Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS[®] Survey

202<u>6</u>5 Medicare Advantage Plan Survey

20265 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u> and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

- If you changed your Medicare plan for 202<u>6</u>, answer the questions thinking about your experiences in the last 6 months of 2024<u>5</u>.
- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

🛛 Yes

- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. 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]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

Yes

 \boxtimes No \rightarrow If No, Go to Question 3

- 2. How long have you been wearing a hearing aid?
 - Less than one year
 - ____ 1 to 3 years
 - More than 3 years
 - I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

\boxtimes	Yes
	No

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. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (expires 11/30/2027)**. The time required to complete this information collection is estimated to average **15 minutes**, 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 C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2024-2025 your health services were covered by the plan named on the back page. Is that right?

Yes →If Yes, Go to Question 3
 No

 Please write below the name of the health plan you had in 2024 2025 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video.

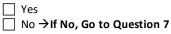
 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>?



- □ No → If No, Go to Question 5
- 4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?

Never
Sometimes
Usually
Always

 In the last 6 months, did you make any in-person, phone, or video appointments for a <u>check-up or</u> <u>routine care</u>?



6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?



7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

None
1 time
2
3
4
5 to 9
10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

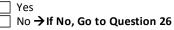
0	Worst health care possible
1	
2	
3	
4	
5	
6	
7	
8	
9	
\Box 1	0 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

Never
Sometimes
Usually
Always

Your Personal Doctor

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?



11. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health?

	□ None → If None, Go to Question 26
	🗌 1 time
	2
	☐ 3
	4
	5 to 9
	10 or more times
•	In the last 6 months, how o

12. often did your personal doctor explain things in a way that was easy to understand?

Never
Sometimes
Usually
Always

- 13. In the last 6 months, how often did your personal doctor listen carefully to you?
 - Never Sometimes Usually Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

Never
Sometimes
Usually
Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

Never
Sometimes
Usually
Always

16. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

0	Worst personal doctor
	possible
1	
2	
3	
4	
5	
6	
7	

7
8
9
10 Best personal doctor possible

17. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?

	Never
	Sometimes
	Usually
\square	Always

18. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

Yes	
No → If No, Go to Question	21

- **19**. In the last 6 months, when your personal doctor ordered a blood test,
 - x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?



20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

Never
Sometimes
Usually
Always

4

21. In the last 6 months, did you take any prescription medicine?

Yes	
No → If No, Go to Question 2	23

22. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

	Never
	Sometimes
	Usually
\square	Always

23. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

	Yes	
\square	No → If No, Go to Question	26

24. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

	Yes
\square	No →

 $ho \rightarrow If No, Go to Question 26$

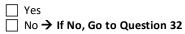
25. In the last 6 months, did you <u>get the</u> <u>help you needed</u> from your personal doctor's office to manage your care among these different providers and services?

Yes, definitely
Yes, somewhat
No

Getting Health Care From Specialists

When you answer the next questions, include the care you got in person, by phone, or by video.

- 26. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your <u>personal doctor</u> a specialist?
 - ☐ Yes → If Yes, Please include your personal doctor as you answer these questions about specialists
 - 🗌 No
- **27.** In the last 6 months, did you make any appointments with a specialist?



28. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

Never
Sometimes
Usually
Alwavs

29. How many specialists have you talked to in the last 6 months?

None →If None, Go to
Question 32
1 specialist
2
3
4
5 or more specialists

5

- **30**. We want to know your rating of the specialist you talked to <u>most often</u> in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
 - 0 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible
- **31**. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
 - Never
 Sometimes
 Usually
 Always
 I do not have a personal doctor
 I have not talked with my personal doctor in the last 6 months
 My personal doctor is a

Your Health Plan

specialist

32. In the last 6 months, did you get information or help from your health plan's customer service?

Yes
 No → If No, Go to Question 35

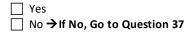
33. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

Never
Sometimes
Usually
Always

34. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Never
Sometimes
Usually
Always

35. In the last 6 months, did your health plan give you any forms to fill out?



36. In the last 6 months, how often were the forms from your health plan easy to fill out?



6

37. 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 health plan?

 0 Worst health plan possible 1 2 3 4 5 6 7
□ ° □ 9
10 Best health plan possible
38. A co-pay is the amount of money
you pay at the time of a visit to a
doctor's office or clinic. In the last 6
months, did your health plan offer to
lower the amount of your co-pay
because you have a health condition
(like high blood pressure)?
condition

39. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?

	Yes
	No
	l am not sure
Ē	I do not have a health
conditio	m
	I was offered extra benefits for
another	roason

About You

<u>3840</u>. In general, how would you rate your overall health?

Excellent Very good
Good
Fair
Poor

<u>39</u>41. In general, how would you rate your overall <u>mental or emotional</u> health?

Excellent
Very good
Good
Fair
Poor

Formatted: Indent: Left: 0", First line: 0"

	42 <u>40</u> . What language do you mainly speak at home?
	 □ English □ Spanish □ Chinese □ Korean □ Tagalog □ Vietnamese □ Some other language ↓ Please print:
	413. In the last 6 months, did you spend one or more nights in a hospital?
	Yes No
	424. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?
	 Never Sometimes Usually Always My doctor did not prescribe any medicines for me in the last 6 months
	435. Do you have insurance that pays part or all of the cost of your prescription medicines?
	 ☐ Yes ☐ No ☐ Don't know

 4<u>4</u>6. In the last 6 months, did yo or not fill a prescription be you felt you could not affo Yes 	cause	nary disease)? f. Any kind of diabetes or high blood sugar?		
 No My doctor did not pres any medicines for me i last 6 months 		 496. Do you have serious diffic walking or climbing stairs ☐ Yes ☐ No 		
47. In the last 6 months, did any clinic, emergency room, or c office where you got care tre an unfair or insensitive way any of the following things a	loctor's eat you in because of	4750. Do you have difficulty or bathing? Yes	dressing •	Formatted: Indent: Left: 0", Hanging: 0.25", Tab stops: 0.25", Left + 0.63", Left
		No No		
e. Language or accent f. Race or ethnicity g. Sex (female or male) h. Sexual orientation i. Gender or gender identity				
458. Has a doctor <u>ever</u> told you had any of the following conditions?				
 a. A heart attack? b. Angina or coronary heart disease? c. Hypertension or high blood pressure? 	<u>Yes</u> <u>No</u>			
 d. Cancer, <u>other than</u> <u>skin cancer</u>? e. Emphysema, asthma, or COPD (chronic obstructive pulmo- 		9		

I

5481. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
Yes No	
5249 . Have you had a flu shot since July 1, 2024 <u>5</u> ?	
☐ Yes ☐ No ☐ Don't know	
530. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.	
☐ Yes ☐ No ☐ Don't know	
54 <u>1</u> . 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?	

I

Formatted: Indent: Left: 0", Hanging: 0.38", Tab stops: 0.38", Left + Not at 1.5"

 5652. What is your race or ethnicity? Please mark one or more. American Indian or Alaska Native Asian Black or African-American Hispanic or Latino Middle Eastern or North African Native Hawaiian or other-Pacific Islander White 	 595. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Yes No 5660. Did someone help you complete this survey?
 573. How many people live in your household now, including yourself? 1 person 2 to 3 people 4 or more people 	 Yes No → Thank you. Please return the completed survey in the postage-paid envelope. 6571. How did that person help you?
584. Do you ever use the internet at home?	 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

I

I

Thank you.

Please return the completed survey in the postage-paid envelope. [SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING] Contract Name:_____

[OPTIONAL] You may also know your plan by one of the following: