

**Medicare Advantage and  
Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

***Quality Assurance  
Protocols & Technical  
Specifications***

**Version 5.0**

November 2014



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# **Medicare Advantage and Prescription Drug Plan CAHPS<sup>®</sup> Survey**

## ***Quality Assurance Protocols & Technical Specifications V5.0***

### **ACKNOWLEDGMENTS**

These specifications were prepared under contract to the Centers for Medicare & Medicaid Services (CMS) by the RAND Corporation in collaboration with the Health Services Advisory Group.

CMS is pleased to acknowledge the role of the Agency for Healthcare Research and Quality, its CAHPS grantees, and Westat in developing and testing the MA & PDP CAHPS Survey.



**MA & PDP CAHPS SURVEY**  
**QUALITY ASSURANCE PROTOCOLS & TECHNICAL SPECIFICATIONS**  
**V5.0**

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# I. READER'S GUIDE

## **Purpose of the *Quality Assurance Protocols & Technical Specifications V5.0***

The *Quality Assurance Protocols & Technical Specifications V5.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS<sup>®1</sup> Survey was developed by the Centers for Medicare & Medicaid Services (CMS) to standardize the data collection process and to ensure that the survey data collected across survey vendors are comparable. This Reader's Guide provides survey vendors and Medicare Advantage (MA) and Prescription Drug Plans (PDPs) an overview of the content in this manual. Readers are directed to the various sections of the *Quality Assurance Protocols & Technical Specifications V5.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

## **Quality Assurance Protocols & Technical Specification V5.0 Content**

The *Quality Assurance Protocols & Technical Specifications V5.0* is divided into the following sections:

### **Introduction and Overview**

This section includes information on the development of the MA & PDP CAHPS Survey and a description of the survey.

### **Program Requirements**

This section presents information regarding the requirements for the administration of the MA & PDP CAHPS Survey, including Communication with Beneficiaries and the Roles and Responsibilities for participating organizations.

### **Sampling**

This section provides an overview of the process CMS uses for selecting a random sample of plan members for the MA & PDP CAHPS Survey and information about the process that survey vendors will use to retrieve the survey sample.

### **Communications and Technical Support**

This section includes information about communication and technical support available to survey vendors administering the MA & PDP CAHPS Survey, as well as other interested parties.

### **Data Collection Protocol**

This section provides information about the mixed mode (mail with telephone follow-up) data collection protocol required to administer the MA & PDP CAHPS Survey, including the data collection schedule, data receipt and retention, and quality control guidelines.

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

## Data Coding and Data Preparation

This section provides information about the process of preparing the data files for submission to the MA & PDP CAHPS Data Warehouse.

## Data Submission

This section provides information about the survey vendor authorization and registration process, the data submission process and schedule, the data audit and validation checks, and data submission reports.

## Data Analysis and Public Reporting

This section describes the public reporting of the results of the MA & PDP CAHPS Survey by CMS.

## Oversight

This section provides information on the oversight activities that the CMS-sponsored MA & PDP CAHPS Survey Project Team conducts to ensure compliance with protocols and procedures for the administration of the MA & PDP CAHPS Survey.

## Discrepancy Reports

This section describes the process for notifying CMS of any discrepancies from the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

## Appendices

The Appendices include the Minimum Business Requirements; Survey Vendor Authorization Form; Data Use Agreement Application Form; Survey Vendor Extranet User Agreement Form; Model Quality Assurance Plan; Interviewing Guidelines; Frequently Asked Questions for Customer Support; Instructions for Survey Vendors on Accessing the Data Warehouse; Sample File Record Layout; Survey File Record Layout; Discrepancy Report Form; List of Survey Items Applicable to All Respondents; List of Reportable Measures; English Mail Questionnaires; and English CATI Scripts.

## For More Information

For information about the MA & PDP CAHPS Survey program and to view important updates and announcements, visit the MA & PDP CAHPS Survey Web site: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).

## To Provide Comments or Ask Questions

For information and technical assistance, contact the MA & PDP CAHPS Survey Project Team via email at: [MA-PDPCAHP@HCOIS.org](mailto:MA-PDPCAHP@HCOIS.org) or by calling toll free at: 1-877-735-8882.

To communicate with the Data Coordination Team, please email: [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

To communicate with CMS staff, please email: [MP-CAHPS@cms.hhs.gov](mailto:MP-CAHPS@cms.hhs.gov)

## II. INTRODUCTION AND OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) is committed to measuring and reporting information from the consumer's perspective for Medicare contracts. Consumer evaluations of healthcare measure important aspects of a beneficiary's experience that cannot be assessed by other means. CMS collects information about Medicare beneficiaries' experiences with, and ratings of, Medicare Advantage (MA-only), Medicare Advantage Prescription Drug (MA-PD) and Medicare Prescription Drug Plans (PDP) via the Medicare CAHPS Survey, a survey of beneficiaries who have been enrolled in their plans for six months or longer. Medicare CAHPS data collection and reporting takes place at the contract level. The Medicare CAHPS Survey is part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) initiative, a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service. For more information about the CAHPS Project, please go to <https://www.cahps.ahrq.gov>.

A health plan version of the CAHPS survey has been conducted annually by CMS since 1998. A survey of beneficiaries enrolled in the Original Fee-for-Service (FFS) Medicare was added in 2000, and CMS began to collect information about Medicare beneficiaries' experiences in MA-PDs and PDPs in 2007. These surveys, and the Medicare FFS CAHPS survey (FFS CAHPS), are administered annually. CMS conducts the Medicare FFS CAHPS survey.

The primary goals of the MA-only, MA-PD and PDP CAHPS Survey are to:

- Provide Medicare beneficiaries and the general public with information to help them make more informed choices among Medicare health and prescription drug plans
- Help MA-only, MA-PD and PDP contracts identify problems and improve the quality of care and services by providing them with information about their performance at the contract level relative to that of other contracts in their state and region, as well as nationally
- Enhance CMS' ability to monitor the quality of care and performance of MA-only, MA-PD and PDP contracts
- Measure the quality of care from the beneficiary's perspective for use in value based purchasing

### About the Survey

The Medicare CAHPS Survey [hereafter referred to as the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey] includes three questionnaires: MA-only, MA-PD, and PDP. While the MA-only and MA-PD questionnaires have a nearly identical set of applicable Core questions, each questionnaire also includes additional questions and response categories related to the beneficiaries' experiences in their own particular contract type. The PDP survey includes only questions about the drug plan. As noted earlier, the Medicare FFS CAHPS survey is fielded directly by CMS and collects data on the healthcare experiences of beneficiaries enrolled in the FFS Medicare plan.

The *MA-only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Medicare Rights, and About You.

The *MA-PD questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Medicare Rights, Your Prescription Drug Plan, and About You.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the MA & PDP CAHPS Survey are preceded by screener questions. This allows only those beneficiaries for whom the item is relevant to answer the questions associated with the screener questions.

For scoring and reporting purposes, some questions are combined into the following composite measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- Getting Information from Drug Plan (MA-PD and PDP – reported to contracts – not reported to consumers)
- Care Coordination

In addition to the publicly reported composite measures listed above, the survey questionnaires include several publicly reported “member overall” ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan (MA-PD and PDP)

The MA & PDP CAHPS Survey also includes the following single item measures, which are publicly reported:

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

*Note: Please see Appendix M for the survey questions that comprise the measures described above.*

Other measures reported to contracts include:

- Computer used during office visit
- Computer use was helpful
- Computer use made talking to doctor easier
- Reminders for appointments
- Reminders for immunizations

- Reminders for screening tests
- Reminders to fill prescriptions
- Reminders to take medications

## **Administration of the MA & PDP CAHPS Survey**

The MA & PDP CAHPS Survey is conducted with a sample of Medicare beneficiaries who are at least 18 years of age and currently enrolled in an MA contract or PDP for six months or longer, and who live in the United States, Puerto Rico or the U.S. Virgin Islands. Efforts are made by CMS to exclude beneficiaries who are known to be institutionalized at the time of the sample draw. The MA & PDP CAHPS Survey is administered using only a mixed mode data collection protocol that includes a pre-notification letter, two survey mailings and telephone follow-up of non-respondents.

Prior to 2011, CMS paid for all data collection activities and contracted with a single survey vendor for data collection. Beginning in 2011, CMS required all MA and PDP contracts with at least 600 enrollees as of July the previous year, to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Collection of MA & PDP CAHPS Survey data follows a specific data collection timeline and protocol established by CMS. Beginning with 2012 MA & PDP CAHPS Survey administration, CMS required all MA organizations, 1,876 Cost Contracts, and Part D sponsors with 600 or more enrollees as of July the previous year to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Medicare-Medicaid plans have been added for 2015 survey administration.

The MA & PDP CAHPS Survey is conducted at the contract level. CMS will select the sample and provide the approved survey vendors with separate sample files for each Medicare contract. The MA & PDP CAHPS Survey is conducted on an annual basis. CMS will continue to implement the Medicare CAHPS Survey for enrollees in FFS Medicare.

## **Public Reporting and Use of the MA & PDP CAHPS Survey Data in 2015**

The MA & PDP CAHPS Survey produces comparable data on the beneficiary's experience of care that allow objective and meaningful comparisons between MA and PDP contracts on domains that are important to consumers. The survey results are publicly reported by CMS for each contract in the Medicare & You Handbook published each Fall and on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)). The survey results are used by beneficiaries to assist in their selection of an MA or PDP contract. The public and research community can use survey results to assess Medicare program performance. In addition, contracts can use survey results to identify areas for quality improvement. Medicare administrators and policymakers also rely on the use of measures to manage the program; devise, implement and monitor quality improvement efforts; and make policy decisions. Beginning in 2012, the CAHPS data have been included in the Star Ratings for MA Quality Bonus Payments. CMS will also continue to make the FFS Medicare plan CAHPS measures available to the general public.



## III. PROGRAM REQUIREMENTS

### Overview

This section describes the Program Requirements for administering the MA & PDP CAHPS Survey, including the requirements regarding communicating with Medicare beneficiaries about the survey, roles and responsibilities for participating organizations, and Minimum Business Requirements to administer the survey (see Appendix A).

### Communication with Plan Members About the MA & PDP CAHPS Survey

Survey vendors and MA-only, MA-PD and PDP plans are allowed to notify beneficiaries that they may be asked to participate in the 2015 MA & PDP CAHPS Survey. However, certain types of communication (either oral, written or in the survey materials, e.g., cover letters and telephone scripts) are not permitted, since they may introduce bias in the survey results. For instance, survey vendors, contracts or their agents are not allowed to:

- Attempt to influence or encourage beneficiaries to answer survey questions in a particular way
- Imply that the plan, its personnel or agents will be rewarded or gain benefits for positive feedback from beneficiaries by asking beneficiaries to choose certain responses or indicate that the plan is hoping for a given response
- Offer incentives of any kind for participation in the survey
- Show or provide the MA & PDP CAHPS Survey or cover letters to beneficiaries prior to the administration of the survey
- Indicate that the health or drug plan's goal is for all beneficiaries to rate them a "10," "Definitely yes," or "Always"

Survey vendors, contracts or their agents are strongly encouraged not to:

- Ask any MA & PDP CAHPS Survey questions of beneficiaries four weeks prior to, during and after the 2015 Medicare CAHPS Survey administration (generally anytime from January 1 to July 1, 2015 – this guideline does not apply to other CMS surveys)

*Note: Health plans are permitted to conduct focus groups during MA & PDP CAHPS Survey administration; however the MA & PDP CAHPS Survey Project Team strongly encourages health plans not to ask any questions contained in the MA & PDP CAHPS Survey.*

### Roles and Responsibilities

The following content clarifies the roles and responsibilities of participating organizations.

#### CMS Roles and Responsibilities

CMS requires the standardization of the MA & PDP CAHPS Survey administration and data collection methodology for measuring and publicly reporting Medicare beneficiaries' perspectives on care received from their MA and/or PDP plan. CMS will:

- Provide MA & PDP CAHPS Survey vendors the survey administration protocol, timeline and description of the data submission tools through distribution of the *Quality Assurance*

*Protocols & Technical Specifications V5.0* for the 2015 MA & PDP CAHPS Survey administration

- Train survey vendors to administer the MA & PDP CAHPS Survey
- Provide technical assistance to survey vendors and plans via a toll-free telephone number, email and the MA & PD CAHPS Survey Web site: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org)
- Provide survey vendors with the tools, format, and procedures for submitting the collected data
- Process, review and analyze data files submitted by survey vendors
- Provide marketing guidelines to be used by MA and PDP plans

CMS also publicly reports measures from the MA & PDP CAHPS Survey as part of the Star Ratings produced annually for the Medicare Plan Finder Web site. Specifically, CMS:

- Calculates and adjusts MA & PDP CAHPS Survey data for case-mix effects prior to public reporting
- Generates preview reports containing MA & PDP CAHPS Survey results for participating contracts to review prior to public reporting
- Provides the survey data files to NCQA with calculated scores for accreditation
- Reports MA & PDP CAHPS Survey results publicly in the Medicare & You Handbook each Fall and on the Medicare Plan Finder Web site at: [www.medicare.gov](http://www.medicare.gov)

### **MA and PDP Contract Roles and Responsibilities**

MA and PDP contracts that participate in the MA & PDP CAHPS Survey agree to:

- Contract with a CMS approved MA & PDP CAHPS Survey vendor to administer the MA & PDP CAHPS Survey (contracts are not permitted to administer the survey themselves). The list of approved survey vendors can be found on the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).
- Authorize the survey vendor to submit MA & PDP CAHPS Survey data on their behalf by completing the Survey Vendor Authorization Form (see Appendix B)
- Preview MA & PDP CAHPS Survey results prior to public reporting

### **Survey Vendor Roles and Responsibilities**

Survey vendors that participate in the MA & PDP CAHPS Survey agree to:

- Participate via webinar in the MA & PDP CAHPS Survey vendor training and successfully complete the Post Training Quiz that will be conducted immediately at the conclusion of the mandatory training
- Adhere to the program requirements established by CMS to administer the MA & PDP CAHPS Survey, which are contained in the *Quality Assurance Protocols & Technical Specifications V5.0*
- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA (see Appendix C). Survey vendors must ensure that:
  - Contacts on the DUA are correct and that all contact information is accurate
  - Current DUAs are extended before their expiration date if necessary. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs which are expired.
  - Current DUAs are updated to include the 2015 survey administration data

- Submit a DUA Addendum for each subcontractor that views beneficiary-level data (e.g., name, address, telephone number)

For more information, please visit the CMS DUA Web Site:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/DUAs.html>

The DUA signed by each survey vendor restricts the use of data and any approved appended items. Survey vendors requesting to append data to the sample must submit to CMS a specific list of the administrative data items that are to be appended as well as an analytic plan for CMS approval. No data may be appended until the survey vendor receives written permission from CMS after the analytic plans and proposed appended items have been approved.

*Note: No information based on fewer than 11 sampled members can be released.*

- Receive and perform checks of each contract's beneficiary sample file to ensure that the sample file includes all required data elements
- Administer the MA & PDP CAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols and procedures established by CMS and contained in the *Quality Assurance Protocols & Technical Specifications V5.0*
- Verify that each contract has authorized the survey vendor to submit data on behalf of the contract
- Submit data files to the MA & PDP CAHPS Data Warehouse in accordance with the data file specifications in the *Quality Assurance Protocols & Technical Specifications V5.0* by the data submission deadline established by CMS
- Review the MA & PDP CAHPS Survey data submission reports and ensure that survey data are submitted to CMS accurately and in a timely manner

*Note: In order for the MA & PDP CAHPS Survey Project Team to perform the required oversight activities, organizations that are approved to administer the MA & PDP CAHPS Survey must conduct all of their business operations within the United States. This requirement also applies to all staff and subcontractors.*

*Note: If a survey vendor is non-compliant with program requirements for any of their client contracts, the contracts' MA & PDP CAHPS Survey results may not be included in the Star Ratings produced annually for the Medicare Plan Finder tool.*

## **Survey Vendor MA & PDP CAHPS Survey Training**

Conditionally approved survey vendors that intend to administer the MA & PDP CAHPS Survey must participate, via webinar, in the MA & PDP CAHPS Survey Training and any subsequent Training Update sessions sponsored by CMS. At a minimum, the survey vendor's Project Manager, Telephone Survey Supervisor, and Mail Survey Supervisor are required to participate in the training programs in their entirety. In addition, the survey vendor must successfully complete the Post Training Quiz administered immediately upon completion of the mandatory training. It is also recommended that the survey vendor's Project Director, programmer, or the

programmer's supervisor, attend the training. Any subcontractor staff with key responsibility for the MA & PDP CAHPS Survey must attend training.. MA and PDP contracts do not need to attend training, but are welcome to do so.

## **Review and Follow the Quality Assurance Protocols & Technical Specifications V5.0 and All Policy Updates**

The *Quality Assurance Protocols & Technical Specifications V5.0* has been developed to ensure the standardization of the survey data collection process and to ensure the comparability of data reported. MA contracts, PDP contracts and survey vendors must review and adhere to the protocols and procedures contained in this manual. In addition, MA contracts, PDP contracts and survey vendors must follow all policy updates posted on the project web site: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org).

### **Attest to the Accuracy of the Survey Vendor's Data Collection Process**

Survey vendors must attest to the accuracy of their organization's data collection process and its conformance with the *Quality Assurance Protocols & Technical Specifications V5.0*. Survey vendors are prohibited from subcontracting the data submission task. Data collected in a non-approved manner may not be publicly reported by CMS.

### **Develop Survey Vendor MA & PDP CAHPS Survey Quality Assurance Plan**

Survey vendors must develop a Quality Assurance Plan (QAP) for survey administration in accordance with the *Quality Assurance Protocols & Technical Specifications V5.0*. The Model QAP document (see Appendix E) provides guidelines for developing the QAP. The QAP should be updated, as necessary, to reflect changes in resources and processes. Notice of changes in key personnel should be delivered via email to the MA & PDP CAHPS Technical Assistance email address. The QAP must include the following:

- Organizational background and structure for the project
- Work plan for survey administration
- Survey and data management system
  - Include a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
  - Include a detailed description of the process for obtaining and updating beneficiary telephone numbers (including the length of history used to look up previous telephone numbers by the telephone look up service)
- Quality controls
- Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
- Annual discussion of results from quality control activities
- Copies of the MA & PDP CAHPS Survey materials used to field the survey

Each survey vendor will be required to submit a QAP and materials relevant to MA & PDP CAHPS Survey administration (as determined by CMS), including mailing materials (e.g., cover letters and questionnaires) and telephone scripts (screen shots) via email to [MA-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org) for review by the MA & PDP CAHPS Survey Project Team. Please monitor the *What's New* page on the project web site for the QAP submission date.

### **Become a Registered User of the MA & PDP CAHPS Data Warehouse**

Each approved survey vendor is required to designate a primary Data Administrator within their organization who is responsible for retrieving (downloading) the sample files of the contracts the survey vendor has contracted with, and for submitting survey data to the MA & PDP CAHPS Data Warehouse on behalf of those contracts. In addition to the primary Data Administrator, each survey vendor must designate a second person within the organization as a Back-up Data Administrator who will also have access to the MA & PDP CAHPS Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Data Coordination Team and the survey vendor regarding issues related to downloading or uploading files from the MA & PDP CAHPS Data Warehouse. In addition, the Data Administrator will have primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in this manual. The MA & PDP CAHPS Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator and Back-up Data Administrator roles. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Data Warehouse account.

Each survey vendor's Data Administrator, as well as the Back-up Data Administrator and the Project Manager, will be required to register with the MA & PDP CAHPS Survey Project Team by completing a Vendor Access to MA & PDP CAHPS Data Warehouse Form (found in Appendix D) and emailing it to the MA & PDP CAHPS Data Coordination Team. Once the team has verified the information on the Extranet User Agreement and confirmed that the survey vendor has been authorized by one or more MA or PDP contracts to collect data on their behalf, the survey vendor will be assigned a unique ID and password by the MA & PDP CAHPS Data Coordination Team to access the MA & PDP CAHPS Data Warehouse. The MA & PDP CAHPS Data Coordination Team will contact each survey vendor by telephone to communicate the password by speaking directly to the designated Data Administrator for the survey vendor. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. The MA & PDP CAHPS Data Coordination Team will copy the Data Administrator, Back-up Data Administrator and the Project Manager on all email communications related to the data warehouse and data submission.

Survey vendors will receive the sample files of the clients they have contracted with via the MA & PDP CAHPS Data Warehouse. In addition, survey vendors must submit MA & PDP CAHPS Survey data to the MA & PDP CAHPS Data Warehouse electronically using prescribed file specifications.

### **Participate in Oversight Activities Conducted by the MA & PDP CAHPS Survey Project Team**

Survey vendors, including their subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as site visits and/or teleconference calls, as requested by the MA & PDP CAHPS Survey Project Team, to ensure that correct survey protocols are followed. All materials relevant to survey administration are subject to review.

**Review and Acknowledge Agreement with the Rules of Participation**

MA & PDP CAHPS Survey vendors must review and agree to the Rules of Participation to administer the MA & PDP CAHPS Survey for their client contracts and for survey results to be publicly reported by CMS.

## IV. SAMPLING

### Overview

This section describes the process that will be used by CMS for selecting the sample for the 2015 MA & PDP CAHPS Survey. A random sample of Medicare beneficiaries by MA-only, MA-PD or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2015 by the CMS Office of Information Systems.

### Sample Selection and Eligibility Criteria

Samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts (each identified by its name and five-digit contract number, including leading letters “H,” “R,” “E,” or “S”) in effect on or before January 1, 2014. These contracts include “1,876 cost contracts” and Medicare-Medicaid Plans. The target sample size varies by type of contract. MA contracts, with or without a PDP component, will survey approximately 800 cases. Those MA contracts with between 600 and 800 eligible enrollees will survey all eligible cases. PDP contracts will survey approximately 1,500 cases. Those PDPs with between 600 and 1,500 eligible enrollees will survey all eligible cases. All contracts with fewer than 600 eligible enrollees are not required to field the survey; if the number of eligible enrollees is between 450 and 599 a contract may field the survey on an optional basis.

To be included in the random sample for the survey, beneficiaries have to be 18 years of age or older at the time of the sample draw and have been continuously enrolled in the plan for at least six months. Institutionalized beneficiaries are not eligible for selection, and if identified during data collection, will be excluded from the survey. Efforts are made by CMS to exclude beneficiaries who are known to be institutionalized at the time of the sample draw. All sampled members who are determined to be under 18 years of age, deceased or identified as being in the sample for another MA & PDP CAHPS Survey contract will be excluded (i.e., sampled members can only be in the survey for one type of contract).

In MA plans where some, but not all beneficiaries are enrolled in the prescription drug (PD) benefit, samples will be drawn from both PD enrolled and non-enrolled beneficiaries. **Each group will be mailed the appropriate questionnaire.** Data from both groups will be combined to obtain estimates for non-PD survey items.

*Note: MA-only Beneficiaries enrolled in an MA-PD contract must be sent the MA-only questionnaire.*

### Do Not Survey List

Survey vendors may maintain a list of beneficiaries who have requested removal from contact for future surveys. Contracts may provide their “Do Not Survey” list to supplement survey vendor’s list. If a beneficiary named in the survey vendor “Do Not Survey” list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** begun, that beneficiary may be removed from the sample and assigned a Final Disposition Code of “40 – Excluded from survey.” If a beneficiary requests to be placed on a “Do Not

Survey” list **after** data collection has begun, that beneficiary record should be assigned a Final Disposition Code of “32 – Refusal.”

### Oversampling

CMS will allow oversampling for the 2015 MA & PDP CAHPS Survey administration. Oversampling can only occur at the contract level and only if there is sufficient eligible enrollee volume to support additional sample after the required MA & PDP CAHPS Survey sample is drawn. Contracts are required to request an increase in sample size for their contract by December 5, 2014.

### Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS Data Coordination Team, who will conduct data checks for any anomalies in the sample file such as truncated name or address information. CMS will provide addresses of beneficiaries for whom addresses are available in the IDR as of January 2015. A complete list of the variables that will be provided by CMS in the sample file, as well as the file record layout for the sample file, can be found below and in Appendix I.

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
FINDER	1	8	Numeric	Unique Respondent Finder Number Assigned by MA & PDP CAHPS Data Coordination Team
FNAME	9	30	Text	CMS Beneficiary First Name
MNAME	39	15	Text	CMS Beneficiary Middle Name
LNAME	54	40	Text	CMS Beneficiary Last Name
DOB_C	94	8	yyyymmdd	Date of Birth
ZIP	102	9	Char	Mailing Address ZIP Code
ADDR1FINAL	111	50	Text	Mailing Address Line 1
ADDR2FINAL	161	50	Text	Mailing Address Line 2
CITY	211	40	Text	Mailing Address City Name
PR_CD	251	28	Text	Puerto Rican Urbanization Code
STATE	279	2	Char	Mailing Address USPS State Code
FIPS_STATE	281	2	Char	CMS State FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS County FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
CONTRACT	287	5	[H,R,E,S]nnnn	Five character contract number: Beginning with a letter, H, R, E or S, followed by 4 numbers
TYPE	292	1	1-3	Survey Type code: indicating which survey version to administer: 1 = MA-only; 2 = MA-PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
SPANISH PREFERENCE	353	1	Y/N	“Y” Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	354	1	Y/N/U	Low Income Subsidy indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	355	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown

### Retrieving the Sample File

Once the MA & PDP CAHPS Data Coordination Team receives and prepares the 2015 sample, a sample file for each contract will be created and disaggregated by survey vendor (creating a sample file for each survey vendor). The MA & PDP CAHPS Data Coordination Team will then distribute these files to the appropriate survey vendors via the MA & PDP CAHPS Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix H for detailed instructions for accessing the MA & PDP CAHPS Data Warehouse and for downloading a file from this warehouse).

*Note: Survey vendors must be authorized by their client contracts to obtain the 2015 sample files and to collect data on their behalf. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit a Vendor Access to MA & PDP CAHPS Data Warehouse Form before the survey vendor can obtain their sample files for the 2015 MA & PDP CAHPS Survey.*



## V. COMMUNICATIONS AND TECHNICAL SUPPORT

### Overview

Survey vendors have access to a number of sources of information regarding the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey. These sources are listed below.

### Information and Technical Assistance

For additional information and technical assistance, contact the MA & PDP CAHPS Survey Project Team:

- Email: [MA-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org)
- Toll free telephone: 1-877-735-8882

For additional information and technical assistance related to the use of the MA & PDP CAHPS Data Warehouse or data submission issues, contact the MA & PDP CAHPS Data Coordination Team via email only at:

- [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org)

### General Information, Announcements and Updates

To learn more about the MA & PDP CAHPS Survey and to view important new updates and announcements, please see the MA & PDP CAHPS Survey Web site:

- [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org)



## VI. DATA COLLECTION PROTOCOL

### Overview

This section describes the data collection protocol and procedures for the MA & PDP CAHPS Survey. The data collection procedures outlined below allow for both the standardized administration of the survey instruments by different survey vendors, and the comparability of the resulting data.

To promote data validity and credibility, a standardized mixed mode data collection protocol will be used by all survey vendors. This protocol calls for collecting data using a self-administered mail survey with telephone follow-up of non-respondents using computer-assisted telephone interviewing (CATI). The survey protocol is designed to achieve as high a response rate as possible and ensures that data collection is consistent across participating contracts. Survey vendors must make every reasonable effort to ensure optimal response rates, and are expected to pursue contacts with potential respondents until the full data collection protocol has been completed. The MA & PDP CAHPS Survey Project Team will provide detailed instructions and training on the data collection protocol and procedures as part of survey vendor training.

The 2015 MA & PDP CAHPS Survey consists of three different questionnaires: MA-only, MA-PD and PDP. Although the MA questionnaires are very similar, each questionnaire includes items and response categories specific to the beneficiaries' experiences with the plan they are in. The PDP questionnaire includes only questions about the prescription drug plan.

The standard protocol used in the administration of all three of the questionnaires for 2015 employs a mixed mode of data collection that includes two survey mailings and telephone follow-up of non-respondents. The protocol also includes mailing a pre-notification letter to all sampled members, alerting them of the first mailing of the questionnaire, and assuring the sampled members that the survey is sponsored by CMS. If sampled members fail to respond after two survey mailings, survey vendors will attempt five telephone follow-up calls. The sampled member may refuse to answer any or all of the survey questions, but the survey vendor must make the attempt to contact the sampled member to see whether he or she may be willing to respond to the survey or any missed questions. Survey responses may not be provided in any format other than the mail survey or the CATI interview.

If a sampled member calls the toll-free telephone number **during the telephone follow-up period** of the survey, survey vendors can transfer the call to a CATI interviewer who will attempt to complete the survey by phone or schedule an appointment to conduct the interview at a time that is more convenient for the sampled member. CATI surveys must be available to the sampled members in English and in Spanish. Survey vendors will also have the option of offering the MA & PDP CAHPS Survey in Chinese.

*Note: If a contract provides a list containing individuals requesting not to be contacted for the survey, and data collection **has not** initiated, the names on the list must be excluded from survey administration and any corresponding sample record should be coded as "40 – Excluded from Survey." If a contract provides a list containing individuals requesting not to be contacted for*

the survey, and data collection **has been** initiated, data collection should be suspended for the names on the list and any corresponding sample record should be code as “32 – Refusal.”

## 2015 Data Collection Schedule

The basic tasks and timing for conducting the 2015 MA & PDP CAHPS Survey are summarized below. Survey vendors are required to adhere to the data collection schedule as outlined and may not depart from or modify this schedule in any way.

### *Pre-Data Collection Tasks*

<b>Task</b>	<b>Date</b>	<b>Time Frame</b>
Survey vendors provide toll-free customer support telephone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2015 customer support must be provided to MA-PDPCAHP@HCQIS.org. CMS will generate customized pre-notification letter for each vendor that includes the telephone number provided at a later date.)	12/3/2014	-86 days
Plan request for contract-level oversample. (Request must be sent to <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a> , must include standard sample size, oversample requested, total sample size requested and identify the contract number associated with the request.)	12/5/2014	-83 days
Survey vendors must submit any supplemental questions for approval	12/17/2014	-71 days
Plan must submit survey vendor authorization form for survey vendor contracted to administer the 2015 MA & PDP CAHPS Survey	12/05/2014	-83 days
Contract level sample files will be available for survey vendors.	02/6/2015	-20 days

### *Data Collection Tasks*

<b>Survey Vendor Task</b>	<b>Date</b>	<b>Time Frame</b>
Mail out a pre-notification letter to all sampled members 1 week before the first survey questionnaire mailing	03/02/2015	day 1
Customer Support Telephone Center opens. (Toll-free telephone number required.)	03/03/2015	days 2-92
Mail-out of the first questionnaire with cover letter within one week of the pre-notification letter. Begin inbound CATI protocol.	03/09/2015-03/11/2015	days 7-9
Mail-out of second mailing of questionnaire with cover letter to all non-respondents within <u>four</u> weeks after first mailing	04/01/2015-04/03/2015	days 30-32

Survey Vendor Task	Date	Time Frame
Initiate telephone follow-up by computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1 <sup>st</sup> attempt must occur during this time.)	04/21/2015- 04/28/2015	Days 50-57
Conduct additional telephone attempts by CATI according to the following specifications: <ul style="list-style-type: none"> <li>• Call attempts must occur in three different calendar weeks</li> <li>• Call attempts must be scheduled at different times of the day and on different days of the week</li> <li>• The 5<sup>th</sup> call attempt must occur at least 21 days after the 1<sup>st</sup> call attempt, if a 5<sup>th</sup> call attempt is necessary</li> </ul>	04/29/2015- 06/02/2015	Days 58-92
Submit interim data files to CMS (RAND). Survey vendors may begin to submit data on 05/06/2015 but <u>must</u> have a fully correct interim data file submitted by 05/08/2015.	05/06/2015- 05/08/2015	Days 65-67
Cutoff date for Returned Mail Surveys	06/02/2015	day 92
Customer Support Toll-free Line Closes	06/02/2015	day 92
Outbound Telephone Interviewing Ends	06/02/2015	day 92
Submit final data files to CMS approximately 2 weeks after close of data collection via the Data Submission Web site provided by the RAND Corporation. Data can be submitted as early as 6/16/2015. No files will be accepted after the submission deadline date of 6/18/2015.	06/16/2015- 06/18/2015	days 106-108

## Description of the Questionnaires

The 2015 MA & PDP CAHPS Survey includes three questionnaires: MA-only, MA-PD and PDP. While the MA-only and MA-PD questionnaires have a nearly identical set of applicable Core questions, each questionnaire also includes additional questions and response categories related to the beneficiaries' experiences in their own particular contract type. The PDP survey includes only questions about the prescription drug plan.

The Core questions for each questionnaire must be placed at the beginning of the survey. The About You questions and any plan specific, CMS-approved supplemental questions must follow the Core MA & PDP CAHPS Survey questions in all three questionnaires. However, the order of the About You questions must not be altered regardless of whether they are placed before or after any plan specific supplemental questions.

The Core and About You questions in each questionnaire are as follows:

<i>Questionnaire</i>	<i>Core Questions</i>	<i>About You Questions</i>
<i>MA-only</i>	<i>1-56</i>	<i>57-78</i>
<i>MA-PD</i>	<i>1-75</i>	<i>76-95</i>
<i>PDP</i>	<i>1-24</i>	<i>25-44</i>

The *MA-only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Medicare Rights, and About You.

The *MA-PD questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, Your Medicare Rights, Your Prescription Drug Plan, and About You.

The *PDP questionnaire* includes the following domains: Your Prescription Drug Plan and About You.

Many of the items in the MA & PDP CAHPS Survey are preceded by screener questions. This allows only those beneficiaries for whom the item is relevant to answer the items following the screener questions.

To ensure comparability, neither a contract nor a survey vendor may change the wording of the survey questions, the response categories or the order of the questions. The survey vendor may make minor modifications to the format and layout of the questionnaires, adhering to the formatting parameters specified later in this section.

## Inbound CATI Protocol

MA & PDP CAHPS Survey administration requires all survey vendors to provide inbound Computer Assisted Telephone Interviewing (CATI) interviews during the mail component of the mixed mode data collection. If a sampled member calls the survey vendor customer support telephone number requesting to complete the survey by telephone, the survey vendor must have in place the means to conduct the MA & PDP CAHPS Survey by telephone. This will require that CATI data collection be operational for inbound requests at the start of the mail administration protocol time period (e.g., mailing of the first survey packet).

If an interviewer is not available at the time of the sampled member's inbound call, then the survey vendor is permitted to:

- Schedule an appointment to call the sampled member at the time requested by the sampled member
  - If the survey vendor calls at the scheduled time and receives no response, the survey vendor must make at least one additional attempt (on the next day at the same time) to contact the sampled member
- If an MA & PDP CAHPS Survey is not completed, as a result of the inbound CATI protocol, then the standard mail and telephone CATI protocols should be resumed and continued
  - Inbound CATI call attempts with an unsuccessful survey completion do not count toward the five call attempts of the telephone protocol

## Mail Protocol

This section provides detailed information about the process for implementing the mail component of the mixed mode data collection approach that will be used for the 2015 MA & PDP CAHPS Survey administration.

Survey vendors must be prepared to conduct the mail component of the mixed mode of survey administration in English and Spanish. Survey vendors will have the option of offering a Chinese translation of the MA & PDP CAHPS Survey questionnaires. The Chinese translation has been updated in 2015 to be appropriate for members who speak Cantonese or Mandarin. Survey vendors will be provided with all three MA & PDP CAHPS Survey questionnaires in English, Spanish and Chinese, as well as the pre-notification letter, OMB language, and survey cover letters. To ensure the comparability of survey results across modes of data collection (mail vs. telephone) and across survey vendors, a survey vendor cannot change the wording of survey questions, the response categories or the order of questions. In addition, survey vendors cannot modify the wording of the pre-notification letter or the survey cover letters. Finally, survey vendors are not permitted to create or use any other translations of the MA & PDP CAHPS Survey, pre-notification letter, cover letters, or any other survey materials, and may not modify the translation of the questionnaires or related materials. CMS will permit the addition of supplemental survey questions that have been submitted to CMS for approval. These supplemental questions may be placed on the survey questionnaires as described later in this section.

*Note: Each survey vendor that has been authorized by at least one plan (contract) to collect data must submit copies of their survey mailing materials (survey cover letters and questionnaires for all three survey types, MA-only, MA-PD and PDP) for review by the MA & PDP CAHPS Survey Project Team as part of their QAP. Each survey vendor must also submit a copy of only the MA-PD CATI telephone scripts (screen shots) for review by the MA & PDP CAHPS Survey Project Team as part of their QAP with an assurance that the MA-only, and PDP versions will be in compliance with any corrections identified. Please see the Oversight section of this manual for more information.*

### **Mail Materials**

The mail component of the mixed mode data collection protocol uses standardized questionnaires, a pre-notification letter, and cover letters provided by CMS. These materials are available on the MA & PDP CAHPS Survey Web site. The text of the letters and questionnaires was developed by CMS and may not be modified.

The survey vendor is responsible for reproducing a sufficient volume of English, Spanish and Chinese, if applicable, survey materials including questionnaires, pre-notification letters, and survey cover letters required for the administration of the survey, including sampled members who request the survey in a language other than the one they received (i.e., English, Spanish or optional Chinese).

### **Pre-notification Letter and Survey Cover Letters**

All correspondence sent to sampled beneficiaries must adhere to the guidelines described below:

- Full name and address are used to address all envelopes to the sampled beneficiary
- The pre-notification letter contains the salutation “Dear Medicare Beneficiary”
- The pre-notification letter will include the customer service telephone number provided in advance by the survey vendor
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled members that the packet is being sent to them by CMS

- The pre-notification letter must include the signature of the CMS Privacy Officer
- The pre-notification letter envelope must be marked “Return Service Requested” or “Change Service Requested” or “Address Service Requested” to update records for beneficiaries who have moved. In addition, the CMS logo must appear with the survey vendor’s return address.

