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

Quality Assurance Protocols & Technical Specifications

Version 14.0

November 2023

Medicare Advantage and Prescription Drug Plan CAHPS® Survey

Quality Assurance Protocols & Technical Specifications V14.0

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
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I. READER'S GUIDE

Purpose of the *Quality Assurance Protocols & Technical Specifications V14.0*

The *Quality Assurance Protocols & Technical Specifications V14.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS®[1] 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 V14.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

Quality Assurance Protocols & Technical Specifications V14.0 Content

The *Quality Assurance Protocols & Technical Specifications V14.0* 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 Enrollees 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 contract enrollees 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 web-mail-phone mode (web first, with mail and telephone follow-up) data collection protocol required to administer the MA & PDP CAHPS Survey including: the data collection schedule, data receipt, data retention, and quality control guidelines.

[1] CAHPS® 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.

Event Reports
This section describes the process for providing CMS with a report of any events or activities that impact vendor adherence to the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

Exception Requests
This section describes the process for requesting an exception to conduct business operations off-site or remotely while still maintaining data integrity for standardized public reporting.

Appendices
- Minimum Business Requirements
- Survey Vendor Access to the MA & PDP CAHPS Data Warehouse
- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Telephone Surveys
    - Tips for Training Telephone Interviewers
- Frequently Asked Questions for Customer Support
- Instructions for Survey Vendors on Accessing the Data Warehouse
- Sample File Record Layout
- Survey File Record Layout
- Event Report Form
- Survey Items Applicable to All Respondents
- List of Reportable Measures
- Pre-notification Letters
- Web Mode Email Invitations, Letters, and Templates
- Cover Letters and Mail Questionnaires
- English CATI Instructions and CATI Scripts
- Guidance for Supplemental Questions
- Guidance on Appending Data

- Vendor Report of Outbound CATI
- Vendor Report of Mail Survey Activity and Returns

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 website: 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-PDPCAHPS@hsag.com or by calling toll-free at: 1-877-735-8882.

To communicate with the Data Coordination Team, please email: MA-PDPCAHPSTECHSUPPORT@rand.org.

To communicate with CMS staff, please email: 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 an enrollee's experience that cannot be assessed by other means. CMS collects information about Medicare enrollees' 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 enrollees who have been enrolled in their contracts continuously for six months or more. Medicare CAHPS data collection and reporting take place at the contract level. The Medicare CAHPS Survey is part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 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 enrollees enrolled in the Original Fee-for-Service (FFS) Medicare was added in 2000, and CMS began to collect information about Medicare enrollees' 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 Surveys are to:

- Provide Medicare enrollees 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's ability to monitor the quality of care and performance of MA-Only, MA-PD, and PDP contracts
- Measure the quality of care from the enrollee's perspective for use in value based purchasing

New for 2024

Web Survey Mode: CMS is implementing a web-mail-phone survey administration protocol for MA & PDP CAHPS Survey administration to replace the current mail-phone mixed mode protocol beginning with the survey administered in 2024. CMS-approved survey vendors will be required to administer the 2024 MA & PDP CAHPS Survey using the web-mail-phone protocol. For more information, refer to the Data Collection Protocol chapter, beginning on page 23.

Customer Support Email: A customer support email address is required beginning in 2024 in support of web mode survey administration.

Revisions to Questionnaires: The MA-Only and MA-PD survey versions for 2024 have been revised to align with CAHPS Health Plan Version 5.1 to ask about care received in-person, by

phone, or by video. Also, one question on mail order medications has been deleted (MA-Only Q47, MA-PD Q52), and two questions have been added to capture language spoken at home and perceived unfair treatment (MA-Only Q43 and Q48, MA-PD Q50 and Q53). Similar revisions have been made to the PDP survey version for 2024: one question on mail order medications has been removed (PDP Q14), and a question on language spoken at home (PDP Q12) has been added.

Survey Material Submission: The English MA-PD CATI screenshots submitted to the project team for review must include skip logic and reflect the programmed survey that will be used for 2024 telephone survey administration. For all questions with skip programming logic, screenshots of the various skip options must be included in the submission file.

Data Collection Schedule: The data collection schedule for 2024 has been updated to include web mode survey implementation. Please see the Data Collection Schedule on pages 24-26.

Report of Web and Mail Survey Activity and Returns: The report of Mail Survey Activity and Returns has been revised to include web surveys beginning in 2024, and has been re-named Web and Mail Survey Activity and Returns.

First Interim Data Submission: Starting in 2024, the first interim data submission file will include web and inbound CATI completes, as well as mail survey completes, received up to three business days prior to the interim submission due date. As in 2023, outbound CATI survey data will not be submitted until the second interim data submission.

Appendix C, Model QAP: Guidance has been added to the Model QAP to include web mode survey administration processes. See Appendix C for additional details.

About the Survey

The 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 enrollees' 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 enrollees 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, 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 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 enrollees 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)
- 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 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 K for the survey questions that comprise the measures described above.

Other measures reported to contracts include:

- 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 enrollees who are at least 18 years of age and currently enrolled in an MA contract or PDP for six months or more, and who live in the United States. Efforts are made by CMS to exclude enrollees who are known to be institutionalized at the time of the sample draw. The MA & PDP CAHPS Survey is administered using a single data collection protocol of web-mail-phone. The data collection protocol includes:

- A pre-notification letter
- An email or letter invitation to a web survey
- A web survey reminder email
- Up to two survey mailings to non-respondents to the web survey
- Telephone follow-up to non-respondents to the web and mail surveys

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, 1876 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 (MMP) began fielding the survey in 2015.

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 2024 MA & PDP CAHPS Survey Data

The MA & PDP CAHPS Survey produces comparable data on the enrollee'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 website (www.medicare.gov). The survey results are used by enrollees 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 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 enrollees about the survey, roles and responsibilities for participating organizations, and Minimum Business Requirements to administer the survey (see Appendix A).

Communication with Contract Members About the MA & PDP CAHPS Survey

Survey vendors and MA-Only, MA-PD, and PDP contracts are allowed to notify enrollees that they may be asked to participate in the 2024 MA & PDP CAHPS Survey. If a contract chooses to notify enrollees that they may receive a survey, then all enrollees must be notified. Certain types of communication (either oral or written, in any survey invitations, reminders, cover letters, telephone scripts and/or newsletters) 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 enrollees to answer survey questions in a particular way
- Imply that the contract, its personnel, or agents will be rewarded or gain benefits for positive feedback from enrollees by asking enrollees to choose certain responses or indicate that the contract is hoping for a given response
- Offer incentives of any kind to prompt, influence, or increase participation
- Show or provide the MA & PDP CAHPS Survey or cover letters to enrollees prior to the administration of the survey
- Indicate that the health or drug plan's goal is for all enrollees to rate them a "10," "Definitely yes," or "Always"

Survey vendors, contracts or their agents are strongly discouraged from:

- Fielding other surveys of enrollees four weeks prior to, during, and four weeks after the 2024 Medicare CAHPS Survey administration (generally anytime from February 2 to July 2, 2024 – 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 discourages health plans from asking any questions contained in the MA & PDP CAHPS Survey.

Marketing MA & PDP CAHPS Survey Data

Survey vendors must not use any MA & PDP CAHPS survey data, whether preliminary or final results, for any purpose beyond client reports for quality improvement activities. Survey results may not be published on public facing websites or in marketing materials. Findings may not be shared beyond quality improvement reports to clients. Vendor marketing materials should be limited to the vendor's role in data collection activities and may not state or imply that the vendor can improve a client's Star Ratings. DUA requirements apply to all client reports.

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 enrollees' perspectives on care received from their MA and/or PDP plan. CMS will:

- Provide MA & PDP CAHPS Survey vendors the survey administration protocols, sample files, timeline, and description of the data submission tools through distribution of the *Quality Assurance Protocols & Technical Specifications V14.0* for the 2024 MA & PDP CAHPS Survey administration
- Train survey vendors to administer the MA & PDP CAHPS Survey
- Provide technical assistance to survey vendors and contracts via a toll-free telephone number, email, and the MA & PD CAHPS Survey website: 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 contracts

CMS also publicly reports measures from the MA & PDP CAHPS Survey as part of the Star Ratings produced annually for the Medicare Plan Finder website. 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 website at: 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 website at: www.ma-pdpcahps.org.
- Authorize the survey vendor to submit MA & PDP CAHPS Survey data on their behalf by completing the web-based survey vendor authorization process
- 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 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 V14.0*
  - Survey vendors must submit signed statements attesting that all data collected and submitted to CMS by survey vendor and all subcontractors engaged in survey activities are accurate and complete at the time of interim and final data submission
- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample file and any other CMS data specified in the DUA. The Enterprise Privacy Policy Engine (EPPE) is the CMS system used for all DUA requests and updates. Survey vendors must use the EPPE system to request new DUAs, as well as updates, extensions, and closures to existing DUAs. Survey vendors **must** ensure that:
  - The DUA is updated within three business days any time there is a change in contact information and all contact information is accurate
  - Existing 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.
  - Existing DUAs are updated to include the 2024 survey administration data
  - A DUA Addendum must be submitted for each subcontractor that comes into direct contact with an enrollee and/or data about or from an enrollee (e.g., name, address, telephone number). The DUA Addendum form must be signed and uploaded through the EPPE system (https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-Contractors.html).

    Note: A subcontractor that submitted a DUA Addendum for a previous survey administration period, and is already added to the survey vendor's DUA, is not required to submit a DUA Addendum for 2024 survey administration. The survey vendor should verify that all subcontractor contact information is correct.

For more information, please visit the CMS DUA website: https://go.cms.gov/privacy.

The DUA signed by each survey vendor restricts the use of CMS data and any additional data items that a survey vendor may append to the sample file or enrollee survey data. Note that any and all data that is appended to the sample file or enrollee survey data for the purpose of providing reports or analysis for contract clients must be approved in advance. No data may be appended without advance written permission from CMS. **Survey vendors must submit all approval requests in advance via email to MA-PDPCAHPS@hsag.com. The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), and a brief summary (approximately three to five sentences) of the proposed analysis. The descriptions of the data items to be appended must include sufficient detail for CMS to understand what identifier is being appended and the purpose of the analysis. Please do not use acronyms to describe identifiers and clearly denote all the categories that comprise the identifier (e.g., indicate the specific region categories if requesting to append "Region" to the survey data file, and include counts appropriate to the identifier, such as number of enrollees within a region, number of providers within a medical group, etc.). No data may be merged or appended without prior written approval from CMS.**

Survey vendors must submit data append requests to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com) using the Excel template format included in Appendix Q. Submissions that do not use the required template will be returned. After the MA & PDP CAHPS Survey Project Team receives the requests for appending data, a confirmation email will be sent to the requesting survey vendor within two business days of the emailed submission request. If a confirmation email is not received within two business days, resubmit/resend the email or contact the Technical Assistance line to confirm receipt. See Appendix Q for guidance on appending data and examples of requests that may be approved. **Approvals to append data are for the current calendar year only. Data append requests must be submitted for approval each survey administration period.**

Note: No information based on fewer than 11 sampled enrollees can be released. This means that no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. No counts smaller than 11 should appear in any material provided to your client. For example, ***if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed****, even if 11 or more responses were received for the corresponding question as a whole. These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.*

- Receive and perform checks of each contract's enrollee 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 V14.0*
- Receive CMS approval prior to performing any survey administration activities remotely
- 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 V14.0* by the data submission deadline established by CMS
  - The first interim data file will include surveys from all active modes at the time of data submission (web, mail, inbound CATI). All returned web, mail, and inbound CATI surveys received up to three days prior to the start of the Interim Data File submission window must be processed and included in the first Interim Data File submission.
  - The second interim data file will include surveys from all active modes at the time of data submission (web, mail, inbound CATI, outbound CATI). All returned web, mail and CATI surveys (inbound and outbound) received up to three days prior to the start of the Interim Data File submission window must be processed and included in the second Interim Data File submission.
  - Survey vendors must submit a signed Attestation Statement with both interim submissions and the final data submission files affirming the accuracy and completeness of the data files
- 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 vendors are approved for one year. All survey vendors must submit an online application during the vendor application period to be considered for approval as an MA & PDP CAHPS Survey vendor. Approval as a survey vendor in prior years does not guarantee future approval. CMS will consider past performance, as either a survey vendor or subcontractor, on CMS surveys when reviewing an organization's MA & PDP CAHPS Survey Participation Form.

Working with Subcontractors

Subcontractors must be listed in the Participation Form when applying for approval as an MA & PDP CAHPS Survey vendor and must be approved by CMS. If subcontractors are removed or added after submission of the Participation Form, the project team must be immediately notified. Also, the survey vendor's DUA must be updated for the removal or addition of subcontractors within three business days.

Subcontractors may not come into direct contact with an enrollee and/or data about or from an enrollee without being on the vendor's DUA.

Survey Vendor MA & PDP CAHPS Survey Training

CMS approval to administer the MA & PDP CAHPS Survey is contingent on a vendor's successful completion of training. Vendors 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, Web Administration Subject Matter Expert (SME), 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, and staff members who decrypt the sample file, perform sample file quality checks, program the web survey, program the CATI script, and prepare and submit survey data files attend the training. If a subcontractor will be conducting any of the following functions, at least one representative from that subcontractor must attend training: programming or hosting the web survey, inserting or survey packet preparation; processing of completed web surveys or returned mail surveys; or conducting telephone interviews (CATI administration). 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 V14.0* and All Policy Updates

The *Quality Assurance Protocols & Technical Specifications V14.0* 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 website: 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 V14.0.* 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 V14.0*. The Model QAP document (see Appendix C) 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 processes for obtaining email addresses from client contracts, programming the web survey, and software used for programming and administering the web survey
  - Include a detailed description of the process for updating enrollee 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 enrollee telephone numbers
  - Include a description of the process for monitoring telephone interviewers in English and Spanish and, if applicable, Chinese, Korean, Tagalog, and Vietnamese
- 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

Each survey vendor will be required to submit a QAP and materials relevant to MA & PDP CAHPS Survey administration (as determined by CMS), including web survey materials (e.g., emails, letters, and screenshots), mailing materials (e.g., cover letters and questionnaires), and telephone scripts (screenshots including skip logic and reflecting the programmed survey that will be used for 2024 telephone administration) via email to MA-PDPCAHPS@hsag.com for review by the MA & PDP CAHPS Survey Project Team. Please refer to the data collection schedule in the Data Collection Protocol chapter, pages 24-26, for the submission dates for English survey materials, survey materials in languages other than English, and the QAP.

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, Back-up Data Administrator, and Project Manager 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 B) and emailing it to the MA & PDP CAHPS Data Coordination Team. Once the Data Coordination Team has verified the information on the Vendor Access to MA & PDP CAHPS Data Warehouse Form 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's Data Administrator and Back-up Administrator will each receive an email invitation to the MA & PDP CAHPS Data Warehouse, which includes a request to establish a password. Each individual will access the warehouse using his or her unique login and password. 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.

Prior to delivery of sample, the MA & PDP CAHPS Data Coordination Team will conduct a test of the MA & PDP CAHPS Data Warehouse with each vendor to confirm that accounts are correctly set up. This test will include an exchange of files to confirm that vendors are able to receive and submit files and that vendors are able to manage file encryption and correctly encode files submitted to the Warehouse. See Chapter VII. Data Coding And Data Preparation for additional information about encryption and Chapter VIII. Data Submission for information about file encoding.

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 2024 MA & PDP CAHPS Survey. A random sample of Medicare enrollees by MA-Only, MA-PD, or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2024 by CMS.

Sample Selection and Eligibility Criteria

CMS has made no changes to sample selection or eligibility criteria for 2024 survey administration. In January, samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts' current enrollees (each contract is identified by its name and five-digit contract number, including leading letters "H," "R," "E," or "S"). These contracts include Medicare Advantage Organizations (MAOs), 1876 cost contracts, Employer/union only contracts, Medicare-Medicaid Plans (MMPs), and Part D Sponsors. 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 799 eligible enrollees will survey all eligible cases. PDP contracts will survey approximately 1,500 cases. Those PDPs with between 600 and 1,499 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. Contracts that choose to participate will have their scores reported and used in Star Ratings.

MA and PDP contracts with 600 or more enrollees as of July 2023 are required to administer MA & PDP CAHPS in 2024. Contracts must have a sufficient number of eligible enrollees continuously enrolled in that same contract for at least six months at the time of the sample draw in January. Continuous enrollment in the contract is determined using CMS monthly enrollment data. When a contract is listed in CMS's Health Plan Management System (HPMS) as a consolidation, merger, or novation between July of the prior year and January of the year when the CAHPS sample is drawn, the sampling frame for the surviving contract includes only enrollees who meet the 6-month continuous enrollment criteria. If a contract enrollee has any gaps in the CMS monthly enrollment data, he or she is excluded from the sample. Continuous enrollment is one of several eligibility criteria. Enrollees also have to be 18 years old or older at the time of the sample draw. Institutionalized enrollees are not eligible for selection, and are excluded if the enrollee address matches an institution in the CMS Provider of Services file or identifies an institution. Institutionalized enrollees identified during data collection are excluded from the analysis. All sampled enrollees who are determined to be under 18 years of age; deceased; reside outside the United States; or identified as being in the sample for another MA & PDP CAHPS Survey contract will also be excluded (i.e., sampled enrollees can only be in the survey for one type of contract). Additionally, CMS sample procedures prevent the selection of more than one enrollee per household.

In MA contracts where some, but not all enrollees are enrolled in the prescription drug (PD) benefit, samples will be drawn from both PD enrolled and non-enrolled enrollees. **Each group will be surveyed using the appropriate questionnaire.** Data from both groups will be combined to obtain estimates for non-PD survey items. The survey version for MA contract enrollees is determined by the plan benefit package (PBP) at the time of the January sample draw.

Note: Individuals enrolled in an MA-Only PBP within a contract also offering MA-PD PBPs must be sent the MA-Only survey version. Such enrollees will have a value of "1" indicating MA-Only survey version in the sample file variable "TYPE."

Do Not Survey List

Survey vendors may maintain a list of enrollees 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 vendor uses a "Do Not Survey" list provided by a contract, the vendor must document the process used to place enrollees on the list. If an enrollee named in the survey vendor (or contract client) "Do Not Survey" list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** begun, that enrollee may be removed from the sample and assigned a Final Disposition Code of "40 – Excluded from survey." If an enrollee requests to be placed on a "Do Not Survey" list **after** data collection has begun, that enrollee record should be assigned a Final Disposition Code of "32 – Refusal."

Note: Vendors and contracts should not reach out to enrollees to ask them to opt in or opt out of future administration of the survey. The purpose of the "Do Not Survey List" is to document individuals who have actively and explicitly refused participation in all future survey administration.

Oversampling

CMS will allow oversampling for the 2024 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 November 30, 2023.

Note: If insufficient eligible enrollees are available to completely fill an oversample request, CMS attempts to fill the request up to the level of eligible enrollees.

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 mailing addresses of enrollees for whom addresses are available in the IDR as of January 2024. 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 G.

Note: The MA & PDP CAHPS survey sample provided by CMS will not include email address. See Chapter VI. Data Collection Protocol for guidance on receiving email address data from client contracts and procedures to follow to match email address to CMS sample data.

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 Data Coordination Team
FNAME	9	30	Text	CMS Enrollee First Name
MNAME	39	15	Text	CMS Enrollee Middle Name
LNAME	54	40	Text	CMS Enrollee 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
SEX	286	1	1-2	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
TELEPHONE NUMBER	343	10	Char	CMS Enrollee Telephone Number
LAND/MOBILE	353	1	L/M/U	L = Land line; M = Mobile; U = Unknown
SPANISH PREFERENCE INDICATOR	354	1	Y/N	“Y” Indicates the enrollee requested Medicare & You materials in Spanish

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
LIS*	355	1	Y/N/U	Low Income Subsidy indicator for those who are NOT Dual Eligible Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	356	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
MMP	357	1	Y/N	"Y" Indicates the contract is an MMP contract
SPANISH PREFERENCE PROBABILITY	358	1	Numeric	Spanish Preference Probability Estimates using MBISG 2.1. Data values: 1 = High probability enrollee prefers Spanish 2 = Medium probability 3 = Low probability 4 = Very low probability enrollee prefers Spanish

**Note: The field LIS identifies the Low Income Subsidy indicator for those who are NOT Dual Eligible (DE). A value of Y identifies non-DE cases eligible for LIS. A value of N identifies cases that are either DE or non-DE not eligible for LIS.*

Retrieving the Sample File

Following completion of the 2024 sample draw, the MA & PDP CAHPS Data Coordination Team will create a single file for each survey vendor containing the sample for all of the vendor's authorized contracts. The MA & PDP CAHPS Data Coordination Team will distribute each sample file to the appropriate survey vendor via the MA & PDP CAHPS Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix F 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 2024 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 2024 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-PDPCAHPS@hsag.com
- 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

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 website:

- 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 web-mail-phone mode data collection protocol will be used by all survey vendors. This protocol calls for collecting data using a self-administered web survey followed by a self-administered mail survey of non-respondents to the web survey with telephone follow-up of web and mail 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 2024 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 enrollees' experiences with the contract 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 2024 employs a web-mail-phone mode of data collection that includes a web survey, up to two survey mailings, and telephone follow-up of non-respondents to the web or mail survey administration. The protocol also includes:

- Mailing a pre-notification letter to all sampled enrollees, requesting their participation in the survey, and assuring the sampled enrollees that the survey is sponsored by CMS
- A web invite letter to sampled enrollees without an email address
- Up to two emails to all sampled enrollees with an email address

If sampled enrollees do not to respond by web or mail, survey vendors will attempt five telephone follow-up calls. The sampled enrollee may refuse to answer any or all of the survey questions, but the survey vendor must make the attempt to contact the sampled enrollee 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 web survey, mail survey, or the CATI interview.

