

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=60	Item Count=52	Item Count=52	
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 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.
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 to reduce burden.
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	Item has been dropped	3	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.

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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 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 AND THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER HEALTH PLAN	Deleted	HEADER	DROPPED	DROPPED	Heading has been dropped to reduce respondent burden and streamline survey.
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	DRIP	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.

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How often was it easy to use your former plan to get the medicines your doctor prescribed? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always 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? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always I did not use my former plan to get any prescription medicines	8	4	4	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	Item has been dropped	9	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
How often was it easy to use your former plan to fill a prescription at a pharmacy? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always I did not have to use my former plan to fill a prescription at a pharmacy	Item has been dropped	10	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
Did you ever use your former plan to fill any prescriptions by mail? Yes/No -- If no, go to question 13	Item has been dropped.	11	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and streamline survey.
How often was it easy to use your former plan to fill prescriptions by mail? <input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always I did not use my former plan to fill a prescription by mail	Item has been dropped	12	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 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	5	5	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.	Q14 preamble	Q6 preamble	Q6 preamble	No change to wording.

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Did you leave your former plan because someone else 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	6	6	No change to wording.
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	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	15	7	7	No change to wording.
Did you leave your former plan because you found a plan with a lower copayment for prescription drugs? Yes/No	Did you leave your former plan because you found a plan with a lower copayment for prescription drugs? Yes/No	16	8	8	No change to wording.
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	17	9	9	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	18	10	10	No change to wording.

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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	19	11	11	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	20	12	12	No change to wording.
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	21	13	13	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	22	14	14	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	23	15	15	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	24	16	16	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	17	17	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	26	18	18	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	19	19	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	20	20	No change to wording.
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	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	21	21	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	30	22	22	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	23	23	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	32	24	24	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	33	25	25	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	34	26	26	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	35	27	27	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	36	28	28	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	29	29	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	30	30	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	Q31 preamble	Q31 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	31	31	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	32	32	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 in 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	41	33	33	No change in 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	42	34	34	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	43	35	35	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	44	36	36	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	45	37	37	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	46	38	38	No change to wording.

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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	47	39	39	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	48	40	40	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 50	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 43	49	41	41	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	50	42	42	No change to wording.
Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If no, go to question 52	Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If no, go to question 45	51	43	43	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	52	44	44	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	53	45	45	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	54	46	46	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	55	47	47	No change to wording.
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	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	56	48	48	No change to wording.
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)	57	49	49	No change to wording.
Did someone help you complete this survey? Yes/No -- if no, please go to question 60	Did someone help you complete this survey? Yes/No -- if no, please go to question 52	58	50	50	No change to wording.

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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)	59	51	51	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	60	52	52	No change to wording.