*Note: The “Return Service Requested” or “Change Service Requested” or “Address Service Requested” for the outgoing envelopes is **required** on the pre-notification letter and **optional** for the questionnaire mailing.*

- The pre-notification letter envelope and any outgoing questionnaire mailing envelopes **must not** be printed with any banners such as “Important Information Enclosed. Please Reply Immediately.” or messages such as “Important Information From the Centers for Medicare & Medicaid Services Enclosed.”
- The pre-notification letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- The pre-notification letter is required to be printed with English on one side and Spanish on the other side; **however**, if a contract contains a substantial number of Chinese-speakers, the survey vendor has the option of including an English-Chinese letter, instead of the English-Spanish letter
- All questionnaires must include a survey cover letter that is to be printed on a separate sheet of paper, and not attached to the questionnaire
- The cover letters contain the salutation “Dear Medicare Beneficiary,” however, the survey vendor has the option of personalizing the salutation to include the beneficiary’s name
- The cover letters for the first and second questionnaire mailings must be signed by a senior employee of the survey vendor
- The survey cover letter shall be printed using the survey vendor logo, or the MA or PDP plan logo (or the MA or PDP plan parent organization logo), or both; however, the return address must be that of the survey vendor **ONLY**
- The survey cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font
- The cover letter for the first questionnaire mailing must contain Spanish text inviting Spanish speaking beneficiaries to call the survey vendor’s toll free telephone number to request the Spanish translation of the questionnaire

*Note: If the survey vendor is administering the MA & PDP CAHPS Survey in Chinese, inclusion of Chinese text on the cover letter for the first questionnaire mailing inviting Chinese-speaking beneficiaries to call the survey vendor’s toll free telephone number to request the Chinese translation of the questionnaire is optional.*

- The envelope in which the questionnaire is mailed must be printed with the survey vendor’s address as the return address. The envelope should be printed with the survey vendor logo, the MA or PDP plan logo (or the MA or PDP plan parent organization logo), or both
- Survey vendors have the option of placing the CMS logo on survey mailing envelopes

## Questionnaire Formatting and Printing Specifications

Survey vendors must adhere to the following specifications in formatting and producing the mail MA & PD CAHPS Survey questionnaires:

- Full questionnaire titles including the year must be placed at the top of page one
- The Contract Marketing Name and plan benefit name provided in the sample file will be printed on the back page of the survey. In addition, CMS is permitting survey vendors to include a list of Plan Benefit Names on the last page of the instrument(s). This list should be preceded by the phrase: “You may also know your plan by one of the following names.” This phrasing is to be placed after the Contract Marketing Name. The Contract Number is not to be included on the last page of the survey instrument(s).

*Example:*

*Contract Marketing Name: XYZ Plan*

*You may also know your plan by one of the following;*

*ABC Plan*

*CDD Plan*

*EFG Plan*

- Question and answer category wording must not be changed. (All answer categories must be listed vertically, including 10 point scale response categories.)
- No changes are permitted to the order of the Core MA & PD CAHPS Survey questions
- No changes are permitted to the order of the About You questions, whether they are placed before or after any supplemental questions
- The About You questions cannot be eliminated from the questionnaire
- No changes are permitted to the order of the answer categories for the Core and About You questions
- Question and answer categories must remain together in the same column and on the same page
- The beneficiary’s name must not be printed on the questionnaire
- The presentation of questions and response options (vertical vs. horizontal presentation of response options, use of matrix or grid format) cannot deviate from the format presented in the survey templates provided by the MA & PDP CAHPS Survey Project Team. That is, response choices must be listed individually for each question, not presented in a matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page. For example, when a series of questions is asked that have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories must be repeated with every question. The only questions approved for presentation in a matrix or grid format are the required survey items listed below, and matrix formatted supplemental questions approved by CMS.
  - MA-only (Q47, Q67)
  - MA-PD (Q47, Q68, Q84)
  - PDP (Q17, Q33)
- The first page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement and number. (*Note: OMB clearance statement and number may be printed in 10 point font.*)
  - The OMB clearance statement and number may also appear on the cover letter
- All survey instructions must be written at the top of the first page of the questionnaire

- The survey vendor's return address must be added to the questionnaire to ensure that the questionnaire is returned to the correct address in the event the enclosed return envelope is misplaced by the beneficiary
- All questionnaires will be printed as booklets in black and white (survey vendors may opt to print the surveys in black and white with a highlight color)
- A pre-paid Business Reply Envelope addressed to the survey vendor or the survey vendor's subcontracted scanning service must be included in each outgoing package
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on the last page of each survey

*Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the last page of the survey and other materials is acceptable.*

- All questionnaires must be printed using a minimum font size equal to or larger than Arial 11 point

### **Optional Formatting Guidelines**

Survey vendors have some flexibility in formatting the MA & PD CAHPS Survey questionnaires. The following recommendations should be considered when formatting the survey questionnaires to ensure that they are easy to read, thus increasing the likelihood of receiving a completed survey:

- Placing a code on the mail survey is permitted to assist the survey vendor's customer service staff in identifying the survey type when assisting beneficiaries
- Two-column format
- 12 point font size
- Wide margins (at least  $\frac{3}{4}$  inches) so that the survey has sufficient white space to enhance readability
- Ovals instead of boxes may be used for response items

*Note: Survey vendors may use pre-codes placed to the left of the response options as superscript. Pre-codes should not be used on 0-10 responses.*

### **Supplemental Questions**

All supplemental questions for proposed use in the 2015 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval. For the 2015 MA & PDP CAHPS Survey administration, contracts are permitted to add a maximum of 12 supplemental questions to the questionnaire. All supplemental questions must be submitted electronically no later than December 17, 2014 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval.

*Note: Any questions previously approved in prior years must be resubmitted and may not necessarily be reapproved for 2015 survey administration.*

Within the cap of a maximum of 12 supplemental questions, the exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. Each response-item in a supplemental question containing multi-response items (e.g., questions a

through e) will count as one question toward the maximum cap of 12 supplemental questions. (For example, a supplemental question with sections a through e will count as five questions toward the maximum cap of 12 supplemental questions.)

Contracts and survey vendors must avoid using supplemental questions that:

- Pose a burden to the beneficiary by presenting a complex (multi-part) question or providing more than 5 response options
- May affect responses to the MA & PDP CAHPS Survey
- May cause a respondent to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- Could be used to identify a beneficiary either directly or indirectly or that jeopardize respondent confidentiality (e.g., items that ask for the beneficiary's Social Security number)
- Ask respondent why he/she chose a particular response to any of the questions
- Ask respondent how to improve any score previously given
- Use the phrase "In the last 12 months" (must only refer to a six month retroactive period)
- Are similar to any of the MA & PDP CAHPS Survey questions
- Are similar or duplicative of the Medicare Health Outcomes Survey (HOS) (questions related to fall, exercise, urine leakage)
- Reference Star Ratings (in the question or response options)
- Ask respondent about the need for plan staff or provider training to improve treatment or services
- Ask any question that is not related to experience of health care (is not a report or rating of care or access to care) nor promotes quality improvement action with regard to a care
- Address dollar amounts that beneficiaries pay
- Ask respondent what their future intentions are
- Ask respondent to compare their health with other people
- Ask respondent for their opinion of written materials
- Ask respondent to identify the reason health care services may not have been received

As a resource for possible supplement questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ Web site. These items have been thoroughly tested; however, please note that some of these items may not meet the protocols for MA & PDP CAHPS Survey supplemental items. In addition, the following three MA-PPO questions from the 2012 MA & PDP CAHPS Survey may be considered as supplemental questions.

- Some insurance plans have a network or group of doctors who belong to the plan. You pay less if you use doctors who belong to the network, and more if you use doctors who are not part of the network. Does your health plan's network have enough doctors to choose from? (Response options of "Yes" or "No")
- In the last 6 months, did you try to find out if a doctor was part of your health plan's network? (Response options of "Yes" or "No")
- Was the information you found on whether a doctor was part of your health plan's network accurate? (Response options of "Yes" or "No", or "I did not find the information")

Placement of approved supplemental questions must follow the procedures outlined below:

- Supplemental questions must follow the Core questions

- The About You section in its entirety must be placed anywhere after the Core questions
- Phrases must be added to indicate a transition to the plan-specific supplemental questions. An example of such phrasing is as follows:  
“Now we would like to ask you a few more questions on topics we have asked you about before. These questions provide additional information on these important topics.”
- Supplemental questions added to the mail questionnaire must also be added to the corresponding CATI version of the questionnaire.

### Confidential Tracking ID

Survey vendors must label questionnaires with a confidential identification number (referred to as the Unique Respondent Finder Number in the sample file) that will be created by the MA & PDP CAHPS Data Coordination Team, assigned to each beneficiary, and provided as part of the sample file to track the status of all beneficiaries in the sample file. This Unique Respondent Finder Number links each questionnaire to each beneficiary in the sample file, along with each beneficiary’s identifying information (e.g., name and address). Survey vendors will use this information to generate all survey materials, such as cover letters and address labels, and to ensure that each beneficiary gets the appropriate survey administration follow-up and disposition code. Survey vendors must create a master file that links the Unique Respondent Finder Number with the beneficiary’s contact information and update the master file throughout the data collection period to track the status of each beneficiary in the survey sample.

*Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the survey and other materials is acceptable.*

To maintain the confidentiality of beneficiaries, the master file must not contain the actual survey responses. Survey responses must reside in a separate and distinct data file developed by the survey vendor according to specifications provided by CMS (see the section on Data Coding and Data Preparation in this manual for more detailed information). The Survey Response Data File must be linked to the master file by the Unique Respondent Finder Number. ***Under no circumstances will the master file be released to the plans that contract with a survey vendor.***

### Mailing of Survey Materials

Survey vendors must follow the procedures outlined below in mailing out all survey materials:

- Make every reasonable attempt to contact each eligible sampled member, whether or not they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the MA & PDP CAHPS Survey Project Team.
- Enclose a self-addressed, stamped Business Reply Envelope in the survey mail packet along with the cover letter and questionnaire. The questionnaire cannot be mailed without both a cover letter and a self-addressed, stamped Business Reply Envelope.
- Mail materials must be addressed to the sampled member using the address provided in the sample file (unless the survey vendor receives an updated mailing address)
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the questionnaires using first class postage or indicia
- The use of windowed envelopes is permissible

### **Address Standardization**

Survey vendors must employ address standardization techniques to ensure address information is current and formatted to enhance deliverability. Survey vendors must use commercial tools such as the NCOA database to update addresses provided by CMS for sampled members and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors must also use the NCOA database to update addresses prior to mailing and for all mail materials returned as undeliverable.

### **Data Receipt of Questionnaires Completed by Mail**

Survey vendors may use key-entry or scanning technology to capture survey data. Returned questionnaires must be tracked by date of receipt and must be processed and data entered or scanned in a timely manner. Information on how to process receipt of blank surveys and multiple surveys from a single beneficiary is located in the Data Coding and Data Preparation chapter.

### **Data Entry/Data Processing Procedures**

Survey vendors must follow the data entry decision rules and the data storage requirements described below.

Survey vendors must review each returned mail survey for legibility and completeness. For ambiguous responses, a coding specialist employs decision rules to code responses (see the Data Coding & Data Preparation section in this manual). In processing surveys returned by mail, survey vendors must incorporate the following features:

- Unique record verification system: The survey management system or scanning software employed by survey vendors must perform a check to identify duplicate surveys
- Valid range checks: The data entry system or scanning software employed by survey vendors must identify responses or entries that are invalid or out of range
- Validation: Survey vendors must have a process in place to validate data entered or scanned (regardless of the mode of data entry) to ensure that data entered accurately capture the responses on the original survey. For key-entered data, a different staff member should validate the data and reconcile any discrepancies found.

### **Data Storage**

Survey vendors must store returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years.

### **Quality Control Guidelines**

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractor(s), such as fulfillment houses, and should conduct on-site verification of printing and mailing processes, regardless of whether they are using organization staff or subcontractor(s) to perform this work.

To avoid survey administration errors and to ensure questionnaires are delivered as required, survey vendors must:

- Perform interval checking of printed mailing pieces for:
  - Fading, smearing, and misalignment of printed materials

- Appropriate survey content, accurate address information, and proper postage of the survey packet
- Assurance that all printed materials in a mailing envelope have the same unique identifier
- Initiate “seeded mailings” to designated project staff to check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing
- Perform address validation to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available

*Note: Survey vendors must describe their quality control processes in detail in their QAP, and must retain records of all quality control activities conducted.*

## Telephone Protocol

This section describes the protocol that survey vendors must follow for the telephone phase of the mixed mode survey administration of the 2015 administration of the MA & PDP CAHPS Survey. This phase requires the use of computer-assisted telephone interviewing (CATI).

Telephone interviews must not be completed manually using paper/pencil questionnaires and then key-entered after the interview.

### Telephone Interviewing Systems

The use of CATI has been shown to facilitate and reduce the time required for the collection and editing of data, reduce interviewer error, improve data quality by customizing the flow of the questionnaire based on the answers provided as well as information already known about the participant, and eliminate the need for data entry post data collection. CATI requires a telephone interviewer to follow a script programmed into a software application. When contact is made with a respondent, the interviewer reads the survey questions that appear on the computer screen and records the respondent’s answers directly into the computer.

Survey vendors may use the CATI system of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled member through the survey administration process. Survey vendors are responsible for programming the scripts and specifications for CATI application and for ensuring that there are adequate resources to complete the telephone phase within the data collection protocol timeline.

The CATI system must incorporate programming that appropriately follows each questionnaire’s skip pattern.

*Note: Predictive dialing may be used as long as there is always a live interviewer available to interact with the beneficiary, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations.*

*Note: Survey vendors may program the caller ID to display “on behalf of [Health Plan Name],” with the permission and compliance of the health plan’s HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only “[Health Plan Name].”*

## Timing of the Telephone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol for the 2015 administration of the MA & PDP CAHPS Survey, survey vendors will identify beneficiaries who are eligible for telephone follow-up. These include beneficiaries who did not respond to the mail survey and beneficiaries who returned a blank or incomplete mail questionnaire (see definition of an incomplete survey in the Data Coding and Data Preparation section).

Specifically, if a beneficiary has not returned a completed survey by mail, survey vendors must follow-up by telephone to attempt to complete the survey over the telephone. Sampled members with an invalid or undeliverable mailing address for whom the survey vendor nevertheless has a valid telephone number should be assigned to telephone follow-up, after making every reasonable effort to obtain a valid address.

## Obtaining Telephone Numbers

Survey vendors are required to obtain telephone numbers for the subset of members in the sample that do not complete the survey by mail. All survey vendors must pursue telephone numbers for beneficiaries eligible for phone follow-up from at least two sources from the list below:

- Sample file from CMS
- Number look-up service for 100% of the sample file
- Directly from plan
  - A list of numbers for all Medicare plan members
  - Sample must not be shared with plan
  - Share no information with plan that might identify a beneficiary
- Directory websites or applications for 100% of the sample
- Directory assistance

Survey vendors should use multiple telephone numbers for beneficiaries if available.

*Note: Survey vendors must describe the process for handling multiple phone numbers for a single beneficiary during the telephone protocol of data collection in their QAP.*

## Telephone Attempts

Survey vendors must attempt to reach each and every beneficiary in the sample. Repeated attempts must be made until the beneficiary is contacted, found ineligible, or five attempts have been made. After five attempts to contact the beneficiary by telephone have been made, no further attempts are to be made.

A telephone attempt is defined as an attempt to reach the respondent by telephone at different times of day, on different days of the week, and in different weeks over at least a 21-calendar day period. The 5<sup>th</sup> call attempt must occur at least 21 days after the first call attempt, if a 5<sup>th</sup> call attempt is necessary. In addition, a telephone attempt must meet the following criteria:

- The telephone must ring at least six times with no answer
- The interviewer reaches a household member and is told that the beneficiary is not available to come to the telephone. The interviewer will attempt to schedule a callback date/time.
- The interviewer reaches the beneficiary but is asked to call back at a more convenient time

- The interviewer gets a busy signal during each of three consecutive telephone attempts (if possible, the telephone attempts must be made approximately at 20 minute intervals)
- The interviewer obtains an answering machine/privacy manager. The interviewer should then hang up the phone without leaving a message.

All sampled members must be called five times over at least a 21-calendar day period unless they are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a beneficiary is found to be ineligible for the survey, then the survey vendor must not continue to attempt to complete the survey by telephone. If a beneficiary is away for the duration of the data collection period or is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

### **Telephone Survey Materials**

The telephone component of the mixed mode data collection protocol uses standardized telephone scripts provided by CMS. These materials are available on the MA & PDP CAHPS Survey Web site. The text of the telephone scripts was developed by CMS and may not be modified.

### **Telephone Scripts**

Survey vendors are provided standardized telephone scripts in English, Spanish and Chinese for telephone administration. Survey vendors are not permitted to translate the telephone scripts into any other language and must use the language translations provided by CMS (English, Spanish and Chinese).

*Note: For 2015, each survey vendor must submit copies of their MA-PD CATI screen shots for review by the MA & PDP CAHPS Survey Project Team along with their QAP. Please see the Oversight section of this manual for more information.*

### **Supplemental Questions**

Guidelines regarding the addition of supplemental questions are identical to the guidelines described in the mail protocol section.

### **Retention and Storage of Data Collected Via CATI**

MA & PDP CAHPS Survey data collected via CATI must be retained in a secure and environmentally controlled location for a minimum of three years.

### **Quality Control Guidelines**

Survey vendors must make every reasonable effort to ensure optimal telephone response rates on the telephone component of the survey administration and must ensure the quality of data collected via CATI.

### **Interviewer Training**

Interviewer training is essential to ensure that interviewers are following protocols and procedures and that survey data are collected accurately and efficiently. Properly trained interviewers are thoroughly familiar with the telephone survey protocol and procedures, skilled

in general interviewing techniques including enlisting cooperation, refusal avoidance and conversion techniques. Interviewers must follow the telephone scripts verbatim, use non-directive probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. Telephone interviewers must record the outcome of all calls or attempts made to reach a sampled member, the current status of all members designated for telephone follow-up, and responses to all questions.

*Note: If the survey vendor subcontracts with another firm to conduct telephone interviewing, then the survey vendor is responsible for attending/participating in the subcontractor's telephone interviewer training to ensure compliance with protocols, procedures and guidelines established for the telephone component of the MA & PDP CAHPS Survey.*

### **Telephone Monitoring and Oversight**

Telephone interviewers must be adequately supervised and monitored throughout the telephone data collection period to ensure that they are following established protocols and procedures. Each survey vendor must institute a telephone monitoring and evaluation program during the telephone component of the data collection protocol. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors and their subcontractors, if applicable, must share in the 10% monitoring of all dialing attempts using the electronic telephone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers and times of the day.
- Survey vendors must provide feedback to the subcontractor regarding interviewer performance, and ensure that the subcontractor's interviewers correct any areas that need improvement
- Interviewers who consistently fail to follow the telephone scripts verbatim, employ proper probes, remain objective and courteous, or who are difficult to understand, or have difficulty in using the computer must be identified and retrained or, if necessary, replaced

### **Proxy Respondents**

While beneficiaries are encouraged to respond directly to the mail or telephone questionnaires, not all respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled members who are unable to respond to the telephone interview must grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

### **Incentives**

CMS does not allow MA and PDP contracts or survey vendors to use incentives of any kind.

### **Confidentiality**

Sampling procedures are designed so that participating contracts cannot identify beneficiaries selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of beneficiaries and may not provide contracts/plans with the names of beneficiaries selected for the survey or any other beneficiary information that could be used to identify an individual sampled member (either directly or indirectly).

## Administering the Survey in Other Languages

CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish and Chinese. Note the Chinese language survey has been updated for 2015 to be appropriate for members who speak Cantonese or Mandarin. Spanish language questionnaires must be made available to all Spanish-speaking members (both in mail and telephone administration). Use of the Chinese language questionnaires is optional, and shall be done at the request of the contract. When the Chinese language questionnaires are used, they must be available for both mail and telephone administration. The procedures detailed below are to be used for members who reside in the 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands. Procedures for members who reside in Puerto Rico are detailed separately.

Survey vendors may do any of the following at the request of the contract:

- Include instructions for requesting a Spanish language questionnaire with the pre-notification letter and all mailings of the English language questionnaire. Instructions shall be written in Spanish.
- Include a Spanish language questionnaire in all mailings of the English language questionnaire (this is commonly referred to as “double stuffing”). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.
- Send a Spanish language questionnaire only in all mailings of the survey to members known to prefer Spanish. Those members can be identified using language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.
- Include instructions for requesting a Chinese language questionnaire with the pre-notification letter and all mailings of the English language questionnaire. Instructions shall be written in Chinese.
- Include a Chinese language questionnaire in all mailings of the English language questionnaire (“double stuff” packets). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan.
- Send a Chinese language questionnaire only in all mailings of the survey to members known to prefer Chinese. Those members would be identified using language preference data received from the plan.

*Note: Survey vendors must describe the process for distributing the survey in Spanish and/or Chinese (if applicable) in their QAP.*

## Mailing the Pre-Notification Letter

If the plan has **not** requested use of Chinese language questionnaires, survey vendors shall mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands, that is printed in English on one side and in Spanish on the reverse side. The pre-notification letter will provide the survey vendor’s toll-free telephone number for sampled members to call to request a Spanish language survey. All such requests must be mailed within two days of the telephone request.

If the plan has requested use of Chinese language questionnaires, survey vendors shall mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands, that is printed in English on one side and in Chinese on the reverse side. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled members to call to request a Spanish language survey and the survey vendor's toll-free telephone number for sampled members to call to request a Chinese language survey. All such requests must be mailed within two days of the telephone request.

### **Additional Guidance for Administering the Survey in Other Languages**

Health plans and survey vendors should follow the additional guidance below.

- Plans should request Chinese language survey administration for contracts that include a plurality of Chinese-speaking or preferring members.
- If a plan provides a survey vendor with language preference data, the data must include all plan members for whom data is available or applicable. Survey vendors cannot provide any plan with names or other identifying information of sample members. Survey vendors should use name, address, city, and state to confirm a match with the plan's language preference data.

### **Administering the Survey for Members Residing in Puerto Rico**

Sampled plan members residing in Puerto Rico must receive Spanish questionnaires as the default language. Survey vendors must mail a pre-notification letter that is in Spanish on one side and in English on the other side. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled members to call to request an English language survey.

At the request of the plan, survey vendors may:

- Include instructions for requesting an English language questionnaire with the pre-notification letter and all mailings of the Spanish language questionnaire. Instructions shall be written in English.
- Include an English language questionnaire in all mailings of the Spanish language questionnaire ("double stuff" packets). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan.
- Send an English language questionnaire only in all mailings of the survey to members known to prefer English. Those members would be identified using language preference data received from the plan.

Otherwise, all sampled members residing in Puerto Rico shall be mailed a Spanish language questionnaire on the first and all subsequent mailings, if needed. Sampled members assigned to telephone follow-up who reside in Puerto Rico shall be called by a Spanish or bi-lingual (Spanish and English) interviewer, and CATI programmed in Spanish shall be conducted with these sampled members.

### **Timing of Plans' Data Collection Efforts**

To avoid over-burdening beneficiaries, contracts are strongly encouraged not to field other surveys of beneficiaries four weeks prior to, during, or after the 2015 MA & PDP CAHPS

Survey administration (anytime from January 1 to July 1, 2015), except for other CMS sponsored surveys (e.g., Medicare Health Outcomes Survey)

## VII. DATA CODING AND DATA PREPARATION

### Overview

The MA & PDP CAHPS Survey utilizes standardized protocols for file specifications, coding, and submission of data. Survey vendors will submit data files via the MA & PDP CAHPS Data Warehouse. This section contains information about preparing the MA & PDP CAHPS Survey data files for submission, including information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys. Survey vendors will submit data files that contain the data for every plan that has contracted with that survey vendor. If assistance is needed in preparing data files for submission to the MA & PDP CAHPS Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

### File Encryption

Survey vendors are required to encrypt the survey data files prior to submitting the files to the MA & PDP CAHPS Data Warehouse, using PGP software, ([www.pgp.com](http://www.pgp.com)). PGP is a widely used, commercially available data encryption computer program that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP license if they do not already use PGP. The MA & PDP CAHPS Data Coordination Team will provide all survey vendors with the PGP Public Key that must be used to encrypt survey data files prior to submission to the Data Warehouse by placing a copy of the Public Key in each survey vendor's folder. Similarly, the MA & PDP CAHPS Data Coordination Team will encrypt each survey vendor's sample files using a PGP Public Key, provided by the survey vendor's Data Administrator. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. Data files submitted to the MA & PDP CAHPS Data Warehouse that are not encrypted will be rejected and must be resubmitted.

### ASCII File Specifications

Survey vendors will use a flat ASCII file format to submit the survey data files. This format allows the survey vendor to submit each plan's sampled member records in one file. Survey vendors are required to submit a record for all sampled members included in the original sample file received by the survey vendor for a plan. No substitutions for valid data element values are acceptable.

*Note: For details on the ASCII file record layouts for each of the three MA & PDP CAHPS Survey questionnaires, see Appendix J.*

The survey data will contain one record for each sampled member and each record will consist of the:

- Survey Status Section
- Beneficiary Survey Data Section

The data record for each sampled member must have a Survey Status Section completed. If survey results are being submitted for the sampled member, there must also be a Beneficiary Survey Data Section. Information about each of these sections is described below.

### Survey Status Section

The Survey Status Section contains the Unique Respondent Finder Number for the sampled member, Survey Type, Contract Number, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, Survey Received/Completed date, Contract Marketing Name, and the Total Number of Supplemental Items added to the survey. Each field of the Survey Status Section requires an entry for a valid data submission. Use code “8 – Not Applicable” if appropriate (e.g., survey mode for a mail survey that was not returned AND no phone number was obtained). Survey Status information must be submitted for all beneficiaries selected for the survey sample, including beneficiaries found to be ineligible. A complete layout of the Survey Status Section can be found in Appendix J.

### Beneficiary Survey Data Section

The second part of the data file is the Beneficiary Survey Data Section, which contains responses to the MA & PDP CAHPS Survey from every beneficiary who completed or partially completed a survey. Note that survey vendors should submit **only** data corresponding to the MA & PDP CAHPS Survey questions. If a Beneficiary Survey Data Section is being submitted, all response fields must have a valid value. Valid values can include “M - Missing” or “88 – Not Applicable.”

It is possible to select more than one response category in questions that ask the respondent to “Please choose one or more.”

- For the mail survey administration of the “race” question, enter all of the response categories that the respondent has selected. Where one or more race categories are marked and some of the race categories are left blank, code the categories left blank as “2” for “No.” If **no** categories are selected, enter “M – Missing” for all categories.
- For the CATI administration of the “race” question where the respondent answers “Yes” to one category, e.g. white, and refuses to answer the remaining response options, then this question would be coded 1, 99, 99, 99, 99. If the respondent answers “Yes” to one category, e.g. white, and answers “No” to all the remaining response options, then this question would be coded 1, 2, 2, 2, 2.

The file record layout for the Beneficiary Survey Data Section will vary according to the questionnaire that was administered. Appendix J also includes a description of the file layout of the Beneficiary Survey Data Section for each questionnaire type, including the valid codes for each data element as well as a description of the codes.

*Note: All MA & PDP CAHPS Survey data files must contain a Survey Status Section for each beneficiary who was sampled from the plan. The Beneficiary Survey Data Section is required for “Final Survey Disposition” of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank survey returned or incomplete survey.” The Beneficiary Survey Data Section is blank for all other disposition codes.*

## Decision Rules and Coding Guidelines

The MA & PDP CAHPS Survey decision rules and coding guidelines have been developed to address situations in which survey responses are ambiguous, missing or incorrectly provided, and to capture appropriate information for data submission. Survey vendors must adhere to the following guidelines to ensure valid and consistent coding of these situations.

### Mail Surveys

Survey vendors must employ the following decision rules for resolving common ambiguous situations when scanning or key-entering mail surveys to ensure uniformity in data coding:

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value of the item as “M – Missing”
- If a value is missing, code as “M – Missing.” Survey vendors must not impute a response.
- When more than one response option is marked, code the value as “M – Missing”
  - Exception: Several questions that have instructions to “mark one or more” (for example, questions on race and help received on the survey) may have multiple responses. For these questions, enter ALL responses that the respondent selected.

### CATI

If a beneficiary answers “No” to the health plan of record question and does not know the name of their health plan, the interviewer should continue the survey administration and not terminate the call. The interviewer would ask the beneficiary to answer the questions as best as they can, thinking about the plan they were enrolled in during 2014.

When a respondent breaks off the interview and subsequent questions are not asked, then “M – Missing” would be used to code the unanswered questions.

### Survey Skip Patterns

There are several items in the MA & PDP CAHPS questionnaires that can and should be skipped by certain beneficiaries. These items form skip patterns. The following decision rules are provided to assist in the coding of beneficiary responses to skip pattern questions.

- Do not correct a screener question by imputing a response based on the beneficiary’s answers to the dependent questions. Enter the value provided by the beneficiary.
- For mail questionnaire skip patterns
  - If the screener question is left blank, code it as “M – Missing.” In this scenario, code any appropriately skipped dependent questions as “M – Missing.” Do not impute responses based on how the beneficiary answers questions.
    - In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response provided by the beneficiary in the data submission files. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. However, these questions are not counted toward the number of “applicable to all” (ATA) or summary measure items in the calculation to determine a complete or partially complete survey.

- Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
- For CATI questionnaire skip patterns
  - In instances where the beneficiary answers “I don’t know” or refuses to answer the screener question, code response options of “98 – Don’t Know” or “99 – Refused” respectively
  - When answer options of “98 – Don’t Know” or “99 – Refused” are used for coding screener questions, the skip pattern should be programmed into the electronic telephone interviewing system. The resulting associated dependent questions should be coded as “88 – Not Applicable.”
  - Appropriately skipped dependent questions should be coded as “88 – Not Applicable”

*Note: For telephone follow-up via CATI, skip patterns should be programmed into the electronic telephone interviewing system. Coding may be done automatically by the telephone interviewing system or later during data preparation.*

## Interim Data Coding Instructions

For beneficiary records where no mail survey was returned and no telephone number was obtained, MODE for data submission should be coded as “8 – Not Applicable.”

In the mail survey when no response is selected for any answer option, for a multi-mark question, all answer options are coded as “M – Missing.” For the telephone multi-mark questions, the marked boxes are coded in accordance with the respondent’s choices and the corresponding codes in Appendix J.

When submitting the interim data submission file, if the survey vendor has completed a survey or exhausted all attempts to do so, one of the Final Survey Disposition codes, listed later in this chapter, should be submitted for the corresponding beneficiary survey. If any attempt to contact a beneficiary is planned after the interim submission (i.e., the survey vendor has not completed work on the survey), the survey vendor should use code “33 – No Response Collected.”

When the survey vendor has exhausted all attempts to contact the beneficiary and the result is a non-deliverable mail piece for which a valid telephone number was not obtained, code “35 – Unable to Obtain a Viable Address and/or Telephone Number for the Beneficiary” should be used.

## Survey Completion Guidelines

An incomplete questionnaire contains no responses for any reportable measure. A partially completed questionnaire includes response items answered for at least one reportable measure **and** for *less than* 50 percent (<50%) of the applicable to all (ATA) items. A completed questionnaire includes response items answered for at least one reportable measure and *greater than or equal to* 50 percent ( $\geq$ 50%) of the ATA items. See Appendix M for a list of the reportable measures and Appendix L for ATA items in each questionnaire.

Receipt of a completed survey obviates the need for additional mailings or telephone calls. Receipt of blank or incomplete or a partial complete does not. Mailings and calls after the receipt

of a blank or incomplete or partial complete are “from scratch,” that is, the survey vendor will send another blank survey to the beneficiary or will attempt to complete the survey by telephone from the beginning rather than attempting to fill in just the missing items from a previous incomplete or partially completed survey.

If more than one completed survey is received, the *first* received completed survey is submitted. If exactly one completed survey is received, the completed survey is submitted. If more than one partially completed survey is received but no completed survey is received, the *first* received partially completed survey is submitted. If exactly one partially completed survey is received but no completed survey is received, the partially completed survey is submitted.

When a beneficiary responds by returning a survey but did not answer one of the reportable measures, and in addition, follow-up telephone attempts to reach the beneficiary to complete the survey were unsuccessful, the record is assigned a final disposition code of “34 – Blank or Incomplete Survey Returned” in the final data file submitted to CMS via the MA & PDP CAHPS Data Warehouse. Please note that all survey responses collected in this record are to be included in the file submission.

When calculating percent complete using Appendix L (Survey Items Applicable to All Respondents), the multi-answer race question counts as a single question no matter how many responses are chosen, and the multi-answer “Dr. said you had” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi-answer questions contributes only 1 item to the total number of questions ATA respondents. This means that the denominator for the percent complete calculation is also less than the total number of ATA items to account for the multi-answer questions. When counting reportable measures, responses to dependent questions that should have been skipped are not counted toward the count of reportable items or ATA. In addition, when a question response option is coded “98 – Don’t Know” or “99 – Refused,” the response is treated as though it is a missing answer and not counted toward the “Reportable Measure” or “Survey Item Applicable to All Respondents.” A screener question left blank does not trigger a skip so subsequent responses to dependent questions should be included in the count of reportable items

### Survey Disposition Codes

Maintaining up-to-date survey disposition codes is a required part of the MA & PDP CAHPS Survey administration process. Using the Unique Respondent Finder Number assigned to each beneficiary by the MA & PDP CAHPS Data Coordination Team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a questionnaire or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection, that is “Final Disposition Code”).

Interim disposition codes are to be used by survey vendors only for internal tracking purposes and should not be reported to CMS. However, interim disposition codes with a crosswalk to final disposition codes must be included in the survey vendor’s QAP. After data collection is completed, the survey vendor must assign each sampled beneficiary a final survey disposition code from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If a beneficiary responds or completes or attempts to complete the survey, assign an appropriate code of 10, 31 or 34
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from 22, 24, 32, or 33, describing the reason
- If no viable contact information can be obtained for the beneficiary, assign code 35
- If a beneficiary is found to be institutionalized, assign code 11; if the beneficiary is deceased, assign code 20
- If a beneficiary named in either the survey vendor's or plan's "Do Not Survey" list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** been initiated, that beneficiary may be removed from the sample and assigned a "Final Disposition Code" of "40 – Excluded from survey"
- If a beneficiary is found to be ineligible or excluded after the sample is drawn for any other reason, the beneficiary should be assigned a "Final Survey Disposition" code of "40 – Ineligible: was excluded from the survey process"
- Surveys that receive a "Final Survey Disposition" code of "10 – Completed survey," "31 – Partially completed survey," or "34 – Blank survey returned or incomplete survey" must contain the date the survey was received, the mode of survey administration, and the language in which the survey was administered
- Surveys that received a "Final Survey Disposition" code of 11, 20, 22, 24, 32, 33, 35, 40 (that is, any "Final Survey Disposition" code OTHER THAN 10, 31, or 34) need not contain the date the completed survey was received

The following table provides details on the assignment of the "Final Survey Disposition" field.

## Final Survey Disposition Codes

Final Disposition	Code	Description	Criteria
Completed survey	10	A complete includes response items answered for at least one reportable measure and $\geq 50\%$ of the ATA items	A complete includes response items answered for at least one reportable measure and <i>greater than or equal to</i> 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Partially completed survey	31	A partial complete includes response items answered for at least one reportable measure and $< 50\%$ of the ATA items	A partial complete includes response items answered for at least one reportable measure and <i>less than</i> 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Institutionalized	11	Institutionalized	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.)
Deceased	20	Deceased	Deceased at the time of survey administration
Language barrier	22	Unable to complete the survey in English, Spanish or Chinese	Unable to complete the survey in either English, Spanish or Chinese
Mentally or physically unable to respond	24	Mentally or physically unable to respond to either mail or phone portion of the survey	Mentally or physically unable to respond to either mail or phone portion of the survey
Refusal	32	Refused to complete the survey	Refused to complete the survey
Non-response	33	No response collected	No response collected either by mail or by telephone when there is no indication of bad address or telephone number
Blank Survey returned or incomplete survey	34	Responded by mail or initiated CATI, no reportable items answered	Responded by mail or CATI, no reportable items answered. There must be no evidence that the beneficiary is ineligible.
Bad address and/or Bad telephone number	35	Unable to obtain a viable address or telephone number for the beneficiary	Unable to obtain a viable address and/or telephone number

Excluded from survey	40	Was excluded from the survey process prior to start of data collection because beneficiary is ineligible or beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list	Beneficiary was determined to be ineligible prior to the start of data collection (see Sampling Section in this manual) OR beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list and data collection was not initiated
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### Assigning Bad Address and/or Bad Telephone Number Disposition Codes

The "Final Survey Disposition" "35 – Bad address and/or Bad telephone number" is assigned when the survey vendor has exhausted attempts to obtain a valid address and/or a valid telephone number. Survey vendors must track attempts to obtain a correct mailing address and telephone number for each beneficiary during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, the survey vendor must continue attempting to contact the beneficiary until the required number of attempts has been exhausted.

*Note: If the survey vendor is unsuccessful in obtaining a viable mailing address and/or telephone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.*

For the *mail component* of survey administration, sufficient evidence that a beneficiary's address is not viable includes:

- CMS provides an incomplete address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the beneficiary
- Mail is returned marked "Address Unknown"
- Mail is returned marked "Moved – No Forwarding Address"

For the *mail component* of survey administration, insufficient evidence that a beneficiary's address is not viable includes:

- Address search does not result in an exact "match." If the search does not result in an exact "match," the survey vendor must attempt to mail using the address that is available.

For the *telephone component* of survey administration, sufficient evidence that a beneficiary's telephone number is not viable includes:

- The survey vendor is unable to obtain a telephone number for the beneficiary
- The telephone interviewer dials the beneficiary's telephone number and receives a message that the telephone number is non-working, or out of order, and no updated number is available from directory assistance or other attempted tracking methods
- The telephone interviewer dials the beneficiary's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number and other attempts to obtain the correct telephone number are not successful

For the *telephone component* of survey administration, insufficient evidence that a beneficiary's telephone number is not viable includes:

- The survey vendor obtains a busy signal every time a telephone attempt is made

## VIII. DATA SUBMISSION

### Overview

This section contains information about preparing and submitting survey data files to the MA & PDP CAHPS Data Warehouse, including the survey vendor authorization process, the survey vendor data submission registration process, and the data submission process itself. The MA & PDP CAHPS Survey will use a standardized protocol for the preparation and submission of all data. If any problems occur when submitting data to the MA & PDP CAHPS Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

### Data Submission Process

The MA & PDP CAHPS Data Coordination Team has developed a secure data warehouse hosted by the RAND Corporation. This data warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2015 MA & PDP CAHPS Survey and to submit survey data to CMS. Use of the MA & PDP CAHPS Data Warehouse for data submission does not require installation of special software or a licensing fee on the part of survey vendors, except for the purchase of PGP for file encryption. The interface for the data warehouse is user friendly and will require minimal training.

### Data File Submission Dates

As previously specified in this manual, survey vendors are required to submit an interim data file by 11:59 PM Eastern Time on May 8, 2015 and the final survey data file by 11:59 PM Eastern Time on June 18, 2015. Submitting an interim data file will provide survey vendors an opportunity to test the data submission process before they have to submit the final data file and correct any data file errors/problems.

*Note: Survey vendors may begin to submit interim data on May 6, 2015; however, a fully correct interim data file must be submitted by May 8, 2015.*

### Survey Vendor Authorization Process

MA and PDP **contracts** must submit documentation to the MA & PDP CAHPS Survey Data Coordination Team authorizing survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Upon receipt of the Survey Vendor Authorization Form (see Appendix B), the MA & PDP CAHPS Data Coordination Team will confirm the authenticity of the authorizing entity verifying contact information at both the health provider and survey vendor level. Only then will the survey vendor be contacted and provided an account for the MA & PDP CAHPS Data Warehouse.

*Note: After submission of the Survey Vendor Authorization Form, no further action is required by the contract/plan. RAND Corporation communicates to CMS which contracts/plans have authorized a survey vendor to administer the MA & PDP CAHPS Survey on their behalf.*

## Preparation for Data Submission

As mentioned earlier in this manual, each survey vendor participating in the MA & PDP CAHPS Survey is required to designate a primary Data Administrator within their organization responsible for retrieving (downloading) the sample file for the contracts the survey vendor has contracted with and for submitting survey data to the MA & PDP CAHPS Data Warehouse on behalf of contracts. In addition to the primary Data Administrator, each survey vendor must designate a second person within the organization to act as the Back-up Data Administrator who will also have access to the MA & PDP CAHPS Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Data Coordination Team and the survey vendor regarding issues related to downloading or uploading files from the MA & PDP CAHPS Data Warehouse. In addition, the Data Administrator will have primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in this manual. The MA & PDP CAHPS Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator role. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Data Warehouse account.

Each survey vendor's Data Administrator, as well as the Back-up Administrator and the Project Manager, will be required to register with the MA & PDP CAHPS Data Coordination Team by completing a Vendor Access to MA & PDP CAHPS Data Warehouse Form (see Appendix D) and emailing it to the MA & PDP CAHPS Data Coordination Team. Each person must provide a separate e-mail address that will be used by them to login to the MA & PDP CAHPS Data Warehouse. Once the MA & PDP CAHPS Data Coordination Team has verified the information on the Vendor Access to MA & PDP CAHPS Data Warehouse Form and confirmed that a survey vendor has been authorized by one or more MA or PDP contracts to submit data on their behalf, each registered survey vendor representative will be granted access to the MA & PDP CAHPS Data Warehouse. Each authorized survey vendor representative will receive an automated e-mail containing a hyperlink that will direct them to the Warehouse where they will receive additional instruction on completing the authentication process. The MA & PDP CAHPS Data Coordination Team will copy the Data Administrator, Back-up Data Administrator, and the Project Manager on all email communications related to the data warehouse on data submission.

## Survey File Submission Naming Convention

In submitting MA & PDP CAHPS Survey data files, survey vendors must use the following file naming convention:

Vendorname.submissionN.mmddyy.txt.pgp

Where

N = number within day to count the number of submissions; can be any number of characters. If more than one submission is made on the same day this number should be different for each submitted file.

mm = number of month of submission (justify leading zero)

dd = day of the month of submission (justify leading zero)

yy = 2 digit year of submission

Example: XYZResearch.submission1.051515.txt.pgp

*Notes:*

1. *Survey vendors should submit all records for all contracts in a single file.*
2. *Files submitted should include a record for every beneficiary the survey vendor received in the sample file (for the interim data submission, the record for a beneficiary for whom the survey vendor has not yet completed a survey should be coded with disposition code “33 – No response collected.”)*
3. *Survey vendors need to update their password to access the Data Warehouse prior to the interim data submission period. Survey vendors can send email to MA-PDPCAHPSTECHSUPPORT@rand.org with any questions about how to do this or to request assistance in updating passwords.*

**Password Authentication**

Upon successful authentication of the survey vendor's username and password, survey vendors will have access to their organization's designated folder in the MA & PDP CAHPS Data Warehouse. Survey vendors will be provided instructions for re-authenticating their password, including the requirements and recommended guidelines for creating a password (passwords must be at least 7 characters in length and contain at least one character from 3 of the 5 classes of characters: uppercase letters, lowercase letters, digits, punctuation or symbols).

**Organization of the MA & PDP CAHPS Data Warehouse**

Sample files and uploaded data files are stored in a secure data warehouse at the RAND Corporation. Each survey vendor will have its own folder in the MA & PDP CAHPS Data Warehouse and will not be able to see, locate, or access another survey vendor's folder.

**File Encryption**

All survey vendors will be required to adhere to file format specifications and to encrypt survey data files using PGP software ([www.pgp.com](http://www.pgp.com)) prior to submitting files to the MA & PDP CAHPS Data Warehouse. The MA & PDP CAHPS Data Coordination Team will provide all survey vendors with the PGP Public Key that must be used to encrypt survey data files prior to submission to the Data Warehouse by placing a copy of the Public Key in each survey vendor's folder. Similarly, the MA & PDP CAHPS Data Coordination Team will encrypt each survey vendor's sample files using a PGP Public Key provided by the survey vendor's Data Administrator. Survey vendors must create a PGP Public Key to receive sample files and must place a copy of their key in their folder. Survey vendors are cautioned to make certain they export only their Public Key before posting it to their folder. Do not share the associated private key.

Any file uploaded to the survey vendor's folder that does not have the “.pgp” extension, indicating the prescribed PGP encryption, will be quarantined and automatically deleted. An automated email will be sent to the survey vendor's Data Administrator, Back-up Data Administrator and Project Manager, informing them that they have uploaded a file that does not comply with the established naming standards. Therefore, the file will not be processed and will need to be resubmitted correctly. The MA & PDP CAHPS Data Coordination Team will also be notified by automated email that the event occurred. The file encryption is required as a redundant security precaution.

## Survey Vendor Instructions for Accessing the MA & PDP CAHPS Data Warehouse

The data submission process that survey vendors will use to submit MA & PDP CAHPS Survey data includes the following steps:

1. Once the survey vendor's Data Administrator has completed the Vendor Access to MA & PDP CAHPS Data Warehouse Form, the data administrator will receive an e-mail from The RAND Corporation with an invitation to the MA & PDP CAHPS Data Warehouse. This email will contain a link that will allow you to login to the MA & PDP CAHPS Data Warehouse.
2. The survey vendor's Data Administrator will be prompted for his/her user ID and a password
3. On the first login only, the survey vendor's Data Administrator will be presented with a page to change their password
4. Once the password has been updated, the survey vendor Data Administrator will be transferred to the File Manager tab of the MA & PDP CAHPS Data Warehouse.
5. Selecting the workspace name link in the File Manager tab will allow the user to Download and Add Files, as well as Delete files.

The Back-up Data Administrator will also receive an e-mail invitation to the Warehouse and must complete the steps above to validate their login.

*Note: A copy of the Instructions for Survey Vendors on Accessing the Data Warehouse can be found in Appendix H.*

## Data Auditing and Validation Checks

The MA & PDP CAHPS Data Coordination Team will audit the data files as they are submitted by survey vendors for compliance with the file specifications outlined in the section on Data Coding and Data Preparation in this manual.

The data audit process conducted by the MA & PDP CAHPS Data Coordination Team involves conducting various data checks of the survey data submitted by survey vendors. The first check will be integrated into the MA & PDP CAHPS Data Warehouse and involves testing for the appropriate file extension .pgp to indicate that a survey file has been encrypted. As described above, any file uploaded to the MA & PDP CAHPS Data Warehouse that does not have the “.pgp” extension will be automatically deleted. In such instances, an automated email will be sent to the survey vendor's Data Administrator, Back-up Data Administrator and Project Manager, informing them that they have uploaded a file that does not comply with the established naming standards, and that the file will not be processed and therefore needs to be resubmitted correctly. Properly encrypted files will receive additional edit checks on submitted data files, including:

- Morphological tests (logical record lengths, appropriate character set, naming conventions, etc.)
- Checks for the presence of required data fields
- Range checks

Survey vendors (Data Administrator, Back-up Data Administrator and Project Manager) will receive a second email that contains the full detail of the edit check report by 8:00 PM Eastern Time on the next business day after submission. If the submitted data file fails the edit checks

described above, the email notification to survey vendors will indicate that they are required to resubmit a corrected survey data file and will include details of the discrepancies found during the edit checking. Survey vendors are responsible for submitting a corrected file by the deadline for submission. If the data file they submitted passes the edit checks, the email notification will indicate that no additional action is required and will include a summary of the submitted data file for survey vendor verification. Data files not received and accepted prior to 11:59 PM Eastern Time on the deadline date will not be included in the results that are publicly reported. Therefore, it is essential that data files submitted by survey vendors are accepted before the data submission deadline.



## IX. DATA ANALYSIS AND PUBLIC REPORTING

### Overview

This section describes the public reporting of the 2015 survey results in the Medicare & You Handbook and in the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)), the reports prepared for plans, and the data analysis of the MA & PDP CAHPS Survey conducted by CMS. It also provides a discussion of data analyses that survey vendors may conduct for plans. Survey results for the 2014 MA & PDP CAHPS Survey will be available in the Fall of 2015.

### Reporting

#### Public Reporting of MA & PDP CAHPS Survey Data in 2015

MA & PDP CAHPS Survey data are publicly reported by contract (MA and PDP) and state (FFS). Limited information from the MA & PDP CAHPS Survey is published in the Medicare & You Handbook and additional measures are included on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)) each fall. Public reporting of the survey results is designed to create incentives for contracts to improve their quality of care and also serves to enhance public accountability in healthcare by increasing the transparency of the quality of care provided by Medicare contracts. The measures derived from the surveys are used by beneficiaries to help choose an MA or PDP plan. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions.

#### Additional Reporting of Medicare CAHPS Data to Plans in 2015

CMS provides each MA and PDP contract that participates in the MA & PDP CAHPS Survey a more detailed report that summarizes that contract's survey results and compares contract scores to state- and national-level benchmarks. Each plan report also compares the contract's CAHPS scores to those from FFS beneficiaries, as well as to other MA or PDP contracts within the contract's market area.

In addition to the global ratings, individual items and composite measures, the reports to plans include a response rate for the plan. The response rate reported to plans includes all surveys used in analysis divided by the total eligible sample. If survey vendors want to replicate this response rate for the purposes of internal client reporting, CMS recommends the following as a close approximation of that rate: include completed (code 10) and partially completed (code 31) surveys in the numerator, divided by the denominator of total sample minus all ineligible beneficiaries. Ineligible beneficiaries include sample cases with a final disposition of Institutionalized (code 11), Deceased (code 20), Mentally or Physically Unable to Respond (code 24), and Excluded From Survey (code 40).

When calculating the response rate, code 34 (blank survey returned or incomplete survey) is not included in the numerator, but is included in the total sample component of the denominator.

The manner in which CAHPS data are organized and displayed varies somewhat across reports as a function of their different purposes and intended audiences. For example, on [www.Medicare.gov](http://www.Medicare.gov), contract performance on CAHPS and other measures is summarized on a

scale of one to five stars, based on case-mix adjusted mean scores, in combination with additional non-CAHPS measures. The web reports use a 0-100 scale for each measure, while the reports to plans give more detail on the original scales of the items.

### Measures That Will be Publicly Reported in 2015

The reports to plans include those measures that are reported to consumers, plus additional measures. The measures that are publicly reported to consumers can be found in the Medicare Plan Finder at [www.Medicare.gov](http://www.Medicare.gov) or are included in the display measures found at [www.cms.gov](http://www.cms.gov). These publicly reported MA & PDP CAHPS Survey measures include seven composites, three global ratings and two individual items, as well as eight other measures reported to contracts.

#### Composite measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- Getting Information from Drug Plan (MA-PD and PDP - reported to contracts – not reported to consumers)
- Care Coordination

#### Global ratings:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan (MA-PD and PDP)

#### Individual items:

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

#### Other measures reported to contracts:

- Computer used during office visit
- Computer use was helpful
- Computer use made talking to doctor easier
- Reminders for appointments
- Reminders for immunizations
- Reminders for screening tests
- Reminders to fill prescriptions
- Reminders to take medications

## CMS Analysis of MA & PDP CAHPS Survey Data for 2015

### Final Analysis Dataset

The final analysis dataset will include all completed and partially completed questionnaires.

### Use of Composite Measures

When a survey covers many topics, a report that simply lists the answers to every question can be overwhelming to readers. To keep survey reports shorter and more comprehensible, without sacrificing important information, answers to questions about the same topic are combined to form composites. The items in a composite are given equal weight in calculating the composite score with two exceptions: Getting Needed Prescription Drugs and Care Coordination. For the composite regarding the ease of filling prescriptions by mail and phone, mail and phone are weighted within each contract proportionately to the number of beneficiaries who report attempting to fill prescriptions by mail or phone in that contract.

### Care Coordination Composite Scoring

The Care Coordination Composite measure is comprised of 6 survey items.

	Response Options
Item 1: Personal MD had medical records or other info about care	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often talk about RX medications	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: MD informed about care from specialists	Never (1) Sometimes (2) Usually (3) Always (4)
Item 4: Get needed help to manage care	No (2) Yes, somewhat (3) Yes, definitely (4)
Item 5: MD office follow up to give test results*	Never (1) Sometimes (2) Usually (3) Always (4)
Item 6: Got test results as soon as needed*	Never (1) Sometimes (2) Usually (3) Always (4)

*\*Note that in scoring the composite, if item 5 is “never” item 6 is recoded to “never.”*

Item 4 (help to manage care) has a 3-level Yes/No scale and the other items in the composite have a 4-level Never/Always scale. The 0-100 composite reflects the weighted average of all 6 measures.

All 6 measures are translated to a 0-100 range based on their original response scale (2 – 4 for item 4, 1– 4 for all other measures).

The general formula for converting items from their original response scale to the 0-100 scale is: (score on original scale – minimum possible on original scale \*100/ (maximum possible on original scale – minimum possible on original scale).

To score the composite, the weighted average of 6 scores is calculated:

- The score for items 1-4, each with a weight of 1, and
- The score for item 5, with a weight of ½, and
- The score for item 6, recoded if applicable, with a weight of ½

### **Data Cleaning Prior to Case-Mix Adjustment**

A forward-cleaning approach is used for editing and cleaning survey data. This approach uses responses to the “screener” (or gate) items to control how subsequent items within the questionnaire are treated, such as setting responses to a missing value or retaining the original response. Under this forward data cleaning approach, screener items that were initially unanswered are **not** updated or back-filled based on responses to subsequent items.

Data are cleaned using the following forward-cleaning conventions and guidelines:

- Survey items that contain multiple responses (double-grid) when only one response is allowed are set to “M – Missing”
- If a screener question is blank, but there are data in the dependent questions, those data are used in analysis and the screener is recorded as “M – Missing
- If the response to a screener question is valid, but the respondent violates the skip instruction by answering dependent questions that should have been skipped, the response to the screener question is retained and the responses for the dependent questions are set to “M – Missing”
- Embedded screener questions (a skip pattern within a skip pattern) are treated in the same way as a primary screener question. The “internal” skip routine is evaluated first, followed by the primary skip pattern.

Special missing value codes are assigned to recoded questionnaire variables to indicate the type of missing data.

### **Case-Mix Adjustment and Weighting**

Certain respondent characteristics, such as education, are not under the control of the health plan but are related to the sampled member’s survey responses. To ensure that comparisons between contracts reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing contracts.

In general, for example, individuals with less education and those who report better general and mental health provide more positive ratings and reports of care. The case-mix model used for analyzing MA & PDP CAHPS Survey data includes the following variables:

- Age\*
- Education
- Self-reported general health status
- Self-reported mental health status
- Proxy assistance or completion of the survey form
- Medicaid dual eligibility\*
- Low income subsidy eligibility\*
- Chinese language of survey completion

\* *Note: CMS Administrative Data*

Although proxy reporting has contributed very weakly to differences in contract means, it has been retained as an adjustor to allay concerns that are occasionally voiced about the effects of proxy responses on scores.

Case-mix adjustment is implemented via linear regression models predicting CAHPS measures from case-mix adjustors and contract indicators. In these models, missing case-mix adjustors are imputed as the contract mean. Adjusted means represent the mean that would be obtained for a given contract if the average of the case-mix variables for that contract was equal to the national average across all contracts.<sup>2</sup>

In some MA contracts for which a low proportion of members are enrolled in the Part D benefit, MA-PD beneficiaries are sampled at a higher rate than MA-only beneficiaries to increase the accuracy of Part D measures. For Part C Measures for these contracts, lower weights are assigned to the MA-PD cases and higher weights to the MA-only cases to account for this difference in sampling rates.

The following three components are needed for case-mix adjustment at the contract level:

- Weighted contract means for each case-mix variable (only used in the case of respondents who answered the CAHPS items)
- Weighted national means for each case-mix variable (based on respondents who answered the CAHPS items)
- Individual-level coefficients for each case-mix variable

The formula used to calculate a case-mix adjusted score is as follows: Adjusted Score = Raw Score – Net Adjustment. The net adjustment is the sum of a series of products. Each product is, for a single case-mix adjusted variable, calculated as follows: (contract mean - national mean) x coefficient.

To illustrate how the contract mean for a given case-mix variable is calculated, consider the case of age range. The table below age data for a hypothetical contract with 7 respondents. Seven

<sup>2</sup> Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

indicator (0 or 1) age variables are created for each of the 8 age range groups. The age 85+ category is not shown because it serves as the reference category.

Survey ID	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84
1	0	0	0	0	0	1	0
2	0	0	0	0	1	0	0
3	0	1	0	0	0	0	0
4	0	0	0	0	0	0	0
5	1	0	0	0	0	0	0
6	0	0	1	0	0	0	0
7	0	0	0	0	0	1	0

For this contract, the mean of each of the 7 age range variables is calculated as follows:

$$H_{18-24} = (0+0+0+0+1+0+0) / 7 = 1/7 = 0.14$$

$$H_{25-34} = (0+0+1+0+0+0+0) / 7 = 1/7 = 0.14$$

$$H_{35-44} = (0+0+0+0+0+1+0) / 7 = 1/7 = 0.14$$

$$H_{45-54} = (0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$$

$$H_{55-64} = (0+1+0+0+0+0+0) / 7 = 1/7 = 0.14$$

$$H_{65-74} = (1+0+0+0+0+0+1) / 7 = 2/7 = 0.29$$

$$H_{75-84} = (0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$$

Case-mix adjustment is performed by CMS contractors. The case-mix coefficients are re-estimated each year based on data CMS receives. Case-mix adjustment coefficients appear each year in the reports to plans, and the coefficients are also available in the Part C and D Star Ratings Technical Notes. The national means of case-mix adjusted variables are needed to exactly match CMS calculations.

### Significance Testing, Reliability, and Star Assignment in 2015

Two-tailed tests are used to compare the case-mix adjusted mean for each contract to the overall mean for all contracts in the nation. In the plan reports (but not consumer reports), contract scores that are significantly different from the national mean at the  $p < 0.05$  level are marked with an up or down arrow. The absence of an arrow means that the contract's score was not significantly different from the national average. In accordance with confidentiality requirements, "N/A" is reported for any item or composite with fewer than 11 observations. These non-reportable scores do not affect Star Ratings. When 11 or more observations are present but a measure's interunit reliability is less than 75%, the mean score is italicized.<sup>3</sup> Starting in 2011, scores with very low interunit reliability (<60%) were suppressed from public reporting and do not affect Star Ratings.

Interunit Reliability (which is related to Spearman-Brown reliability) is calculated for each contract's score for each measure. This 0-1 measure indicates how well the score for a single

<sup>3</sup> For measures for which more than 12% of all contracts with sample size of 11 or more had low reliability, only the 12% of contracts with lowest reliability are italicized.

contract is measured and how well it distinguishes its performance from that of other contracts. Interunit reliability is calculated using the following formula:  $R=1-V/(V+t^2)$ , where  $V$  is the variance of the estimate of the measure at that contract, and  $t^2$  is the between-contract model variance of the means (estimated from a linear random-effects model).

### CAHPS Star Assignment Rules in 2015

	Rules
1	A contract is assigned one star if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is lower than the 15th percentile; AND (b) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error below the 15th percentile.
2	A contract is assigned two stars if it does not meet the one-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is lower than the 30th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is lower than the 15th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score.
3	A contract is assigned three stars if its average CAHPS measure score is at or above the 30th percentile and lower than the 60th percentile, AND it is not statistically significantly different from the overall mean.
4	A contract is assigned four stars if it does not meet the five-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 60th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is at or above the 80th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score.
5	A contract is assigned five stars if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is at or above the 80th percentile; AND (b) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error above the 80th percentile.

*Note: Questions regarding Star Ratings calculations should be directed to [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov).*

## Illustration of the 2015 CAHPS Star Assignment Rules:

		Base group	Significantly below average		Not significantly different from average		Significantly above average	
			Low rel	Not low rel	Low rel	Not low rel	Low rel	Not low rel
<15th %tile	by > 1 SE	1	1	1	2	2	X	X
	by ≤ 1 SE		2	1	2	2	X	X
≥15th to <30th %tile		2	2	2	3	2	X	X
≥30th to <60th %tile		3	2	2	3	3	4	4
≥60th to <80th %tile		4	X	X	3	4	4	4
≥80th %tile	by ≤ 1 SE	5	X	X	4	4	4	5
	by > 1 SE		X	X	4	4	5	5

*Note: If reliability is very low, the contract does not receive a star rating*

For consumer reporting via the Medicare & You Handbook and in the Medicare Plan Finder Web site, CMS uses a Star Rating system, assigning between one to five stars to a contract for a given CAHPS measure as a way of summarizing the contract's performance. CMS does this by converting a contract's score on a given measure into a certain number of stars based on the percentile rank of each contract's case-mix adjusted score and the difference between that rank and the national (overall) mean score. This difference (including whether the difference is statistically significant), the direction of the difference, and the statistical reliability of the estimate (based on the number of respondents) determines the number of stars assigned.

The percentile cutoffs for base groups are defined by current-year (2015 for illustration above) distribution of contract means. Percentile cutpoints are rounded to nearest integer on the 0-100 reporting scale, and each base group includes those contracts whose rounded mean score is at or above the lower limit and below the upper limit.

### Defining Market Areas

Each contract's "market area" is determined by comparing its county-level survey samples with those of every other MA or PDP contract. The other contract is included in the report contract's market area for comparison if there is an overlap of at least 5 percent of the report contract's enrollment and vice-versa (the other contract must also have at least 5 percent of its enrollment in the report contract's county). Private Fee-for-Service (PFFS) MA contracts, which typically have multi-state if not national enrollment, are not included in the market area definition. However, enrollees in PFFS MA contracts are included in the national and state benchmarks.

### Survey Vendor Analysis of MA & PDP CAHPS Survey Data

CMS-calculated results for the MA & PDP CAHPS Survey are the official survey results. CMS will continue to provide MA & PDP contracts with reports that contain information that can be used for quality improvement purposes (including information related to market and service area as described above). However, a survey vendor may analyze the survey data to provide contracts

with additional information that contracts can use for quality improvement purposes as long as **cell sizes are not too small (less than 11)**. Intervention or follow-up with low scoring individuals is not permitted. Survey vendors should ensure that contracts recognize that these survey vendor analyses are not official survey results and should **only** be used for quality improvement purposes. Survey vendors may provide contracts with preliminary survey data that the survey vendor develops specifically for the contract. As a result, the survey vendor scores may differ slightly from the official CMS results. When providing contracts with preliminary survey data, survey vendors must communicate to contracts that the survey vendor scores are **not** the official CMS scores.

In addition, survey vendors will not be able to provide member-level datasets to their contracts, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents. For example, survey vendors may **not** provide contracts with names of beneficiaries selected for the survey, or provide contracts their full beneficiary file with names of sampled beneficiaries removed.

As detailed in the CMS Data Use Agreement, no data involving cells, including cross-tabulated cells, with sample sizes less than 11 may be shared with contracts under any circumstances. Failure to adhere to the CMS Data Use Agreement violates requirements of the Privacy Act, the Privacy Rule, and CMS data release policies and may be considered a breach or violation of data safeguarding. Please visit [cms.gov/privacy](https://www.cms.gov/privacy) to learn more about CMS privacy policies and data safeguarding.

CMS is considering ways to provide de-identified individual level data to contracts and will continue to provide data that contracts can use for quality improvement purposes.

### **Analysis of Survey Data from Supplemental Items**

As described in the Data Collection Protocol section of this manual, CMS will allow contracts and survey vendors to add a small number of questions to the survey, subject to approval from CMS. All supplemental questions must be placed after all of the Core items in the questionnaires. The supplemental questions can be placed before the About You section. Data for these additional survey items will not be included in the data file submitted to CMS by survey vendors. CMS will not analyze data for any supplemental questions added at the request of a contract. Analysis of supplemental questions is the responsibility of the survey vendors. Survey vendors may provide the survey results and data from supplemental items to contracts, provided that the data are completely de-identified and the results do not include any other information that could be used to identify a beneficiary.



## X. OVERSIGHT

### Overview

To ensure compliance with Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey protocols, the CMS sponsored MA & PDP CAHPS Survey Project Team conducts oversight of participating survey vendors. This section describes the oversight activities for the MA & PDP CAHPS Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the MA & PDP CAHPS Survey Participation Form signifies agreement with all of the Rules of Participation, including all MA & PDP CAHPS Survey oversight activities.**

### Oversight Activities

All survey vendors that participate in the MA & PDP CAHPS Survey are required to take part in all oversight activities, which include but are not limited to the following:

- MA & PDP CAHPS Survey Quality Assurance Plan (QAP)  
The MA & PDP CAHPS Survey QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors to document their current administration of the survey and compliance with the MA & PDP CAHPS Survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The MA & PDP CAHPS Survey Project Team will review each QAP to ensure that the survey vendor's stated processes are compliant with MA & PDP CAHPS Survey protocols. In addition, materials relevant to the MA & PDP CAHPS Survey administration, including mailing materials (e.g., pre-notification letters, cover letters and questionnaires), telephone scripts, tracking of key events, and documentation that quality control procedures are conducted, are required to be submitted. A description of the results from previous survey administration quality control activities and any corrective action plan(s) implemented is also required as part of the revised QAP. CMS may also request additional survey-related materials for review as needed.
- Analysis of Submitted Data  
All survey data submitted to the MA & PDP CAHPS Data Warehouse by survey vendors will be reviewed by the MA & PDP CAHPS Data Coordination Team. This review will include, but is not limited to, statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If data anomalies are found, the MA & PDP CAHPS Survey Project Team will follow-up with the survey vendor.
- Site Visits/Conference Calls  
All survey vendors (and their subcontractors, as applicable) are required to participate in site visits and conference calls conducted by the MA & PDP CAHPS Survey Project Team. The site visits allow the MA & PDP CAHPS Survey Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the MA & PDP CAHPS Survey. The conference calls allow the MA & PDP CAHPS Survey Project Team to discuss issues with the survey vendor related to administration of the MA & PDP CAHPS Survey.

*Note: If the site visit, conference call, or any other oversight activity conducted by the MA & PDP CAHPS Survey Project Team suggests that actual survey processes differ*

*from MA & PDP CAHPS Survey protocols, immediate corrective actions may be required and sanctions may be applied.*

➤ Additional Activities

Additional activities as specified by CMS may be conducted in addition to the above

### **MA & PDP CAHPS Survey Quality Assurance Plan (QAP)**

Survey vendors approved to administer the MA & PDP CAHPS Survey are required to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the MA & PDP CAHPS Survey protocols. The main purposes of the QAP are as follows:

- Provide documentation of survey vendors' understanding, application and compliance with the *Quality Assurance Protocols & Technical Specifications V5.0*. The following components must be addressed:
  - Organizational background and structure for project
  - Work plan for survey administration
  - Survey and data management system
    - Provide a detailed description of the process for updating beneficiary addresses and telephone numbers
  - Quality controls
  - Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  - Description of quality control activities; to include a description of the results from previous survey administration quality control activities and any corrective action plan(s) implemented
  - MA & PDP CAHPS Survey materials
- Serve as the organization-specific guide for administering the MA & PDP CAHPS Survey, training project staff to conduct the survey, and conducting quality control and oversight activities. **The QAP should be developed in enough step-by-step detail, including flow charts, tracking forms and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization's survey operations.**
- Ensure high quality data collection and continuity in survey processes

The submission of the QAP will be due by the date announced during the MA & PDP CAHPS Survey training session and will be posted on the MA & PDP CAHPS Survey Web site subsequent to training. A Model QAP can be found in Appendix E. It is expected that survey vendors will use the Model QAP as a template for developing and updating their own QAP. The Model QAP can be downloaded from the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). Updated QAPs (for re-approved survey vendors or for survey vendors requested to submit a revised QAP) are to be submitted in a "track change" version for ease of identifying changes made from the previously submitted QAP.

DATA COORDINATION With the QAP, survey vendors, when requested by CMS, may be required to submit other materials relevant to the MA & PDP CAHPS Survey administration.

The MA & PDP CAHPS Survey Project Team's acceptance of a QAP submission does not constitute or imply approval or endorsement of the survey vendor's MA & PDP CAHPS Survey processes. The site visit and other oversight activities are used to examine, verify and accept the actual processes by which the MA & PDP CAHPS Survey is administered.

### **Analysis of Submitted Data**

The MA & PDP CAHPS Data Coordination Team will review and analyze all survey data submitted to ensure the integrity of the data. If significant issues are identified, the survey vendor may be contacted. Survey vendors must adhere to all submission requirements as specified in the *Quality Assurance Protocols & Technical Specifications V5.0*, and those periodically posted on the MA & PDP CAHPS Survey Web site. Please monitor the MA & PDP CAHPS Survey Web site on a regular basis for additional data submission information and updates.

### **Site Visits/Conference Calls**

The MA & PDP CAHPS Survey Project Team will conduct site visits and conference calls with survey vendors to ensure compliance with the MA & PDP CAHPS Survey requirements. The size and composition of the review team may vary. Site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

The MA & PDP CAHPS Survey Project Team will conduct its site reviews in the presence of the survey vendor's staff, and a confidentiality agreement will be signed by all parties at the start of the site visit. The MA & PDP CAHPS Survey Project Team will coordinate with survey vendor staff to cover agenda items presented in advance to the survey vendor. The MA & PDP CAHPS Survey Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. *Survey vendors must make their subcontractors available to participate in the site visits and conference calls as needed.*

In addition to other activities, the MA & PDP CAHPS Survey Project Team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The MA & PDP CAHPS Survey Project Team will review specific data records and trace the documentation of activities from the receipt of the sample through the uploading of the data. The site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the site visit review will remain confidential, as per CMS guidelines.

During the site visit and/or conference call, the MA & PDP CAHPS Survey Project Team will review the survey vendor's survey systems and will assess protocols based upon the *Quality Assurance Protocols & Technical Specifications V5.0*. All materials relevant to survey

administration will be subject to review. The systems and program review includes, but is not necessarily limited to:

- Survey management
- Data systems
- Printed materials
- Printing, mailing and other related facilities
- Telephone materials, interview areas and other related facilities
- Data receipt and entry
- Data storage facilities
- Written documentation of survey processes
- Specific and/or randomly selected records

After the site visit, the MA & PDP CAHPS Survey Project Team will provide the survey vendor with a summary of findings from the site review, and may pose follow-up questions and/or request additional information as needed.

After the site visit or conference call, organizations will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Survey vendors will be subject to follow-up site visits and conference calls, as needed.

### **Non-compliance and Sanctions**

Non-compliance with MA & PDP CAHPS Survey protocols including program requirements, successful completion of all required training activities, annual timely submission of the QAP, timely submission of Discrepancy Reports (if applicable), and participation and cooperation in oversight activities, may result in sanctions being applied to a survey vendor including:

- Loss of approved status to administer the MA & PDP CAHPS Survey
- Increased oversight activities
- Adjustment to publicly reported scores, as needed
- Other sanctions as deemed appropriate by CMS

## XI. DISCREPANCY REPORTS

### Overview

This section describes the process of notifying the MA & PDP CAHPS Survey Project Team of discrepancies which have occurred during survey data collection or submission.

The discrepancy process and the Discrepancy Report Form have been established for use by survey vendors to notify the MA & PDP CAHPS Survey Project Team of any discrepancies in following standard MA & PDP CAHPS Survey protocols. Survey vendors are required to notify the MA & PDP CAHPS Survey Project Team of any discrepancies or variations that have occurred during survey administration. Survey vendors **must** notify the MA & PDP CAHPS Survey Project Team as soon as the discrepancy is identified. The Discrepancy Report Form must be submitted within one business day of the survey vendor becoming aware of a discrepancy, regardless of whether the root cause, scope of issue or a resolution has been identified. The date the discrepancy was discovered must be clearly identified on the form.

### Discrepancy Report Process

On occasion, a survey vendor may identify discrepancies from MA & PDP CAHPS Survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with MA & PDP CAHPS Survey protocols. Survey vendors are required to notify CMS of these discrepancies. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify discrepancies that require correction.

Survey vendors are required to complete and submit a Discrepancy Report to formally notify CMS within one business day after the discrepancy has been discovered. The Discrepancy Report Form (see Appendix K) must be submitted online via the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). This report notifies the MA & PDP CAHPS Survey Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy, to the extent this information is immediately available. If all the required information is not immediately available, survey vendors must submit an initial Discrepancy Report alerting CMS of the issue and subsequently submit an updated Discrepancy Report, within one week of submitting the original Discrepancy Report, with the remaining required information. The relevant CMS contract number(s) (Hxxxx, Rxxxx, or Sxxxx) **must be included on the form.**

### Discrepancy Report Review Process

The Discrepancy Report will be reviewed by CMS and the MA & PDP CAHPS Survey Project Team, and a determination of the actual or potential impact of the discrepancy on publicly reported results will be assessed. Depending on the nature and extent of the discrepancy, a formal review of the survey vendor's procedures and/or an on-site visit or conference call may be undertaken. The project team will notify the survey vendor whether additional information is required to document and correct the issue. The survey vendor will be notified once the outcome of the review has been determined.



## **Appendix A**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Minimum Business Requirements**

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## Appendix A

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2015 Minimum Business Requirements

A survey vendor must meet all of the Survey Vendor Minimum Business Requirements listed below in order to apply to administer the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey. Organizations that are approved to administer the MA & PDP CAHPS Survey must conduct all of their business operations within the United States so the MA & PDP CAHPS Survey Project Team can perform the required oversight activities. This requirement also applies to all staff and subcontractors.

#### 1. Relevant Survey Experience

Demonstrated recent experience in fielding Mixed Mode surveys.

Criteria	Survey Vendor
Survey Experience	<ul style="list-style-type: none"><li>• Prior experience conducting surveys with the Medicare population</li><li>• Prior experience administering CAHPS surveys</li><li>• Prior experience conducting Mixed Mode (mail with telephone follow-up) within the most recent 2 year time period</li><li>• Past performance</li></ul>
Number of Years in Business	<ul style="list-style-type: none"><li>• Minimum of 3 years</li></ul>
Number of Years Conducting Surveys	<ul style="list-style-type: none"><li>• Minimum of 2 years conducting large-scale Mixed Mode surveys (large scale mail surveys and capability to perform CATI system telephone interviews)</li></ul>
Experience with Multiple Survey Languages	<ul style="list-style-type: none"><li>• Prior experience required in conducting survey administration in both English and Spanish. A survey vendor will have the option of electing to conduct the 2015 MA &amp; PDP CAHPS Survey in Chinese.</li></ul>

## 2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor
Personnel	<ul style="list-style-type: none"> <li>• Designated Project Manager with previous Mixed Mode survey experience</li> <li>• Designated Telephone Survey Supervisor with previous survey call center experience</li> <li>• Programmer capable of processing data and preparing data files for electronic submission</li> </ul>
System Resources	<ul style="list-style-type: none"> <li>• System resources must meet CMS specifications and at a minimum include the following:               <ul style="list-style-type: none"> <li>○ Reproduction and mailing of the questionnaire</li> <li>○ Capacity for conducting telephone interviews using a computer-assisted telephone interview (CATI) system</li> <li>○ Data collection processing</li> <li>○ Production of computer files</li> <li>○ Anticipate and plan for on-site visits</li> <li>○ Electronic survey management system to track fielded surveys through the entire protocol</li> <li>○ A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files that protects the confidentiality of patient response data and personal identifying information</li> </ul> </li> </ul>
Approved Use of Subcontractors	<ul style="list-style-type: none"> <li>• CMS must approve subcontractors at the time of application (Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing)</li> </ul>
Mixed Mode Administration	<ul style="list-style-type: none"> <li>• Will be provided with the mail and telephone versions of the MA &amp; PDP CAHPS Survey in electronic form, text for pre-notification and cover letters</li> <li>• Responsible for printing and reproduction of survey materials in accordance with specifications provided</li> <li>• Follow MA &amp; PDP CAHPS Survey timeline</li> <li>• Use commercial software/resources to ensure that addresses and telephone numbers are accurate and correct for all the sample members</li> <li>• Health plans are not to know the names of the enrollees participating in the survey</li> <li>• If a survey vendor intends to administer the 2015 MA &amp; PDP CAHPS Survey in Chinese, both the mail and telephone modes must be administered in Chinese</li> </ul>

Data Submission	<ul style="list-style-type: none"> <li>• Register with the RAND Corporation and follow data specifications and procedures in order to submit and receive encrypted data via the Internet</li> <li>• Data files must be encrypted for transmission in accordance with required specifications</li> <li>• Must be authorized by health plan prior to submission of data</li> <li>• Execute business associate agreement with health plans and receive annual authorization from health plans to collect data on their behalf and submit to CMS</li> </ul>
Data Security	<ul style="list-style-type: none"> <li>• Returned paper questionnaires must be stored in a secure and environmentally safe location</li> <li>• Firewalls and/or other mechanisms must be utilized to protect electronic files</li> <li>• Electronic security via implementation of access levels and passwords must be instituted</li> <li>• Daily data back-up procedures that adequately safeguard system data must be implemented</li> <li>• Required encryption protocols must be utilized for transmitting data files</li> <li>• Develop procedures for identifying and handling breaches of confidential data</li> <li>• Data custodian will be responsible for all data security for data collection as specified in the Data Use Agreement with CMS</li> </ul>
Data Retention	<ul style="list-style-type: none"> <li>• Retain all data files for a minimum of 3 years</li> </ul>
Confidentiality	<ul style="list-style-type: none"> <li>• QAP is required to contain content regarding confidentiality and disclosure that is HIPAA compliant</li> <li>• MA &amp; PDP CAHPS Survey data files (paper or electronic) must be stored securely and confidentially in accordance with specified requirements</li> </ul>
Technical Assistance/Customer Support	<ul style="list-style-type: none"> <li>• Establish toll-free customer support telephone lines with live operator during regular business hours (to be established from the time of the pre-notification letter through the end of data collection)</li> <li>• Accommodate both Spanish and English inquiries</li> <li>• If administering the MA &amp; PDP CAHPS Survey in Chinese, accommodate Chinese inquiries</li> </ul>

### 3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> <li>• Set-up and document quality control procedures for all phases of survey implementation:               <ul style="list-style-type: none"> <li>○ Training</li> <li>○ Printing, mailing and recording receipt of surveys</li> <li>○ Telephone administration of survey (electronic telephone interviewing system)</li> <li>○ Coding, editing, or keying in survey data</li> <li>○ Preparing final person-level data files for submission</li> <li>○ All other functions and processes that affect the administration of the MA &amp; PDP CAHPS Survey</li> </ul> </li> <li>• Develop and submit annual QAP by specified due date</li> </ul>
Training Requirements	<ul style="list-style-type: none"> <li>• Participate in and successfully complete Introduction Training via Webinar after confirmation of approved status</li> <li>• Participate in and successfully complete Update Training via Webinar as scheduled</li> <li>• Complete a training evaluation to assess survey vendor comprehension of MA &amp; PDP CAHPS Survey protocols</li> </ul>
Training Participants	<ul style="list-style-type: none"> <li>• Project Manager, Mail Survey Supervisor and Telephone Survey Supervisor at a minimum</li> <li>• Strongly recommend that the programmer and/or their supervisor also attend training</li> </ul>

### 4. Approval Term

An approved survey vendor may administer the MA & PDP CAHPS Survey for the specified amount of time.