If a sampled enrollee 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 telephone or schedule an appointment to conduct the interview at a time that is more convenient for the enrollee. Interviewers should be prepared to conduct the survey in English and Spanish, and, if applicable, Chinese, Korean, Tagalog, and/or Vietnamese.

Note: As mentioned previously, if a contract provides a list containing individuals requesting not to be contacted for the survey, and data collection ***has not been*** *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 coded as "32 – Refusal."*

2024 Data Collection Schedule

The basic tasks and timing for conducting the 2024 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

Task	Date	Time Frame in Survey Field Period
Survey vendors must complete and email a Vendor Access to MA & PDP CAHPS Data Warehouse Form to MA-PDPCAHPSTECHSUPPORT@rand.org	11/9/2023	-111 days
Survey vendors must submit the English pre-notification letters and English web survey materials (letters, emails, screenshots including skip logic reflecting the programmed web survey) to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	11/21/2023	-99 days
Plan request for contract-level oversample (Authorized contract staff submit a web-based request in which they select the desired contract then enter the size of the requested oversample)	11/30/2023	-90 days
Contract must complete the web-based survey vendor authorization process to designate a survey vendor for each contract eligible for the 2024 MA & PDP CAHPS Survey	11/30/2023	-90 days
Survey vendors must submit any supplemental questions for approval	12/1/2023	-89 days
Survey vendors must submit the English cover letters, English mail surveys, and English MA-PD CATI screenshots, (including skip logic, reflecting the programmed survey that will be used for 2024 telephone survey administration), and web survey testing link to test functionality of web survey	12/5/2023	-85 days
Survey vendors must submit Spanish (and Chinese, Korean, Tagalog, and Vietnamese, if applicable) pre-notification letter, web survey materials (letters, emails, surveys), and mail survey materials to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	12/12/2023	-78 days

Survey vendors must complete and submit a new DUA or update existing DUA to CMS and provide a copy of the new or updated DUA to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com). Subcontractors that come into direct contact with an enrollee and/or data about or from an enrollee (e.g., name, address, telephone number) must also have a DUA Addendum in place with CMS.	1/2/2024	-57 days
Survey vendors must submit QAP to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	1/3/2024	-56 days

Data Collection Tasks

Survey Vendor Task	Date	Time Frame in Survey Field Period
Vendors download 2024 sample file	2/8/2024	-20 days
Mail out a pre-notification letter to all sampled enrollees	2/28/2024	day 1
Customer support telephone center opens (Toll-free number required); customer support email address activated	2/29/2024	days 2 – 95
Mail out web invite letter to enrollees without an email address	3/1/2024	day 3
Email web survey invitation (to enrollees with an email address)	3/4/2024	day 6
Email web survey reminder	3/7/2024	day 9
Mail-out of the first questionnaire with cover letter. Begin inbound computer assisted telephone interviewing (CATI) protocol.	3/12/2024 – 3/13/2024	days 14 - 15
Survey vendors must submit the first Vendor Report of Web and Mail Survey Activity and Returns to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com. Additional reports are due every two weeks after the first report until the end of data collection.	3/26/2024	day 28
Mail-out of second mailing of questionnaire with cover letter to all non-respondents	4/1/2024 – 4/2/2024	days 34 – 35
Submit interim data files with returned web, mail, and inbound CATI survey data to CMS (RAND). Survey vendors may begin to submit data on 4/23/2024 but **must** have an interim data file submitted, and deemed to be fully correct and accepted, by 4/25/2024. No interim submission of MMP data is required.	4/23/2024 – 4/25/2024	days 56 - 58
Initiate telephone follow-up by CATI for all non-respondents to the mail survey (First attempt must occur during this time)	4/24/2024 – 5/4/2024	days 57 - 67
Survey vendors must submit the first Vendor Report of Outbound CATI to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHPS@hsag.com	5/6/2024	day 69
Submit interim data files with web, mail, and CATI (inbound and outbound) survey data to CMS (RAND). Survey vendors may begin to submit data on 5/7/2024 but **must** have an interim data file submitted, and deemed to be fully correct and accepted, by 5/9/2024. No interim submission of MMP data is required.	5/7/2024 – 5/9/2024	days 70 – 72

Survey Vendor Task	Date	Time Frame in Survey Field Period
Conduct additional telephone attempts by CATI according to the following specifications: • Call attempts must occur in three different calendar weeks • Call attempts must be scheduled at different times of the day and on different days of the week The 5th call attempt must occur no sooner than 21 days after the 1st call attempt, if a 5th call attempt is necessary	5/5/2024 – 6/1/2024	days 68 – 95
Survey vendors must submit the second Vendor Report of Outbound CATI to the MA & PDP CAHPS Survey Project Team via MA-PDP CAHPS@hsag.com	5/13/2024	day 76
Cutoff date to complete the web survey and for returned mail surveys	6/1/2024	day 95
Customer support toll-free line and customer support email close	6/1/2024	day 95
Outbound telephone interviewing ends	6/1/2024	day 95
Submit final MA & PDP CAHPS data files to CMS approximately two weeks after close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/11/2024 but vendors **must** have a final data file submitted, and deemed to be fully correct and accepted, by 6/13/2024.	6/11/2024 – 6/13/2024	days 105-107
Vendors serving MMP contracts submit the data from the fixed set of national MMP supplemental items approximately three weeks after the close of data collection via the Data Submission website provided by the RAND Corporation. Data can be submitted as early as 6/18/2024 but vendors **must** have a final data file submitted, and deemed to be fully correct and accepted, by 6/20/2024.	6/18/2024 – 6/20/2024	days 112 - 114

Description of the Questionnaires

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

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

Questionnaire	*Core Questions*	*About You Questions*
MA-Only	*1 - 40*	*41 - 64*
MA-PD	*1 - 47*	*48 - 69*
PDP	*1 - 9*	*10 - 26*

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, 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 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 enrollees for whom the item is relevant to answer the items following the screener questions.

In addition to the required languages of English and Spanish, survey vendors will have the option of offering Chinese, Korean, Tagalog, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for enrollees who speak Cantonese or Mandarin.

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.

Web Mode Protocol

This section provides detailed information about the process for implementing the web component of the web-mail-phone mode data collection approach that will be used for the 2024 MA & PDP CAHPS Survey administration. Vendors are required to administer the web survey in English and Spanish. CMS will provide web survey materials in all required languages and the optional languages of Chinese, Korean, Tagalog, and Vietnamese.

Web Survey System

Survey vendors may use the web survey system and software of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled enrollee through the survey administration process and the removal of enrollees from further attempts by mail or telephone following submission of a web survey. Survey vendors are responsible for programming the web survey to conform to the template and specifications found in Appendix M.

- The web survey system should support capture of data from web surveys that are initiated and suspended without submission of a completed survey.
- The web survey system should allow for web surveys to be suspended and resumed at a later date, returning the sampled enrollee to the first unanswered question.
- The web survey system should enable survey administration in English, Spanish, and the optional languages offered by CMS (Chinese, Korean, Tagalog, and Vietnamese).

- The programmed web survey should present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the enrollee's screen (whether phone, tablet, computer).
- The programmed web survey should be 508 compliant
- The web survey system must support the use of a URL that is a maximum of 25 characters and the use of a survey PIN that is unique to sampled enrollee.
- The web survey and sample management systems must track and report whether the web survey was initiated using the URL/PIN combination provided in the pre-notification letter, web invitation (email or letter), or web reminder email.
- Vendors must track in the sample management systems whether a sampled enrollee has an email address and whether the email address was identified as invalid (e.g., results in a delivery error message).
- Sampled enrollees must be able to select their preferred language (English, Spanish, or optional language) upon initiating the web survey, as indicated in Appendix M.
- A customer support email address is required for 2024 survey administration to accommodate queries via web. The customer support email address will be printed on pre-notification letters, web invitation letters, and included in web emails. The customer support email address should have staff available during regular business hours (as established from the time of the pre-notification letter) to respond to enrollee emails asking for technical assistance to access or complete the web survey.

Obtaining Email Addresses

Enrollee contact information available in HPMS does not include email address. As result, email address will not be included in the sample file provided to survey vendors. Survey vendors should request email address data from health plans to match against the sample file. If a contract provides a survey vendor with email address data, the data must include all contract enrollees for whom an email address is available. Survey vendors cannot provide any contract with names or other identifying information of sampled enrollees. Survey vendors should use name, address, city, and state to confirm a match with the contract's language email address data. Only matches on name, address, city, and state should be used to append an email address to a sampled enrollee record. Survey vendors may validate email address using an email validation service provider. Validation is an option, but is not required.

When processing health plan email data, survey vendors should exclude email addresses that do not contain the required components of a valid email address: a username followed by @ and a domain name. For example, "jane-doe@example.com" includes the required components of a valid email address, while "jane-doe@" and "www.jane-doe.com" do not include the required components of a valid email address. Additionally, survey vendors should exclude email addresses that do not include a valid U.S. email extension. Valid U.S. email extensions include .com, .co, org, .edu, .net, .mil, .biz, .mobi, .museum, .pro.

Note: Survey vendors must describe the process for handling multiple email addresses for a single enrollee during the web protocol of data collection in their QAP.

