

Appendix M-3

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

**2021 Prescription Drug Plan Survey
CATI Script**

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

2021 Prescription Drug Plan Survey CATI Script

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED MEMBER. THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE IS SPEAKING WITH THE SAMPLED RESPONDENT. AT NO POINT DOES THE INTERVIEWER MENTION WHAT PRESCRIPTION DRUG PLAN THE SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE SAMPLED MEMBER. IN ADDITION, NO MESSAGES ARE TO BE LEFT ON AN ANSWERING MACHINE OR VOICE MAIL.>

[INTRO1-OUT]

Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

- 1 YES → [GO TO INTRO 2-OUT]
- 2 NO, NOT AVAILABLE RIGHT NOW → [SET CALLBACK]
- 3 NO [REFUSAL] → [GO TO TERMINATE SCREEN]

<MENTALLY/PHYSICALLY INCAPABLE →[GO TO INTRO 3]

IF IT BECOMES CLEAR THAT THE BENEFICIARY CANNOT COMPLETE THE TELEPHONE INTERVIEW HIMSELF/HERSELF (FOR EXAMPLE, IF HE/SHE IS HARD OF HEARING, HAS A SPEECH IMPEDIMENT, OR IS TOO ILL OR FRAIL TO DO THE INTERVIEW), OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE BENEFICIARY CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. [GO TO INTRO3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-OUT]>

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN SCREEN IS TO PROTECT THE PRIVACY OF THE SAMPLED MEMBER. THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE IS SPEAKING WITH THE SAMPLED RESPONDENT. AT NO POINT DOES THE INTERVIEWER MENTION WHAT PRESCRIPTION DRUG PLAN THE SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

[INTRO1-IN]

Hello, am I speaking to [SAMPLED BENEFICIARY'S NAME]?

- | | | | |
|---|-----------------------------|---|--------------------------|
| 1 | YES | → | [GO TO INTRO 2-IN] |
| 2 | NO, NOT AVAILABLE RIGHT NOW | → | [SET CALLBACK] |
| 3 | NO [REFUSAL] | → | [GO TO TERMINATE SCREEN] |

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PD PLAN NAME] and the Centers for Medicare and Medicaid Services to ask you to take part in a survey about the health care and services you receive. Your name was selected at random by CMS from among people with Medicare enrolled in your prescription drug plan.

This survey is part of a national effort to measure the quality of care from health and prescription drug plans. The results of the study will help [PD PLAN NAME] and Medicare improve the care they provide. The interview is completely confidential and voluntary and will not affect your health care or Medicare benefits in any way. The interview will take about 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [PD PLAN NAME] and the Centers for Medicare and Medicaid Services are asking you to take part in a survey about the health care and services you receive. Your name was selected at random by CMS from among people with Medicare enrolled in your prescription drug plan.

This survey is part of a national effort to measure the quality of care from health and prescription drug plans. The results of the study will help [PD PLAN NAME] and Medicare improve the care they provide. The interview is completely confidential and voluntary and will not affect your health care or Medicare benefits in any way. The interview will take about 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

Do you have any questions about this survey that I can answer for you at this time?

- 1 YES → <REFER TO FAQs>
- 2 NO → [GO TO Q1]
- 3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] → [GO TO TERMINATE SCREEN]

[INTRO3 – Request for Proxy]

If you need help in completing this telephone interview or if you feel you are unable to complete the interview by yourself, you can have a family member or close friend help you or do the interview for you. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf. <THE INTERVIEWER MUST OBTAIN THE BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO TO INTRO3 Q1]

[INTRO3 Q1]

Is there someone who could help you do the interview or who could do the interview for you?

- 1 YES → [GO TO INTRO 3 Q2]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]

May we have your permission to conduct the telephone interview with this person on your behalf?

- 1 YES → [GO TO INTRO 3 Q3] OR [GO TO PROXY_INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3]

Is this person available to talk to us now?

