABOUT YOU</b>	HEADER	HEADER	HEADER	No change to 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	45	46	46	No change to wording.
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	46	47	47	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	47	48	48	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 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	48	49	49	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	49	50	50	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 51	Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If no, go to question 52	50	51	51	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	51	52	52	No change to wording.



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Has a doctor <u>ever</u> told you that you have any of the following conditions? <input type="radio"/> A heart attack <input type="radio"/> Angina or coronary heart disease <input type="radio"/> High blood pressure or hypertension <input type="radio"/> Cancer, other than skin cancer <input type="radio"/> Emphysema, asthma or COPD (chronic obstructive pulmonary disease) <input type="radio"/> Any kind of diabetes or high blood sugar	Has a doctor <u>ever</u> told you that you have any of the following conditions? <input type="radio"/> A heart attack <input type="radio"/> Angina or coronary heart disease <input type="radio"/> High blood pressure or hypertension <input type="radio"/> Cancer, other than skin cancer <input type="radio"/> Emphysema, asthma or COPD (chronic obstructive pulmonary disease) <input type="radio"/> Any kind of diabetes or high blood sugar	52	53	53	No change to wording.
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	53	54	54	No change to 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	54	55	55	No change to 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	55	56	56	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)	56	57	57	No change to wording.

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Did someone help you complete this survey? Yes/No -- if no, please go to question 59	Did someone help you complete this survey? Yes/No -- if no, please go to question 60	57	58	58	No change to wording.
How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way (please print)	How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way (please print)	58	59	59	No change to wording.
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	59	60	60	Streamlined this item to reduce burden and preserve usability.