Electronic Materials

The web component of the web-mail-phone data collection protocol includes the following types of electronic material: an email invitation (sent to enrollees with an email address), an email reminder, and web survey templates for all three survey types (MA-Only, MA-PD, PDP). CMS provides templates and specifications for all electronic material. The web survey templates and templates for the invitation and reminder emails are available on the MA & PDP CAHPS Survey website. The templates were developed by CMS and may not be modified.

The survey vendor is responsible for programming English, Spanish, and if applicable, Chinese, Korean, Tagalog, and/or Vietnamese survey materials including web surveys, invitations, and reminder emails required for the administration of the survey.

Web Invitation Email

Sampled enrollees for whom an email address is identified from contract data will receive a web invitation email. CMS will provide two versions of the web invitation email, one for MA-Only and MA-PD survey types and one for PDP survey type. All web invitation emails sent to sampled enrollees must adhere to the guidelines described below:

- Must use the subject line "Medicare wants your feedback about your health plan" (for MA-Only and MA-PD survey types) or "Medicare wants your feedback about your drug plan" (for PDP survey types). The email sender name must include "Medicare Experience team."
- The web invitation email must display the CMS logo below the subject line and before the salutation. It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The web invitation email must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web invitation email must contain a personalized, imbedded link comprised of the survey URL and a PIN unique to the sampled enrollee, allowing the enrollee to click on the link to initiate the web survey
- The web invitation email must include the customer support telephone number and the customer support email address
- The web invitation emails sent by the vendor must use a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The default language of the web invitation email is English. Survey vendors can identify sampled enrollees requiring a Spanish invitation email using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, or c) the SPANISH PREFERENCE PROBABILITY field in the sample data

  Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the web invitation emails should be provided in the optional languages.

Web Reminder Email

Sampled enrollees who do not complete the web survey in response to the email invitation, will be sent a reminder email. CMS will provide two versions of the web reminder email, one for MA-Only and MA-PD survey types and one for PDP survey type. All web reminder emails sent to sampled enrollees must adhere to the guidelines described below:

- Must use the subject line "Reminder about Medicare health plan survey" (for MA-Only and MA-PD survey types) or "Reminder about Medicare drug plan survey" (for PDP survey types). The email sender name must include "Medicare Experience team."
- The web reminder email must display the CMS logo below the subject line and before the salutation. It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The web reminder email must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web reminder email must contain a personalized, imbedded link comprised of the survey URL and a PIN unique to the sampled enrollee, allowing the enrollee to click on the link to initiate the web survey
- The web reminder email must include the customer support telephone number and the customer support email address
- The web reminder emails sent by the vendor must use a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The default language of the web reminder email is English. Survey vendors can identify sampled enrollees requiring a Spanish reminder email using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, c) the SPANISH PREFERENCE PROBABILITY field in the sample data, or d) the Spanish language note at the bottom of web invitations and reminder.

  Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the web invitation emails should be provided in the optional languages.

Web Survey Specifications and Formatting

CMS provides web survey templates for each version of the MA & PDP CAHPS Survey (MA-Only, MA-PD, PDP) and in all available languages. Survey vendors must adhere to the specifications, formatting, and layout of the web MA & PD CAHPS Survey templates found in Appendix M, including:

- Sampled enrollees must be able to access the web survey via a link imbedded in web invitation and reminder emails or using a URL and PIN printed in the pre-notification letter and web invitation letter (descriptions of the letters can be found below under "Mailed Materials")
- The enrollee's name must not appear on any web survey screen
- The web survey software must display only one item per screen, and all questions must allow paging through without requiring a response
- When displayed, the "BACK" button appears in .the lower left of each screen and the "NEXT" button appears in the lower right of each screen
- A header should appear on each screen. The header may be distinguished using shading or color
- Blank space should be used to distinguish the response options from the question text
- Blank space should be used to distinguish navigation buttons from response options
- A progress bar should be included at the top of the screen starting at Q1
- The enrollee must be able to select their preferred language from English, Spanish, and any offered optional translations

- As indicated in the web survey templates, the instruction screen must include the Office of Management and Budget (OMB) clearance statement, number, and expiration date (1/31/2025)
- The wording of questions or answer categories cannot be changed (All answer categories must be listed vertically, including 0-10 rating scales)
- 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 on the same screen
- 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 (Q48, Q49)
    - MA-PD (Q41, Q53, Q54)
    - PDP (Q3, Q15)

Inbound CATI Protocol

MA & PDP CAHPS Survey administration requires all survey vendors to provide **inbound** Computer Assisted Telephone Interviewing (CATI) interviews during the web and mail components of the web-mail-phone mode data collection. If a sampled enrollee 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 scripts and supporting programs be fully operational for all survey types (including applicable supplemental questions) for inbound requests at the start of the mail administration protocol time period (i.e., mailing of the first survey packet). Survey vendors must have procedures in place to conduct 10% monitoring of inbound telephone calls originating from the customer support line from the start of survey administration across all interviewers and all languages in which the survey is administered.

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

- Schedule an appointment to call the sampled enrollee at the time requested by the enrollee
    - 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 enrollee

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

Note: The CATI script includes introductory text for inbound calls from enrollees requesting to complete the survey.

Mail Protocol

This section provides detailed information about the process for implementing the mail component of the web-mail-phone mode data collection approach that will be used for the 2024 MA & PDP CAHPS Survey administration.

- Survey vendors must be prepared to conduct the mail component of the web-mail-phone mode of survey administration in English and Spanish
- Survey vendors will have the option of offering Chinese, Korean, Tagalog, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for enrollees who speak Cantonese or Mandarin.
- Survey vendors will be provided with MA & PDP CAHPS Survey questionnaires in all available languages (English, Spanish, Chinese, Korean, Tagalog, and Vietnamese), 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 (web vs. mail vs. telephone) and across survey vendors, survey vendors cannot change the wording of survey questions, the response categories, or the order of questions
- Taglines or branding language added to cover letters at the request of a contract must be approved by CMS. CMS approval of taglines or branding text is required for each survey administration period.
- Survey vendors are not permitted to create or use any other translations of the MA & PDP CAHPS Survey, cover letters, or any other survey materials, and may not modify the translation of the questionnaires or related materials
- CMS permits the addition of supplemental survey questions that have been submitted to and approved by CMS. 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 pre-notification letters, web survey materials (email invites, web invite letters, reminder emails, and questionnaires for all three survey types: MA-Only, MA-PD, and PDP) and 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. Each survey vendor must also submit a copy of only the English MA-PD CATI telephone scripts (screenshots, including skip logic) for review by the MA & PDP CAHPS Survey Project Team with an assurance that the MA-Only and PDP versions will be in compliance with any corrections identified. Templates of pre-notification letters, emails, web invite letters, cover letters, web surveys, and mail surveys submitted for review must look the same as the versions that will be used for production but without the variable information (contract logos, enrollee names, etc.) and supplemental questions. Please see the Oversight section of this manual for more information.

Mailed Materials

The mailed components of the web-mail-phone mode data collection protocol include standardized questionnaires, a pre-notification letter, a web invitation letter, and survey cover letters provided by CMS. The questionnaires and cover letters are available on the MA & PDP CAHPS Survey website. 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 if applicable, Chinese, Korean, Tagalog, and/or Vietnamese survey materials including questionnaires, pre-notification letters, web invitation letters, and survey cover letters required for the administration of the survey, including for sampled enrollees who request the survey in a language other than the one they received (i.e., English, Spanish, or optional Chinese, Korean, Tagalog, and Vietnamese).

Pre-notification Letter

CMS will provide two versions of the pre-notification letter, one for MA-Only and MA-PD survey types and one for PDP survey type.

- The pre-notification letter must contain a salutation that is personalized using the sample variables FNAME and LNAME
- Survey vendors cannot modify the wording of the pre-notification letter
- Survey vendors are not permitted to create or use any other translations of the pre-notification letter
- The pre-notification letter must include a URL to the online survey and a unique PIN code. The URL may not exceed 25 characters.
- The pre-notification letter must include the customer support telephone number and the customer support email address
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled enrollees that the packet is being sent to them by CMS. The vendor's return address must appear in the return address section of the pre-notification letter.
  - The CMS logo and return address block must be printed at the top of the letter right side up as indicated in the templates provided by CMS
- The pre-notification letter must be dated February, 28, 2024
- The pre-notification letter envelope must include the CMS logo with the survey vendor's return address and be marked with one of the following indicators to update records for enrollees who have moved:
  - "Return Service Requested" or,
  - "Change Service Requested" or,
  - "Address Service Requested" or,
  - "Electronic Service Requested"

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

- The pre-notification letter envelope must be white; colored envelopes are not permitted

- The pre-notification letter envelope **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, Arial, Calibri, or Helvetica 12 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, Korean, Tagalog, or Vietnamese-speakers, the survey vendor has the option of including an English-Chinese, English-Korean, English-Tagalog, or English-Vietnamese letter, instead of the English-Spanish letter

Web Invitation Letter

Sampled enrollees without an email address will be mailed a web invitation letter. CMS will provide two versions of the web invitation letter, one for MA-Only and MA-PD survey types and one for PDP survey type. All web invitation letters sent to sampled enrollees must adhere to the guidelines described below:

- Full name and address are used to address the envelope to the sampled enrollee
- The web invitation letter must be dated March 1, 2024
- The web invitation letter must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The web invitation letter will be signed by a CMS official
- The web invitation letter must be printed using the CMS logo; however, the return address must be that of the survey vendor ONLY (or survey vendor's mail processing location). It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
  - The CMS logo and survey vendor return address block must be printed at the top of the letter; right side up as indicated in the letter templates provided by CMS.
- The web invitation letter must include a URL to the online survey and a unique PIN code. The URL may not exceed 25 characters.
- The web invitation letter must include the customer support telephone number and the customer support email address
- The web invitation letters must be printed using a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 11 point font
- The web invitation letter should be printed in English on one side, Spanish on the other.

  Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the web invitation letters should be provided in the optional languages.

- The web invitation letter envelope must be white; colored envelopes are not permitted
- The web invitation letter envelope must be printed with the survey vendor's address as the return address. The envelope must be printed with the CMS logo.
- Survey vendors have the option of placing the MA or PDP logo on web invitation letter envelopes. CMS and contract logos are the only logos that should appear on the envelope.
- The web invitation letter envelope **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."

