

Current MA-Only Survey/Question Wording	Proposed MA-Only Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	Comments
		Item Count=46	Item Count=42	Item Count=42	
YOUR FORMER HEALTH PLAN	YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change to wording.
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	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	No change to wording.
Did you <u>have to</u> switch 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 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.
GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN	GETTING INFORMATION OR HELP FROM YOUR FORMER HEALTH PLAN	HEADER	DROPPED	DROPPED	Header has been dropped because items have been dropped.
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	Item has been dropped	3	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
How often did your former plan's customer service give you the information or help you needed? oNever oSometimes oUsually oAlways oI did not try to get information or help from my former health plan's customer service	Item has been dropped	4	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
GETTING HEALTH CARE YOU NEEDED FROM YOUR FORMER HEALTH PLAN	Dropped	HEADER	DROPPED	DROPPED	Heading has been dropped to reduce respondent burden and streamline survey.

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How often was it easy to get the care, tests, or treatment you needed through your former plan? oNever oSometimes oUsually oAlways oI 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? oNever oSometimes oUsually oAlways oI did not try to get any kind of care, tests, or treatment through my former plan	5	3	3	No change to wording.
Did you make an appointment to see a specialist? oYes oNo if no go to question 8 oSomeone else made my specialist appointments for me	Item has been dropped	6	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
How often did you get an appointment to see a specialist as soon as you needed? oNever oSometimes oUsually oAlways oI did not make an appointment to see a specialist	Item has been dropped	7	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
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 <u>former</u> 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 <u>former</u> plan?	8	4	4	No change to wording.
REASONS YOU LEFT YOUR FORMER HEALTH PLAN	REASONS YOU LEFT YOUR FORMER HEALTH PLAN	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.	Q9 preamble	Q5 preamble	Q5 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 you found out that someone had signed you up for the plan without your permission? Yes/No	9	5	5	No change to wording.

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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	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	10	6	6	No change to wording.
Did you leave your former plan because you found a plan with a lower copayment for doctors' visits? Yes/No	Did you leave your former plan because you found a plan with a lower copayment for doctors' visits? Yes/No	11	7	7	No change to wording.
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	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	12	8	8	No change to wording.
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	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	13	9	9	No change to wording.
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	14	10	10	No change to wording.
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	15	11	11	No change to wording.
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	16	12	12	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	17	13	13	No change to wording.

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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	18	14	14	No change to wording.
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	19	15	15	No change to wording.
Did you leave your former plan because the clinics or hospitals you wanted to go to 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	20	16	16	No change to wording.
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	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	21	17	17	No change to wording.
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	22	18	18	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	23	19	19	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	24	20	20	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.	Q26 preamble	Q21 preamble	Q21 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	25	21	21	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	26	22	22	No change to wording.
OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	OTHER REASONS FOR LEAVING YOUR FORMER HEALTH PLAN	HEADER	HEADER	HEADER	No change to wording.

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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	27	23	23	No change to wording.
Did you leave your former plan because an insurance agent or broker told you about a better plan? Yes/No	Did you leave your former plan because an insurance agent or broker told you about a better plan? Yes/No	28	24	24	No change to wording.
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	29	25	25	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	30	26	26	No change to wording.
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	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	31	27	27	No change to wording.
ABOUT YOU	ABOUT YOU	HEADER	HEADER	HEADER	No change to wording.
In general, how would you rate your overall health? oExcellent oVery good oGood oFair oPoor	In general, how would you rate your overall health? oExcellent oVery good oGood oFair oPoor	32	28	28	No change to wording.
In general, how would you rate your overall <u>mental or emotional</u> health? oExcellent oVery good oGood oFair oPoor	In general, how would you rate your overall <u>mental or emotional</u> health? oExcellent oVery good oGood oFair oPoor	33	29	29	No change to wording.
In the past 12 months, how many different prescription medicines did you take? oNone o1 to 2 medicines o3 to 5 medicines o6 or more medicines	In the past 12 months, how many different prescription medicines did you take? oNone o1 to 2 medicines o3 to 5 medicines o6 or more medicines	34	30	30	No change to wording.

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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 33	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 33	35	31	31	No change to wording.
Is this a condition or problem that has lasted at least 3 months? Yes/No	Is this a condition or problem that has lasted at least 3 months? Yes/No	36	32	32	No change to wording.
Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If no, go to question 39	Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If no, go to question 35	37	33	33	No change to wording.
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	38	34	34	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	39	35	35	No change to wording.
What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	40	36	36	No change to wording.
Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	41	37	37	No change to wording.
What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	42	38	38	No change to wording.

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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)	43	39	39	No change to wording.
Did someone help you complete this survey? Yes/No If no, go to question 46	Did someone help you complete this survey? Yes/No If no, go to question 42	44	40	40	No change to 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)	45	41	41	No change to wording.
May we contact you again if we have any questions about your survey responses or the health care services 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	46	42	42	No change to wording.