Criteria	Survey Vendor
Approval Term	<ul style="list-style-type: none"> <li>• 1 year subject to annual re-approval</li> <li>• Approved survey vendors will be required to maintain at least one active MA &amp; PDP CAHPS Survey client contract within a consecutive two year period (24 months). The two year timeframe for maintaining at least one MA &amp; PDP CAHPS Survey active client contract begins with the start of the fielding period immediately subsequent to the survey vendor's approval.</li> </ul>

## **Appendix B**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Survey Vendor Authorization Form**

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## Appendix B

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2015 Survey Vendor Authorization Form

MA and PDP **contracts** must authorize an approved MA & PDP CAHPS Survey vendor to submit data on their behalf for the 2015 administration of the MA & PDP CAHPS Survey.

In order to authorize a survey vendor, a **contract representative** must complete the MA & PDP CAHPS Survey Vendor Authorization Form and submit it to the RAND Corporation by December 5, 2014. The individual who completes this form for the MA or PDP **contract** will be considered the MA & PDP CAHPS Survey Administrator for that Contract. This form must be signed and dated in the presence of a notary public, notarized, and sent to the RAND Corporation. Please note, when completing a Survey Vendor Authorization Form pertaining to multiple contracts, it would be appropriate to attach a list to the form (signed and dated by the Contract Administrator) of all the contracts (name and contract number). On the form itself, please note that “a document containing a list of “XX” number of contracts is attached to the form” in the spaces provided for contract name.

If sent via U.S. Mail, send to:

RAND Corporation  
ATTN: Julie Brown  
MA & PDP CAHPS Survey  
1776 Main Street  
PO BOX 2138  
Santa Monica, CA 90407-2138

If sent via Federal Express, UPS or other overnight delivery service, send to:

RAND Corporation  
ATTN: Julie Brown  
1776 Main Street  
Santa Monica, CA 90401

Phone: 310-393-0411

Please note: After submission of the Survey Vendor Authorization Form, no further action is required by the **contract/plan** to notify CMS of their survey vendor selection. RAND Corporation communicates to CMS which contracts/plans have authorized a survey vendor to administer the MA & PDP CAHPS Survey on their behalf.

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS® Survey  
2015 Survey Vendor Authorization Form**

I, \_\_\_\_\_ (Print Contract Administrator's name), acknowledge and accept the role and all of the responsibilities of the MA & PDP CAHPS Survey Administrator for \_\_\_\_\_ (**Print Name of Contract and Contract Number**). For multiple contracts, notate "See listing of "XX [include count]" contract names and contract numbers."

In this role I will be responsible for:

- 1) Designating another individual within the organization as the Back-up Administrator.
- 2) Authorizing a survey vendor to collect data for \_\_\_\_\_ (Print Name of Contract or "See Listing Attached") as part of the 2015 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the contract.
- 3) Notifying CMS and RAND immediately if the **contract** de-authorizes a survey vendor.
- 4) Serving as the main point of contact with the MA & PDP CAHPS Project Team.
- 5) Notifying the MA & PDP CAHPS Project Team if my role as the MA & PDP CAHPS Survey Administrator for the Contract will no longer be valid and identifying my successor.

By signing this form, I authorize \_\_\_\_\_ (Print Survey Vendor Name) to collect data for the **contract** I represent as part of the 2014 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the Contract.

Contract's Administrator First and Last Name: \_\_\_\_\_

Contract's Administrator Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Survey Vendor Name/Address: \_\_\_\_\_

\_\_\_\_\_

Contract Administrator Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Notary Public Date: \_\_\_\_\_

## **Appendix C**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Data Use Agreement (DUA) Application Form**

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## INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235

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### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

**Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.**

- First paragraph, enter the Requestor's Organization Name.
- Section #1, enter the Requestor's Organization Name.
- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.
- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names. The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.
- Section #6, complete by entering the Study/Project's anticipated date of completion.
- Section #12 will be completed by the User.
- Section #16 is to be completed by Requestor.
- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.
- Section #18 will be completed by a CMS representative.
- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.
- Sections #20a AND 20b will be completed by a CMS representative.
- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

## DATA USE AGREEMENT

DUA #

### (AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and \_\_\_\_\_ enter into this agreement to comply with the following specific paragraphs. *(Requestor)*

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and \_\_\_\_\_, hereinafter termed "User." *(Requestor)*
2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.
3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

Name of Study/Project

CMS Contract No. *(if applicable)*

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).



9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. **This policy stipulates that no cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed.** Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries.

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.
11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.
12. The parties mutually agree that the following specified Attachments are part of this Agreement:

- 
13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by e-mail notification at [cms\\_it\\_service\\_desk@cms.hhs.gov](mailto:cms_it_service_desk@cms.hhs.gov) within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.
16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

\_\_\_\_\_  
 Name and Title of User *(typed or printed)*

\_\_\_\_\_  
 Company/Organization

\_\_\_\_\_  
 Street Address

City	State	ZIP Code
------	-------	----------

Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
---	---------------------------------------

Signature	Date
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17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

\_\_\_\_\_  
 Name of Custodian *(typed or printed)*

\_\_\_\_\_  
 Company/Organization

\_\_\_\_\_  
 Street Address

City	State	ZIP Code
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Office Telephone <i>(Include Area Code)</i>	E-Mail Address <i>(If applicable)</i>
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Signature	Date
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18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) \_\_\_\_\_
19. On behalf of \_\_\_\_\_ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name		Title of Federal Representative	
Signature			Date
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative (typed or printed)			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

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. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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## DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) \_\_\_\_\_ or for new DUA study/project name \_\_\_\_\_

---

**Part A**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

---

**Part B**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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### **Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Organization \_\_\_\_\_

Please send as an email attachment to [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov), and see our website at [www.cms.gov/privacy](http://www.cms.gov/privacy)

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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. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 10 minutes per response, 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 C4-26-05, Baltimore, Md. 21244-1850.

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## **Appendix D**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Vendor Access to MA & PDP CAHPS Data Warehouse Form**

Submit the completed Vendor Access to MA & PDP CAHPS Data Warehouse Form to the Data Coordination Team via email at [MA-PDPCAHPSupport@rand.org](mailto:MA-PDPCAHPSupport@rand.org) or Fax to (310) 451-6921.

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## Appendix D

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

#### 2014 - 2015 Vendor Access to MA & PDP CAHPS Data Warehouse Form

The MA & PDP CAHPS Data Warehouse is maintained by RAND. All vendors contracting with a health plan to implement the 2015 MA & PDP CAHPS survey must have a user account on the Data Warehouse. Complete this form and submit it as an email attachment to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org) or by fax to MA & PDP CAHPS Data Coordination Team (310) 451-6921. **Your form must be received by November 17, 2014.**

Provide contact information for your organization's Data Administrator, Back-up Data Administrator and Project Manager. All three are required to authorize a user account on the Data Warehouse.

Your Organization's Name: \_\_\_\_\_

#### Data Administrator

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Data administrator email address: \_\_\_\_\_

#### Back-up Data Administrator

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Back-up administrator email address: \_\_\_\_\_

#### Project Manager

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Project Manager email address: \_\_\_\_\_



## **Appendix E**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Model Quality Assurance Plan**

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## Appendix E

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## Model Quality Assurance Plan

### Overview and Background

Survey vendors who are approved to administer the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey are required to submit an annual Quality Assurance Plan (QAP). The QAP must describe the survey vendor's implementation of and compliance with all required protocols to administer the MA & PDP CAHPS Survey. Revisions/Updates to prior year QAPs must be submitted in a "track change" version for ease of identifying changes.

*Note: Survey vendors that do not have contracts to collect data **are required** to submit a QAP. Survey vendors that do not have contracts to collect data are not required to submit mail and CATI survey materials.*

The purpose of this document is to serve as a model or guide in the preparation of the survey vendor's QAP in order to ensure that all required items are addressed in sufficient detail for review by the MA & PDP CAHPS Survey Project Team. Following review by the project team, the survey vendor will be provided with feedback that indicates whether the QAP has been accepted, conditionally accepted (pending completion of follow-up of required items – usually minor), or requires revision (major changes needed in order for the QAP to be considered complete).

It is important that sufficient detail is provided in the QAP so that the project team can determine the survey vendor's adherence to survey administration guidelines and that rigorous quality checks or controls have been put in place. All survey materials (mail materials and screen shots of the telephone script in English and Spanish) must be submitted for review. In addition, examples of templates, logs, tracking tools, or other relevant documentation should be included as appendices to the QAP.

The following sections below outline the required content to be addressed and the specified sequence that must be followed in the survey vendor's QAP.

### I. Organizational Background and Structure

- A. Provide survey vendor contact information on the first page of the QAP. Please include:
  1. Survey vendor name
  2. Mailing address
  3. Physical address, if mailing address is different
  4. Web site address
  5. Name of contact person, direct telephone number and email address

6. Total number of contracted Medicare Advantage only (MA-only) Plans, Medicare Advantage and Prescription Drug (MA-PD) Plans, and Prescription Drug Plans (PDP)
  7. Date of the QAP
- B. Provide a table of organization that identifies all staff by name and title (including any subcontractors if applicable) who are responsible for the following key tasks in the administration of the MA & PDP CAHPS Survey. The organizational chart must include the reporting relationships for all MA & PDP CAHPS Survey project staff.
1. Overall project management
  2. Mail survey administration
  3. Telephone survey administration
  4. Data receipt and entry
  5. Tracking of key survey events
  6. Survey administration process quality checks
  7. Preparation and submission of encrypted data
  8. Data security
  9. Staff training
- C. Describe the internal training of personnel involved in MA & PDP CAHPS Survey administration, including subcontractor(s) if applicable.

## II. Work Plan for Survey Administration

- A. For the following MA & PDP CAHPS Survey administration tasks, identify the staff responsible for each task; the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality checks performed, including the documentation maintained as evidence that the quality checks were conducted.
1. Describe the process used to download the sample from the MA & PDP CAHPS Survey Data Warehouse
  2. Describe how the sampled beneficiaries are tracked throughout the data collection schedule provided in the *Quality Assurance Protocols & Technical Specifications V5.0* manual. (Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.)
    - a) Describe in detail, the process for updating the list of beneficiaries identified for telephone contact. How does your organization update its CATI call list as completed surveys are returned via mail?
  3. Provide a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
  4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings) to include a description of the results of previous survey administration quality control procedures, what the results of those procedures were, and what was done to correct identified deficiencies
  5. Provide a detailed description of the processes for obtaining and updating telephone numbers from each utilized source (including the length of history used to look up previous telephone numbers by the telephone look up service), programming the CATI system, and software used

- a) Describe the quality control checks of CATI procedures to confirm that programming is accurate and in accordance with MA & PDP CAHPS Survey protocols, and that data integrity is maintained
  - b) Describe the process for handling multiple phone numbers for a single beneficiary during the telephone protocol of data collection
  - 6. Describe the process for conducting telephone interviews
  - 7. Describe the process for ensuring that telephone interviewers are following MA & PDP CAHPS Survey data collection protocols and procedures during the telephone survey administration phase
  - 8. Describe data receipt activities
    - a) Describe the process of logging surveys when they are returned by mail and the subsequent processing of those surveys
    - b) Describe the process for capturing beneficiary survey responses obtained during telephone interviewing
  - 9. Describe data entry procedures
    - a) Describe use of the decision rules and quality control processes to verify the accuracy of decision rule application (mail surveys)
    - b) Describe key entry or scanning procedures and equipment used
    - c) Describe the quality control processes to validate the accuracy of key entry and/or electronic scanning procedures
  - 10. Describe the data preparation and submission procedures
    - a) Describe the processes for preparing encrypted data files
    - b) Describe the processes for uploading data files
    - c) Describe the quality control processes to validate the accuracy of data file preparation and submission
  - 11. Describe your organization's data storage and retention policies
    - a) Describe the back-up process for survey administration activities related to electronic data or files, including the quality control checks that are in place to ensure the back-up files are retrievable
- B. Describe the customer support telephone line and how it will be operated.
- 1. Identify who is responsible for responding to questions regarding the MA & PDP CAHPS Survey
  - 2. Provide the customer support telephone number
  - 3. Include a written transcript of the customer support telephone line voice mail message
  - 4. Include the hours of live and voice mail operations for the customer support line and timeframe for returning calls
- C. In the appendices to the QAP, include all forms used in MA & PDP CAHPS Survey administration that may assist the MA & PDP CAHPS Survey Project Team to review the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status and/or productivity reports).

*NOTE: These items should be templates only and must not contain any Protected Health Information (PHI).*

- D. For administering the survey in Spanish and/or Chinese (if applicable), provide a table which indicates for each contract how the Spanish and/or Chinese surveys are distributed (e.g., double stuff, plan provided language preference, language variable in sample file). See example below:

Contract ID#	Process for distributing Spanish	Process for distributing Chinese (if applicable)
HXXXXX	Double stuff	NA
HXXXXX	Plan provided language preference	Double stuff

### III. Confidentiality, Privacy and Data Security Procedures

- A. Describe the physical and electronic security and storage procedures to protect patient identified files and survey data in hard copy and electronic form. Include the length of time that these materials will be retained.
- B. Include a copy of the confidentiality agreement template that is signed by staff and subcontractor(s), if applicable, who are involved in any aspect of MA & PDP CAHPS survey administration.

### IV. Required Submission of MA & PDP CAHPS Survey Materials

- A. Provide examples of the following items utilized in the administration of the MA & PDP CAHPS survey:
1. Copies of all survey materials including cover letters and questionnaires in English, Spanish, and Chinese if applicable
  2. Copies of only the MA-PD telephone scripts (screenshots) in English, Spanish, and Chinese if applicable, with an assurance that the MA-only, MA-PD, and PDP versions will be in compliance with any corrections identified

**Appendix F**  
**Medicare Advantage and Prescription Drug Plan**  
**(MA & PDP) CAHPS<sup>®</sup> Survey**

**General Interviewing Guidelines for**  
**Conducting Telephone Surveys**

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# Appendix F

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### General Interviewing Guidelines for Conducting Telephone Surveys

#### Overview

These guidelines are provided to assist telephone interviewers who are conducting the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey in collecting the highest quality data possible.

As an interviewer, your role in the success of this survey is important. You will interact with many respondents, and you are the person who assures the respondents that their participation is important.

#### General Interviewing Techniques

To collect the highest quality data, telephone interviewers must follow the MA & PDP CAHPS Survey protocols, apply appropriate techniques for probing, and ensure that the response choices to the survey questions are recorded accurately. Telephone interviewers should speak in an upbeat and courteous tone and maintain a professional and neutral relationship with the respondent at all times. The telephone interviewer must not provide personal information or offer opinions about the survey. It is critical that the telephone interviewer not introduce bias into the interview.

#### Administering Survey Questions

- Study and thoroughly familiarize yourself with the Frequently Asked Questions list before you begin conducting telephone interviews so that you are knowledgeable about the MA & PDP CAHPS Survey
- Lower case lettering must be read out loud to the respondent
- Emphasize all words or phrases within a question that are in **one** of the following styles: underlined, or **bolded**, or **highlighted**, or IN UPPER CASE LETTERING, or *italicized*. Survey vendors may choose only one style to indicate emphasis.
- Words that appear in < > are instructions or for informational purposes only and must not be read to the respondent
- Text that appears within parentheses and in (UPPERCASE LETTERS) indicates instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY).
- Text that appears [within brackets] indicates programming instructions and is not to be read to the respondent

- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Read all questions and response choices in the indicated order and exactly as they are worded
- Read all transitional statements as they are worded and do not create your own transition statements
- Ask every question specified. Never skip a question because you think the respondent has answered the question already, even when a respondent has seemingly provided the answer as part of the response to a preceding question.
- When reading the survey questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving
- Listen carefully to any questions the respondent might have and provide concise answers, which may be found in the Frequently Asked Questions reference document. Do not provide extra information or long explanations.
- Never suggest answers to the respondent. Read the questions and answers exactly as they are worded and repeat the question and/or response categories again if necessary.

### **Telephone Survey Interview Introduction and Refusal Avoidance**

The introduction to the telephone interview is critical for obtaining cooperation from the respondent to participate in the survey. Respondents may be reluctant to participate as indicated by their lack of returning the initial mail survey. It is important that the telephone interviewer quickly establish rapport with the respondent in an attempt to avoid refusal of participation.

- Read the telephone survey introduction verbatim and in a confident manner
- Be prepared to respond to questions from the respondent or the respondent’s concern about participation in the survey
- Be prepared to address reasons the respondent may give for their reluctance to participate in the survey
- Pronounce words clearly and do not rush through the introduction
- Avoid pausing too long while reading the introduction and between transitioning from the introduction to the survey questions
- Listen to the respondent and do not assume you know what the respondent will say
- Give consideration to the population being interviewed. Many of the respondents are elderly, some may be hard of hearing, leery of being taken advantage of by scams, or simply afraid to provide personal information. Avoid coding a question too quickly as “Missing/Don’t Know/Refused” as they simply may not have heard the question.

### **Answering Questions and Probing**

Telephone interviewers may find it necessary to probe to obtain a more complete or adequate answer from a respondent. It is important that the interviewer remain neutral when probing to obtain a response to the survey questions. The telephone interviewer should not interpret any answer provided by the respondent. Probes should stimulate the respondent to provide a response without increasing the likelihood of one answer over another.

- Pay attention to the respondent and what they might say during the interview
- Repeat the question. After hearing the question the second time, the respondent may understand the question and the response categories more clearly.

- Probe for a response by using a silent approach. Pause briefly to allow the respondent time to consider the questions and response choices. Consider using one of the following probes: “Take a minute to think about it (AND REPEAT THE QUESTION, IF APPROPRIATE),” “So, would you say that it is...(AND REPEAT THE RESPONSE CATEGORIES),” “Which would be closer? (REPEAT THE RESPONSE CATEGORIES).”
- Suggested probes are indicated by (PROBE “IF NEEDED: TEXT IN CAPITAL LETTERING.”)
- Use one of the following probes to encourage a respondent to elaborate on an inadequate response: “What do you mean?” “How do you mean?”
- Encourage the respondent to give his or her best guess if a respondent gives a “don’t know” response

### **Do Not Introduce Bias**

- Do not attempt to interpret a question for the respondent. Repeat the question and response choices as necessary.
- Do not paraphrase or change any questions
- Never provide your personal opinion
- Be aware of body language that can be heard while on the telephone and could influence a response. Examples include yawning, coughing, and sighing.
- Never argue, antagonize, or take a respondent’s answers personally. Your reaction could trigger a response that may affect the survey results. Remain neutral.



**Appendix G**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**Frequently Asked Questions for Customer  
Support**

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# Appendix G

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Frequently Asked Questions for Customer Support

#### Overview

The questions and responses in this document have been compiled to assist survey vendor staff in responding to frequently asked questions (FAQs) related to the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey. Answers have been provided to general questions about the survey, concerns about participating in the survey, and questions about completing the survey.

*Note: Survey vendors conducting the MA & PDP CAHPS Survey and plans participating in the survey initiative must NOT attempt to influence or encourage beneficiaries to answer survey questions in a particular way. Please refer to the “Program Requirements” section of the Quality Assurance Protocols & Technical Specifications V5.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.*

#### I. General Questions About the Survey

➤ **Who is conducting this survey?**

I am an interviewer from [SURVEY VENDOR NAME]. [HEALTH OR DRUG PLAN] has asked our organization to help conduct this survey, which is designed to obtain feedback from their beneficiaries.

➤ **Who is sponsoring this survey?**

The survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). This federal agency is part of the Department of Health and Human Services.

➤ **Who is CMS?**

CMS stands for the Centers for Medicare & Medicaid Services. It is a federal agency that oversees Medicare and Medicaid. This federal agency is part of the Department of Health and Human Services.

➤ **What is the purpose of the survey?**

The purpose of this survey is to learn more from a beneficiary’s perspective about the care they have received and use these data to provide information about the quality of healthcare services to Medicare beneficiaries. Important aspects of your experience with healthcare and prescription drug plan services are collected through this survey.

➤ **How will the data be used?**

The data from the survey compares consumer experiences of health care and prescription drug plan services. The survey data are published in the Medicare & You handbook as well as on the Medicare Plan Finder Web site ([www.medicare.gov](http://www.medicare.gov)). By participating in this survey, you will help Medicare to improve its health care services.

➤ **How can I verify this is a legitimate survey?**

To verify the legitimacy of this survey you can call Medicare at 1-800-MEDICARE.

➤ **Is there a government agency that I can contact to find out more about this survey?**

Yes, you can contact the Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services, at 1-800-MEDICARE.

➤ **How long will this take?**

The MA surveys take about 20 minutes to complete. The PDP survey takes about 11 minutes to complete. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH OR DRUG PLAN-SPECIFIC QUESTIONS.*

➤ **What questions will be asked?**

The survey questions are about your experiences receiving services from the health or drug plan.

➤ **I have already mailed the survey back.**

Our records indicate we don't have a survey on file from you and our records are updated regularly. Your responses are very important and we want to make sure we share your feedback with CMS. We would appreciate it if you could complete this survey now over the phone.

➤ **I just completed another survey. Do I need to complete this one?**

The Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services, conducts multiple surveys with Medicare beneficiaries, such as the Medicare Health Outcomes Survey or Provider Experience Survey. You may have completed one of these other CMS surveys. This is a different survey and important aspects of your experience with healthcare and prescription drug plan services are collected through this survey. We would appreciate it if you could complete this survey now over the phone.

## II. Concerns About Participating in the Survey

- **Why are you calling me? I don't have Medicare. I am a member of [HEALTH OR DRUG PLAN].**

Your plan has a contract with Medicare to provide services. The answers you provide will help the Centers for Medicare & Medicaid Services improve the quality of care provided by health and prescription drug plans. Your participation is very important.

- **I have Medicare and I am not enrolled in [HEALTH OR DRUG PLAN]. I don't think I should be answering these questions.**

*NOTE: If the beneficiary states they have Medicare then ask them to complete the questions based on their enrollment in Medicare.*

- **Who will see my answers?**

Your answers will be kept confidential and will be seen by authorized persons at the Centers for Medicare & Medicaid Services and [SURVEY VENDOR].

- **I thought privacy laws protected my confidentiality. How did you get my contact and medical information?**

The survey that we are conducting is in full compliance with the privacy laws, also known as HIPAA (Health Insurance Portability and Accountability Act). We've been authorized by the Centers for Medicare & Medicaid Services to conduct this survey and will maintain complete confidentiality of all information.

- **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all Medicare beneficiaries within your plan.

- **How did you get my phone number?**

Medicare provides the contact information for all randomly selected beneficiaries.

- **I do not participate in surveys.**

I understand. However, I hope you will consider participating. This is a very important study for [HEALTH OR DRUG PLAN]. The results of the survey will help Medicare understand the quality of health care and prescription drug services you are receiving.

- **I'm not interested.**

[HEALTH OR DRUG PLAN] could really use your help. Your participation will assist in the improvement of health care and prescription drug services for other beneficiaries.

- **I'm extremely busy. I don't really have the time.**

Your time is valuable. It is a very important survey, and I would really appreciate your help today. The interview will take about 20 minutes. I can schedule the survey interview at another time that is more convenient for you.

- **You called my cell phone. Can you call back after [BENEFICIARY SPECIFY] so that the call does not use any of my cell phone minutes?**

Yes, we can call you back at [BENEFICIARY SPECIFY].

*[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME]* Set a future date and time for the telephone interview.

- **I don't want to answer a lot of personal questions.**

Your concern is understandable. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with [HEALTH OR DRUG PLAN] and I don't see why I should help them with this survey.**

I'm sorry to hear that you are unhappy. Your participation in this survey will help the health or drug plan understand what improvements are needed.

- **Do I have to complete the survey?**

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey and your answers will help us to improve the quality of services [HEALTH OR DRUG PLAN] provides and will also help other consumers make informed decisions when they choose a health or drug plan.

- **Will I get junk mail if I answer this survey?**

No, you will not get any junk mail as a result of participating in this survey. Names, phone numbers, and addresses are kept strictly confidential and used solely for the purpose of this survey.

- **I don't want anyone to come to my house.**

No one will come to your home. The survey gathers information through mailings or telephone interviews.

➤ **I am on the *Do Not Call List*. You should not be calling me.**

The *Do Not Call List* prohibits sales and telemarketing calls. We are not selling anything and we are not asking for money. We are a survey research firm. The Centers for Medicare & Medicaid Services (CMS) has asked us to help conduct this survey.

➤ **I don't want to buy anything.**

We are not selling anything. We want to ask you some questions about the care and services provided by [HEALTH OR DRUG PLAN].

➤ **I am hardly ever sick. I don't think you want to speak with me.**

Everyone selected for this survey provides very important information that will assist in improving health and drug care.

➤ **Will my responses affect my doctor?**

Your doctor will not see your survey responses.

➤ **I have not used [HEALTH OR DRUG PLAN] yet. Should I still answer the questions?**

Yes, even if you have not used any health or drug services from your plan, any information you are able to provide will be helpful.

### **III. Questions About Completing the Survey**

➤ **Where do I put my name and address on the questionnaire?**

Please do not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which beneficiaries have returned a completed questionnaire.

➤ **Survey Vendor receives an inbound call prior to the start of the inbound CATI component of survey administration such as the following:**

*I received a letter telling me that I am going to be receiving a survey in the mail. Can I complete the survey now while we are talking on the telephone?*

We are unable to complete the survey by telephone at this time. After you receive the survey in the mail, you may call back to complete the survey by telephone. If you do not return a completed survey by mail you will be contacted by telephone at a later date.

- **I am not able to complete this by myself. Can I have my \_\_\_\_\_ help me?**

If you feel you are unable to complete the survey yourself, a “proxy” may complete the survey for you. A “proxy” is generally a family member or relative but it could also be a caregiver or a close friend. This person needs to be someone who knows you very well and would be able to answer health-related questions accurately on your behalf, if you grant them permission.

### **CONDUCTING A PROXY INTERVIEW**

While beneficiaries are encouraged to respond directly to the survey, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. A family member or other proxy may complete the survey for the beneficiary. The interviewer must obtain the beneficiary’s permission to have a proxy respondent assist him/her. 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.

## **Appendix H**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Instructions for Survey Vendors on Accessing the MA & PDP CAHPS Data Warehouse**

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## Appendix H

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### Instructions for Survey Vendors on Accessing the MA & PDP CAHPS Data Warehouse

##### Logging in to the MA & PDP CAHPS Data Warehouse

###### Accessing the Data Warehouse

Once you have completed the Vendor Access to MA & PDP CAHPS Data Warehouse Form, you will receive an e-mail from The RAND Corporation with an invitation to the MA & PDP CAHPS Data Warehouse. This mail will contain a link that will allow you to login to the MA & PDP CAHPS Data Warehouse:

**You have been invited to collaborate securely.**  
Secure Workspace: [SurveyQual](#)

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You have been authorized for the MA & PDP CAHPS Survey Secure Data Warehouse. You will use your e-mail address to login to the Warehouse. Please follow the link above to choose a password and complete the authorization process.

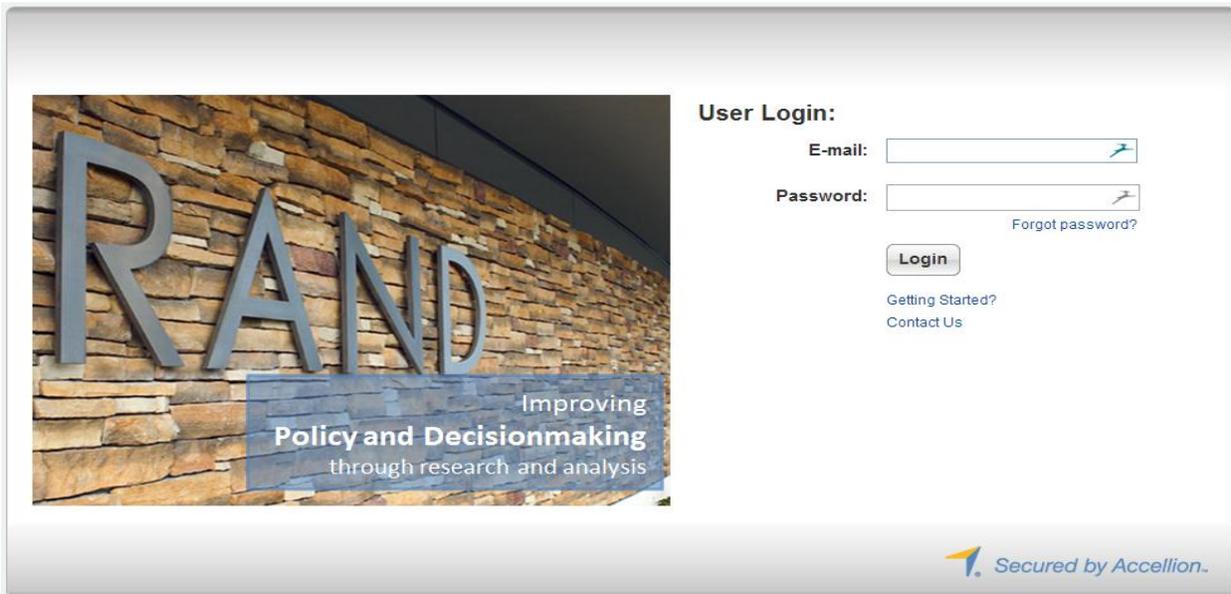
To access it, please log in using the following details:

User id: [surveyqual@gmail.com](mailto:surveyqual@gmail.com)

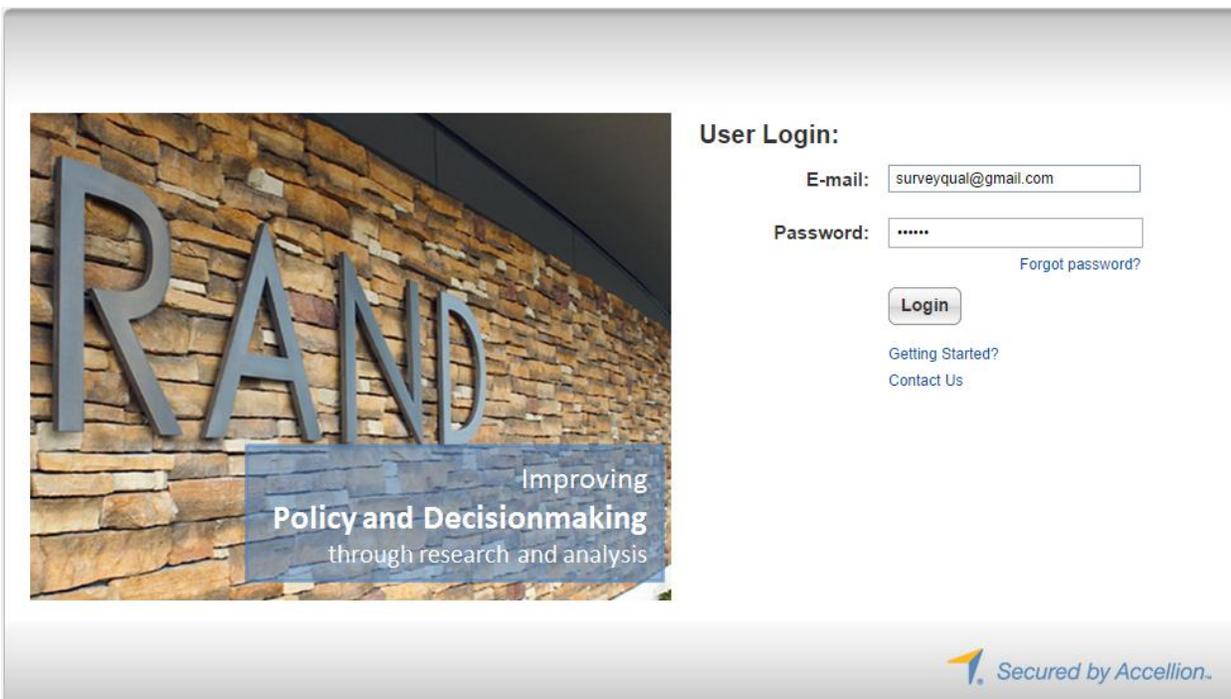
First time password: 8fvhTs

For help, please contact RAND Information Services at [310\) 393-0411 x6000](tel:310-393-0411).

**Step-1** Click on the MA & PDP CAHPS Secure File Sharing link. You will be directed to the Data Warehouse login page.



**Step-2** Enter your e-mail address and temporary password from your invitation mail:



**Step-3** Click the Login button

**Step-4** The first time you login, you will be prompted to choose a new password

For your security, we will need you to update your password.

**Update Password:**

E-mail: surveyqual@gmail.com

Verify Current Password:

Change Password To:

Re-type New Password:

**RAND**

Improving  
Policy and Decisionmaking  
through research and analysis

Secured by Accellion.

**Step-5** Re-enter your temporary password in the Verify Current Password box. Enter your new password in both the Change Password To and Re-type New Password boxes. Click Update Password. You will see the confirmation screen:

For your security, we will need you to update your password.

**Update Password:**

E-mail: surveyqual@gmail.com

Verify Current Password:

Change Password To:

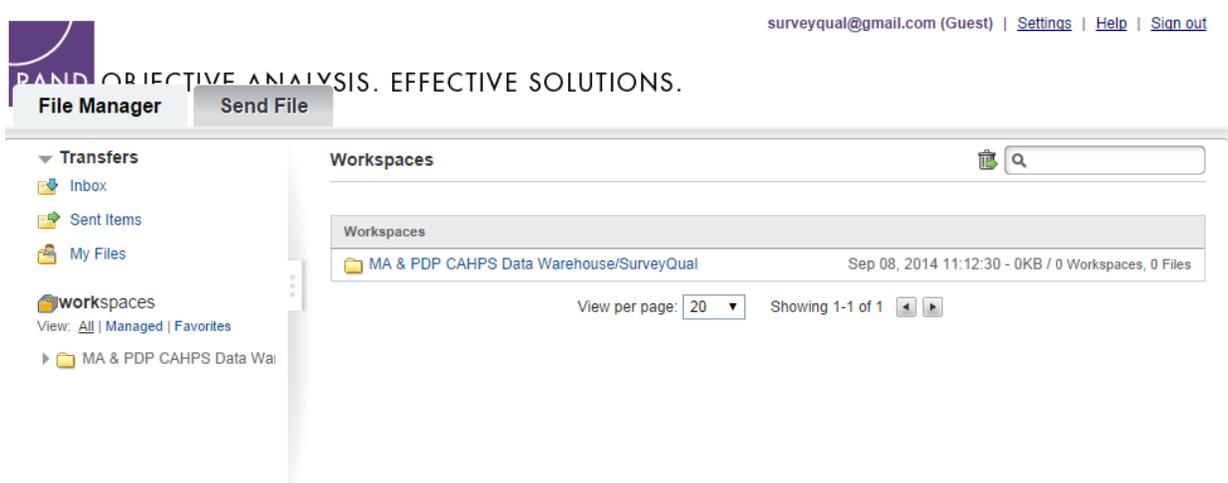
Re-type New Password:

**Update Password**

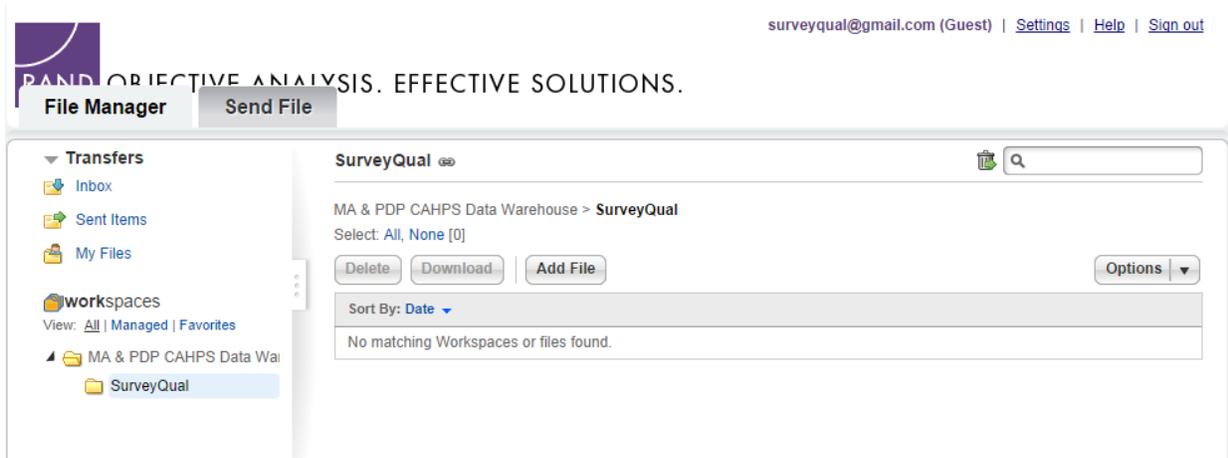
Thank you.  
Your password has been updated successfully.