Survey Cover Letters

All survey cover letters sent to sampled enrollees must adhere to the guidelines described below:

- Full name and address are used to address all envelopes to the sampled enrollee. 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 letter for the first questionnaire mailing must be dated March 13, 2024. The cover letter for the second questionnaire mailing must be dated April 2, 2024.
- The survey cover letters must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The cover letters for the first and second questionnaire mailings will be signed by a CMS official
- The survey cover letter must be printed using the CMS logo; however, the return address must be that of the survey vendor ONLY (or survey vendor's mail processing location). It is optional to include the MA or PDP logo (or the MA or PDP parent organization logo).
- The survey cover letters must be printed using a font size equal to or larger than Times New Roman, Arial, Calibri, or Helvetica 12 point font
- The cover letter for the questionnaire mailings must contain Spanish text inviting Spanish speaking enrollees 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 one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the cover letters may include text in that optional language inviting enrollees to call the survey vendor's toll-free telephone number to request the survey translation.

Survey Envelopes

- The envelope in which the questionnaire is mailed must be printed with the survey vendor's address as the return address. The envelope must be printed with the CMS logo.
- Survey vendors have the option of placing the MA or PDP logo on survey mailing envelopes. CMS and contract logos are the only logos that should appear on the envelope.
- The outgoing questionnaire envelope **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."

Mail Questionnaire Formatting and Printing Specifications

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

- The mail questionnaires must be printed as booklets and bound (using staples, stitches, adhesive, etc.) so there are no loose pages. Questionnaires may **not** be printed in any other format (e.g., trifold format).
- The full questionnaire title including the year must be placed at the top of page one
- The enrollee's name must not be printed on the questionnaire

- The first page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement, number, and expiration date (1/31/2025). *(Note: OMB clearance statement, number, and expiration date, may be printed in 10 point font.)*
  - The OMB statement, number, and expiration date may also appear on the cover letter
- All survey instructions must be printed at the top of the first page of the questionnaire. It is recommended to format the instructions using bullets.
- 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 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 (Q48, Q49)
  - MA-PD (Q41, Q53, Q54)
  - PDP (Q3, Q15)
- The contract marketing name provided in the sample file must be printed on the back page of the survey. In addition, CMS permits survey vendors to include a list of Plan Benefit Names on the last page of the survey(s). If a contract provides an additional Plan Benefit Name(s) to be included on the survey, the name(s) should be printed on the back page of the survey below the contract marketing name. The name(s) should be preceded by the phrase: "You may also know your plan by one of the following names." This phrase is to be used only if additional contract names are printed on the survey. 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

- Page numbers must be printed at the bottom of each page
- 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.

- An identifier to differentiate between the first and second survey mailing must be included on each survey
- The survey vendor's return address for mail processing must appear on **both the back cover of the questionnaire <u>and</u> the bottom of the last page containing survey questions (which may be the same page as the back cover)** to ensure that the questionnaire is returned to the correct address in the event the enclosed return envelope is misplaced by the enrollee. No deviations from this guidance are permitted.
- All questionnaires must be printed with black text. Survey vendors may print questionnaires on white paper (with or without a highlight color) or on colored paper.
  - Use of colored paper must be limited to pastel hues; colors that may reduce readability, such as neon or dark colors, are prohibited
- All questionnaires must be printed using a font size of Arial, Calibri, Helvetica, or Times New Roman 12 point or larger
- 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

Recommended 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:

- Two-column format
- Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
- Ovals or circles instead of boxes may be used for response items
- Survey vendors may place a code on the mail survey to assist the survey vendor's customer service staff in identifying the survey type when assisting enrollees
- Placing the survey instructions on a separate page, rather than at the top of the first page of substantive survey questions
- Color can be used as a visual cue to promote navigation between survey questions

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

Supplemental Questions

All supplemental questions for proposed use in the 2024 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval using the Excel template found in Appendix P. Submissions that do not use the required template must be resubmitted using the correct template. Questions for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by health plan). 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 1, 2023 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval. After the MA & PDP CAHPS Survey Project Team receives the questions for consideration, a confirmation email will be sent to the survey vendor that will include the number of supplemental items and the date the items were received. The survey vendor must confirm the count of supplemental items and notify the MA & PDP CAHPS Survey Project Team of any discrepancies. If no confirmation email has been received by the survey vendor within two business days, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Note: Questions from the 2016 MA & PDP CAHPS survey versions that were deleted from the 2017 surveys are approved as supplemental questions and do not need to be submitted for approval. Any questions previously approved for 2023 survey administration are automatically approved and do not need to be resubmitted for 2024. Previously approved questions cannot be revised in any way. Questions denied for 2023 survey administration cannot be resubmitted in the same format; they must be revised to conform to supplemental question guidance.

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 enrollee by presenting a complex (multi-part) question or providing more than five 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 an enrollee either directly or indirectly or that jeopardize respondent confidentiality (e.g., items that ask for the enrollee'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 deemed by CMS to be 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 contract 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 care
- Address dollar amounts that enrollees pay
- Ask respondent what their future intentions are
- 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 supplemental questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ website. 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 contract-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 web and mail questionnaires must also be added to the corresponding CATI version of the questionnaire and must be fully programmed and operational by the start of inbound CATI protocol

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 enrollee and provided as part of the sample file to track the status of all enrollees in the sample file. This Unique Respondent Finder Number links each questionnaire to each enrollee in the sample file, along with each enrollee'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 enrollee 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 enrollee's contact information and update the master file throughout the data collection period to track the status of each enrollee 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 enrollees, 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 enrollee, 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 enrollee 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, provided no personal information – other than enrollee name and address – is visible through the window

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 enrollees 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 (date received from post office), processed, the survey data entered or scanned within three business days, and those records removed from further mail or CATI follow-up, as appropriate. Information on how to process receipt of blank surveys and multiple surveys from a single enrollee 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 all data files, audio recordings, and returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum of three years. The retention requirement also applies to sample information.

Enrollee Correspondence

Survey vendors must forward enrollee correspondence received in emailed or written form to the MA & PDP CAHPS Survey project team on a bi-weekly basis. The MA & PDP CAHPS Survey project team will collect the enrollee correspondence on behalf of CMS and forward the material to CMS for review. Forwarded enrollee correspondence must include all email and white mail (i.e., notes from enrollees written on separate pieces of paper or separately mailed letters; cover letters, pre-notification letters, and envelopes should be included only if they contain commentary from the enrollee). It is not necessary to forward email or white mail that only indicates refusal to complete the survey or an enrollee is ineligible (e.g., institutionalized, mentally or physically unable to respond, language barrier, excluded from survey). If the correspondence is in one of the MA & PDP CAHPS optional languages being administered by the survey vendor, please notify the MA & PDP CAHPS Survey project team if any follow-up is needed.

Survey vendors should not submit enrollee emails acknowledging completion of the web survey, requesting to complete the survey via mail or telephone, or providing comments on individual survey items. Survey vendors should not submit enrollee comments written on or within the mail survey, including marginal comments. If survey vendors receive emails or comments that indicate an individual's health or well-being is at risk (e.g., regarding signs of neglect or abuse, signs of a distressed respondent), vendors should follow their own standard procedures for handling this type of information prior to forwarding the correspondence to the MA & PDP CAHPS Survey project team.

General guidelines for scanning and saving documents

- Each email or piece of white mail should be scanned separately and saved as an individual PDF. White mail from multiple enrollees should **not** be combined into one PDF.
- Each piece of scanned email or white mail should include the enrollee's name, mailing address, and telephone number (if available).
- Scanned email and white mail must be categorized by topic, using the categories described in the following section. Each scanned file should be named with the FINDER (Unique Respondent Finder Number assigned to the enrollee in the sample file) and the one word topic associated with the email or piece of white mail (Need/Distressed/Financial, Deceased, Other); e.g., 123444555_Financial.pdf or 543211233_Distressed.pdf.

Categorizing enrollee correspondence

- Each scanned email and piece of white mail should be categorized by topic.
- If an email or piece of white mail includes more than one topic, it should be categorized into the highest priority topic, using the hierarchy below. For example, if an email or piece of white mail includes comments about not being able to afford a prescription, and also comments about topics that should be included in the survey, it should be categorized as "Financial."
- The categories, with examples of correspondence that would fall under each category, are as follows:

  1. *Needs something or distressed or financial issues*
     - Signs of neglect or abuse
     - Signs of a distressed respondent
     - Comments about suspected fraud
     - Complaints about care requesting a response
     - Not able to afford medication, co-pays, treatment, or other care
     - Questions or disputes about denied coverage
     - Other billing issues

  Note: After following internal protocols for distressed or suicidal respondents, vendors should immediately notify the project team and forward correspondence requiring urgent attention or communicating thoughts of suicide.

  2. *Other*
     - Questions/comments about survey content
     - Questions/comments about purpose of survey
     - Questions about legitimacy of survey
     - Complaints about care or health plan that do not request a response
     - General comments about doctor visits, medical tests, prescriptions, health care, or health plan
     - Anything that does not fit into categories 1 or 2

Survey vendors should not email enrollee correspondence as it may contain PHI. Enrollee correspondence must be securely sent to the project team via the project team's Secure Access File Exchange (SAFE) site or another secure file transfer system; items that cannot be scanned may be mailed to MA & PDP CAHPS Survey Project Team, 3133 E. Camelback Road, Suite 140, Phoenix, AZ 85016-4545. Instructions for uploading documents to the project SFTP site will be provided via email, if needed. After documents have been received by the project team, an confirmation of receipt will be emailed to the vendor that will include the date of receipt and the number of pieces received.

Once enrollee correspondence has been uploaded to the MA & PDP CAHPS project team's SAFE site and the vendor has received confirmation of receipt, survey vendors may follow their standard procedures for secure storage and shredding of any hard copy materials. Enrollee correspondence does not have to meet the MA & PDP CAHPS survey materials data retention requirement 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 provide CMS with information on "in progress" response rates and survey return processing, all vendors must complete and submit an MA & PDP CAHPS Vendor Report of Web and Mail Survey Activity and Returns using the Excel template found in Appendix S. The first report is due 14 days after the first survey mailing on 3/13/2024 and additional reports are due every two weeks after the first report.

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
- Include, track, and verify "seeded mailings." Check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing. It is strongly encouraged that recipients of the seeded mailing be MA & PDP CAHPS Survey vendor staff at an address other than the vendor's business address. Documentation of seeded mailings should be maintained to include date of receipt and any quality checks conducted on the seeded mail packet.
  - The MA & PDP CAHPS Survey project team must receive a seeded mailing in English and Spanish for each of the three survey types, MA-Only, MA-PD, and PDP (as applicable), for the prenotification letters, first, and second survey mailings (cover letter, questionnaire, return envelope). Survey vendors administering the MA & PDP CAHPS Survey in any of the optional languages (i.e., Chinese, Korean, Tagalog, and/or Vietnamese) must send the MA & PDP CAHPS Survey project team a seeded mailing in each of the optional languages being administered for each of the three survey types, MA-Only, MA-PD, and PDP (as applicable), for the prenotification letters, first, and second survey mailings. Survey vendors may choose the contracts for their seeds. The name and address of the seed recipient will be provided via email prior to the first survey 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
- Conduct timely data verification

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 web-mail-phone mode survey administration of the 2024 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 enrollee 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 patterns.