- 1 YES → [GO TO PROXY_INTRO 1]
- 2 NO → <COLLECT NAME AND TELEPHONE NUMBER OF
→ PROXY AND SET A CALLBACK, OR IF NO PROXY EXISTS, [GO
→ TO Q_END]. IF BENEFICIARY RESIDES IN AN INSTITUTION
CODE AS INSTITUTIONALIZED; OTHERWISE CODE AS
MENTALLY/PHYSICALLY INCAPABLE>

[PROXY_INTRO 1]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PD PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLED MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] prescription drug plan and [SAMPLED MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLED MEMBER NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. The interview will take about 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[PROXY_INTRO 2]

As you answer the survey questions, please remember that you are answering the questions for [him/her] and that all survey questions refer to [his/her] experiences with [his/her] prescription drug plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: → GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services to finish an interview with [BENEFICIARY NAME].

- | | | |
|---|--------------|--------------------------|
| 1 | YES | [GO TO RESUME2] |
| 2 | NO, CALLBACK | [SET CALLBACK] |
| 3 | REFUSAL | [GO TO TERMINATE SCREEN] |

RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PD PLAN NAME] and the Centers for Medicare & Medicaid Services. I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Before we begin I need to tell you that this call may be monitored or recorded for quality improvement purposes.

<START INTERVIEW>

Q1 Our records show that in 2020 your prescriptions were covered by the Medicare prescription drug plan named [PD PLAN NAME].
Is that right?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES [GO TO Q3]

2 NO [GO TO Q2]

98 <DON'T KNOW> [GO TO Q2]

99 <REFUSED> [GO TO Q2]

M [MISSING]

Q2 What is the name of the Medicare prescription drug plan you had in 2020? Please complete the rest of the survey based on the experiences you had with that plan.

<ENTER PLAN NAME> _____

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2020, and the times you got health care in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months, and the times you got health care in person, by phone or by video call.]

Q3 In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you...

a. To make sure you filled or refilled a prescription?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)

b. To make sure you were taking medicine as directed?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q4 In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? Would you say...

1 Never,

2 Sometimes,

3 Usually,

4 Always, or

5 I did not use my prescription drug plan to get any medicines in the last 6 months

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q5 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]

99 <REFUSED> [GO TO Q7]

M [MISSING]

Q6 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q7 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q9]
- 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q9]

- 98 <DON'T KNOW> [GO TO Q9]
- 99 <REFUSED> [GO TO Q9]
- M [MISSING]

Q8 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q9 Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Now I am going to ask some questions about you.

Q10 In general, how would you rate your overall health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q11 In general, how would you rate your overall mental or emotional health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q12 In the last 6 months, did you spend one or more nights in a hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q13 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q14 In the last 6 months, did you receive any mail order medicines that you did not request?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

99 <REFUSED>
M [MISSING]

Q15 Has a doctor ever told you that you had any of the following conditions?

a. A heart attack?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

e. Emphysema, asthma or COPD (READ THE FOLLOWING ONLY IF NECESSARY) also called chronic obstructive pulmonary disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

f. Any kind of diabetes or high blood sugar?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q17 Do you have difficulty dressing or bathing?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q18 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q19 What is the highest grade or level of school that you have completed? Would you say...

- 1 8th grade or less,
- 2 Some high school, but did not graduate,
- 3 High school graduate or GED,
- 4 Some college or 2-year degree,
- 5 4-year college graduate, or
- 6 More than 4-year college degree

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q20 Are you of Hispanic or Latino origin or descent?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES, HISPANIC OR LATINO
- 2 NO, NOT HISPANIC OR LATINO

98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

Q21 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

<PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE>

- a. White?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
 - 1 YES
 - 2 NO

 - 98 <DON'T KNOW>
 - 99 <REFUSED>
 - M [MISSING]

- b. Are you Black or African-American?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
 - 1 YES
 - 2 NO

 - 98 <DON'T KNOW>
 - 99 <REFUSED>
 - M [MISSING]

- c. Are you Asian?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
 - 1 YES
 - 2 NO

 - 98 <DON'T KNOW>
 - 99 <REFUSED>
 - M [MISSING]

- d. Are you Native Hawaiian or other Pacific Islander?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
 - 1 YES
 - 2 NO

 - 98 <DON'T KNOW>
 - 99 <REFUSED>
 - M [MISSING]

e. Are you American Indian or Alaska Native?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q22 How many people live in your household now, including yourself? Would you say...

- 1 1 person
- 2 2 to 3 people, or
- 3 4 or more people

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q23 Do you ever use the internet at home?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q24 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?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q25 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

- 98 <DON'T KNOW>
- M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>

Q26 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>

[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

[END] Those are all the questions I have. Thank you for taking part in this important interview.