Secured by Accellion.

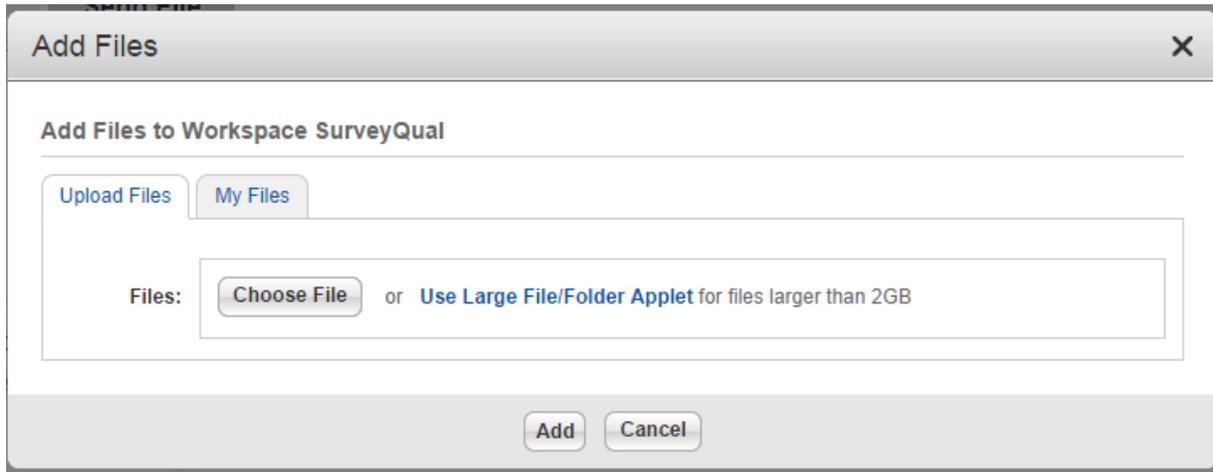
**Step-6** Click OK, then you will be transferred to File Manager from where you can access your secure folder within the MA & PDP CAHPS Data Warehouse. When you login, you will have access to the File Manager tab:



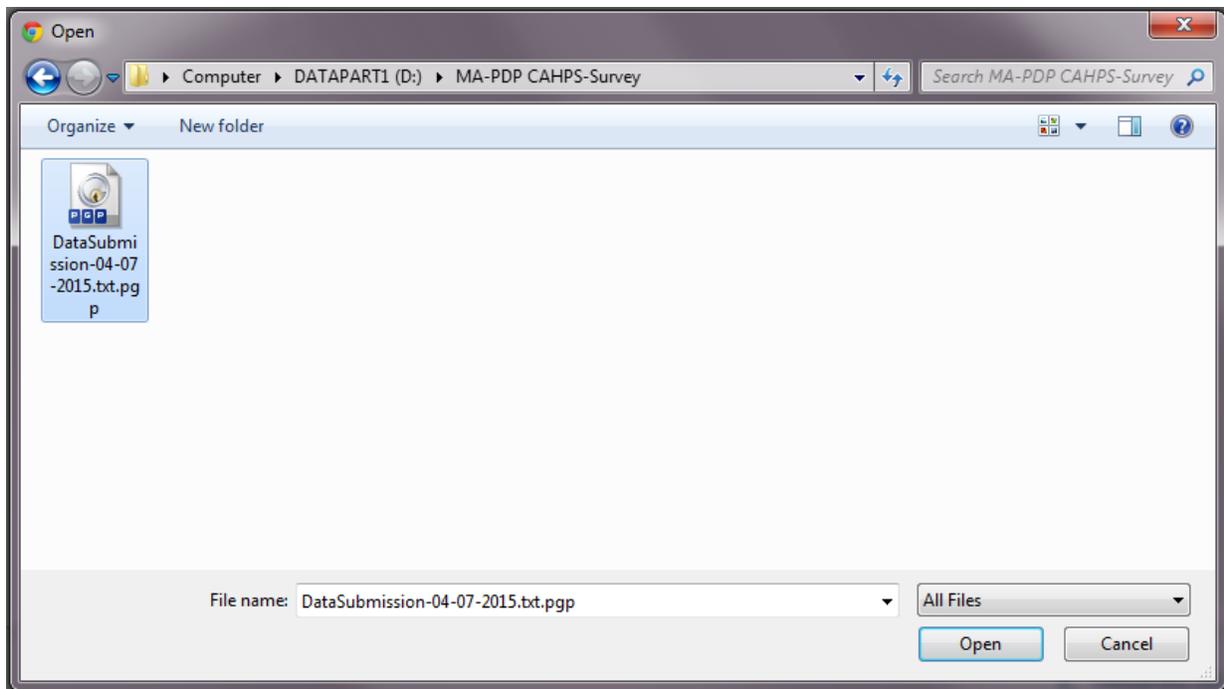
**Step-7** Click the folder name to enable action buttons in your workspace:



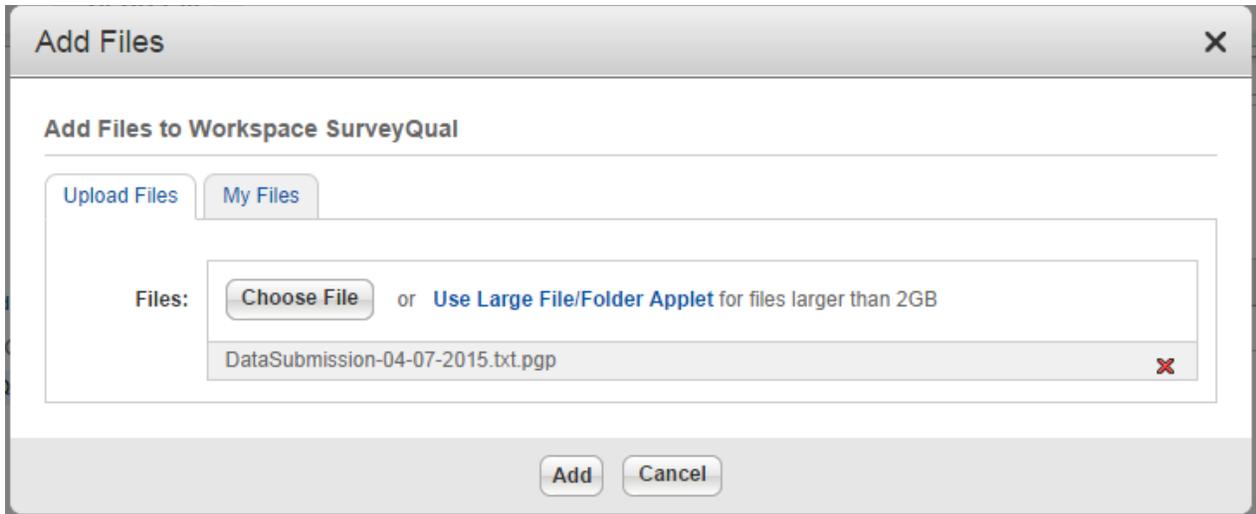
**Step-8** To send a file to your workspace within the MA & PDP CAHPS Data Warehouse, click the Add File button to start the Add Files dialog



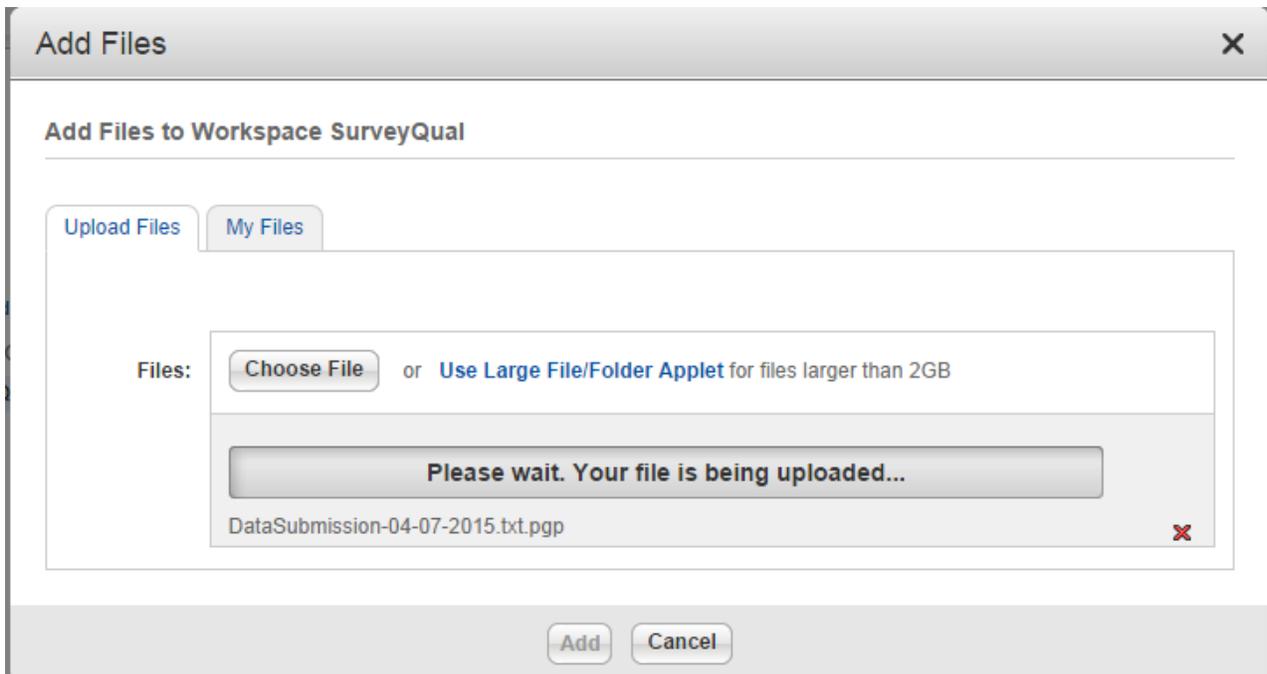
**Step-9** Click Choose File, navigate to the folder where your file is located. Select the file then click Open



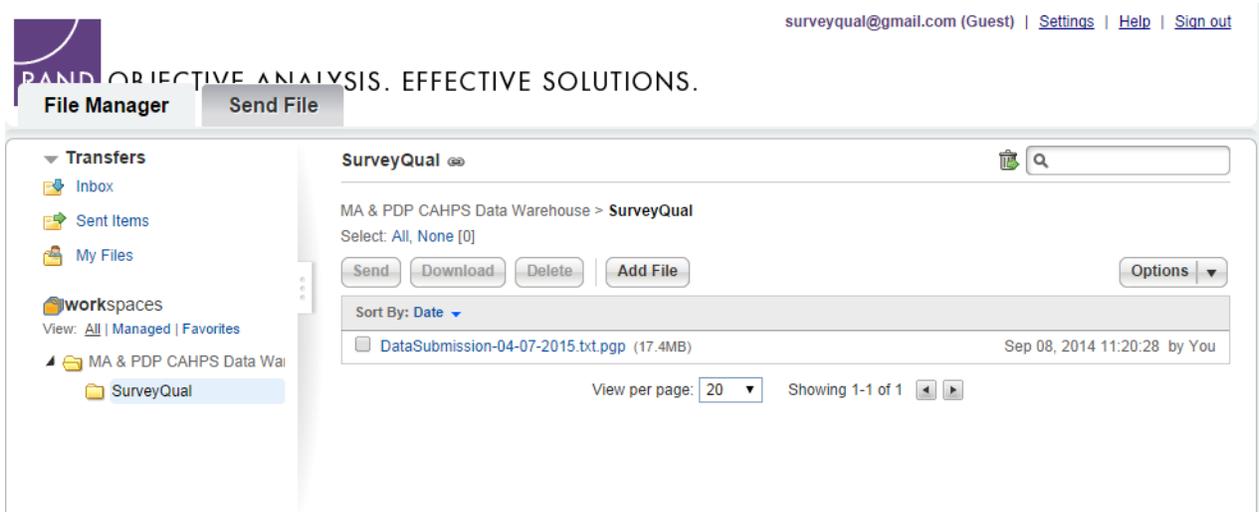
**Step-10:** The file name will appear in the Add Files window. Click Add to submit the file to the secure workspace of the MA & PDP CAHPS Data Warehouse. To remove the file without submitting, click the red X.



**Step-11** During the secure transfer you will see a progress bar:



**Step-12** When the upload is complete, the file will appear in the secure workspace:



## If you forget your password



Invalid Username/Password.

**User Login:**

**E-mail:**

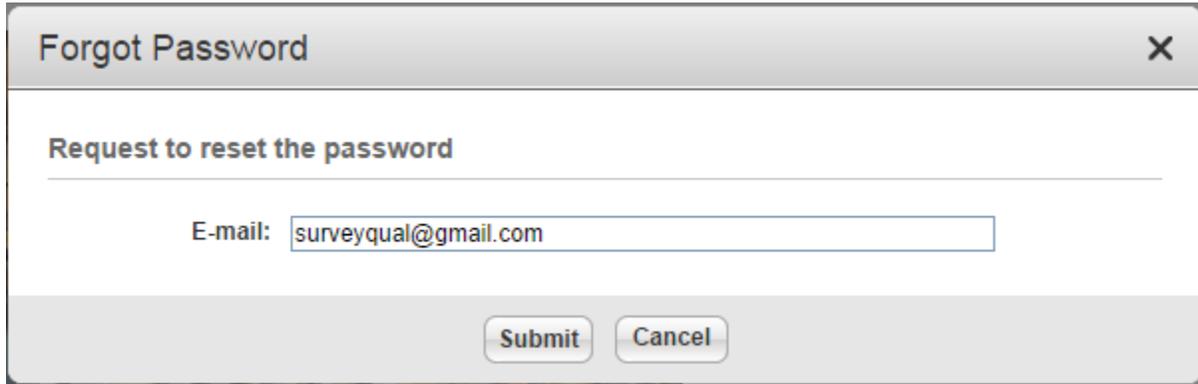
**Password:**  [Forgot password?](#)

[Getting Started?](#)  
[Contact Us](#)

 Secured by Accellion.

Follow the instructions on the next pages for password retrieval.

**Step-1** Click Forgot Password?



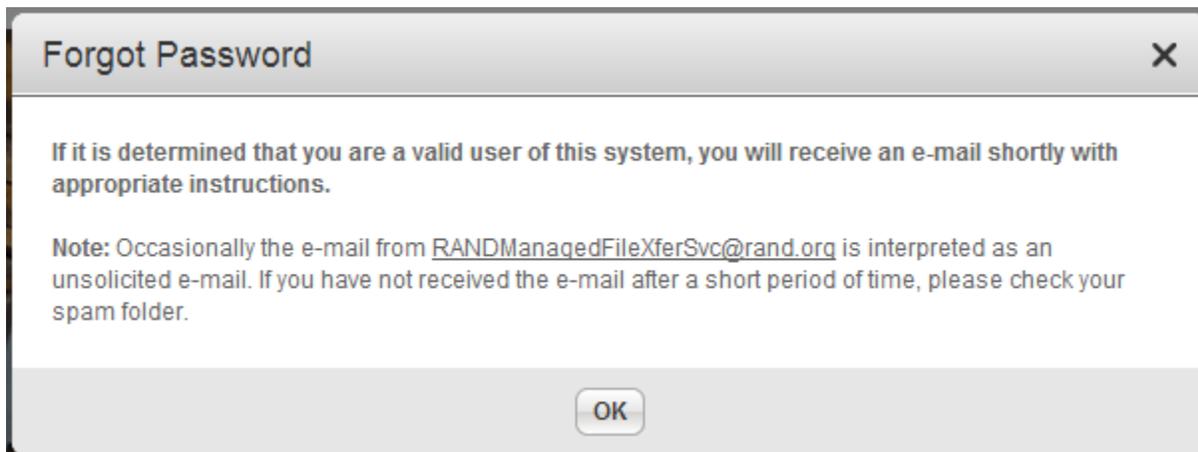
Forgot Password

Request to reset the password

E-mail:

Submit Cancel

**Step-2** Enter your email address and click the Submit button. The system will verify that you are authorized to access the Secure Workspace then send e-mail with additional instructions:



Forgot Password

If it is determined that you are a valid user of this system, you will receive an e-mail shortly with appropriate instructions.

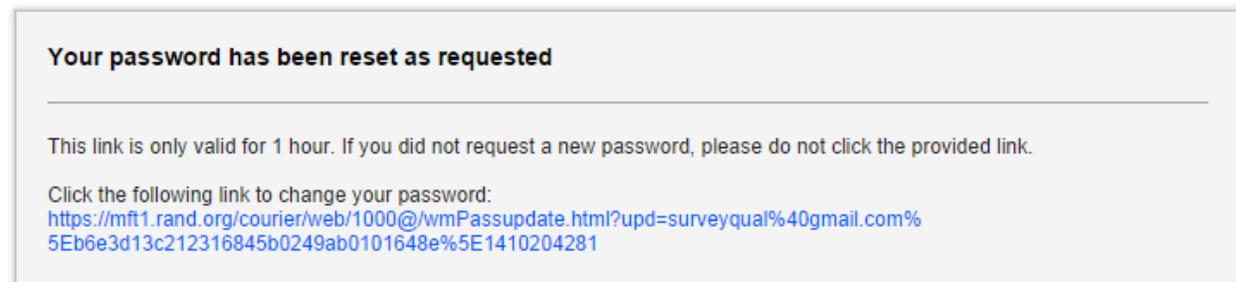
Note: Occasionally the e-mail from [RANDManagedFileXferSvc@rand.org](mailto:RANDManagedFileXferSvc@rand.org) is interpreted as an unsolicited e-mail. If you have not received the e-mail after a short period of time, please check your spam folder.

OK

**Step-3** Click OK. You will receive e-mail that appears like:

RANDManagedFileXferSvc RAND Corporation QA System Secure File Sharing Password Reset Notification -

**Step-4** Open the message and click on the link that appears:



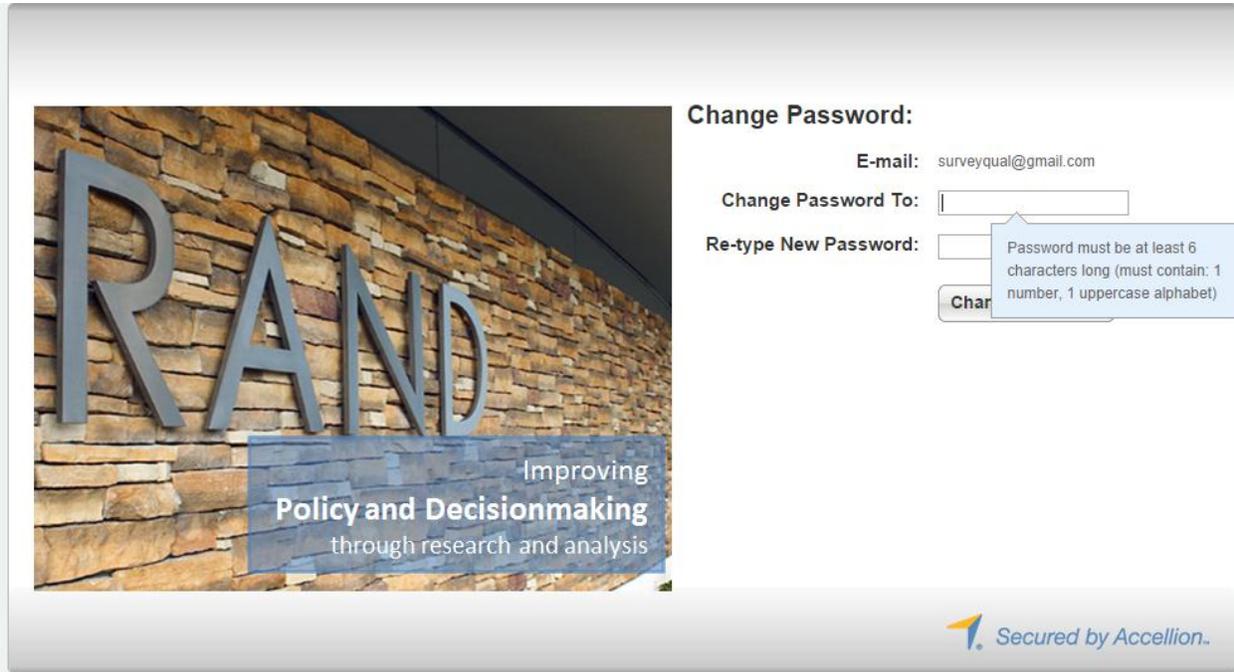
Your password has been reset as requested

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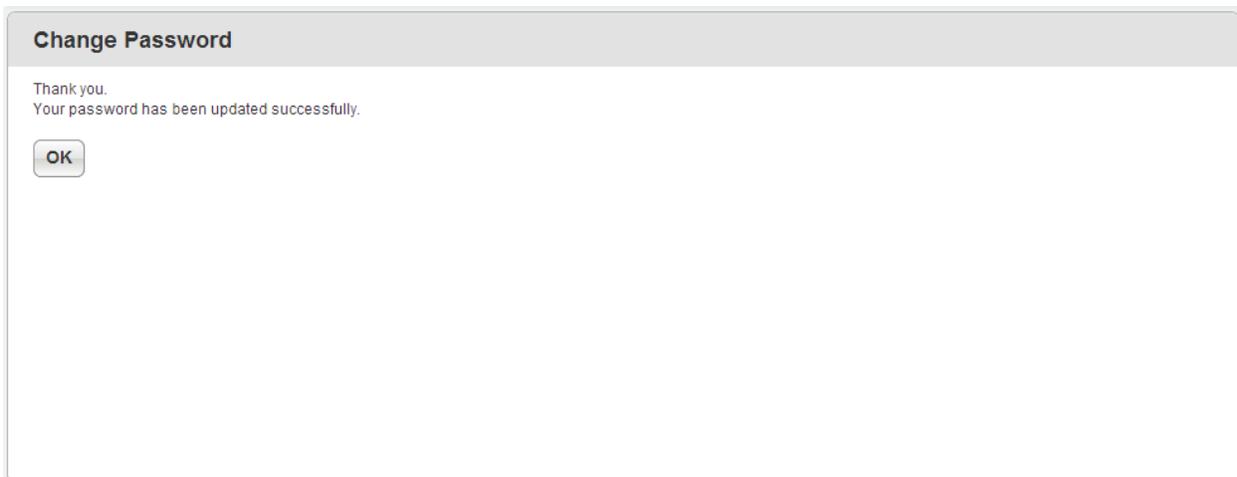
This link is only valid for 1 hour. If you did not request a new password, please do not click the provided link.

Click the following link to change your password:  
<https://mft1.rand.org/courier/web/1000@/wmPassupdate.html?upd=surveyqual%40gmail.com%5Eb6e3d13c212316845b0249ab0101648e%5E1410204281>

**Step-5** Click on the link to open the Change password window where you should enter and re-type your new password. You will see a reminder of the password rules when you first begin to type:



**Step-6** When your password is accepted, you will see this acknowledgment:



**Step-7** Click OK to return to the login screen

## **Appendix I**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Sample File Record Layout**

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## Appendix I

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### Sample File Record Layout

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Numeric	Unique Respondent Finder Number Assigned by MA & PDP CAHPS Survey Data Coordination Team
FNAME	9	30	Text	CMS Beneficiary First Name
MNAME	39	15	Text	CMS Beneficiary Middle Name
LNAME	54	40	Text	CMS Beneficiary Last Name
DOB_C	94	8	yyyymmdd	Date of Birth
ZIP	102	9	Char	Mailing Address ZIP Code
ADDR1FINAL	111	50	Text	Mailing Address Line 1
ADDR2FINAL	161	50	Text	Mailing Address Line 2
CITY	211	40	Text	Mailing Address City Name
PR_CD	251	28	Text	Puerto Rican Urbanization Code
STATE	279	2	Char	Mailing Address USPS State Code
FIPS_STATE	281	2	Char	CMS State FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS County FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female
CONTRACT	287	5	[H,R,E,S]nnnn	Five character contract number: Beginning with a letter, H, R, E or S, followed by 4 numbers
TYPE	292	1	1-3	Survey Type code: indicating which survey version to administer. 1 = MA-only; 2 = MA PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
SPANISH PREFERENCE	353	1	Y/N	“Y” Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	354	1	Y/N/U	Low Income Subsidy Indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	355	1	Y/N/U	Dual Eligible Indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown

**Appendix J**  
**Medicare Advantage and Prescription Drug Plan**  
**(MA & PDP) CAHPS<sup>®</sup> Survey**

**Vendor Survey File Record Layout**  
**2015 Survey Status Section**

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## Appendix J

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### Vendor Survey File Record Layout 2015 Survey Status Section

Data values must be right justified within each field.

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
FINDER	Unique Respondent Finder Number Assigned by MA & PDP CAHPS Data Coordination Team	1	8	Numeric	From sample file
TYPE	Survey Type, from the sample file	9	1	1-3	1 = MA-only; 2 = MA PD; 3 = PDP
CONTRACT	Contract number that was basis for inclusion in survey, from the sample file	10	5	[H,R,E,S]nnnn	Five character contract number: Beginning with a letter, H, R, E, or S, followed by 4 numbers
DISPOSITN	Final Disposition Code	15	2	10, 31, 11, 20, 22, 24, 32, 33, 34, 35, 40	10 = Completed survey 31 = Partially completed survey 11 = Institutionalized 20 = Deceased 22 = Language barrier 24 = Mentally or physically unable to respond 32 = Refusal 33 = Non-response when there is not indication of bad address or telephone number 34 = Blank returned or incomplete survey 35 = Bad address and/or bad telephone number 40 = Excluded from survey
MODE	Survey Completion Mode	17	1	1-3, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 8 = Not applicable
DISPO_LANG	Survey Language	18	1	1- 3	Language survey was administered (or attempted to be administered): 1 = English; 2 = Spanish; 3 = Chinese
RECEIVED	Date survey was received or completed: YYYYMMDD	19	8	yyyymmdd	Date survey was received: YYYYMMDD, 88888888 = Not applicable
MARKETNAME	Contract Marketing Name	27	50	Free Text	Contract Marketing Name from sample file (with any vendor corrections)

<b>RAND Field Name</b>	<b>Field Contents</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Coding Notes</b>
SUPP_ITEMS	Total Supplemental Items	77	2	Numeric	2 digit number indicating total number of supplemental items added by the plan. (If no supplemental questions code "00")
SPANISH PREFERENCE	Spanish Language Preference Indicator	79	1	Y/N	"Y" Indicates the beneficiary requested Medicare & You materials in Spanish
SPANISH SURVEY PROCEDURES		80	1	1-8	1 = Spanish provided upon request 2 = Spanish included in double-stuffed mailings 3 = Spanish preference variable in sample used to send targeted mailings 4 = Spanish preference data from plan used to send targeted mailings 5 = Some combination of 1-4 6 = Puerto Rico Beneficiary 7 = Other 8 = Not Applicable
LIS	Low Income Subsidy Indicator	81	1	Y/N/U	Low Income Subsidy indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	Dual Eligible Indicator	82	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown

## **Appendix J**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Medicare Advantage Plan (MA-only) 2015 Beneficiary Response Section**

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## Appendix J

### Medicare Advantage Plan (MA-only) 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>1. Our records show that in 2014 your health services were covered by the plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Go to Question 3</b>  <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2014 your health services were covered by the plan named <b>[Insert Plan Name Here]</b>. Is that right?</p> <p>1 YES [GO TO Q3]  2 NO [GO TO Q2]  98 DON'T KNOW [GO TO Q2]  99 REFUSED [GO TO Q2]  M [MISSING]</p>	83-84	1=Yes 2=No 98=Don't Know 99=Refused M=Missing	
<p>2. Please write below the name of the health plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2014? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	85-134	Text 88=Not Applicable 98=Don't Know 99=Refused M=Missing	
<p>3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 5</b></p>	<p>Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p>1 YES  2 NO [GO TO Q5]  98 DON'T KNOW [GO TO Q5]  99 REFUSED [GO TO Q5]  M [MISSING]</p>	135-136	1=Yes 2=No 98=Don't Know 99=Refused M=Missing	