Note: Predictive dialing may be used as long as there is always a live interviewer available to interact with the enrollee, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations, as promulgated under the Telephone Consumer Protection Act (TCPA).

Note: Survey vendor must submit an Attestation form to document that it has met its compliance or legal department's TCPA requirements for dialing cellphones.

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 2024 administration of the MA & PDP CAHPS Survey, survey vendors will identify enrollees who are eligible for telephone follow-up. These include enrollees who did not respond to the web or mail survey and enrollees who returned an incomplete or blank mail questionnaire (see definition of an incomplete survey in the Data Coding and Data Preparation section).

Specifically, if an enrollee has not returned a completed or partially completed survey by web or mail, survey vendors must follow-up by telephone to attempt to complete the survey over the telephone. Sampled enrollees with an invalid or undeliverable email or 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 enrollees in the sample that do not complete the survey by web or mail. All survey vendors must pursue telephone numbers for enrollees eligible for telephone follow-up from at least two sources from the list below:

- Sample file from CMS
- Number look-up service
- Directly from contract
  - A list of numbers for **all** Medicare plan enrollees
  - Sample must not be shared with contract
  - Share no information with contract that might identify an enrollee
- Directory websites or applications
- Directory assistance

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

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

Telephone Attempts

Survey vendors must attempt to reach each and every enrollee in the sample. Multiple attempts must be made to a telephone number until one of the following occurs:

- An interview is completed or refused
- The enrollee is determined to have a language barrier or be ineligible (e.g., institutionalized, deceased, mentally or physically unable to respond)
- The number is identified as non-working or incorrect
- The enrollee case has received five attempts over no fewer than 21 calendar days

A telephone attempt occurs when a number is dialed and one of the following occurs:

- The telephone rings at least six times with no answer
- Someone answers
- The interviewer gets a busy signal during each of three consecutive dialings (if possible, the three dialings should occur at 20-minute intervals)
- The interviewer reaches an answering machine/privacy manager/voicemail box (the interviewer should hang up the telephone without leaving a message)
- The interviewer hears a recorded message indicating the number is disconnected or no longer in service

Maximum number of attempts. The maximum number of attempts to a specific telephone number is five; the maximum number of attempts for an enrollee is five per each number dialed. After five attempts to contact the enrollee at a specific number have been made, no further attempts are to be made to that number and a second number, if available, must be dialed. If a second or third telephone number is dialed for the enrollee, each of those numbers is eligible for five attempts.

> Example 1: The vendor loads two telephone numbers for enrollee #10101010 into the CATI system. The first number receives five telephone attempts; for each attempt the telephone rings at least six times with no answer. Interviewers begin attempts on the second telephone number. In this scenario, the enrollee case may receive up to ten telephone attempts, five to the first number and five to the second.

Example 2: The vendor loads one telephone number for enrollee #12312312 into the CATI system. On the first attempt, the telephone rings six times with no answer. On the second attempt, the interviewer gets a busy signal on three consecutive calls. On the third attempt, the telephone rings six times with no answer. On the fourth attempt, the interviewer reaches an answering machine and hangs up. On the fifth attempt, the telephone is answered by the enrollee's daughter who provides a new telephone number for the enrollee. The new number is dialed and on the first attempt to that number, the telephone rings six times with no answer. On the second attempt, the enrollee answers the telephone and agrees to start the interview but requests a call back two days later. On the third attempt, the enrollee completes the interview. In this scenario, the enrollee case received a total of eight telephone attempts, five to the original number and three to the number provided by the enrollee's daughter.

Example 3: The vendor loads three telephone numbers for enrollee #98798798 into the CATI system. On the first attempt, the telephone is answered and the enrollee's wife informs the interviewer that the enrollee is physically unable to answer the interview due to a stroke. The enrollee case is finalized as mentally or physically unable to respond and no further telephone attempts are made. In this scenario, the enrollee case received a total of one telephone attempt. Because the enrollee was determined to be ineligible (mentally or physically unable to respond), no further attempts were made.

Timing of attempts. Telephone attempts must occur at different times of day, on different days of the week and in different weeks. Enrollee cases finalized as maximum attempts must have had dialings over no fewer than 21 calendar days, whether the vendor dials one telephone number or multiple telephone numbers. If an enrollee is present but unable to complete the survey for any reason (e.g., he/she is hard of hearing, has a speech impediment, or is too ill or frail to do the interview), survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

Example 4: The vendor loads one telephone number for enrollee #24682468 into the CATI system. The first attempt occurs on a weekday afternoon. On the first attempt, the interviewer reaches a voicemail box. A second attempt is made nine calendar days later on a weekend afternoon, and again the interviewer reaches a voicemail box. The third attempt occurs six calendar days later on a weekday evening and the interviewer reaches the enrollee, who asks for a call back the next morning. On the next calendar day, the fourth attempt occurs and the telephone rings six times with no answer. The fifth attempt occurs seven calendar days later and the telephone rings six times with no answer. In this scenario, no further calls are made as the enrollee case received five attempts over 23 calendar days.
Example 5: The vendor loads one telephone number for enrollee #13571357 into the CATI system. The first attempt occurs on a weekday evening. On the first attempt, the interviewer reaches a voicemail box. A second attempt is made seven calendar days later on a weekend morning, and again the interviewer reaches a voicemail box. The third attempt occurs six calendar days later on a weekday afternoon and the interviewer reaches the enrollee, who asks for a call back the next morning. On the next calendar day, the fourth attempt occurs and the enrollee again asks for a call back the next calendar day. The fifth attempt occurs one calendar day later and the telephone rings six times with no answer. In this scenario,

five attempts have occurred over 16 calendar days, so a sixth attempt is necessary and must occur no sooner than five calendar days after the fifth attempt. This ensures that call attempts to this enrollee have spanned a minimum of 21 calendar days.

Example 6: The vendor loads two telephone numbers for enrollee #45674567 into the CATI system. The first attempt occurs during a weekday afternoon on the first day of outbound CATI. On the first attempt, the telephone rings six times with no answer. The second attempt is made four calendar days later on a weekend morning, and again the telephone rings six times with no answer. Over the next nine days the third, fourth, and fifth attempts are made and each time the telephone rings six times with no answer. The first telephone number has had five attempts across different times of day and different week and weekend days. Interviewers begin attempts on the second telephone number on the fifteenth day of outbound CATI. On the first attempt to the second telephone number, the telephone rings six times with no answer. Over the next 11 days the second, third, fourth, and fifth attempts are made and each time the telephone rings six times with no answer. The second telephone number has had five attempts across different times of day and different week and weekend days. The enrollee case has had attempts across a total of 26 days and is finalized as max attempts.

Telephone Survey Materials

The telephone component of the web-mail-phone mode data collection protocol uses standardized telephone scripts provided by CMS. These materials are available on the MA & PDP CAHPS Survey website. 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, Chinese, Korean, Tagalog, and Vietnamese 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.

Note: Each survey vendor with clients must submit copies of their English MA-PD CATI screenshots that include skip logic and reflect the programmed survey that will be used for 2024 telephone administration for review by the MA & PDP CAHPS Survey Project Team. The CATI screenshots provided by survey vendors should be labeled to match the question numbers in the 2024 CMS approved CATI script. If the survey vendor's CATI system doesn't use the same numbering sequence, please use another format (i.e., comment or note) on the page to clearly label each screenshot with the corresponding question number in the 2024 CMS approved CATI script. 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 web and mail protocol sections.

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. To provide CMS with information on "in progress" response rates during outbound CATI, all vendors must complete and submit an MA & PDP CAHPS Vendor Report of Outbound CATI by May 6, 2024 and May 13, 2024 using the Excel template found in Appendix R. Vendors may be asked to submit updated reports on a weekly basis during the outbound CATI window.

Script programming errors identified by the survey vendor, subcontractor, or the MA & PDP CAHPS Survey project team during the telephone phase of survey administration must be corrected before resuming survey interviews. Script text errors that are not linked to programming must be corrected within 2 business days of identification. Any errors in the script that are linked to programming logic must be corrected within 3 business days of identification.

Interviewer Training

Interviewer training is essential to ensure that interviewers are following protocols and procedures and that survey data are collected accurately and efficiently. All interviewers should receive survey-specific training so that they are familiar with the purpose of the survey, survey materials, survey-specific procedures, and can readily respond to the majority of enrollee questions using the materials provided by CMS and the survey vendor. 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. During the course of the survey, use of **neutral** acknowledgment words (Thank you, I understand, I see, Yes Ma'am, Yes Sir, or Let me repeat the question/responses for you) is permitted. The occasional use of the enrollee's name during the course of the interview is also permitted. Telephone interviewers must record the outcome of all calls or attempts made to reach a sampled enrollee, the current status of all enrollees 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. In addition to providing quality control, monitoring promotes identification of interviewers in need of retraining and communication of feedback to interviewers. Each survey vendor must institute a telephone monitoring and evaluation program that supports timely identification of interviewers

in need of retraining, and timely communication of feedback to interviewers. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors are responsible for 10% monitoring of all dialing attempts during the conduct of outbound CATI. Monitoring of outbound dialing attempts is required from the start to the completion of CATI. Monitoring must include dialing attempts that do not result in completed interviews as well as completed interviews, be conducted across all interviewers and all languages in which the survey is administered, and capture dialing attempts occurring on different days of the week and times of the day. If subcontractors are used for outbound CATI, vendors must participate in monitoring in addition to subcontractors; vendor monitoring of subcontractor interviewers can contribute to the 10% requirement.
- Interviewers must acknowledge receipt of monitoring feedback
- Survey vendors must conduct 10% monitoring of inbound calls to the customer support line throughout survey administration. Monitoring of the customer support line is required from the start to the completion of survey administration. This requirement applies to calls answered by a live operator.
- Monitoring procedures for all languages must be in place at the start of the outbound CATI period
- The 10% monitoring of interviews must be conducted in all languages in which the survey is administered by the survey vendor (i.e., if Chinese, Korean, Tagalog, or Vietnamese administration is occurring, those languages must be monitored)
- Monitoring of recorded calls must be completed within three days of the recording. Any needed performance feedback must be delivered to interviewers no later than their next scheduled work shift after the review of the recording.
- 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 replaced, if necessary

Proxy Respondents

While enrollees 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 enrollees who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled enrollees who are unable to respond to the telephone interview may grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

> Example 1: After four call attempts during outbound CATI, a fifth attempt is made. On the fifth attempt, the enrollee answers and indicates he is unable to complete the survey by himself and gives permission for his sister to answer the interview for him. The enrollee's sister gets on the line and requests a call back at a different telephone number to complete the interview. No further effort will be made to interview enrollee and calls to the original number will cease. In this scenario, the enrollee case will receive more than five telephone attempts: five to the original number and up to five attempts to the number provided by the sister, to complete a proxy interview.