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	137-138	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 7</b></p>	<p>Q5 In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?</p> <p>1 YES  2 NO [GO TO Q7]  98 DON'T KNOW [GO TO Q7]  99 REFUSED [GO TO Q7]  M [MISSING]</p>	139-140	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	141-142	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 <input type="checkbox"/> None → <b>If None, Go to Question 9</b>  1 <input type="checkbox"/> 1  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 to 9  6 <input type="checkbox"/> 10 or more</p>	<p>Q7 In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 None [GO TO Q9]  1 1  2 2  3 3  4 4  5 5 to 9  6 10 or more  98 DON'T KNOW [GO TO Q9]  99 REFUSED [GO TO Q9]  M [MISSING]</p>	143-144	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	145-146	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 12</b></p>	<p>Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?</p> <p>1 YES  2 NO [GO TO Q12]  98 DON'T KNOW [GO TO Q12]  99 REFUSED [GO TO Q12]  M [MISSING]</p>	147-148	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always </p>	<p>Q10 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say...</p> <p> 1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	149-150	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?</p> <p> <input type="checkbox"/> Less than 1 hour  <input type="checkbox"/> 1 to 3 hours  <input type="checkbox"/> More than 3 hours but less than 6 hours  <input type="checkbox"/> More Than 6 Hours  <input type="checkbox"/> I did not ask for a return call  <input type="checkbox"/> I did not get a return call  <input type="checkbox"/> I was told to go to the ER </p>	<p>Q11 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?</p> <p> 1 Less than 1 hour  2 1 hour to 3 hours  3 More than 3 hours but less than 6  4 More than 6 hours  5 I did not ask for a return call  6 I did not get a return call  7 I was told to go to the ER  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	151-152	1=Less than 1 hour 2=1 hour to 3 hours 3=More than 3 hours but less than 6 4=More than 6 hours 5=I did not ask for a return call 6=I did not get a return call 7=I was told to go to the ER 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>12. 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?</p> <p><input type="checkbox"/> 0 - Worst health care possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health care possible</p>	<p>Q12 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?</p> <p>0 - WORST HEALTH CARE POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH CARE POSSIBLE  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	153-154	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing
<p>13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 33</b></p>	<p>Q13 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p>1 YES  2 NO [GO TO Q33]  98 DON'T KNOW [GO TO Q33]  99 REFUSED [GO TO Q33]  M [MISSING]</p>	155-156	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p><sup>0</sup> <input type="checkbox"/> None → <b>If None, Go to Question 33</b></p> <p><sup>1</sup> <input type="checkbox"/> 1</p> <p><sup>2</sup> <input type="checkbox"/> 2</p> <p><sup>3</sup> <input type="checkbox"/> 3</p> <p><sup>4</sup> <input type="checkbox"/> 4</p> <p><sup>5</sup> <input type="checkbox"/> 5 to 9</p> <p><sup>6</sup> <input type="checkbox"/> 10 or more</p>	<p>Q14 In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p>0 None [GO TO Q33]</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5 to 9</p> <p>6 10 or more</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW [GO TO Q33]</p> <p>99 REFUSED [GO TO Q33]</p> <p>M [MISSING]</p>	157-158	<p>0=None</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5 to 9</p> <p>6=10 or more</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	159-160	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>16. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	161-162	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>17. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q17 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	163-164	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
18. In the last 6 months, how often did your personal doctor spend enough time with you?  1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always	Q18 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...  1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	165-166	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>19. 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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>Q19 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?</p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	167-168	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>20. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q20 In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	169-170	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>21. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 24</b></p>	<p>Q21 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 YES  2 NO [GO TO Q24]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q24]  99 REFUSED [GO TO Q24]  M [MISSING]</p>	171-172	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. 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?</p> <p>1 <input type="checkbox"/> Never→<b>If Never, Go to Question 24</b></p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q22 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? Would you say...</p> <p>1 Never, [GO TO Q24]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW [GO TO Q24]</p> <p>99 REFUSED [GO TO Q24]</p> <p>M [MISSING]</p>	173-174	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>23. 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?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q23 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? Would you say...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	175-176	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>24. In the last 6 months, did you take any prescription medicine?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 26</p>	<p>Q24 In the last 6 months, did you take any prescription medicine?</p> <p>1 YES  2 NO [GO TO Q26]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q26]  99 REFUSED [GO TO Q26]  M [MISSING]</p>	177-178	<p>1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
<p>25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q25 In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	179-180	<p>1=Never  2=Sometimes  3=Usually  4=Always  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 29</b></p>	<p>Q26 Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?</p> <p>1 YES  2 NO [GO TO Q29]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q29]  99 REFUSED [GO TO Q29]  M [MISSING]</p>	181-182	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, a lot  <sup>2</sup> <input type="checkbox"/> Yes, a little  <sup>3</sup> <input type="checkbox"/> No, not at all</p>	<p>Q27 During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?</p> <p>1 Yes, a lot  2 Yes, a little, or  3 No, not at all  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	183-184	1=Yes, a lot 2=Yes, a little 3=No, not at all 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?</p> <p>1 <input type="checkbox"/> Harder  2 <input type="checkbox"/> Not harder or easier  3 <input type="checkbox"/> Easier</p>	<p>Q28 During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?</p> <p>1 Harder  2 Not harder or easier, or  3 Easier  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	185-186	1=Harder 2=Not harder or easier 3=Easier 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>29. 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?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 32</p>	<p>Q29 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?</p> <p>1 YES  2 NO [GO TO Q32]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q32]  99 REFUSED [GO TO Q32]  M [MISSING]</p>	187-188	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>30. 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?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 32</p>	<p>Q30 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?</p> <p>1 YES  2 NO [GO TO Q31]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q31]  99 REFUSED [GO TO Q31]  M [MISSING]</p>	189-190	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services?</p> <p>1 <input type="checkbox"/> Yes, definitely  2 <input type="checkbox"/> Yes, somewhat  3 <input type="checkbox"/> No</p>	<p>Q31 In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say...</p> <p>1 Yes, definitely,  2 Yes, somewhat, or  3 No  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	191-192	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>	<p>Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	193-194	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Please include your personal doctor as you answer these questions about specialists</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p> <p><sup>3</sup> <input type="checkbox"/> I do not have a personal doctor</p>	<p>Q33 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?</p> <p>1 Yes If Yes, Please include your personal doctor as you answer these questions about Specialists</p> <p>2 No, or</p> <p>3 I do not have a personal doctor</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	195-196	<p>1=Yes</p> <p>2=No</p> <p>3=I do not have a personal doctor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>34. In the last 6 months, did you try to make any appointments to see a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 39</b></p> <p><sup>3</sup> <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q34 In the last 6 months, did you try to make any appointments to see a specialist?</p> <p>1 YES</p> <p>2 NO [GO TO Q39]</p> <p>3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME</p> <p>98 DON'T KNOW [GO TO Q39]</p> <p>99 REFUSED [GO TO Q39]</p> <p>M [MISSING]</p>	197-198	<p>1=Yes</p> <p>2=No</p> <p>3=Someone else made my specialist appointments for me</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q35 In the last 6 months, how often was it easy to get appointments with specialists? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 Someone else made my specialist appointments for me  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	199-200	1=Never 2=Sometimes 3=Usually 4=Always 5=Someone else made my specialist appointments for me 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. How many specialists have you seen in the last 6 months?</p> <p>0 <input type="checkbox"/> None →<b>If None, Go to Question 39</b>  1 <input type="checkbox"/> 1 specialist  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 or more specialists</p>	<p>Q36 How many specialists have you seen in the last 6 months?</p> <p>0 NONE [GO TO Q39]  1 1 SPECIALIST  2 2  3 3  4 4  5 5 OR MORE SPECIALISTS  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q39]  99 REFUSED [GO TO Q39]  M [MISSING]</p>	201-202	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>37. We want to know your rating of the specialist you saw <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?</p> <p> <input type="checkbox"/> 0 - Worst specialist possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best specialist possible </p>	<p>Q37 We want to know your rating of the specialist you saw <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?</p> <p>0 - WORST SPECIALIST POSSIBLE</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 - BEST SPECIALIST POSSIBLE</p> <p>88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	203-204	<p>0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I do not have a personal doctor  6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months  7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAM SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>IF Q13 IS ASSIGNED ANSWER "2 - NO" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"</li> <li>IF Q14 IS ASSIGNED ANSWER "0 - NONE" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"</li> </ul> <p>Q38 In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 (MAIL SURVEY ONLY)  6 (MAIL SURVEY ONLY)  7 My personal doctor is a specialist  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	205-206	1=Never 2=Sometimes 3=Usually 4=Always 5=I do not have a personal doctor 6=I did not visit my personal doctor in the last 6 months 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>39. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 41</p>	<p>Q39 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?</p> <p>1 YES 2 NO [GO TO Q41] 98 DON'T KNOW [GO TO Q41] 99 REFUSED [GO TO Q41] M [MISSING]</p>	207-208	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q40 In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	209-210	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>41. In the last 6 months, did you try to get information or help from your health plan's customer service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 44</p>	<p>Q41 In the last 6 months, did you try to get information or help from your health plan's customer service?</p> <p>1 YES 2 NO [GO TO Q44] 98 DON'T KNOW [GO TO Q44] 99 REFUSED [GO TO Q44] M [MISSING]</p>	211-212	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q42 In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	213-214	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>43. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q43 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	215-216	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>44. In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 46</b></p>	<p>Q44 In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 YES  2 NO [GO TO Q46]  98 DON'T KNOW [GO TO Q46]  99 REFUSED [GO TO Q46]  M [MISSING]</p>	217-218	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>45. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q45 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	219-220	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>46. 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?</p> <p><input type="checkbox"/> 0 – Worst health plan possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 – Best health plan possible</p>	<p>Q45 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?</p> <p>0 - WORST HEALTH PLAN POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH PLAN POSSIBLE  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	221-222	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE OR YOUR HEALTH PLAN CONTACT YOU...)</i></p> <p>c. To remind you about screening tests such as breast cancer or colorectal cancer screening?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	227-228	c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
48. In the last 6 months, did you spend one or more nights in a hospital?  <sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 50</b>	48. In the last 6 months, did you spend one or more nights in a hospital?  1 YES 2 NO [GO TO Q50] 98 DON'T KNOW [GO TO Q50] 99 REFUSED [GO TO Q50] M MISSING	229-230	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
49. In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?  <sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No	Q49 In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?  1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	231-232	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 53</b></p>	<p>Q50 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?</p> <p>1 YES 2 NO [GO TO Q53] 98 DON'T KNOW [GO TO Q53] 99 REFUSED [GO TO Q53] M [MISSING]</p>	233-234	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 53</b> 3 <input type="checkbox"/> Don't know → <b>If Don't know, Go to Question 53</b></p>	<p>Q51 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?</p> <p>1 YES 2 NO [GO TO Q53] 3 DON'T KNOW [GO TO Q53] 88 [NOT APPLICABLE] 99 REFUSED [GO TO Q53] M [MISSING]</p>	235-236	<p>1=Yes 2=No 3=Don't Know 88=Not Applicable 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>52. When you spoke to your health plan about the decision not to provide care or services, did they...</p> <p>Please mark one or more.</p> <p><input type="checkbox"/> Tell you that you can file an appeal</p> <p><input type="checkbox"/> Offer to send you forms that you need in order to file an appeal</p> <p><input type="checkbox"/> Suggest how to resolve your complaint</p> <p><input type="checkbox"/> Listen to your complaint but did not help to resolve it</p> <p><input type="checkbox"/> Discourage you from taking action</p> <p><input type="checkbox"/> Do none of these things</p>	<p>Q52 When you spoke to your health plan about the decision not to provide care or services, did they...</p> <p>a. Tell you that you can file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>b. Offer to send you forms that you need in order to file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>237-238</p> <p>239-240</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>c. Suggest how to resolve your complaint</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	241-242	<p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>d. Listen to your complaint but did not help to resolve it</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	243-244	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>e. Discourage you from taking action</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>PROGRAMMING SPECIFICATIONS: IF 52 a, b, c, d, or e=yes "coded as 1", ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p>	245-246	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>f. Do none of these things</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	247-248	<p>f.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>53. In the last 6 months, have you called or written your health plan with a complaint or problem?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 57</b></p>	<p>Q53 In the last 6 months, have you called or written your health plan with a complaint or problem?</p> <p>1 YES 2 NO [GO TO Q57] 98 DON'T KNOW [GO TO Q57] 99 REFUSED [GO TO Q57] M [MISSING]</p>	249-250	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?</p> <p>1 <input type="checkbox"/> Very dissatisfied 2 <input type="checkbox"/> Somewhat dissatisfied 3 <input type="checkbox"/> Neither dissatisfied nor satisfied 4 <input type="checkbox"/> Somewhat satisfied 5 <input type="checkbox"/> Very satisfied</p>	<p>Q54 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say...</p> <p>1 Very dissatisfied, 2 Somewhat dissatisfied, 3 Neither dissatisfied nor satisfied, 4 Somewhat satisfied, or 5 Very satisfied 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	251-252	<p>1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>55. How long did it take for your health plan to settle your complaint?</p> <p>1 <input type="checkbox"/> Same day  2 <input type="checkbox"/> 1 week  3 <input type="checkbox"/> 2 weeks  4 <input type="checkbox"/> 3 weeks  5 <input type="checkbox"/> 4 or more weeks  6 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q55 How long did it take for your health plan to settle your complaint?</p> <p>1 SAME DAY  2 1 WEEK  3 2 WEEKS  4 3 WEEKS  5 4 OR MORE WEEKS OR  6 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	253-254	<p>1=Same day  2=1 week  3=2 weeks  4=3 weeks  5=4 or more weeks  6=I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
<p>56. Was your complaint or problem settled to your satisfaction?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q56 Was your complaint or problem settled to your satisfaction?</p> <p>1 YES  2 NO  3 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	255-256	<p>1=Yes  2=No  3=I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>57. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q57 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	257-258	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>58. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q58 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	259-260	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>59. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 61</b></p>	<p>Q59 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p>1 YES  2 NO [GO TO Q61]  98 DON'T KNOW [GO TO Q61]  99 REFUSED [GO TO Q61]  M [MISSING]</p>	261-262	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>60. Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q60 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	263-264	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>61. Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →<b>If No, Go to Question 63</b></p>	<p>Q61 Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p>1 YES 2 NO [GO TO Q63] 98 DON'T KNOW [GO TO Q63] 99 REFUSED [GO TO Q63] M [MISSING]</p>	265-266	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>62. Is this to treat a condition that has lasted for at least 3 months?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q62 Is this to treat a condition that has lasted for at least 3 months?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	267-268	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q63 In the last 6 months, how often was it easy to get the medicines your doctor prescribed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 My doctor did not prescribe any medicines for me in the last 6 months.</p> <p>98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	269-270	<p>1=Never  2=Sometimes  3=Usually  4=Always  5=My doctor did not prescribe any medicines for me in the last 6 months  98=Don't Know  99=Refused  M=Missing</p>
<p>64. Do you have insurance that pays part or all of the cost of your prescription medicines?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q64 Do you have insurance that pays part or all of the cost of your prescription medicines?</p> <p>1 YES  2 NO  3 DON'T KNOW  99 REFUSED  M [MISSING]</p>	271-272	<p>1=Yes  2=No  3=Don't Know  99=Refused  M=Missing</p>
<p>65. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q65 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>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]</p>	273-274	<p>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</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>66. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q66 In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 YES  2 NO  3 DON'T KNOW  99 REFUSED  M [MISSING]</p>	275-276	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout															
		Field Position	Valid Values														
<p>67. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><u>Yes</u></td><td style="text-align: center;"><u>No</u></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p> <p>b. Angina or coronary heart disease? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p> <p>c. Hypertension or high blood pressure? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p> <p>d. Cancer, <u>other than skin cancer</u>? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p> <p>f. Any kind of diabetes or high blood sugar? <table style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table></p>	<u>Yes</u>	<u>No</u>	<input type="checkbox"/>	<p>Q67 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</p> <p>b. Angina or coronary heart disease</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</p> <p>c. Hypertension or high blood pressure</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>277-278</p> <p>279-280</p> <p>281-282</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>											
<u>Yes</u>	<u>No</u>																
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Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</p> <p>d. Cancer, <u>other than skin cancer</u></p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	283-284	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>e. Emphysema, asthma or COPD (<i>READ THE FOLLOWING ONLY IF NECESSARY</i>) also called chronic obstructive pulmonary disease</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	285-286	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...) f. Any kind of diabetes or high blood sugar 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	287-288	f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
68. Have you had a flu shot since July 1, 2014?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	Q68 Have you had a flu shot since July 1, 2014? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	289-290	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
69. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	Q69 Have you ever had a pneumonia shot? ( <i>READ THE FOLLOWING ONLY IF NECESSARY</i> ) This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	291-292	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>70. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day  2 <input type="checkbox"/> Some days  3 <input type="checkbox"/> Not at all → <b>If Not at all, Go to Question 72</b>  4 <input type="checkbox"/> Don't know → <b>If Don't know, Go to Question 72</b></p>	<p>Q70 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 EVERY DAY  2 SOME DAYS  3 NOT AT ALL [GO TO Q72]  4 DON'T KNOW [GO TO Q72]  99 REFUSED [GO TO Q72]  M [MISSING]</p>	293-294	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing
<p>71. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q71 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q72. CODE Q71 AS "88 - NOT APPLICABLE"</p> <p>Q71 In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	295-296	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>72. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less</p> <p>2 <input type="checkbox"/> Some high school, but did not graduate</p> <p>3 <input type="checkbox"/> High school graduate or GED</p> <p>4 <input type="checkbox"/> Some college or 2-year degree</p> <p>5 <input type="checkbox"/> 4-year college graduate</p> <p>6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q72 What is the highest grade or level of school that you have completed?</p> <p>1 8th grade or less,</p> <p>2 Some high school, but did not graduate,</p> <p>3 High school graduate or GED,</p> <p>4 Some college or 2-year degree,</p> <p>5 4-year college graduate, or</p> <p>6 More than 4-year college degree</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	297-298	<p>1=8th grade or less</p> <p>2=Some high school but did not graduate</p> <p>3=High school graduate or GED</p> <p>4=Some college or 2-year degree</p> <p>5=4-year college graduate</p> <p>6=More than 4-year college degree</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>73. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino</p> <p>2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q73 Are you of Hispanic or Latino origin or descent?</p> <p>1 YES, HISPANIC OR LATINO</p> <p>2 NO, NOT HISPANIC OR LATINO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	299-300	<p>1=Yes, Hispanic or Latino</p> <p>2=No, not Hispanic or Latino</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>74. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q74 What is your race? Please answer yes to one or more.</p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>c. Are you Asian</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>301-302</p> <p>303-304</p> <p>305-306</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>d. Are you Native Hawaiian or other Pacific Islander</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>e. Are you American Indian or Alaska Native</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>307-308</p> <p>309-310</p>	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>75. How many people live in your household now, including yourself?</p> <p><sup>1</sup> <input type="checkbox"/> 1 person</p> <p><sup>2</sup> <input type="checkbox"/> 2 to 3 people</p> <p><sup>3</sup> <input type="checkbox"/> 4 or more people</p>	<p>Q75 How many people live in your household now, including yourself?</p> <p>1 1 person</p> <p>2 2 to 3 people, or</p> <p>3 4 or more people</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>311-312</p>	<p>1=1 person</p> <p>2=2 to 3 people</p> <p>3=4 or more people</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>76. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q76 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	313-314	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>77. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q77 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 DON'T KNOW</p>	315-316	<p>1=Yes 2=No 98=Don't Know</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>78. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me  <input type="checkbox"/> Wrote down the answers I gave  <input type="checkbox"/> Answered the questions for me  <input type="checkbox"/> Translated the questions into my language  <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q78 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE READ THE QUESTIONS TO THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]</p> <p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]</p>	<p>317-318</p> <p>319-320</p> <p>321-322</p>	<p>Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]	323-324	Translated the questions into my 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]	325-326	Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing



## **Appendix J**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Medicare Advantage Prescription Drug Plan (MA-PD) 2015 Beneficiary Response Section**

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## Appendix J

### Medicare Advantage Prescription Drug Plan (MA-PD) 2015 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>1. Our records show that in 2014 your health services were covered by the plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes →<b>If Yes, Go to Question 3</b>  <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2014 your health services were covered by the plan named <b>[Insert Plan Name Here]</b>. Is that right?</p> <p>1 YES [GO TO Q3]  2 NO [GO TO Q2]  98 DON'T KNOW [GO TO Q2]  99 REFUSED [GO TO Q2]  M [MISSING]</p>	83-84	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>	
<p>2. Please write below the name of the health plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2014? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	85-134	<p>Text  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>	
<p>3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 5</b></p>	<p>Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p>1 YES  2 NO [GO TO Q5]  98 DON'T KNOW [GO TO Q5]  99 REFUSED [GO TO Q5]  M [MISSING]</p>	135-136	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>	

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. <i>In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed?</i></p> <p><sup>1</sup> <input type="checkbox"/> <i>Never</i>  <sup>2</sup> <input type="checkbox"/> <i>Sometimes</i>  <sup>3</sup> <input type="checkbox"/> <i>Usually</i>  <sup>4</sup> <input type="checkbox"/> <i>Always</i></p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	137-138	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 7</b></p>	<p>Q5 In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?</p> <p>1 YES  2 NO [GO TO Q7]  98 DON'T KNOW [GO TO Q7]  99 REFUSED [GO TO Q7]  M [MISSING]</p>	139-140	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	141-142	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 <input type="checkbox"/> None → <b>If None, Go to Question 9</b>  1 <input type="checkbox"/> 1  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 to 9  6 <input type="checkbox"/> 10 or more</p>	<p>Q7 In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 None [GO TO Q9]  1 1  2 2  3 3  4 4  5 5 to 9  6 10 or more  98 DON'T KNOW [GO TO Q9]  99 REFUSED [GO TO Q9]  M [MISSING]</p>	143-144	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?  Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	145-146	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 12</b></p>	<p>Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?</p> <p>1 YES  2 NO [GO TO Q12]  98 DON'T KNOW [GO TO Q12]  99 REFUSED [GO TO Q12]  M [MISSING]</p>	147-148	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always </p>	<p>Q10 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say...</p> <p> 1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	149-150	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?</p> <p> <input type="checkbox"/> Less than 1 hour  <input type="checkbox"/> 1 to 3 hours  <input type="checkbox"/> More than 3 hours but less than 6 hours  <input type="checkbox"/> More than 6 hours  <input type="checkbox"/> I did not ask for a return call  <input type="checkbox"/> I did not get a return call  <input type="checkbox"/> I was told to go to the Emergency Room </p>	<p>Q11 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?</p> <p> 1 Less than 1 hour  2 1 to 3 hours  3 More than 3 hours but less than 6 hours  4 More than 6 hours  5 I did not ask for a return call  6 I did not get a return call  7 I was told to go to the Emergency Room  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	151-152	1=Less than 1 hour 2=1 hour to 3 hours 3=More than 3 hours but less than 6 4=More than 6 hours 5=I did not ask for a return call 6=I did not get a return call 7=I was told to go to the ER 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>12. 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?</p> <p><input type="checkbox"/> 0 - Worst health care possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health care possible</p>	<p>Q12 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?</p> <p>0 - WORST HEALTH CARE POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH CARE POSSIBLE  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	153-154	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing
<p>13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 33</b></p>	<p>Q13 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p>1 YES  2 NO [GO TO Q33]  98 DON'T KNOW [GO TO Q33]  99 REFUSED [GO TO Q33]  M [MISSING]</p>	155-156	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p><input type="checkbox"/> None → <b>If None, Go to Question 33</b></p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 to 9</p> <p><input type="checkbox"/> 10 or more</p>	<p>Q14 In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p>0 None [GO TO Q33]</p> <p>1 1</p> <p>2 2</p> <p>3 3</p> <p>4 4</p> <p>5 5 to 9</p> <p>6 10 or more</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW [GO TO Q33]</p> <p>99 REFUSED [GO TO Q33]</p> <p>M [MISSING]</p>	157-158	<p>0=None</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5 to 9</p> <p>6=10 or more</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	159-160	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>16. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	161-162	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>17. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q17 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	163-164	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
18. In the last 6 months, how often did your personal doctor spend enough time with you?  1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always	Q18 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...  1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	165-166	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>19. 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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>Q19 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?</p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	167-168	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>20. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q20 In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	169-170	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>21. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → If No, Go to Question 24</p>	<p>Q21 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 YES  2 NO [GO TO Q24]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q24]  99 REFUSED [GO TO Q24]  M [MISSING]</p>	171-172	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Never → <b>If Never, Go to Question 24</b></p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	<p>Q22 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? Would you say...</p> <p>1 Never, [GO TO Q24]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW [GO TO Q24]</p> <p>99 REFUSED [GO TO Q24]</p> <p>M [MISSING]</p>	173-174	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>23. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Never</p> <p><sup>2</sup> <input type="checkbox"/> Sometimes</p> <p><sup>3</sup> <input type="checkbox"/> Usually</p> <p><sup>4</sup> <input type="checkbox"/> Always</p>	<p>Q23 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? Would you say...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	175-176	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>24. In the last 6 months, did you take any prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 26</p>	<p>Q24 In the last 6 months, did you take any prescription medicine?</p> <p>1 YES  2 NO [GO TO Q26]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q26]  99 REFUSED [GO TO Q26]  M [MISSING]</p>	177-178	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>Q25 In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	179-180	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 29</b></p>	<p>Q26 Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?</p> <p>1 YES  2 NO [GO TO Q29]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q29]  99 REFUSED [GO TO Q29]  M [MISSING]</p>	181-182	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, a lot  <sup>2</sup> <input type="checkbox"/> Yes, a little  <sup>3</sup> <input type="checkbox"/> No, not at all</p>	<p>Q27 During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?</p> <p>1 Yes, a lot  2 Yes, a little, or  3 No, not at all  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	183-184	1=Yes, a lot 2=Yes, a little 3=No, not at all 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?</p> <p>1 <input type="checkbox"/> Harder  2 <input type="checkbox"/> Not harder or easier  3 <input type="checkbox"/> Easier</p>	<p>Q28 During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?</p> <p>1 Harder  2 Not harder or easier, or  3 Easier  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	185-186	1=Harder 2=Not harder or easier 3=Easier 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>29. 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?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 32</p>	<p>Q29 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?</p> <p>1 YES  2 NO [GO TO Q32]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q32]  99 REFUSED [GO TO Q32]  M [MISSING]</p>	187-188	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>30. 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?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 32</p>	<p>Q30 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?</p> <p>1 YES  2 NO [GO TO Q32]  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q32]  99 REFUSED [GO TO Q32]  M [MISSING]</p>	189-190	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services?</p> <p> <input type="checkbox"/><sup>1</sup> Yes, definitely  <input type="checkbox"/><sup>2</sup> Yes, somewhat  <input type="checkbox"/><sup>3</sup> No </p>	<p>Q31 In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say...</p> <p> 1 Yes, definitely,  2 Yes, somewhat, or  3 No  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	191-192	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?</p> <p> <input type="checkbox"/><sup>1</sup> Yes  <input type="checkbox"/><sup>2</sup> No </p>	<p>Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?</p> <p> 1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	193-194	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Please include your personal doctor as you answer these questions about specialists</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p> <p><sup>3</sup> <input type="checkbox"/> I do not have a personal doctor</p>	<p>Q33 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?</p> <p>1 YES If Yes, Please include your personal doctor as you answer these questions about Specialists</p> <p>2 NO, or</p> <p>3 I do not have a personal doctor</p> <p>98 <i>DON'T KNOW</i></p> <p>99 <i>REFUSED</i></p> <p>M [MISSING]</p>	195-196	<p>1=Yes</p> <p>2=No</p> <p>3=I do not have a personal doctor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>34. In the last 6 months, did you try to make any appointments to see a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 39</b></p> <p><sup>3</sup> <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q34 In the last 6 months, did you try to make any appointments to see a specialist?</p> <p>1 YES</p> <p>2 NO [GO TO Q39]</p> <p>3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME</p> <p>98 DON'T KNOW [GO TO Q39]</p> <p>99 REFUSED [GO TO Q39]</p> <p>M [MISSING]</p>	197-198	<p>1=Yes</p> <p>2=No</p> <p>3=Someone else made my specialist appointment for me</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q35 In the last 6 months, how often was it easy to get appointments with specialists? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 Someone else made my specialist appointments for me</p> <p>88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	199-200	1=Never 2=Sometimes 3=Usually 4=Always 5=Someone else made my specialist appointments for me 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. How many specialists have you seen in the last 6 months?</p> <p>0 <input type="checkbox"/> None →<b>If None, Go to Question 39</b>  1 <input type="checkbox"/> 1 specialist  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 or more specialists</p>	<p>Q36 How many specialists have you seen in the last 6 months?</p> <p>0 NONE [GO TO Q39]  1 1 SPECIALIST  2 2  3 3  4 4  5 5 OR MORE SPECIALISTS</p> <p>88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q39]  99 REFUSED [GO TO Q39]  M [MISSING]</p>	201-202	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>37. We want to know your rating of the specialist you saw <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?</p> <p><input type="checkbox"/> 0 - Worst specialist possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best specialist possible</p>	<p>Q37 We want to know your rating of the specialist you saw <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?</p> <p>0 - WORST SPECIALIST POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST SPECIALIST POSSIBLE  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	203-204	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I do not have a personal doctor  6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months  7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>IF Q13 IS ASSIGNED ANSWER "2 - NO" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"</li> <li>IF Q14 IS ASSIGNED ANSWER "0 - NONE" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"</li> </ul> <p>Q38 In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 (MAIL SURVEY ONLY)  6 (MAIL SURVEY ONLY)  7 My personal doctor is a specialist  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	205-206	1=Never 2=Sometimes 3=Usually 4=Always 5=I do not have a personal doctor 6=I did not visit my personal doctor in the last 6 months 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>39. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 41</p>	<p>Q39 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?</p> <p>1 YES 2 NO [GO TO Q41] 98 DON'T KNOW [GO TO Q41] 99 REFUSED [GO TO Q41] M [MISSING]</p>	207-208	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q40 In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	209-210	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>41. In the last 6 months, did you try to get information or help from your health plan's customer service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 44</p>	<p>Q41 In the last 6 months, did you try to get information or help from your health plan's customer service?</p> <p>1 YES 2 NO [GO TO Q44] 98 DON'T KNOW [GO TO Q44] 99 REFUSED [GO TO Q44] M [MISSING]</p>	211-212	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q42 In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	213-214	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>43. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q43 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	215-216	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>44. In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 46</b></p>	<p>Q44 In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 YES  2 NO [GO TO Q46]  98 DON'T KNOW [GO TO Q46]  99 REFUSED [GO TO Q46]  M [MISSING]</p>	217-218	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>45. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q45 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	219-220	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>46. 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?</p> <p><input type="checkbox"/> 0 - Worst health plan possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health plan possible</p>	<p>Q46 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?</p> <p>0 - WORST HEALTH PLAN POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH PLAN POSSIBLE  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	221-222	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>47. In the last 6 months, did anyone from a doctor's office or your health plan contact you:</p> <p style="text-align: right;"><u>Yes</u>    <u>No</u></p> <p>a. To remind you to make appointments for tests or treatment?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>b. To remind you to get a flu shot or other immunization?    <input type="checkbox"/>    <input type="checkbox"/></p> <p>c. To remind you about screening tests such as breast cancer or colorectal cancer screening?    <input type="checkbox"/>    <input type="checkbox"/></p>	<p>47. In the last 6 months, did anyone from a doctor's office or your health plan contact you...</p> <p>a. To remind you to make appointments for tests or treatment? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 [DON'T KNOW] 99 REFUSED M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE OR YOUR HEALTH PLAN CONTACT YOU...)</i></p> <p>b. To remind you to get a flu shot or other immunization? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	<p>223-224</p> <p>225-226</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE OR YOUR HEALTH PLAN CONTACT YOU...)</i></p> <p>c. To remind you about screening tests such as breast cancer or colorectal cancer screening? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	227-228	c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>48. In the last 6 months, did you spend one or more nights in a hospital?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 50</b></p>	<p>48. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 YES 2 NO [GO TO Q50] 98 DON'T KNOW [GO TO Q50] 99 REFUSED [GO TO Q50] M MISSING</p>	229-230	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>49. In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q49 In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING</p>	231-232	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 53</b></p>	<p>Q50 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?</p> <p>1 YES 2 NO [GO TO Q53] 98 DON'T KNOW [GO TO Q53] 99 REFUSED [GO TO Q53] M [MISSING]</p>	233-234	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 53</b> 3 <input type="checkbox"/> Don't know → <b>If Don't know, Go to Question 53</b></p>	<p>Q51 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?</p> <p>1 YES 2 NO [GO TO Q53] 3 DON'T KNOW [GO TO Q53] 88 [NOT APPLICABLE] 99 REFUSED [GO TO Q53] M [MISSING]</p>	235-236	<p>1=Yes 2=No 3=Don't Know 88=Not Applicable 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>52. When you spoke to your health plan about the decision not to provide care or services, did they...</p> <p>Please mark one or more.</p> <p><input type="checkbox"/> Tell you that you can file an appeal</p> <p><input type="checkbox"/> Offer to send you forms that you need in order to file an appeal</p> <p><input type="checkbox"/> Suggest how to resolve your complaint</p> <p><input type="checkbox"/> Listen to your complaint but did not help to resolve it</p> <p><input type="checkbox"/> Discourage you from taking action</p> <p><input type="checkbox"/> Do none of these things</p>	<p>Q52 When you spoke to your health plan about the decision not to provide care or services, did they...</p> <p>a. Tell you that you can file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>b. Offer to send you forms that you need in order to file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>237-238</p> <p>239-240</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>c. Suggest how to resolve your complaint</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	241-242	<p>c.</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>d. Listen to your complaint but did not help to resolve it</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	243-244	<p>d.</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>e. Discourage you from taking action</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p> <p>PROGRAMMING SPECIFICATIONS: IF 52 a, b, c, d, or e=yes "coded as 1", ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)</i></p> <p>f. Do none of these things</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	245-246	<p>e.</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
		247-248	<p>f.</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>53. In the last 6 months, have you called or written your health plan with a complaint or problem?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 57</b></p>	<p>Q53 In the last 6 months, have you called or written your health plan with a complaint or problem?</p> <p>1 YES 2 NO [GO TO Q57] 98 DON'T KNOW [GO TO Q57] 99 REFUSED [GO TO Q57] M [MISSING]</p>	249-250	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?</p> <p>1 <input type="checkbox"/> Very dissatisfied 2 <input type="checkbox"/> Somewhat dissatisfied 3 <input type="checkbox"/> Neither dissatisfied nor satisfied 4 <input type="checkbox"/> Somewhat satisfied 5 <input type="checkbox"/> Very satisfied</p>	<p>Q54 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say...</p> <p>1 Very dissatisfied, 2 Somewhat dissatisfied, 3 Neither dissatisfied nor satisfied, 4 Somewhat satisfied, or 5 Very satisfied 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	251-252	<p>1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>55. How long did it take for your health plan to settle your complaint?</p> <p>1 <input type="checkbox"/> Same day  2 <input type="checkbox"/> 1 week  3 <input type="checkbox"/> 2 weeks  4 <input type="checkbox"/> 3 weeks  5 <input type="checkbox"/> 4 or more weeks  6 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q55 How long did it take for your health plan to settle your complaint?</p> <p>1 SAME DAY  2 1 WEEK  3 2 WEEKS  4 3 WEEKS  5 4 OR MORE WEEKS OR  6 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	253-254	<p>1=Same day  2=1 week  3=2 weeks  4=3 weeks  5=4 or more weeks  6=I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
<p>56. Was your complaint or problem settled to your satisfaction?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q56 Was your complaint or problem settled to your satisfaction?</p> <p>1 YES  2 NO  3 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	255-256	<p>1=Yes  2=No  3=I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>57. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 60</b></p>	<p>Q57 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?</p> <p>1 YES  2 NO [GO TO Q60]  98 DON'T KNOW [GO TO Q60]  99 REFUSED [GO TO Q60]  M [MISSING]</p>	257-258	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always  <sup>5</sup> <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months → <b>Go to Question 60</b></p>	<p>Q58 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	259-260	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>59. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>Q59 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	261-262	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>60. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 62</b></p>	<p>Q60 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?</p> <p>1 YES  2 NO [GO TO Q62]  98 DON'T KNOW [GO TO Q62]  99 REFUSED [GO TO Q62]  M [MISSING]</p>	263-264	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>Q61 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	265-266	<p>1=Never  2=Sometimes  3=Usually  4=Always  5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
<p>62. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 64</p>	<p>Q62 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?</p> <p>1 YES  2 NO [GO TO Q64]  98 DON'T KNOW [GO TO Q64]  99 REFUSED [GO TO Q64]  M [MISSING]</p>	267-268	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?</p> <p> <input type="checkbox"/> 1 Never  <input type="checkbox"/> 2 Sometimes  <input type="checkbox"/> 3 Usually  <input type="checkbox"/> 4 Always  <input type="checkbox"/> 5 I did not try to get information or help from my prescription drug plan's customer service in the last 6 months </p>	<p>Q63 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 (MAIL SURVEY ONLY) 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	269-270	<p>1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>64. In the last 6 months, how many different prescription medicines did you fill or have refilled?</p> <p> <input type="checkbox"/> 1 None  <input type="checkbox"/> 2 1 to 2 medicines  <input type="checkbox"/> 3 3 to 5 medicines  <input type="checkbox"/> 4 6 or more medicines </p>	<p>Q64 In the last 6 months, how many different prescription medicines did you fill or have refilled?</p> <p>1 None, 2 1 to 2 medicines, 3 3 to 5 medicines, or 4 6 or more medicines 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	271-272	<p>1=None 2=1 to 2 medicines 3=3 to 5 medicines 4=6 or more medicines 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>65. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 68</b></p>	<p>Q65 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?</p> <p>1 YES  2 NO [GO TO Q68]  98 DON'T KNOW [GO TO Q68]  99 REFUSED [GO TO Q68]  M [MISSING]</p>	273-274	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>66. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 68</b>  <sup>3</sup> <input type="checkbox"/> All my prescribed medicines are covered → <b>Go to Question 68</b></p>	<p>Q66 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?</p> <p>1 YES  2 NO [GO TO Q68]  3 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q68]  99 REFUSED [GO TO Q68]  M [MISSING]</p>	275-276	1=Yes 2=No 3=All my prescribed medicines are covered 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>67. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>Please mark one or more.</p> <p><input type="checkbox"/> Tell you that you can file an appeal</p> <p><input type="checkbox"/> Offer to send you forms that you need in order to file an appeal</p> <p><input type="checkbox"/> Suggest how to resolve your complaint</p> <p><input type="checkbox"/> Listen to your complaint but did not help to resolve it</p> <p><input type="checkbox"/> Discourage you from taking action</p> <p><input type="checkbox"/> Do none of the above</p> <p><input type="checkbox"/> All my prescribed medicines were covered</p>	<p>Q67 When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>a. Tell you that you can file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>b. Offer to send you forms that you need in order to file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>277-278</p> <p>279-280</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>c. Suggest how to resolve your complaint  1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	281-282	<p>c.  1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>d. Listen to your complaint but did not help to resolve it  1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	283-284	<p>d.  1=Yes  2=No  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>e. Discourage you from taking action</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p> <p>PROGRAMMING SPECIFICATIONS: IF 67 a, b, c, d, or e=yes "coded as 1", ITEM 67f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>f. Do none of the above</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	<p>285-286</p> <p>287-288</p>	<p>e. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p> <p>f. 1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	98 DON'T KNOW 99 REFUSED M [MISSING]		
<p>69. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>Q69 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...</p> <p>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</p> <p>98 DON'T KNOW 99 REFUSED M [MISSING]</p>	295-296	<p>1=Never 2=Sometimes 3=Usually 4=Always 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</p>
<p>70. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 72</b></p>	<p>Q70 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 YES 2 NO [GO TO Q72] 98 DON'T KNOW [GO TO Q72] 99 REFUSED [GO TO Q72] M [MISSING]</p>	297-298	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>71. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>Q71 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	299-300	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to fill a prescription in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>72. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → If No, Go to Question 74  3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail → Go to Question 74</p>	<p>Q72 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 YES  2 NO [GO TO Q74]  3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q74]  98 DON'T KNOW [GO TO Q74]  99 REFUSED [GO TO Q74]  M [MISSING]</p>	301-302	1=Yes 2=No 3=I am not sure if my drug plan offers prescriptions by mail 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>73. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p> <p>5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>Q73 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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>5 <i>(MAIL SURVEY ONLY)</i></p> <p>6 <i>(MAIL SURVEY ONLY)</i></p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	303-304	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>5= I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6=I am not sure if my drug plan offers prescriptions by mail</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>74. 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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>Q74 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?</p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	305-306	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>75. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?</p> <p>1 <input type="checkbox"/> Definitely yes  2 <input type="checkbox"/> Somewhat yes  3 <input type="checkbox"/> Somewhat no  4 <input type="checkbox"/> Definitely no</p>	<p>Q75 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say...</p> <p>1 Definitely yes,  2 Somewhat yes,  3 Somewhat no, or  4 Definitely no  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	307-308	<p>1=Definitely yes  2=Somewhat yes  3=Somewhat no  4=Definitely no  98=Don't Know  99=Refused  M=Missing</p>
<p>76. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q76 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair ,or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	309-310	<p>1=Excellent  2=Very good  3=Good  4=Fair  5=Poor  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>77. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q77 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	311-312	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>78. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 80</b></p>	<p>Q78 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p>1 YES  2 NO [GO TO Q80]  98 DON'T KNOW [GO TO Q80]  99 REFUSED [GO TO Q80]  M [MISSING]</p>	313-314	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>79. Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>	<p>Q79 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	315-316	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>80. Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 82</b></p>	<p>Q80 Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p>1 YES  2 NO [GO TO Q82]  98 DON'T KNOW [GO TO Q82]  99 REFUSED [GO TO Q82]  M [MISSING]</p>	317-318	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>81. Is this to treat a condition that has lasted for at least 3 months?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q81 Is this to treat a condition that has lasted for at least 3 months?</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	319-320	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>82. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No  <sup>3</sup> <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>Q82 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>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]</p>	321-322	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

Survey Question	CATI Specifications	File Layout																						
		Field Position	Valid Values																					
<p>83. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q83 In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 YES  2 NO  3 DON'T KNOW  99 REFUSED  M [MISSING]</p>	323-324	1=Yes 2=No 3=Don't Know 99=Refused M=Missing																					
<p>84. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. A heart attack?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Angina or coronary heart disease?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Hypertension or high blood pressure?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Cancer, <u>other than skin cancer</u>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Any kind of diabetes or high blood sugar?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>	f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q84 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack  1 YES  2 NO  98 DON'T KNOW  99 REFUSED  M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>b. Angina or coronary heart disease  1 YES  2 NO  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	<p>325-326</p> <p>327-328</p>	<p>a.</p> 1=Yes 2=No 98=Don't Know 99=Refused M=Missing <p>b.</p> 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	<u>Yes</u>	<u>No</u>																						
a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>																						
b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>																						
c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>																						
d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>																						
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>																						
f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>																						



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	335-336	<p>f.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>85. Have you had a flu shot since July 1, 2014?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>	<p>Q85 Have you had a flu shot since July 1, 2014?</p> <p>1 YES</p> <p>2 NO</p> <p>3 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	337-338	<p>1=Yes</p> <p>2=No</p> <p>3=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>86. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>	<p>Q86 Have you ever had a pneumonia shot? <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.</p> <p>1 YES</p> <p>2 NO</p> <p>3 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	339-340	<p>1=Yes</p> <p>2=No</p> <p>3=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>87. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day  2 <input type="checkbox"/> Some days  3 <input type="checkbox"/> Not at all →<b>If Not at all, Go to Question 89</b>  4 <input type="checkbox"/> Don't know →<b>If Don't know, Go to Question 89</b></p>	<p>Q87 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 EVERY DAY  2 SOME DAYS  3 NOT AT ALL [GO TO Q89]  4 DON'T KNOW [GO TO Q89]  99 REFUSED [GO TO Q89]  M [MISSING]</p>	341-342	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing
<p>88. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q88 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q89. CODE Q88 AS "88 - NOT APPLICABLE"</p> <p>Q88 In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	343-344	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>89. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less  2 <input type="checkbox"/> Some high school, but did not graduate  3 <input type="checkbox"/> High school graduate or GED  4 <input type="checkbox"/> Some college or 2-year degree  5 <input type="checkbox"/> 4-year college graduate  6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q89 What is the highest grade or level of school that you have completed?</p> <p>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]</p>	345-346	<p>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  6=More than 4-year college degree  98=Don't Know  99=Refused  M=Missing</p>
<p>90. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino  2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q90 Are you of Hispanic or Latino origin or descent?</p> <p>1 YES, HISPANIC OR LATINO  2 NO, NOT HISPANIC OR LATINO  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	347-348	<p>1= Yes, Hispanic or Latino  2= No, not Hispanic or Latino  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>91. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q91 What is your race? Please answer yes to one or more.</p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>c. Are you Asian</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>349-350</p> <p>351-352</p> <p>353-354</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>d. Are you Native Hawaiian or other Pacific Islander</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>e. Are you American Indian or Alaska Native</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>355-356</p> <p>357-358</p>	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>92. How many people live in your household now, including yourself?</p> <p>1 <input type="checkbox"/> 1 person</p> <p>2 <input type="checkbox"/> 2 to 3 people</p> <p>3 <input type="checkbox"/> 4 or more people</p>	<p>Q92 How many people live in your household now, including yourself?</p> <p>1 1 person,</p> <p>2 2 to 3 people, or</p> <p>3 4 or more people</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>359-360</p>	<p>1=1 person</p> <p>2=2 to 3 people</p> <p>3=4 or more people</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>93. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q93 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	361-362	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>94. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q94 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 DON'T KNOW</p>	363-364	<p>1=Yes 2=No 98=Don't Know</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
95. How did that person help you? Please mark one or more.  <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way	THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.] Q95 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE READ THE QUESTIONS TO THE BENEFICIARY 1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]	365-366	Read the questions to me 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]	367-368	Wrote down the answers I gave 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]	369-370	Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE 1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]	371-372	Translated the questions into my 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]	373-374	Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing



## **Appendix J**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Prescription Drug Plan Survey (PDP) 2015 Beneficiary Response Section**