Example 2: On the second call attempt during outbound CATI, the enrollee comes to the telephone and indicates she prefers her husband to answer the interview on her behalf. The enrollee's husband comes to the telephone and completes the interview. In this scenario, the enrollee case received two call attempts and resulted in a completed proxy interview.

Incentives

CMS does **not** allow MA and PDP contracts or survey vendors to offer incentives of any kind to prompt, influence, or increase participation.

Confidentiality

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

Administering the Survey in Other Languages

CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish, Chinese, Korean, Tagalog, and Vietnamese. Note the Chinese language survey is appropriate for enrollees who speak Cantonese or Mandarin, but survey vendors must maintain an interviewer pool that meets the needs of their Chinese speaking enrollees, if known (may require interviewers that speak both Cantonese and Mandarin). Spanish language questionnaires must be made available to all Spanish-speaking enrollees (in web, mail, and telephone administration). Use of the Chinese, Korean, Tagalog, and Vietnamese language questionnaires is **optional** and shall be done at the request of the contract. When the optional language questionnaires are used, they must be available for web, mail, and telephone administration. The procedures detailed below are to be used for enrollees who reside in the 50 U.S. states and the District of Columbia. Procedures for enrollees 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, web survey invitations, and all mailings of the English language questionnaire. Instructions must 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 contract or contained in the SPANISH PREFERENCE INDICATOR field in the sample data. The SPANISH PREFERENCE PROBABILITY can also be used; for example, English and Spanish language questionnaires could be sent to enrollees with a value of 1 or 2 in this sample field.
- Send web survey invitations in Spanish only to enrollees known to prefer Spanish. Those enrollees can be identified using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, or c) the SPANISH PREFERENCE PROBABILITY field in the sample data.

- Send a Spanish language questionnaire only in all mailings of the survey to enrollees known to prefer Spanish. Those enrollees can be identified using a) language preference data received from the contract, b) the SPANISH PREFERENCE INDICATOR field in the sample data, or c) the SPANISH PREFERENCE PROBABILITY field in the sample data.
- Include instructions for requesting an optional language (Chinese, Korean, Tagalog, or Vietnamese) questionnaire with the pre-notification letter, web survey invitations, and all mailings of the English language questionnaire. Instructions must be written in the optional language.
- Include an optional 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 contract.
- Send an optional language questionnaire only in all mailings of the survey to enrollees known to prefer the optional language. Those enrollees would be identified using language preference data received from the contract.
- Send web survey invitations in an optional language only to enrollees known to prefer the optional language. Those enrollees would be identified using language preference data received from the contract.

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

Mailing the Pre-Notification Letter

If the contract has **not** requested use of any of the optional questionnaire translations, survey vendors must mail a pre-notification letter to all sampled enrollees residing in any of the 50 U.S. states or the District of Columbia 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 enrollees to call to request a Spanish language survey. All such requests must be mailed within two days of the telephone request.

If the contract has requested use of any of the optional questionnaire translations, survey vendors must mail a pre-notification letter to all sampled enrollees residing in any of the 50 U.S. states or the District of Columbia that is printed with English on one side and Spanish on the other side; **however,** if a contract contains a substantial number of Chinese, Korean, Tagalog, or Vietnamese-speakers, the survey vendor has the option of including an English-Chinese, English-Korean, English-Tagalog, or English-Vietnamese letter, instead of the English-Spanish letter. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled enrollees to call to request a Spanish language survey **and** the survey vendor's toll-free telephone number for sampled enrollees to call to request the optional language survey. All such requests must be mailed within two days of the telephone request.

Additional Guidance for Administering the Optional Survey Translations

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

- Plans should request Chinese, Korean, Tagalog, or Vietnamese language survey administration for contracts that include a plurality of Chinese, Korean, Tagalog, or Vietnamese-speaking or preferring enrollees

- If a contract provides a survey vendor with language preference data, the data must include all contract enrollees for whom data are available or applicable. Survey vendors cannot provide any contract with names or other identifying information of sampled enrollees. Survey vendors should use name, address, city, and state to confirm a match with the contract's language preference data.
  - Survey vendors should perform reviews of the language preference files received from contracts to ensure data quality, such as checking that the data in the language field are consistent with other fields provided by the contract or confirming counts or percentages of enrollees requiring translations with the contract.

Administering the Survey for Enrollees Residing in Puerto Rico

Sampled enrollees residing in Puerto Rico must receive **Spanish questionnaires as the default language**. Survey vendors must mail a pre-notification letter printed 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 enrollees to call to request an English language survey. Similarly, survey invitations sent via mail must be printed in Spanish on one side and in English on the other side.

At the request of the contract, 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 must be written in English.
- Send web survey invitations in English only to enrollees known to prefer English. Those enrollees can be identified using language preference data received from the contract.
- 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 contract.
- Send an English language questionnaire only in all mailings of the survey to enrollees known to prefer English. Those enrollees would be identified using language preference data received from the contract.

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

Timing of Contracts' Data Collection Efforts

To avoid over-burdening enrollees, survey vendors, contracts, or their agents are strongly discouraged from fielding other surveys of enrollees four weeks prior to, during, or four weeks after the 2024 MA & PDP CAHPS Survey administration (anytime from February 2 to July 2, 2024), except for other CMS surveys (e.g., Medicare Health Outcomes Survey).

If a contract conducts other surveys of enrollees outside of the time period detailed above, survey vendors may not de-duplicate an off-cycle survey sample against the official MA & PDP CAHPS sample. Trying to de-duplicate an off-cycle survey sample against the official MA & PDP CAHPS sample puts enrollees at risk by creating a situation in which a vendor could provide information that allows contract staff to identify sampled enrollees by inference.

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. All enrollee records for all contracts should be submitted in a single file. 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 contract 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.

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 (PGP is now owned by Broadcomm but is still referred to as PGP and may be purchased at https://www.broadcom.com/products/cyber-security/information-protection/encryption).
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. Survey vendors must create a PGP Public Key to receive sample files and must place a copy of their Public Key in their 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. Data files submitted to the MA & PDP CAHPS Data Warehouse that are not encrypted will be rejected and must be resubmitted.

Data File Specifications

Survey vendors may use one of two file formats to submit the survey data files: 8-bit Unicode Transformation Format (UTF-8) or 16-bit Unicode Transformation Format (UTF-16). Both UTF-8 and UTF-16 formats allow the survey vendor to submit each contract's sampled enrollee records in one file. Survey vendors are required to submit a record for all sampled enrollees included in the original sample file received by the survey vendor for a contract. No substitutions for valid data element values are acceptable.

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

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

- Survey Status Section
- Survey Data Section

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

Survey Status Section

The Survey Status Section contains the Unique Respondent Finder Number for the sampled enrollee, Survey Type, Contract Number, Final Disposition Code, Survey Completion Mode (web, mail or CATI), Survey Language, Survey Received/Completed date, Contract Marketing Name, Telephone Attempts, Survey Mailing, Email Indicator (to document when an email address was matched to the sampled enrollee from data provided by the contract), Web URL (whether web survey data was submitted via the URL provided in the pre-notification letter, web invitation, or web reminder), 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. Valid codes for each field are listed in Appendix H. Use code "8 – Not Applicable" if appropriate (e.g., survey mode for a mail survey that was not returned AND no telephone number was obtained). Survey Status information must be submitted for all enrollees selected for the survey sample, including enrollees found to be ineligible. A complete layout of the Survey Status Section can be found in Appendix H.

Survey Data Section

The second part of the data file is the Survey Data Section, which contains responses to the MA & PDP CAHPS Survey from every enrollee who initiated the web survey, returned a mail survey, or initiated a CATI session. Note that survey vendors should submit **only** data corresponding to the MA & PDP CAHPS Survey questions. If a 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 99, 99, 99, 99, 1. 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 2, 2, 2, 2, 1.

The file record layout for the Survey Data Section will vary according to the questionnaire that was administered. Appendix H also includes a description of the file layout of the 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 enrollee who was sampled from the contract. The Survey Data Section is required for "Final Survey Disposition" of "10 – Completed survey," "31 – Partially completed survey," or "34 – Incomplete or blank survey returned." The Survey Data Section is left 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.

Survey vendors must ensure scanning and key entry staff are trained on and understand decision rules to ensure uniformity in data coding.

CATI

If an enrollee answers "No" to the health plan of record question and does not know the name of the health plan, the interviewer should continue the survey administration and not terminate the call. The interviewer should ask the enrollee to answer the questions as best as they can, thinking about the contract they were enrolled in during 2023.

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

Survey Skip Patterns

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

- Do not correct a screener question by imputing a response based on the answers to the dependent questions. Enter the value provided by the enrollee.
- Respondents should skip items only when they actually choose a response that causes a skip. If a screener question is left blank, it does not trigger a skip. An error in the skip pattern will occur if a respondent left a screener question missing then skipped subsequent

dependent questions. Counting dependent questions when there is no direct evidence that a skip has been triggered is preferable to inferring a respondent's intentions based on an unanswered question.

- For mail questionnaire skip patterns
  - If the screener question is left blank, code it as "M – Missing." In this scenario, code any unanswered dependent questions as "M – Missing." Do not impute responses based on how the enrollee answers questions.
    - In instances where the enrollee made an error in the skip pattern, dependent questions are coded with the response provided by the enrollee in the data submission files. That is, survey vendors must not "clean" or correct skip pattern errors on surveys completed by an enrollee. 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 enrollee 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 CATI system. The resulting associated dependent questions should be coded as "88 – Not Applicable."
  - Appropriately skipped dependent questions should be coded as "88 – Not Applicable"
- For web survey skip patterns
  - In instances where the enrollee does not answer a screener question and the resulting associated dependent question(s), the screener question that was skipped should be coded in the data file as "99 – Refused" and the resulting associated dependent questions should be coded as "88 – Not Applicable"
  - Dependent questions appropriately skipped in accordance with the web survey specification in Appendix M should be coded as "88 – Not Applicable" in the data file

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

Interim Data Coding Instructions

For enrollee records where no mail survey was returned, the web survey was not initiated, and no telephone number was obtained, MODE for data submission should be coded as "8 – Not Applicable."