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## Appendix J

### Prescription Drug Plan Survey (PDP) 2015 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that in 2014 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Go to Question 3</b>  <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2014 your prescriptions were covered by the Medicare prescription drug plan named <b>[Insert Plan Name Here]</b>. Is that right?</p> <p>1 YES [GO TO Q3]  2 NO [GO TO Q2]  98 DON'T KNOW [GO TO Q2]  99 REFUSED [GO TO Q2]  M [MISSING]</p>	83-84	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>2. Please write below the name of the Medicare prescription drug plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the Medicare prescription drug plan you had in 2014? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	85-134	Text 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>3. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 6</b></p>	<p>Q3 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?</p> <p>1 YES  2 NO [GO TO Q6]  98 DON'T KNOW [GO TO Q6]  99 REFUSED [GO TO Q6]  M [MISSING]</p>	135-136	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months →<b>Go to Question 6</b></p>	<p>Q4 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	137-138	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>Q5 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	139-140	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 8</p>	<p>Q6 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?</p> <p>1 YES  2 NO [GO TO Q8]  98 DON'T KNOW [GO TO Q8]  99 REFUSED [GO TO Q8]  M [MISSING]</p>	141-142	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always  <sup>5</sup> <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>Q7 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	143-144	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 10</p>	<p>Q8 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?</p> <p>1 YES  2 NO [GO TO Q10]  98 DON'T KNOW [GO TO Q10]  99 REFUSED [GO TO Q10]  M [MISSING]</p>	145-146	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>9. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always  <sup>5</sup> <input type="checkbox"/> I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>Q9 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	147-148	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In the last 6 months, how many different prescription medicines did you fill or have refilled?</p> <p>1 <input type="checkbox"/> None  2 <input type="checkbox"/> 1 to 2 medicines  3 <input type="checkbox"/> 3 to 5 medicines  4 <input type="checkbox"/> 6 or more medicines</p>	<p>Q10 In the last 6 months, how many different prescription medicines did you fill or have refilled?</p> <p>1 None  2 1 to 2 medicines  3 3 to 5 medicines, or  4 6 or more medicines  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	149-150	1=None 2=1 to 2 medicines 3=3 to 5 medicines 4=6 or more medicines 98=Don't Know 99=Refused M=Missing
<p>11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 17</p>	<p>Q11 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?</p> <p>1 YES  2 NO [GO TO Q17]  98 DON'T KNOW [GO TO Q17]  99 REFUSED [GO TO Q17]  M [MISSING]</p>	151-152	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 17  3 <input type="checkbox"/> All my prescribed medicines are covered →Go to Question 17</p>	<p>Q12 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?</p> <p>1 YES  2 NO [GO TO Q17]  3 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 DON'T KNOW [GO TO Q17]  99 REFUSED [GO TO Q17]  M [MISSING]</p>	153-154	1=Yes 2=No 3=All my prescribed medicines are covered 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>Please mark one or more.</p> <p><input type="checkbox"/> Tell you that you can file an appeal</p> <p><input type="checkbox"/> Offer to send you forms that you need in order to file an appeal</p> <p><input type="checkbox"/> Suggest how to resolve your complaint</p> <p><input type="checkbox"/> Listen to your complaint but did not help to resolve it</p> <p><input type="checkbox"/> Discourage you from taking action</p> <p><input type="checkbox"/> Do none of the above</p> <p><input type="checkbox"/> All my prescribed medicines were covered</p>	<p>Q13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>a. Tell you that you can file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>b. Offer to send you forms that you need in order to file an appeal</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>155-156</p> <p>157-158</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>c. Suggest how to resolve your complaint</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	159-160	<p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>d. Listen to your complaint but did not help to resolve it</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	161-162	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>e. Discourage you from taking action</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>PROGRAMMING SPECIFICATIONS: IF 13 a, b, c, d, or e=yes (coded as 1), ITEM 13 f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"</p> <p><i>(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)</i></p> <p>f. Do none of the above</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	163-164	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p>
		165-166	<p>f.</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<i>g. (MAIL SURVEY ONLY) FOR TELEPHONE MODE CODE AS "8 – Not Applicable"</i>	167-168	g. 1=Yes 2=No 88=Not Applicable 98=Don't know 99=Refused M=Missing
<p>14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?</p> <p> <input type="checkbox"/> 1 Very dissatisfied  <input type="checkbox"/> 2 Somewhat dissatisfied  <input type="checkbox"/> 3 Neither dissatisfied nor satisfied  <input type="checkbox"/> 4 Somewhat satisfied  <input type="checkbox"/> 5 Very satisfied </p>	<p>Q14 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint? Would you say...</p> <p> 1 Very dissatisfied,  2 Somewhat dissatisfied,  3 Neither dissatisfied nor satisfied,  4 Somewhat satisfied, or  5 Very satisfied  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING] </p>	169-170	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. How long did it take for your plan to settle your complaint?</p> <p>1 <input type="checkbox"/> Same day  2 <input type="checkbox"/> 1 week  3 <input type="checkbox"/> 2 weeks  4 <input type="checkbox"/> 3 weeks  5 <input type="checkbox"/> 4 or more weeks  6 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q15 How long did it take for your plan to settle your complaint?</p> <p>1 SAME DAY  2 1 WEEK  3 2 WEEKS  4 3 WEEKS  5 4 OR MORE WEEKS OR  6 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	171-172	<p>1=Same day  2=1 week  3=2 weeks  4=3 weeks  5=4 or more weeks  6=I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>
<p>16. Was your complaint or problem settled to your satisfaction?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am still waiting for it to be settled</p>	<p>Q16 Was your complaint or problem settled to your satisfaction?</p> <p>1 YES  2 NO  3 I AM STILL WAITING FOR IT TO BE SETTLED  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	173-174	<p>1=Yes  2=No  3= I am still waiting for it to be settled  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>17. Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p>a. To make sure you filled or refilled a prescription?    <u>Yes</u>    <u>No</u></p> <p>b. To make sure you were taking medications as directed?    <input type="checkbox"/>    <input type="checkbox"/></p>	<p>Q17 Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you...</p> <p>a. To make sure you filled or refilled a prescription? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p> <p>(<i>READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...</i>)</p> <p>b. To make sure you were taking medications as directed? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	<p>175-176</p> <p>177-178</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>18. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>Q18 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...</p> <p>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</p> <p>98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	179-180	1=Never 2=Sometimes 3=Usually 4=Always 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
<p>19. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →If No, Go to Question 21</p>	<p>Q19 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 YES  2 NO [GO TO Q21]  98 DON'T KNOW [GO TO Q21]  99 REFUSED [GO TO Q21]  M [MISSING]</p>	181-182	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>20. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>Q20 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	183-184	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>21. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →<b>If No, Go to Question 23</b>  3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail →<b>Go to Question 23</b></p>	<p>Q21 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 YES  2 NO [GO TO Q23]  3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q23]  98 DON'T KNOW [GO TO Q23]  99 REFUSED [GO TO Q23]  M [MISSING]</p>	185-186	1=Yes 2=No 3=I am not sure if my drug plan offers prescriptions by mail 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p> <p>5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>Q22 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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>5 <i>(MAIL SURVEY ONLY)</i></p> <p>6 <i>(MAIL SURVEY ONLY)</i></p> <p>88 [NOT APPLICABLE]</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	187-188	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>5=I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6=I am not sure if my drug plan offers prescriptions by mail</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>23. 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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>Q23 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?</p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	189-190	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>24. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?</p> <p>1 <input type="checkbox"/> Definitely yes  2 <input type="checkbox"/> Somewhat yes  3 <input type="checkbox"/> Somewhat no  4 <input type="checkbox"/> Definitely no</p>	<p>Q24 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say...</p> <p>1 Definitely yes,  2 Somewhat yes,  3 Somewhat no, or  4 Definitely no  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	191-192	1=Definitely yes 2=Somewhat yes 3=Somewhat no 4=Definitely no 98=Don't Know 99=Refused M=Missing
<p>25. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q25 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	193-194	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>26. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q26 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	195-196	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>27. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 29</p>	<p>Q27 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?</p> <p>1 YES  2 NO [GO TO Q29]  98 DON'T KNOW [GO TO Q29]  99 REFUSED [GO TO Q29]  M [MISSING]</p>	197-198	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>28. Is this a condition or problem that has lasted for at least 3 months?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q28 Is this a condition or problem that has lasted for at least 3 months?</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	199-200	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>29. Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 31</p>	<p>Q29 Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u>?</p> <p>1 YES  2 NO [GO TO Q31]  98 DON'T KNOW [GO TO Q31]  99 REFUSED [GO TO Q31]  M [MISSING]</p>	201-202	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
30. Is this to treat a condition that has lasted for at least 3 months?  <sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No	Q30 Is this to treat a condition that has lasted for at least 3 months?  1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	203-204	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
31. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?  <sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No <sup>3</sup> <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months	Q31 In the last 6 months, did you delay or not fill a prescription because you felt that you could not afford it?  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]	205-206	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
32. In the last 6 months, did you receive any mail order medicines that you did not request?  <sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No <sup>3</sup> <input type="checkbox"/> Don't know	Q32 In the last 6 months, did you receive any mail order medicines that you did not request?  1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	207-208	1=Yes 2=No 3=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u></p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	215-216	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD, <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> also called chronic obstructive pulmonary disease)</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	217-218	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	219-220	<p>f.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
34. Have you had a flu shot since July 1, 2014?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	Q34 Have you had a flu shot since July 1, 2014? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	221-222	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
35. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	Q35 Have you ever had a pneumonia shot? <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.  1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	223-224	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
36. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?  1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all → <b>If Not at all, Go to Question 37</b> 4 <input type="checkbox"/> Don't know → <b>If Don't know, Go to Question 37</b>	Q36 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?  1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q37] 4 DON'T KNOW [GO TO Q37] 99 REFUSED [GO TO Q37] M [MISSING]	225-226	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>37. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>Q37 In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 I had no visits in the last 6 months  88 [NOT APPLICABLE]  98 DON'T KNOW  99 REFUSED  M [MISSING]</p>	227-228	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>38. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less  2 <input type="checkbox"/> Some high school, but did not graduate  3 <input type="checkbox"/> High school graduate or GED  4 <input type="checkbox"/> Some college or 2-year degree  5 <input type="checkbox"/> 4-year college graduate  6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q38 What is the highest grade or level of school that you have completed?</p> <p>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]</p>	229-230	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 6=More than 4-year college degree 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>39. Are you of Hispanic or Latino origin or descent?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, Hispanic or Latino</p> <p><sup>2</sup> <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q39 Are you of Hispanic or Latino origin or descent?</p> <p>1 YES, HISPANIC OR LATINO</p> <p>2 NO, NOT HISPANIC OR LATINO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	231-232	<p>1=Yes, Hispanic or Latino</p> <p>2=No, not Hispanic or Latino</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>40. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q40 What is your race? Please answer yes to one or more.</p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>c. Are you Asian</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	233-234	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
		235-236	<p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
		237-238	<p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>d. Native Hawaiian or other Pacific Islander</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p> <p>e. Are you American Indian or Alaska Native</p> <p>1 YES</p> <p>2 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>239-240</p> <p>241-242</p>	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>41. How many people live in your household now, including yourself?</p> <p><sup>1</sup> <input type="checkbox"/> 1 person</p> <p><sup>2</sup> <input type="checkbox"/> 2 to 3 people</p> <p><sup>3</sup> <input type="checkbox"/> 4 or more people</p>	<p>Q41 How many people live in your household now, including yourself?</p> <p>1 1 person</p> <p>2 2 to 3 people, or</p> <p>3 4 or more people</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> <p>M [MISSING]</p>	<p>243-244</p>	<p>1=1 person</p> <p>2=2 to 3 people</p> <p>3=4 or more people</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>42. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q42 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?</p> <p>1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]</p>	245-246	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>43. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q43 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 DON'T KNOW</p>	247-248	<p>1=Yes 2=No 98=Don't Know</p>
<p>44. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q44 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE READ THE QUESTIONS TO THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]</p>	249-250	<p>Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]	251-252	Wrote down the answers I gave 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]	253-254	Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing
	TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 1 YES 2 NO 88 [NOT APPLICABLE] 98 DON'T KNOW M [MISSING]	255-256	Translated the questions into my 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]	257-258	Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing

## **Appendix K**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Discrepancy Report**

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# Appendix K

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Discrepancy Report

This form must be submitted online at [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). *All required sections are indicated with an asterisk (\*). The required information regarding the affected plans must be provided in Section II and III in order to submit the MA & PDP CAHPS Survey Discrepancy Report. If any information is unknown at time of report submission, enter “Pending” in any of the required fields in Section II and/or III. All pending information must be provided in an updated report within 7 days of submitting the Initial Discrepancy Report.*

Date Submitted: (Autopopulate) Form ID: (Autopopulate)

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

<input type="checkbox"/> Initial Report (Must be submitted within one business day of a discrepancy)
<input type="checkbox"/> Updated Report (Must be submitted within one week of original Discrepancy Report)
Date of original report submission: <input type="text"/> Original Report Form ID: <input type="text"/>

#### I. GENERAL INFORMATION

##### 1. Survey Vendor Organization Information

* Organization Name: <input type="text"/>		
* Mailing Address 1: <input type="text"/>		
Mailing Address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP Code: <input type="text"/>

##### 2. Survey Vendor Contact Person

* First Name, Last Name: <input type="text"/>	
Title: <input type="text"/>	
* (Area Code) Telephone Number: <input type="text"/>	(Area Code) Fax Number: <input type="text"/>
* Email Address: <input type="text"/>	

**3. Date Discrepancy Was Discovered**

\* Date:

**II. LIST ALL PLAN NAMES AND CONTRACT NUMBERS IMPACTED BY THIS DISCREPANCY REPORT**

**If any information is unknown at time of initial report, enter “Pending” in both fields below. All pending information must be provided in an updated report.**

\* Plan Name:  \* CMS Contract Number:

Add Plan and CMS Contract Number

Plan Name	CMS Contract Number
No data to display	

**III. DISCREPANCY INFORMATION**

**Please complete items 1 through 4 below in detail. If any information is unknown at time of initial report, enter “Pending.” All pending information must be provided in an updated report within 7 days of submitting the initial report.**

1. \* Description of discrepancy and how it was discovered

2. \* Affected timeframe for each plan listed (e.g., xx/xx/xxxx – xx/xx/xxxx)

3. \* For each plan listed provide:

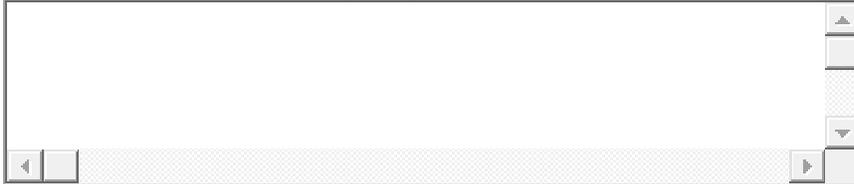
1. Plan Number
2. Total sample members
3. Number of sampled members affected by the discrepancy

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4. \* Description of corrective action to be taken to address discrepancy along with proposed timeline

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5. Additional information not provided above which could help the MA & PDP CAHPS Survey Project Team understand the discrepancy

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[Print Discrepancy Report](#)

[Submit Form](#)



## **Appendix L**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 MA-only Survey Survey Items Applicable to All Respondents**

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## Appendix L

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2015 MA-only Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at Dr.'s office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr.'s office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Have a personal MD	Q13
Personal doctor a specialist	Q33
Try to make appts to see specialist	Q34
Try to get care/test/treatment through plan	Q39
Try to get information/help through plan	Q41
Plan give forms to fill out	Q44
Rate Health Plan	Q46
Anyone from doctor's office: Remind to make appointment	Q47A*
Anyone from doctor's office: Remind to get a flu shot or other immunization	Q47B*
Anyone from doctor's office: Remind about screening tests	Q47C*
Spend one or more nights in a hospital	Q48
Needed care or services that plan decided not to provide	Q50
Called or wrote with a complaint or problem	Q53
Rate General Health	Q57
Rate Mental Health	Q58
Seen MD >3 times for same condition	Q59
Take meds prescribed by Dr.	Q61
Easy to get medicines Dr. prescribed	Q63
Insurance that pays part or all cost of RX medicines	Q64

Delayed filling RX meds b/c could not afford it	Q65
Did you receive any mail order medicines that you did not request	Q66
Dr. said you had: Heart attack	Q67A*
Dr. said you had: Angina or coronary heart disease	Q67B*
Dr. said you had: Hypertension or high blood pressure	Q67C*
Dr. said you had: Cancer other than skin cancer	Q67D*
Dr. said you had: Emphysema, asthma or COPD	Q67E*
Dr. said you had: Diabetes or high blood sugar	Q67F*
Flu Shot last year	Q68
Ever had Pneumonia shot	Q69
How much smoke now	Q70
Highest education level completed	Q72
Hispanic or Latino origin/descent	Q73
Race	Q74A-E*
Live Alone	Q75
Contact again	Q76
Someone help complete survey	Q77

\* When calculating percent complete: The multi answer “Did anyone from a doctor’s office remind” question counts as a single question no matter how many responses are chosen, the multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only 1 item to the total number of questions applicable to all respondents.

## **Appendix L**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 MA-PD Survey Survey Items Applicable to All Respondents**

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## Appendix L

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2015 MA-PD Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at Dr.'s office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr.'s office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Have a personal MD	Q13
Personal doctor a specialist	Q33
Try to make appts to see specialist	Q34
Try to get care/test/treatment through plan	Q39
Try to get information/help through plan's customer service	Q41
Plan give forms to fill out	Q44
Rate Health Plan	Q46
Anyone from doctor's office: Remind to make appointment	Q47A*
Anyone from doctor's office: Remind to get a flu shot or other immunization	Q47B*
Anyone from doctor's office: Remind about screening tests	Q47C*
Spend one or more nights in a hospital	Q48
Needed care or services that plan decided not to provide	Q50
Called or wrote with a complaint or problem	Q53
Try to get information/help through prescription drug plan's (PDP) customer service	Q57
Try to get information from PDP about which prescription meds covered	Q60

Try to get information from PDP about how much would have to pay for prescription meds	Q62
How many different prescription meds fill/refill	Q64
Dr. prescribe a medicine that PDP did not cover	Q65
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q68A*
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q68B*
Easy to use PDP to get meds prescribed by Dr.	Q69
Use PDP to fill a prescription at local pharmacy	Q70
Ever use PDP to fill prescription by mail	Q72
Rate PDP	Q74
Recommend PDP to others	Q75
Rate General Health	Q76
Rate Mental Health	Q77
Seen MD > 3 times for same condition	Q78
Take meds prescribed by Dr.	Q80
Delayed filling RX meds b/c could not afford it	Q82
Did you receive any mail order medicines that you did not request	Q83
Dr. said you had: Heart attack	Q84A*
Dr. said you had: Angina or coronary heart disease	Q84B*
Dr. said you had: Hypertension or high blood pressure	Q84C*
Dr. said you had: Cancer other than skin cancer	Q84D*
Dr. said you had: Emphysema, asthma or COPD	Q84E*
Dr. said you had: Diabetes or high blood sugar	Q84F*
Flu Shot last year	Q85
Ever had Pneumonia shot	Q86
How much smoke now	Q87
Highest education level completed	Q89

Hispanic or Latino origin/descent	Q90
Race	Q91A-E*
Live Alone	Q92
Contact again	Q93
Someone help complete survey	Q94

\* When calculating percent complete: The multi answer “Did anyone from a doctor’s office remind” question counts as a single question no matter how many responses are chosen, the multi answer “Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure” counts as a single question no matter how many responses are chosen, the multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen, and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only 1 item to the total number of questions applicable to all respondents.



## **Appendix L**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 PDP Survey Survey Items Applicable to All Respondents**

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## Appendix L

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2015 PDP Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Try to get information/help through prescription drug plan's (PDP) customer service	Q3
Try to get information from PDP about which prescription meds covered	Q6
Try to get information from PDP about how much would have to pay for prescription meds	Q8
How many different prescription meds fill/refill	Q10
Dr. prescribe a medicine that PDP did not cover	Q11
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q17A*
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q17B*
Easy to use PDP to get meds prescribed by Dr.	Q18
Use PDP to fill a prescription at local pharmacy	Q19
Ever use PDP to fill prescription by mail	Q21
Rate PDP	Q23
Recommend PDP to others	Q24
Rate General Health	Q25
Rate Mental Health	Q26
Seen MD > 3 times for same condition	Q27
Take meds prescribed by Dr.	Q29
Delayed filling RX meds b/c could not afford it	Q31
Did you receive any mail order medicines that you did not request	Q32
Dr. said you had: Heart attack	Q33A*
Dr. said you had: Angina or coronary heart disease	Q33B*

Dr. said you had: Hypertension or high blood pressure	Q33C*
Dr. said you had: Cancer other than skin cancer	Q33D*
Dr. said you had: Emphysema, asthma or COPD	Q33E*
Dr. said you had: Diabetes or high blood sugar	Q33F*
Flu Shot last year	Q34
Ever had Pneumonia shot	Q35
How much smoke now	Q36
Highest education level completed	Q38
Hispanic or Latino origin/descent	Q39
Race	Q40A-E*
Live Alone	Q41
Contact again	Q42
Someone help complete survey	Q43

\* When calculating percent complete: The multi answer “Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure” counts as a single question no matter how many responses are chosen, the multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only 1 item to the total number of questions applicable to all respondents.

## **Appendix M**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP CAHPS<sup>®</sup> Survey**

## **List of Reportable Measures**

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## Appendix M

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

#### List of Reportable Measures

Composite Measures	Survey Items Included in the Composite
Getting Needed Care	In the last 6 months, how often was it easy to get appointments with specialists?  MA-only - #35      MA-PD - #35      PDP - N/A
	In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?  MA-only - #40      MA-PD - #40      PDP - N/A
Getting Appointments and Care Quickly	In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?  MA-only - #4      MA-PD - #4      PDP - N/A
	In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?  MA-only - #6      MA-PD - #6      PDP - N/A
	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?  MA-only - #8      MA-PD - #8      PDP - N/A
Doctors Who Communicate Well (reported to contracts – not reported to consumers)	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?  MA-only - #15      MA-PD - #15      PDP - N/A
	In the last 6 months, how often did your personal doctor listen carefully to you?  MA-only - #16      MA-PD - #16      PDP - N/A
	In the last 6 months, how often did your personal doctor show respect for what you had to say?  MA-only - #17      MA-PD - #17      PDP - N/A
	In the last 6 months, how often did your personal doctor spend enough time with you?  MA-only - #18      MA-PD - #18      PDP - N/A

Composite Measures	Survey Items Included in the Composite
Customer Service	<p>In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>MA-only - #42      MA-PD - #42      PDP - N/A</p>
	<p>In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>MA-only - #43      MA-PD - #43      PDP - N/A</p>
	<p>In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>MA-only - #45      MA-PD - #45      PDP - N/A</p>
Getting Needed Prescription Drugs	<p>In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>MA-only - N/A      MA-PD - #69      PDP - #18</p>
	<p>In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>MA-only - N/A      MA-PD - #71      PDP - #20</p>
	<p>In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>MA-only - N/A      MA-PD - #73      PDP - #22</p>
Getting Information from Drug Plan (reported to contracts – not reported to consumers)	<p>In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?</p> <p>MA-only - N/A      MA-PD - #58      PDP - #4</p>
	<p>In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?</p> <p>MA-only - N/A      MA-PD - #59      PDP - #5</p>
	<p>In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?</p> <p>MA-only - N/A      MA-PD - #61      PDP - #7</p>
	<p>In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?</p> <p>MA-only - N/A      MA-PD - #63      PDP - #9</p>

Composite Measures	Survey Items Included in the Composite
Care Coordination	<p>In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?</p> <p>MA-only - #20    MA-PD - #20    PDP - N/A</p>
	<p>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?</p> <p>MA-only - #22    MA-PD - #22    PDP - N/A</p>
	<p>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?</p> <p>MA-only - #23    MA-PD - #23    PDP - N/A</p>
	<p>In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>MA-only - #25    MA-PD - #25    PDP - N/A</p>
	<p>In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?</p> <p>MA-only - #31    MA-PD - #31    PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?</p> <p>MA-only - #38    MA-PD - #38    PDP - N/A</p>

Overall Ratings	Survey Item
Rating of Health Plan	<p>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?</p> <p>MA-only - #46    MA-PD - #46    PDP - N/A</p>
Rating of Health Care Quality	<p>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?</p> <p>MA-only - #12    MA-PD - #12    PDP - N/A</p>
Rating of Drug Plan	<p>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?</p> <p>MA-only - N/A    MA-PD - #74    PDP - #23</p>
Stand Alone Items	Survey Item
Annual Flu Vaccine	<p>Have you had a flu shot since July 1, 2014?</p> <p>MA-only - #68    MA-PD - #85    PDP - #34</p>
Pneumonia Vaccine (reported to contracts – not reported to consumers)	<p>Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person’s lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.</p> <p>MA-only - #69    MA-PD - #86    PDP - #35</p>

## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

**2015 MA-only and MA-PD Survey  
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# MA & PDP CAHPS Survey

## 2015 MA-only and MA-PD Survey **INITIAL COVER LETTER**

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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your health plan serve you better.

If you changed your Medicare plan for 2015, please answer the questions in the survey thinking about your experiences in the last six months of 2014. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

If you have any questions about the survey, please call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you in advance for your participation.

Sincerely,

Signature  
[SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.

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## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 Prescription Drug Plan Survey *INITIAL COVER LETTER - English***

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# MA & PDP CAHPS Survey

## 2015 Prescription Drug Plan Survey *INITIAL COVER LETTER - English*

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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 15 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2015, please answer the questions in the survey thinking about your experiences in the last six months of 2014. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices.

If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXX-XXXX, Monday through Friday, between xx:xx a.m. and xx:xx p.m.

Thank you in advance for your participation.

Sincerely,

Signature  
[SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.

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## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

**2015 MA-only and MA-PD Survey  
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# MA & PDP CAHPS Survey

## 2015 MA-only and MA-PD Survey 2<sup>ND</sup> MAILING COVER LETTER

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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care and services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your health plan serve you better.

If you changed your Medicare plan for 2015, please answer the questions in the survey thinking about your experiences in the last six months of 2014. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. If you have already sent the survey back, thank you for completing the survey. If you have any questions about the survey, please do not hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you for your help with this important survey.

Sincerely,

Signature  
[SENIOR OFFICIAL OF SURVEY VENDOR]

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## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 Prescription Drug Plan Survey 2<sup>ND</sup> MAILING COVER LETTER - English**

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# MA & PDP CAHPS Survey

## 2015 Prescription Drug Plan Survey 2<sup>ND</sup> MAILING COVER LETTER

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO PLAN MEMBERS]

[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 15 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2015, please answer the questions in the survey thinking about your experiences in the last six months of 2014. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices, so we hope you will choose to help us.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. If you have already sent the survey back, thank you for completing the survey. If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you for your help with this important survey.

Sincerely,

Signature  
[SENIOR OFFICIAL OF SURVEY VENDOR]

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## **Appendix N**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Medicare Advantage Plan Survey**

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# “Medicare Satisfaction Survey” 2015 Medicare Advantage Plan Survey

## MEDICARE SURVEY INSTRUCTIONS

*This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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].*

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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  
 No **→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?

- 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. The valid OMB control number for this information collection is **0938-0732**. The time required to complete this information collection is estimated to average **20 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 2014 your health services were covered by the plan named on the back page. Is that right?

- Yes →If Yes, Go to Question 3  
 No

2. Please write below the name of the health plan you had in 2014 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

---

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes  
 No →If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes  
 No →If No, Go to Question 7

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None →If None, Go to Question 9  
 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- Yes
- No →If No, Go to Question 12

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- Less than 1 hour
- 1 to 3 hours
- More than 3 hours but less than 6 hours
- More than 6 hours
- I did not ask for a return call
- I did not get a return call
- I was told to go to the Emergency Room

12. 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
- 10 Best health care possible

---

**Your Personal Doctor**

---

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

- Yes  
 No →If No, Go to Question 33

14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

None →If None, Go to Question 33

- 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

16. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

19. 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  
 8  
 9  
 10 Best personal doctor possible

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

- Never
- Sometimes
- Usually
- Always

21. 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 24

22. 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?

- Never →If Never, Go to Question 24
- Sometimes
- Usually
- Always

23. 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

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

- Yes
- No →If No, Go to Question 26

25. 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
- Always

26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?

- Yes
- No →If No, Go to Question 29

27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?

- Yes, a lot
- Yes, a little
- No, not at all

28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?

- Harder
- Not harder or easier
- Easier

29. 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
- No →If No, Go to Question 32

30. 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
- No →If No, Go to Question 32

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

- Yes, definitely
- Yes, somewhat
- No

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

- Yes
- No

---

### Getting Health Care From Specialists

---

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- Yes →If Yes, Please include your personal doctor as you answer these questions about specialists
- No
- I do not have a personal doctor

34. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
- No →If No, Go to Question 39
- Someone else made my specialist appointments for me

35. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
  - Sometimes
  - Usually
  - Always
  - Someone else made my specialist appointments for me

36. How many specialists have you seen in the last 6 months?

None →If None, Go to Question 39

- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

37. We want to know your rating of the specialist you saw most often 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

38. 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 did not visit my personal doctor in the last 6 months
- My personal doctor is a specialist

---

### Your Health Plan

---

39. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- Yes
- No →If No, Go to Question 41

40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No →If No, Go to Question 44

42. 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

43. 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

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

- Yes
- No → If No, Go to Question 46

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

- Never
- Sometimes
- Usually
- Always

46. 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
- 8
- 9
- 10 Best health plan possible

47. In the last 6 months, did anyone from a doctor's office or your health plan contact you:

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To remind you to make appointments for tests or treatment?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To remind you to get a flu shot or other immunization?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To remind you about screening tests such as breast cancer or colorectal cancer screening? | <input type="checkbox"/> | <input type="checkbox"/> |

48. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No → If No, Go to Question 50

49. In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?

- Yes
- No

---

**Your Medicare Rights**

---

50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- Yes
- No →If No, Go to Question 53

51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- Yes
- No →If No, Go to Question 53
- Don't know →If Don't know, Go to Question 53

52. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of these things

53. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes
- No →If No, Go to Question 57

54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

55. How long did it take for your health plan to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

56. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

---

### About You

---

57. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

58. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. 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 61

60. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

61. Do you now need or take any medicine prescribed by a doctor for any condition?

- Yes
- No → If No, Go to Question 63

62. Is this to treat a condition that has lasted for at least 3 months?

- Yes
- No

63. 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

64. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

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

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

66. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. A heart attack?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar?                          | <input type="checkbox"/> | <input type="checkbox"/> |

68. Have you had a flu shot since July 1, 2014?

- Yes
- No
- Don't know

69. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

70. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all →If Not at all, Go to Question 72
- Don't know →If Don't know, Go to Question 72

71. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

72. What is the highest grade or level of school that you have completed?

- 8<sup>th</sup> 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

73. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

74. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

75. How many people live in your household now, including yourself?

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

76. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- Yes
- No

77. Did someone help you complete this survey?

Yes

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

78. How did that person help you? 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

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**

**[SURVEY VENDOR ADDRESS]**

**Contract Name:** \_\_\_\_\_

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## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 Medicare Advantage Prescription Drug Survey**

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# “Medicare Satisfaction Survey” 2015 Medicare Advantage Prescription Drug Survey

## MEDICARE SURVEY INSTRUCTIONS

*This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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].*

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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  
 No **→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?

- 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. The valid OMB control number for this information collection is **0938-0732**. The time required to complete this information collection is estimated to average **20 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 2014 your health services were covered by the plan named on the back page. Is that right?

- Yes →If Yes, Go to Question 3  
 No

2. Please write below the name of the health plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

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### Your Health Care in the Last 6 Months

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3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes  
 No →If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes  
 No →If No, Go to Question 7

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never  
 Sometimes  
 Usually  
 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None →If None, Go to Question 9  
 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- Yes
- No →If No, Go to Question 12

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- Less than 1 hour
- 1 to 3 hours
- More than 3 hours but less than 6 hours
- More than 6 hours
- I did not ask for a return call
- I did not get a return call
- I was told to go to the Emergency Room

12. 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
- 10 Best health care possible

---

**Your Personal Doctor**

---

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

- Yes  
 No →If No, Go to Question 33

**14.** In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

None →If None, Go to Question 33

- 1  
 2  
 3  
 4  
 5 to 9  
 10 or more

**15.** In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

**16.** In the last 6 months, how often did your personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Never  
 Sometimes  
 Usually  
 Always

**19.** 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  
 8  
 9  
 10 Best personal doctor possible

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

- Never
- Sometimes
- Usually
- Always

21. 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 24

22. 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?

- Never →If Never, Go to Question 24
- Sometimes
- Usually
- Always

23. 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

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

- Yes
- No →If No, Go to Question 26

25. 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
- Always

26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?

- Yes
- No →If No, Go to Question 29

27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?

- Yes, a lot
- Yes, a little
- No, not at all

28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?

- Harder
- Not harder or easier
- Easier

29. 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
- No → **If No, Go to Question 32**

30. 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
- No → **If No, Go to Question 32**

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

- Yes, definitely
- Yes, somewhat
- No

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

- Yes
- No

---

### Getting Health Care From Specialists

---

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- Yes → **If Yes, Please include your personal doctor as you answer these questions about specialists**
- No
- I do not have a personal doctor

34. In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
- No → **If No, Go to Question 39**
- Someone else made my specialist appointments for me

35. In the last 6 months, how often was it easy to get appointments with specialists?
- Never
  - Sometimes
  - Usually
  - Always
  - Someone else made my specialist appointments for me

36. How many specialists have you seen in the last 6 months?

None →If None, Go to  
**Question 39**

- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

37. We want to know your rating of the specialist you saw most often 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

38. 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 did not visit my personal doctor in the last 6 months
- My personal doctor is a specialist

---

### Your Health Plan

---

39. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- Yes
- No →If No, Go to Question 41

40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No →If No, Go to Question 44

42. 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

43. 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

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

- Yes
- No → If No, Go to Question 46

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

- Never
- Sometimes
- Usually
- Always

46. 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
- 8
- 9
- 10 Best health plan possible

47. In the last 6 months, did anyone from a doctor's office or your health plan contact you:

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To remind you to make appointments for tests or treatment?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To remind you to get a flu shot or other immunization?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To remind you about screening tests such as breast cancer or colorectal cancer screening? | <input type="checkbox"/> | <input type="checkbox"/> |

48. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No →If No, Go to Question 50

49. In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?

- Yes
- No

---

**Your Medicare Rights**

---

50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

- Yes
- No →If No, Go to Question 53

51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

- Yes
- No →If No, Go to Question 53
- Don't know →If Don't know, Go to Question 53

52. When you spoke to your health plan about the decision not to provide care or services, did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of these things

53. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes
- No →If No, Go to Question 57

54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

55. How long did it take for your health plan to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

56. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

---

### Your Prescription Drug Plan

---

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

57. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?

- Yes
- No →If No, Go to Question 60

58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months →Go to

**Question  
60**

59. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

60. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- Yes
- No →If No, Go to Question 62

**61.** In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

**62.** In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- Yes
- No →If No, Go to Question 64

**63.** In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

**64.** In the last 6 months, how many different prescription medicines did you fill or have refilled?

- None
- 1 to 2 medicines
- 3 to 5 medicines
- 6 or more medicines

**65.** In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- Yes
- No →If No, Go to Question 68

**66.** When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

- Yes
- No →If No, Go to Question 68
- All my prescribed medicines are covered →Go to Question 68

67. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of the above
- All my prescribed medicines were covered

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

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To make sure you filled or refilled a prescription?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To make sure you were taking medications as directed? | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to get any medicines in the last 6 months

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

- Yes
- No → If No, Go to Question 72

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

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

- Yes
- No →If No, Go to Question 74
- I am not sure if my drug plan offers prescriptions by mail  
→Go to Question 74

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
- I am not sure if my drug plan offers prescriptions by mail

74. 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?

- 0 Worst prescription drug plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best prescription drug plan possible

75. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

---

### About You

---

76. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

77. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

78. 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 80

79. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

80. Do you now need or take any medicine prescribed by a doctor for any condition?

- Yes
- No → If No, Go to Question 82

81. Is this to treat a condition that has lasted for at least 3 months?

- Yes
- No

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

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

83. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| a. A heart attack?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar?                          | <input type="checkbox"/> | <input type="checkbox"/> |

85. Have you had a flu shot since July 1, 2014?

- Yes
- No
- Don't know

86. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

87. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **If Not at all, Go to Question 89**
- Don't know → **If Don't know, Go to Question 89**

88. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

89. What is the highest grade or level of school that you have completed?

- 8<sup>th</sup> 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

90. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

91. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

92. How many people live in your household now, including yourself?

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

93. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- Yes
- No

94. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

95. How did that person help you? 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

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**

**[SURVEY VENDOR ADDRESS]**

**Contract Name:** \_\_\_\_\_

## **Appendix N**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Prescription Drug Plan Survey**

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# “Medicare Satisfaction Survey” 2015 Prescription Drug Plan Survey

## MEDICARE SURVEY INSTRUCTIONS

*This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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].*

- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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 0  
 No →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?

- 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. The valid OMB control number for this information collection is **0938-0732**. 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 2014 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?

- Yes → If Yes, Go to Question 3
- No

2. Please write below the name of the Medicare prescription drug plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

---

3. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?

- Yes
- No → If No, Go to Question 6

4. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months → Go to Question 6

5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- Yes
- No → If No, Go to Question 8

7. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

8. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- Yes
- No →If No, Go to Question 10

9. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?

- Never
- Sometimes
- Usually
- Always
- I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

10. In the last 6 months, how many different prescription medicines did you fill or have refilled?

- None
- 1 to 2 medicines
- 3 to 5 medicines
- 6 or more medicines

11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- Yes
- No →If No, Go to Question 17

12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

- Yes
- No →If No, Go to Question 17
- All my prescribed medicines are covered →Go to Question 17

13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

Please mark one or more.

- Tell you that you can file an appeal
- Offer to send you forms that you need in order to file an appeal
- Suggest how to resolve your complaint
- Listen to your complaint but did not help to resolve it
- Discourage you from taking action
- Do none of the above
- All my prescribed medicines were covered

14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?

- Very dissatisfied
- Somewhat dissatisfied
- Neither dissatisfied nor satisfied
- Somewhat satisfied
- Very satisfied

15. How long did it take for your plan to settle your complaint?

- Same day
- 1 week
- 2 weeks
- 3 weeks
- 4 or more weeks
- I am still waiting for it to be settled

16. Was your complaint or problem settled to your satisfaction?

- Yes
- No
- I am still waiting for it to be settled

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

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To make sure you filled or refilled a prescription?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To make sure you were taking medications as directed? | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to get any medicines in the last 6 months

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

- Yes
- No →If No, Go to Question 21

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

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

- Yes
- No →If No, Go to Question 23
- I am not sure if my drug plan offers prescriptions by mail  
→Go to Question 23

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

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
- I am not sure if my drug plan offers prescriptions by mail

23. 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?

- 0 - Worst prescription drug plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - Best prescription drug plan possible

24. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

---

### About You

---

25. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

26. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

27. 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 29

28. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

29. Do you now need or take any medicine prescribed by a doctor for any condition?

- Yes
- No → If No, Go to Question 31

30. Is this to treat a condition that has lasted for at least 3 months?

- Yes
- No

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

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

32. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. A heart attack?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar?                          | <input type="checkbox"/> | <input type="checkbox"/> |

34. Have you had a flu shot since July 1, 2014?

- Yes
- No
- Don't know

35. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

36. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → If Not at all, Go to Question 38
- Don't know → If Don't know, Go to Question 38

**37.** In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

**38.** What is the highest grade or level of school that you have completed?

- 8<sup>th</sup> 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

**39.** Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

**40.** What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

**41.** How many people live in your household now, including yourself?

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

**42.** The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

- Yes
- No

**43.** Did someone help you complete this survey?

Yes

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**44.** How did that person help you? 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

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**

**[SURVEY VENDOR ADDRESS]**

**Contract Name:** \_\_\_\_\_

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## **Appendix O**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Instructions and CATI Scripts**

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## Appendix O

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## Instructions for Conducting the Survey via CATI

### Overview

This telephone interview script is provided to assist interviewers while attempting to administer the MA & PDP CAHPS Survey.

### Instructions for Survey Vendors

- The scripts provided in this document use the same questions as those found in the mail version of the Medicare Advantage Plan Survey, the Medicare Advantage Prescription Drug Plan Survey, and the Prescription Drug Plan Survey
- To ensure comparability, neither a plan nor a survey vendor may change the wording of the survey questions, the response categories, or the order of the questions in any of the surveys
- CMS must approve supplemental questions. Supplemental items must be inserted in the instrument after the Core questions and a transition phrase must be added to indicate a transition to plan-specific supplemental questions (please refer to the protocol for adding supplemental questions included in the *MA & PDP Quality Assurance Protocols & Specifications V5.0*). All transitional statements must be read. Like the core items, supplemental questions should be adapted to the format for telephone administration used in these scripts.
- All text that appears in lowercase letters must be read out loud
- For all questions that use “Never/Sometimes/Usually/Always” response scale, the interviewer should say “Would you say...” before reading the response options to the respondent
- Text within a question that is in **one** of the following styles: underlined, or **bolded**, or **highlighted**, or IN UPPERCASE LETTERING, or *italicized* must be emphasized
- Words that appear in < > are instructions or for informational purposes only and must not be read aloud
- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Text that appears within parentheses and (UPPERCASE LETTERING) indicate instructions for the interviewer regarding optional items. These

instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY).

- Text that appears within [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- Only one language must appear on the electronic interviewing system screen
- Some items can and should be skipped by certain beneficiaries
  - Dependent questions that are appropriately skipped should be coded as “8-NOT APPLICABLE”
- Skip patterns should be programmed into the electronic telephone interviewing system. For example, if a beneficiary answers “No” to a screener question, the program should skip and go to the next screener question. The dependent questions between the screener questions must then be coded as “8-NOT APPLICABLE.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a response to a screener question is not obtained (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” In this case, the telephone interviewing system should be programmed to skip the dependent question(s) and go to the next screener question. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- Survey vendors may not underline or use bold letters to emphasize words or questions **other than** what is **already** included in the final version of the questionnaires provided by CMS
- Please note that the telephone script contains two questions from the questionnaires that ask about receiving assistance (proxy respondent). The questions “Did someone help you complete this survey?” and “How did that person help you?” are to be completed by the interviewer based on the respondent’s (or proxy’s) role during the interview.
- In the event that a beneficiary is unable to complete the interview himself/herself, a proxy interview may be conducted provided the telephone interviewer is able to identify a suitable proxy respondent (someone who knows the beneficiary well and is able to answer health related questions about the beneficiary accurately). However, the telephone interviewer must obtain the beneficiary’s permission to have a proxy respondent assist them with the interview or complete the interview for them. If the interviewer is unable to speak to the beneficiary directly in order to identify a proxy respondent and obtain his/her permission to do the interview for them, they must not proceed with the interview. The CATI introductory script includes a script for identifying and obtaining consent to complete a proxy interview, as well as a reminder for the proxy respondent to answer the survey questions about the beneficiary.

- To ensure that proxy respondents answer survey questions about the beneficiary, all proxy survey questions must be reworded to reference the selected beneficiary:

#### EXAMPLES:

Q03 In the last 6 months, did [SAMPLE MEMBER NAME] have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Q36 How many specialists has [SAMPLE MEMBER NAME] seen in the last 6 months?

Now I am going to ask you some questions about [SAMPLE MEMBER NAME]'s health

Q76 In general, how would [SAMPLE MEMBER NAME]'s rate [his/her] overall health? Would he/she say it is...

#### Instructions for Telephone Interviewer

- Interviewers must ask the survey questions and record the respondent's responses in a standardized and consistent way, probing as necessary
- Suggested probes are indicated by (PROBE "IF NEEDED: TEXT IS IN ALL UPPER CASE LETTERING")
- Characters in < > are instructions or for informational purposes only and must not be read aloud
- Text that appears within parentheses and (UPPERCASE LETTERING) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- "DON'T KNOW" and "REFUSED" answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Interviewers should read aloud all text that appears in lowercase letters
- Text within a question that is in **one** of the following styles: underlined, or **bolded**, or highlighted, or IN UPPER CASE LETTERING, or *italicized* must be emphasized by the interviewer
- Interviewers must follow basic interviewing conventions such as:
  - Conducting the interview in a neutral and unbiased fashion;
  - Probing for complete answers in a neutral and professional manner;
  - Reading all questions, transition phrases, and response options exactly as written;

- Reading all response options in lowercase;
  - Maintaining the integrity of the questionnaire content by asking each question consistently and in the correct order, and without skipping any questions inappropriately;
  - Recording responses accurately;
  - Reading questions at an appropriate speed (at a normal pace, neither too fast, nor too slow);
  - Repeating questions as necessary
- 
- Interviewers should avoid assuming answers ahead of time, interpreting answers provided, or suggesting answers
  - Interviewers should avoid giving their opinion, even when asked; Interviewers should provide positive but neutral feedback to maintain cooperation and to show appreciation for the respondent's contribution of time and effort.

## **Appendix O**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **2015 Medicare Advantage Plan Survey CATI Script**

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# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2015 Medicare Advantage Plan Survey CATI Script

<THE PURPOSE OF THE INTRO1 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 HEALTH PLAN THE SAMPLE 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] Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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]>

[INTRO2] Hello, this is [INTERVIEWER NAME] calling on behalf of [HEALTH 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 health care 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 [HEALTH 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 20 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  
[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 does the interview or who could do the interview for you?

- 1 YES →[GO TO INTRO3 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 INTRO3 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] AND CODE AS MENTALLY/ PHYSICALLY INCAPABLE>

[PROXY\_INTRO 1] Hello, this is [INTERVIEWER NAME] calling on behalf of [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] health plan and [SAMPLE MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLE 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 20 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] health plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: →GO TO Q1]

Q1 Our records show that in 2014 your health services were covered by the plan named [Insert Plan Name Here].  
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 health plan you had in 2014? 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]

Now I am going to ask you questions about your health care in the last 6 months.

Q3 In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO [GO TO Q5]

98 <DON'T KNOW> [GO TO Q5]  
99 <REFUSED> [GO TO Q5]  
M [MISSING]

Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? Would you say...

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

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

- Q5 In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?  
(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, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? 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, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? Would you say...
- 0 None [GO TO Q9]
  - 1 1
  - 2 2
  - 3 3
  - 4 4
  - 5 5 to 9
  - 6 10 or more
  - 98 <DON'T KNOW> [GO TO Q9]
  - 99 <REFUSED> [GO TO Q9]
  - M [MISSING]
- Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually, or
  - 4 Always
  - 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

- Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q12]
  - 98 <DON'T KNOW> [GO TO Q12]
  - 99 <REFUSED> [GO TO Q12]
  - M [MISSING]
- Q10 In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually, or
  - 4 Always
  - 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q11 In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back? Would you say...
- 1 Less than 1 hour
  - 2 1 hour to 3 hours
  - 3 More than 3 hours but less than 6 hours
  - 4 More than 6 hours
  - 5 I did not ask for a return call
  - 6 I did not get a return call
  - 7 I was told to go to the Emergency Room
  - 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

Q12 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH CARE POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST HEALTH CARE POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I'd like to ask you about your Personal Doctor.

Q13 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE "IF NEEDED: IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q33]

98 <DON'T KNOW> [GO TO Q33]

99 <REFUSED> [GO TO Q33]

M [MISSING]

Q14 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...

0 None [GO TO Q33]

1 1

2 2

3 3

4 4

5 5 to 9

6 10 or more

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q33]

99 <REFUSED> [GO TO Q33]

M [MISSING]

Q15 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q17 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...

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

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

Q18 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...

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

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

Q19 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PERSONAL DOCTOR POSSIBLE

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

10 - BEST PERSONAL DOCTOR POSSIBLE

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

Q20 In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

Would you say...

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

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

Q21 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q24]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q24]
- 99 <REFUSED> [GO TO Q24]
- M [MISSING]

Q22 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? Would you say...

- 1 Never, [GO TO Q24]
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q24]
- 99 <REFUSED> [GO TO Q24]
- M [MISSING]

Q23 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? Would you say...

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

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

Q24 In the last 6 months, did you take any prescription medicine?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q26]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

Q25 In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...

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

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

Q26 Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q29]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q29]
- 99 <REFUSED> [GO TO Q29]
- M [MISSING]

Q27 During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you? Would you say...

- 1 Yes, a lot,
- 2 Yes, a little, or
- 3 No, not at all

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

- Q28 During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her? Would you say...
- 1 Harder,
  - 2 Not harder or easier, or
  - 3 Easier
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q29 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?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q32]
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW> [GO TO Q32]
  - 99 <REFUSED> [GO TO Q32]
  - M [MISSING]
- Q30 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?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q32]
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW> [GO TO Q32]
  - 99 <REFUSED> [GO TO Q32]
  - M [MISSING]
- Q31 In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? Would you say...
- 1 Yes, definitely,
  - 2 Yes, somewhat, or
  - 3 No
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Now I am going to ask some questions about getting health care from specialists.

Q33 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- 1 Yes,
- 2 No, or
- 3 I do not have a personal doctor

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

(IF THE RESPONSE TO Q 33 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q34)

Please include your personal doctor as you answer these questions about Specialists.

Q34. In the last 6 months, did you try to make any appointments to see a specialist?

(PROBE "IF NEEDED: A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q39]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME

- 98 <DON'T KNOW> [GO TO Q39]
- 99 <REFUSED> [GO TO Q39]
- M [MISSING]

Q35 In the last 6 months, how often was it easy to get appointments with specialists? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 Someone else made my specialist appointments for me

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q36 How many specialists have you seen in the last 6 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 NONE [GO TO Q39]

1 1 SPECIALIST

2 2

3 3

4 4

5 5 OR MORE SPECIALISTS

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q39]

99 <REFUSED> [GO TO Q39]

M [MISSING]

Q37 We want to know your rating of the specialist you saw most often 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST SPECIALIST POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST SPECIALIST POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q13 IS ASSIGNED ANSWER “2 - NO” Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS “88 - NOT APPLICABLE”
- IF Q14 IS ASSIGNED ANSWER “0 - NONE” Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS “88 - NOT APPLICABLE”]

Q38 In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7]
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Now I am going to ask some questions about your health plan.

Q39 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q41]
  
- 98 <DON'T KNOW> [GO TO Q41]
- 99 <REFUSED> [GO TO Q41]
- M [MISSING]

Q40 In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q41 In the last 6 months, did you try to get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q44]

98 <DON'T KNOW> [GO TO Q44]

99 <REFUSED> [GO TO Q44]

M [MISSING]

Q42 In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q43 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q44 In the last 6 months, did your health plan give you any forms to fill out?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q46]

98 <DON'T KNOW> [GO TO Q46]

99 <REFUSED> [GO TO Q46]

M [MISSING]

Q45 In the last 6 months, how often were the forms from your health plan easy to fill out?

Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q46 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH PLAN POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST HEALTH PLAN POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q47 In the last 6 months, did anyone from a doctor's office or your health plan contact you...

a. To remind you to make appointments for tests or treatment?

(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 OR YOUR HEALTH PLAN CONTACT YOU...)

- b. To remind you to get a flu shot or other immunization?

(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 OR YOUR HEALTH PLAN CONTACT YOU...)

- c. To remind you about screening tests such as breast cancer or colorectal cancer screening?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q48 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 [GO TO Q50]

98 <DON'T KNOW> [GO TO Q50]

99 <REFUSED> [GO TO Q50]

M [MISSING]

- Q49 In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about your Medicare rights.

Q50 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q53]

98 <DON'T KNOW> [GO TO Q53]

99 <REFUSED> [GO TO Q53]

M [MISSING]

Q51 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q53]
- 3 DON'T KNOW [GO TO Q53]

88 [NOT APPLICABLE]

99 <REFUSED> [GO TO Q53]

M [MISSING]

Q52 When you spoke to your health plan about the decision not to provide care or services, did they...

a. Tell you that you can file an appeal?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

b. Offer to send you forms that you need in order to file an appeal?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

- c. Suggest how to resolve your complaint?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

- d. Listen to your complaint but did not help to resolve it?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

- e. Discourage you from taking action?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF 52 a, b, c, d, or e=yes "coded as 1", ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

f. Do none of these things?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q53 In the last 6 months, have you called or written your health plan with a complaint or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q57]

98 <DON'T KNOW> [GO TO Q57]

99 <REFUSED> [GO TO Q57]

M [MISSING]

Q54 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say...

1 Very dissatisfied,

2 Somewhat dissatisfied,

3 Neither dissatisfied nor satisfied,

4 Somewhat satisfied, or

5 Very satisfied

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q55 How long did it take for your health plan to settle your complaint?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SAME DAY
- 2 1 WEEK
- 3 2 WEEKS
- 4 3 WEEKS
- 5 4 OR MORE WEEKS OR
- 6 I AM STILL WAITING FOR IT TO BE SETTLED

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q56 Was your complaint or problem settled to your satisfaction?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 I AM STILL WAITING FOR IT TO BE SETTLED

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about you.

Q57 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]

Q58 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]

Q59 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q61]

98 <DON'T KNOW> [GO TO Q61]

99 <REFUSED> [GO TO Q61]

M [MISSING]

Q60 Is this a condition or problem that has lasted for at least 3 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q61 Do you now need or take any medicine prescribed by a doctor for any condition?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q63]

98 <DON'T KNOW> [GO TO Q63]

99 <REFUSED> [GO TO Q63]

M [MISSING]

Q62 Is this to treat a condition that has lasted for at least 3 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q63 In the last 6 months, how often was it easy to get the medicines your doctor prescribed?  
Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually,
  - 4 Always, or
  - 5 My doctor did not prescribe any medicines for me in the last 6 months
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]
- Q64 Do you have insurance that pays part or all of the cost of your prescription medicines?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
  - 3 DON'T KNOW
- 99 <REFUSED>  
M [MISSING]
- Q65 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]
- Q66 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]

Q67 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]

- Q68 Have you had a flu shot since July 1, 2014?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

3 DON'T KNOW

99 <REFUSED>

M [MISSING]

- Q69 Have you ever had a pneumonia shot? (READ THE FOLLOWING ONLY IF NECESSARY) This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

3 DON'T KNOW

99 <REFUSED>

M [MISSING]

Q70 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL [GO TO Q72]
- 4 DON'T KNOW [GO TO Q72]
  
- 99 <REFUSED> [GO TO Q72]
- M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q71 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q72. CODE Q71 AS "88 - NOT APPLICABLE"]

Q71 In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q72 What is the highest grade or level of school that you have completed?

- 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]

Q73 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]

Q74 What is your race? Please answer yes to one or more. 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]

Q75 How many people live in your household now, including yourself?

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

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

Q76 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

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

Q77 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY>

- 1 YES
- 2 NO [GO TO END]

- 98 <DON'T KNOW>

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

Q78 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>  
<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

- 8 [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.

## **Appendix O**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 Medicare Advantage Prescription Drug Survey CATI Script**

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# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2015 Medicare Advantage Prescription Drug Survey CATI Script

<THE PURPOSE OF THE INTRO1 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 HEALTH PLAN THE SAMPLE 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] Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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]>

[INTRO2] Hello, this is [INTERVIEWER NAME] calling on behalf of [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 health care 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 [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 20 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  
[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 INTRO3 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 INTRO3 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] AND CODE AS MENTALLY/PHYSICALLY INCAPABLE>

[PROXY\_INTRO 1] Hello, this is [INTERVIEWER NAME] calling on behalf of [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] health plan and [SAMPLED MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLE 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 20 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] health plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: → GO TO Q1]

Q1 Our records show that in 2014 your health services were covered by the plan named [Insert Plan Name Here].  
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 health plan you had in 2014? 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]

Now I am going to ask some questions about your health in the last 6 months.

Q3 In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q5]

98 <DON'T KNOW> [GO TO Q5]

99 <REFUSED> [GO TO Q5]

M [MISSING]

Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q5 In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?  
(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, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? 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, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? Would you say...

- 0 None [GO TO Q9]
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more
  
- 98 <DON'T KNOW> [GO TO Q9]
- 99 <REFUSED> [GO TO Q9]
- M [MISSING]

Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q12]

98 <DON'T KNOW> [GO TO Q12]

99 <REFUSED> [GO TO Q12]

M [MISSING]

Q10 In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q11 In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back? Would you say...

- 1 Less than 1 hour
- 2 1 to 3 hours
- 3 More than 3 hours but less than 6 hours
- 4 More than 6 hours
- 5 I did not ask for a return call
- 6 I did not get a return call
- 7 I was told to go to the Emergency Room

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q12 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH CARE POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST HEALTH CARE POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I'd like to ask you about your Personal Doctor.

Q13 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE "IF NEEDED: IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q33]
  
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q14 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...

- 0 None [GO TO Q33]
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q15 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q16 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q17 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...

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

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

Q18 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...

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

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

Q19 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PERSONAL DOCTOR POSSIBLE

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

10 - BEST PERSONAL DOCTOR POSSIBLE

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

Q20 In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q21 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q24]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q24]

99 <REFUSED> [GO TO Q24]

M [MISSING]

Q22 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? Would you say...

1 Never, [GO TO Q24]

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q24]

99 <REFUSED> [GO TO Q24]

M [MISSING]

Q23 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? Would you say...

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

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

Q24 In the last 6 months, did you take any prescription medicine?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q26]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

Q25 In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...

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

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

Q26 Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q29]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q29]
- 99 <REFUSED> [GO TO Q29]
- M [MISSING]

Q27 During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you? Would you say...

- 1 Yes, a lot,
- 2 Yes, a little, or
- 3 No, not at all

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

Q28 During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her? Would you say...

- 1 Harder,
- 2 Not harder or easier, or
- 3 Easier

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

Q29 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q32]

88 [NOT APPLICABLE]  
98 <DON'T KNOW> [GO TO Q32]  
99 <REFUSED> [GO TO Q32]  
M [MISSING]

Q30 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?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q32]

88 [NOT APPLICABLE]  
98 <DON'T KNOW> [GO TO Q32]  
99 <REFUSED> [GO TO Q32]  
M [MISSING]

Q31 In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? Would you say...

- 1 Yes, definitely,
- 2 Yes, somewhat, or
- 3 No

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

Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Now I am going to ask some questions about getting health care from specialists.

Q33 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- 1 Yes,
- 2 No, or
- 3 I do not have a personal doctor

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

(IF THE RESPONSE TO Q 33 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q34)

Please include your personal doctor as you answer these questions about specialists.

Q34. In the last 6 months, did you try to make any appointments to see a specialist?  
(PROBE "IF NEEDED: A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q39]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME
  
- 98 <DON'T KNOW> [GO TO Q39]
- 99 <REFUSED> [GO TO Q39]
- M [MISSING]

Q35 In the last 6 months, how often was it easy to get appointments with specialists?  
Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 Someone else made my specialist appointments for me

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

Q36 How many specialists have you seen in the last 6 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 0 NONE [GO TO Q39]
- 1 1 SPECIALIST
- 2 2
- 3 3
- 4 4
- 5 5 OR MORE SPECIALISTS

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q39]
- 99 <REFUSED> [GO TO Q39]
- M [MISSING]

Q37 We want to know your rating of the specialist you saw most often 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?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST SPECIALIST POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST SPECIALIST POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q13 IS ASSIGNED ANSWER "2 - NO" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"
- IF Q14 IS ASSIGNED ANSWER "0 - NONE" Q38 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q39. CODE Q38 AS "88 - NOT APPLICABLE"]

Q38 In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...

1 Never,

2 Sometimes,

3 Usually,

4 Always, or

7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7]

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about your health plan.

Q39 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q41]

98 <DON'T KNOW> [GO TO Q41]

99 <REFUSED> [GO TO Q41]

M [MISSING]

Q40 In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q41 In the last 6 months, did you try to get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q44]

98 <DON'T KNOW> [GO TO Q44]

99 <REFUSED> [GO TO Q44]

M [MISSING]

Q42 In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q43 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...

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

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

Q44 In the last 6 months, did your health plan give you any forms to fill out?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q46]
- 98 <DON'T KNOW> [GO TO Q46]
- 99 <REFUSED> [GO TO Q46]
- M [MISSING]

Q45 In the last 6 months, how often were the forms from your health plan easy to fill out?  
Would you say...

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

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

Q46 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?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH PLAN POSSIBLE

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

10 - BEST HEALTH PLAN POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q47 In the last 6 months, did anyone from a doctor's office or your health plan contact you...

a. To remind you to make appointments for tests or treatment?

(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 OR YOUR HEALTH PLAN CONTACT YOU...)

b. To remind you to get a flu shot or other immunization?

(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 OR YOUR HEALTH PLAN CONTACT YOU...)

- c. To remind you about screening tests such as breast cancer or colorectal cancer screening?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES  
2 NO

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

- Q48 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 [GO TO Q50]

- 98 <DON'T KNOW> [GO TO Q50]  
99 <REFUSED> [GO TO Q50]  
M [MISSING]

- Q49 In the last 6 months, did anyone from a doctor's office or your health plan contact you to follow up about your hospital stay?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES  
2 NO

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

Now I am going to ask some questions about your Medicare rights.

- Q50 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES  
2 NO [GO TO Q53]

- 98 <DON'T KNOW> [GO TO Q53]  
99 <REFUSED> [GO TO Q53]  
M [MISSING]

Q51 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q53]
- 3 DON'T KNOW [GO TO Q53]

- 88 [NOT APPLICABLE]
- 99 <REFUSED> [GO TO Q53]
- M [MISSING]

Q52 When you spoke to your health plan about the decision not to provide care or services, did they...

a. Tell you that you can file an appeal?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

b. Offer to send you forms that you need in order to file an appeal?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

c. Suggest how to resolve your complaint?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

d. Listen to your complaint but did not help to resolve it?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

e. Discourage you from taking action?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF 52 a, b, c, d, or e=yes "coded as 1", ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"]

(READ ONLY IF NECESSARY: WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY...)

f. Do none of these things?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q53 In the last 6 months, have you called or written your health plan with a complaint or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q57]
  
- 98 <DON'T KNOW> [GO TO Q57]
- 99 <REFUSED> [GO TO Q57]
- M [MISSING]

Q54 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say...

- 1 Very dissatisfied,
- 2 Somewhat dissatisfied,
- 3 Neither dissatisfied nor satisfied,
- 4 Somewhat satisfied, or
- 5 Very satisfied
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q55 How long did it take for your health plan to settle your complaint?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SAME DAY
- 2 1 WEEK
- 3 2 WEEKS
- 4 3 WEEKS
- 5 4 OR MORE WEEKS OR
- 6 I AM STILL WAITING FOR IT TO BE SETTLED

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

Q56 Was your complaint or problem settled to your satisfaction?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 I AM STILL WAITING FOR IT TO BE SETTLED

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

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

Q57 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q60]
- 98 <DON'T KNOW> [GO TO Q60]
- 99 <REFUSED> [GO TO Q60]
- M [MISSING]

Q58 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q59 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q60 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q62]

98 <DON'T KNOW> [GO TO Q62]

99 <REFUSED> [GO TO Q62]

M [MISSING]

Q61 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q62 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q64]
  
- 98 <DON'T KNOW> [GO TO Q64]
- 99 <REFUSED> [GO TO Q64]
- M [MISSING]

Q63 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q64 In the last 6 months, how many different prescription medicines did you fill or have refilled?

- 1 None
- 2 1 to 2 medicines
- 3 3 to 5 medicines, or
- 4 6 or more medicines
  
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q65 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q68]
  
- 98 <DON'T KNOW> [GO TO Q68]
- 99 <REFUSED> [GO TO Q68]
- M [MISSING]

Q66 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q68]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q68]

99 <REFUSED> [GO TO Q68]

M [MISSING]

Q67 When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

a. Tell you that you can file an appeal?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

b. Offer to send you forms that you need in order to file an appeal?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- c. Suggest how to resolve your complaint?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- d. Listen to your complaint but did not help to resolve it?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- e. Discourage you from taking action?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF 67 a, b, c, d, or e=yes (coded as 1), ITEM 67f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

f. Do none of the above?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Q68 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 medications as directed?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Q69 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]

Q70 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 Q72]

98 <DON'T KNOW> [GO TO Q72]

99 <REFUSED> [GO TO Q72]

M [MISSING]

Q71 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]

Q72 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 Q74]

3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q74]

98 <DON'T KNOW> [GO TO Q74]

99 <REFUSED> [GO TO Q74]

M [MISSING]

Q73 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]

Q74 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]

Q75 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say...

- 1 Definitely yes,
- 2 Somewhat yes,
- 3 Somewhat no, or
- 4 Definitely no

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

Now I am going to ask some questions about you.

Q76 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]

Q77 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]

Q78 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q80]

98 <DON'T KNOW> [GO TO Q80]

99 <REFUSED> [GO TO Q80]

M [MISSING]

Q79 Is this a condition or problem that has lasted for at least 3 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q80 Do you now need or take any medicine prescribed by a doctor for any condition?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q82]

98 <DON'T KNOW> [GO TO Q82]

99 <REFUSED> [GO TO Q82]

M [MISSING]

Q81 Is this to treat a condition that has lasted for at least 3 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Q82 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]

Q83 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]

Q84 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]

- Q85 Have you had a flu shot since July 1, 2014?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO  
3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

- Q86 Have you ever had a pneumonia shot? (READ THE FOLLOWING ONLY IF NECESSARY) This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO  
3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

- Q87 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 EVERY DAY  
2 SOME DAYS  
3 NOT AT ALL [GO TO Q89]  
4 DON'T KNOW [GO TO Q89]

99 <REFUSED> [GO TO Q89]  
M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q88 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q89. CODE Q88 AS "88 - NOT APPLICABLE"]

Q88 In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? Would you say...

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

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

Q89 What is the highest grade or level of school that you have completed?

- 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]

Q90 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]

Q91 What is your race? Please answer yes to one or more. 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]

Q92 How many people live in your household now, including yourself?

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

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

Q93 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

(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>

Q94 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY>

1 YES

2 NO [GO TO END]

98 <DON'T KNOW>

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

Q95 <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

- 8 [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.

## **Appendix O**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2015 Prescription Drug Plan Survey CATI Script**

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# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2015 Prescription Drug Plan Survey CATI Script

<THE PURPOSE OF THE INTRO1 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 HEALTH PLAN THE SAMPLE 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] Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

- 1 YES →[Go TO INTRO 2]
- 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]>

[INTRO2] Hello, this is [INTERVIEWER NAME] calling on behalf of [PDP 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 [PDP 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 15 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  
[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] AND CODE AS MENTALLY/PHYSICALLY INCAPABLE>

[PROXY\_INTRO 1] Hello, this is [INTERVIEWER NAME] calling on behalf of [PDP PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] health plan and [SAMPLED MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLE 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 15 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] health plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: →GO TO Q1]

Q1 Our records show that in 2014 your prescriptions were covered by the Medicare prescription drug plan named [Insert Plan Name Here].  
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 2014? 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]

Q3 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO [GO TO Q6]

98 <DON'T KNOW> [GO TO Q6]  
99 <REFUSED> [GO TO Q6]  
M [MISSING]

Q4 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say...

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

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

- Q5 In the last 6 months, how often did your prescription drug plan’s customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually, or
  - 4 Always
- 88 [NOT APPLICABLE]
  - 98 <DON’T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q6 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q8]
- 98 <DON’T KNOW> [GO TO Q8]
  - 99 <REFUSED> [GO TO Q8]
  - M [MISSING]
- Q7 In the last 6 months, how often did your prescription drug plan’s customer service give you all the information you needed about which prescription medicines were covered? Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually, or
  - 4 Always
- 88 [NOT APPLICABLE]
  - 98 <DON’T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q8 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q10]
- 98 <DON’T KNOW> [GO TO Q10]
  - 99 <REFUSED> [GO TO Q10]
  - M [MISSING]

- Q9 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines? Would you say...
- 1 Never,
  - 2 Sometimes,
  - 3 Usually, or
  - 4 Always
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q10 In the last 6 months, how many different prescription medicines did you fill or have refilled? Would you say...
- 1 None
  - 2 1 to 2 medicines
  - 3 3 to 5 medicines, or
  - 4 6 or more medicines
- 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
- Q11 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q17]
- 98 <DON'T KNOW> [GO TO Q17]
  - 99 <REFUSED> [GO TO Q17]
  - M [MISSING]
- Q12 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q17]
- 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW> [GO TO Q17]
  - 99 <REFUSED> [GO TO Q17]
  - M [MISSING]

Q13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...

a. Tell you that you can file an appeal?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

b. Offer to send you forms that you need in order to file an appeal?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

c. Suggest how to resolve your complaint?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- d. Listen to your complaint but did not help to resolve it?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
  - 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- e. Discourage you from taking action?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
  - 8 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF 13 a, b, c, d, or e=YES (coded as 1), ITEM 13f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"]

(READ ONLY IF NECESSARY: WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY...)

- f. Do none of the above?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
  - 88 [NOT APPLICABLE]
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]

Q14 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?

Would you say...

- 1 Very dissatisfied,
- 2 Somewhat dissatisfied,
- 3 Neither dissatisfied nor satisfied,
- 4 Somewhat satisfied, or
- 5 Very satisfied

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q15 How long did it take for your plan to settle your complaint?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SAME DAY
- 2 1 WEEK
- 3 2 WEEKS
- 4 3 WEEKS
- 5 4 OR MORE WEEKS OR
- 6 I AM STILL WAITING FOR IT TO BE SETTLED

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 Was your complaint or problem settled to your satisfaction?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 I AM STILL WAITING FOR IT TO BE SETTLED

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q17 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 medications as directed?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Q18 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]

Q19 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 Q21]

98 <DON'T KNOW> [GO TO Q21]  
99 <REFUSED> [GO TO Q21]  
M [MISSING]

Q20 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]

Q21 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 Q23]
- 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL  
[GO TO Q23]

98 <DON'T KNOW> [GO TO Q23]  
99 <REFUSED> [GO TO Q23]  
M [MISSING]

Q22 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]

Q23 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]

Q24 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say...

- 1 Definitely yes,
- 2 Somewhat yes,
- 3 Somewhat no, or
- 4 Definitely no

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

Now I am going to ask some questions about you.

Q25 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]

- Q26 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]
- Q27 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q29]
- 98 <DON'T KNOW> [GO TO Q29]  
 99 <REFUSED> [GO TO Q29]  
 M [MISSING]
- Q28 Is this a condition or problem that has lasted for at least 3 months?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
- 88 [NOT APPLICABLE]  
 98 <DON'T KNOW>  
 99 <REFUSED>  
 M [MISSING]
- Q29 Do you now need or take any medicine prescribed by a doctor for any condition?  
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO [GO TO Q31]
- 98 <DON'T KNOW> [GO TO Q31]  
 99 <REFUSED> [GO TO Q31]  
 M [MISSING]

Q30 Is this to treat a condition that has lasted for at least 3 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

Q31 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]

Q32 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]

Q33 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]

- Q34 Have you had a flu shot since July 1, 2014?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO  
3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

- Q35 Have you ever had a pneumonia shot? (READ THE FOLLOWING ONLY IF NECESSARY) This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO  
3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

- Q36 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 EVERY DAY  
2 SOME DAYS  
3 NOT AT ALL [GO TO Q38]  
4 DON'T KNOW [GO TO Q38]

99 <REFUSED> [GO TO Q38]  
M [MISSING]

Q37 In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 I had no visits in the last 6 months

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q38 What is the highest grade or level of school that you have completed?

- 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]

Q39 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]

Q40 What is your race? Please answer yes to one or more. 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]

Q41 How many people live in your household now, including yourself?

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

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

Q42 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?

(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>

Q43 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY>

1 YES

2 NO [GO TO END]

98 <DON'T KNOW>

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

Q44 <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.

**Appendix P**  
**Medicare Advantage and Prescription Drug Plan**  
**(MA & PDP) CAHPS<sup>®</sup> Survey**

**Guidance on Supplemental Questions**

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# Appendix P

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Guidance on Supplemental Questions

#### Overview

All supplemental questions for proposed use in the 2015 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval. For the 2015 MA & PDP CAHPS Survey administration, contracts are permitted to add a maximum of 12 supplemental questions to the questionnaire. All supplemental questions must be submitted electronically no later than December 17, 2014 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval.

Within the cap of a maximum of 12 supplemental questions, the exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. Each response-item in a supplemental question containing multi-response items will count as one question toward the maximum cap of 12 supplemental questions. (For example, a supplemental question with sections a through e will count as five questions toward the maximum cap of 12 supplemental questions.)

As a resource for candidate supplement questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ Web site. These items have been thoroughly tested; however, please note that some of these items may not meet the protocols for MA & PDP CAHPS Survey supplemental items.

In addition, the following three MA-PPO questions from the 2012 MA & PDP CAHPS Survey may be considered as supplemental questions.

- Some insurance plans have a network or group of doctors who belong to the plan. You pay less if you use doctors who belong to the network, and more if you use doctors who are not part of the network. Does your health plan's network have enough doctors to choose from? (Response options of "Yes" or "No")
- In the last 6 months, did you try to find out if a doctor was part of your health plan's network? (Response options of "Yes" or "No")
- Was the information you found on whether a doctor was part of your health plan's network accurate? (Response options of "Yes" or "No", or "I did not find the information")

*Note: Any questions previously approved in prior years must be resubmitted for review. It is possible previously approved items may not be re-approved for 2015 survey administration.*

**Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:**

<p><b>Similar content to MA &amp; PDP CAHPS Survey</b></p> <ul style="list-style-type: none"> <li>• How likely are you to recommend your health plan to others?</li> <li>• How would you rate your health plan/prescription benefits?</li> <li>• How would you rate the services/treatment you received from your therapist/doctor/counselor?</li> <li>• Did your doctor provide you information regarding the medicines you were prescribed?</li> <li>• In the past 6 months, have you had a screening for cholesterol/cancer/high blood pressure?</li> </ul>
<p><b>May affect responses to the MA &amp; PDP CAHPS Survey</b></p> <ul style="list-style-type: none"> <li>• When the plan mailed you reminders for tests/screenings, how often did you find those reminders helpful?</li> <li>• In the past six months, did your plan’s customer service improve for the better, get worse or did not change?</li> </ul>
<p><b>Similar to other CMS surveys (e.g., HOS)</b></p> <ul style="list-style-type: none"> <li>• Did you and your doctor talk about increasing the amount of time you exercise or changing your diet?</li> <li>• If you had a fall in the past six months, have you talked to your doctor about that fall or problems with balance?</li> </ul>
<p><b>Questions that do not focus on experience with health care</b></p> <ul style="list-style-type: none"> <li>• How would you rate your health plan’s cost?</li> <li>• How would you rate the overall value you receive from your health plan?</li> <li>• How satisfied are you with how much you pay for prescription medicine?</li> <li>• Is it important to find a doctor that is the same ethnicity as you?</li> </ul>
<p><b>Asks respondents to identify the reason health care services may not have been received</b></p> <ul style="list-style-type: none"> <li>• Did you have to visit an emergency room or urgent care because you could not get an appointment with your personal doctor?</li> <li>• What was/were the reason(s) you could not get an appointment with a specialist?</li> <li>• What was/were the reason(s) you had difficulty getting after-hours care?</li> </ul>
<p><b>Asks about future intentions for plan membership</b></p> <ul style="list-style-type: none"> <li>• How likely are you to re-enroll with your health plan?</li> <li>• Do you intend to switch health or prescription drug plans in the future?</li> </ul>
<p><b>Asks opinion on written communications</b></p> <ul style="list-style-type: none"> <li>• How would you rate the plan’s Web site?</li> <li>• How would you rate the plan’s newsletter (electronic or mail)?</li> </ul>

**Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:**

<b>Asks about the need for plan staff or provider training to improve treatment or services</b>
<ul style="list-style-type: none"> <li>• What we can do to improve our customer service?</li> <li>• Select one area of the plan that needs the most improvement.</li> </ul>
<b>Questions that may cause termination of survey due to sensitivity of topic</b>
<ul style="list-style-type: none"> <li>• What is your sexual preference?</li> <li>• What is your social security number?</li> </ul>
<b>Response could be used to identify a beneficiary</b>
<ul style="list-style-type: none"> <li>• How many years have you been enrolled in this health plan?</li> <li>• How often have you moved residences since being enrolled in the health plan?</li> </ul>
<b>Compares respondent's health with other people</b>
<ul style="list-style-type: none"> <li>• As a result of the services provided by your health plan, do you feel your overall health is better than people without equivalent health benefits?</li> </ul>
<b>Asks why respondent selected a particular response option</b>
<ul style="list-style-type: none"> <li>• If you rated the health plan below a rating of 7, please select the reason why.</li> <li>• Select the main reason why you would not recommend this plan to others.</li> </ul>

<b>Additional guidance:</b>
<b><u>Supplemental questions may not:</u></b>
<ul style="list-style-type: none"> <li>• Pose a burden to the beneficiary by presenting a complex (multi-part) question or providing more than 5 response options</li> <li>• Use the phrase "In the last 12 months"</li> <li>• Reference Star Ratings (in the question or response options)</li> </ul>