In the web and 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 H.

When 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 used in the file that is submitted for the corresponding enrollee survey. If any attempt to contact an enrollee is planned after the first or second interim submissions (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 enrollee 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 Telephone Number for the Enrollee" 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 (≥50%) of the ATA items. See Appendix K for a list of the reportable measures and Appendix J for ATA items in each questionnaire.

Once a completed or a partially completed web or mail survey is received, the case is finalized and additional mailings or telephone calls are not conducted. If a blank or incomplete web or mail survey is received, the case is not finalized and additional mailings and telephone calls are conducted. Mailings and calls after the receipt of a blank or incomplete web or mail survey are "from scratch," that is, the survey vendor will send another blank survey to the enrollee 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 blank survey.

If an enrollee returns only one mail survey with responses, that survey is submitted. If an enrollee returns two mail surveys with responses, or both a web and mail survey with responses, use the following guidelines:

- If both surveys meet the criteria for a complete (code 10), submit the survey that contains responses to the greatest number of questions. If both surveys contain responses to the same number of questions, submit the survey that was completed first.
- If both surveys meet the criteria for a partial complete (code 31), submit the survey that contains responses to the greatest number of questions If both surveys contain responses to the same number of questions, submit the survey that was completed first.
- If one survey meets the criteria for a complete (code 10) and the other meets the criteria for a partial complete (code 31), submit the complete survey

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

When calculating percent complete using Appendix J (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 one 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 enrollee by the MA & PDP CAHPS Data Coordination Team, the survey vendor assigns each enrollee a survey disposition code, which is used to track and report whether the enrollee has completed a questionnaire or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled enrollee during the data collection period), or final (which indicate the final outcome of each enrollee surveyed at the end of data collection, i.e., "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 enrollee a final survey disposition code from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If an enrollee responds, completes, or attempts to complete the survey, or returns a blank survey, assign an appropriate code of 10, 31, or 34
- If an enrollee 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
  - The following examples would not be coded as refusals (code 32) and call attempts should continue:
    - Someone answers the telephone and then hangs up without saying a word
    - An enrollee says, "I've already mailed my survey back"
- If no viable contact information can be obtained for the enrollee, assign code 35
- If an enrollee is found to be institutionalized, assign code 11
  - For the purposes of MA & PDP CAHPS survey administration, the disposition code of "institutionalized" should be applied to individuals who do not reside in a household, group quarters, or group home. Specifically, "institutionalized" living arrangements reflect non-household facilities and include correctional institutions, mental hospitals, skilled nursing facilities, hospice facilities, chronic disease hospitals, homes for the aged, and other similar institutional living situations. Institutions are distinct from group quarters and group homes. Group quarters and group homes are non-institutional

living arrangements for groups of individuals not living in conventional housing units, or groups of individuals living in conventional housing units containing 10 or more unrelated persons. Group homes may or may not have a resident living in charge of the home. Examples of group quarters and group homes include military barracks, fraternity and sorority houses, rooming houses, staff quarters in a hospital or school, halfway houses, community-based group homes for individuals with disabilities, and other similar group living situations.

- If the enrollee is deceased, assign code 20
- If an enrollee named in either the survey vendor's or contract'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 enrollee may be removed from the sample and assigned a "Final Disposition Code" of "40 – Excluded from survey"
- If an enrollee is found to be ineligible or excluded after the sample is drawn for any other reason, the enrollee 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 – Incomplete or blank survey returned" 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
- In cases when two disposition codes may be equally applicable, the hierarchy for determining the appropriate code is built into the disposition code values, and the final disposition code with the lowest number should be used. For example:
  - An incomplete or blank survey (code 34) is returned by mail and the vendor determines that due to a stroke the enrollee is physically unable to respond to the survey (code 24). The final reported disposition code should be 24.
  - A partially complete survey (code 31) is returned by mail; however, the survey was received after the record went to CATI for follow-up and the CATI attempt resulted in a disposition of language barrier (code 22). The final reported disposition should be 22.

Note: As noted in Chapter IV, enrollees known to be institutionalized are not eligible for sample selection. As a result, a disposition of institutionalized (code 11) is always the final disposition code when two disposition codes may be equally applicable.

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 ≥50% of the ATA items	A complete includes response items answered for at least one reportable measure and *greater than or equal to* 50% of the ATA items. There must be no evidence that the enrollee 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 *less than* 50% of the ATA items. There must be no evidence that the enrollee 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 the available languages	Unable to complete the survey in English, Spanish, Chinese, Korean, Tagalog, or Vietnamese
Mentally or physically unable to respond	**24**	Mentally or physically unable to respond to the survey via web, mail or telephone	Mentally or physically unable to respond to the survey via web, mail, or telephone
Refusal	**32**	Refused to complete the survey	Refused to complete the survey
Non-response	**33**	No response collected	No response collected by web, mail or telephone when there is no indication of bad address and telephone number
Incomplete or blank survey returned	**34**	Responded by mail or initiated web or CATI, no reportable items answered	Responded by mail or initiated web or CATI, no reportable items answered. There must be no evidence that the enrollee is ineligible.
Bad address and bad telephone number	**35**	Unable to obtain a viable address and telephone number for the enrollee	Unable to obtain a viable address and telephone number
Excluded from survey	**40**	Was excluded from the survey process prior to start of data collection because enrollee is ineligible or enrollee appears on either the survey vendor's or contract's "Do Not Survey" list	Enrollee was determined to be ineligible prior to the start of data collection (see Sampling section in this manual) OR enrollee appears on either the survey vendor's or contract's "Do Not Survey" list and data collection was not initiated

Assigning Bad Address and Bad Telephone Number Disposition Code

The "Final Survey Disposition" "35 – Bad address and Bad telephone number" is assigned when the survey vendor has exhausted attempts to obtain a valid address **and** a valid telephone number. Survey vendors must track attempts to obtain a correct mailing address and telephone number for each enrollee 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 enrollee 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 an enrollee'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 enrollee
- Mail is returned marked "Address Unknown"
- Mail is returned marked "Moved – No Forwarding Address"

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

- The survey vendor is unable to obtain a telephone number for the enrollee
- The telephone interviewer dials the enrollee'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 enrollee'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 an enrollee'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.

Data Submission Process

The MA & PDP CAHPS Data Coordination Team has developed a secure data warehouse. This data warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2024 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 a fully conforming interim data file by 8:59 PM Eastern Time on April 25, 2024 and by 8:59 PM Eastern Time on May 9, 2024, and a fully conforming final survey data file by 8:59 PM Eastern Time on June 13, 2024. A fully conforming data file passes checks for file name, file format, valid data values, accurate assignment of survey disposition, accurate record count, and adheres rules and guidelines detailed in Chapters VII and VIII.

All surveys returned by three days prior to the interim data submission due dates must be scanned, the data verified, and included in the interim files. Submitting interim data files will provide survey vendors opportunities to test the data submission process before they have to submit the final data file and correct any data file errors/problems.

Notes:

1. *Survey vendors may begin to submit the first interim data file containing data collected via web, mail, and inbound CATI on April 23, 2024. Vendors are encouraged to submit interim data on the first day of the submission window to assure successful completion of file submission by April 25, 2024.*
2. *Survey vendors may begin to submit the second interim data file containing data web, mail, and CATI (inbound and outbound) on May 7, 2024. Vendors are encouraged to submit interim data on the first day of the submission window to assure successful completion of file submission by May 9, 2024.*
3. *Survey vendors **must** submit complete and up-to-date interim data files as CMS conducts preliminary analysis with the submitted information. Analysis of the interim data files is used for early identification of issues in the data collection process that can impact contract Star Ratings.*

Survey Vendor Authorization Process

MA and PDP contracts must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Since the 2016 survey, the vendor authorization process has been a web-based process. The web-based survey vendor authorization process confirms the authenticity of the authorizing entity and dates and timestamps the vendor selection made by the authorized contract staff member. Only survey vendors authorized by one or more contracts will be contacted and provided an account for the MA & PDP CAHPS Data Warehouse.

Note: After completion of the survey vendor authorization process, no further action is required by the contract. The Data Coordination Team communicates to CMS which contracts/plans have authorized a survey vendor to administer the MA & PDP CAHPS Survey on their behalf. The Data Coordination Team communicates to each vendor an initial and final list of the contracts that have authorized that vendor.

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, Back-up Data Administrator, and Project Manager roles. The new Data Administrator will be required to obtain a login and password for access to the survey vendor's MA & PDP CAHPS Data Warehouse folder.

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 B) and emailing it to the MA & PDP CAHPS Data Coordination Team. Each person must provide a separate email 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 email 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 or data submission.

As mentioned earlier, the MA & PDP CAHPS Data Coordination Team will conduct a test of the MA & PDP CAHPS Data Warehouse with each vendor prior to delivery of sample to confirm that accounts are correctly set up. This test will include an exchange of files to confirm that vendors are able to receive and submit files and that vendors are able to manage file encryption and correctly encode files submitted to the Warehouse.

Survey File Submission Naming Convention

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

Vendorname.mmddyy.N.txt.pgp

Where

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
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.
Example: XYZResearch.051024.1.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 enrollee the survey vendor received in the sample file (for the interim data submissions, the record for an enrollee for whom the survey vendor has not yet completed a survey should be coded with disposition code "33 – No response collected").*
3. *Survey vendors may need to update their password to access the Data Warehouse prior to the interim data submission periods. Survey vendors can send an 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 seven characters in length and contain at least one character from three of the five 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. 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 (https://www.broadcom.com/products/cyber-security/information-protection/encryption) 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 deleted without further processing. 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. Data Administrators new to the MA & PDP CAHPS project will receive an email from (with a link to) the MA & PDP CAHPS Data Warehouse. This email link will allow the Data Administrator to activate his/her 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 his/her 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 Upload files, as well as Delete files.

The Back-up Data Administrator will also receive an email invitation to the Warehouse and must complete the steps above to validate his/her login.

Notes:
1. *Logins and passwords are person-specific and may not be shared.*
2. *A copy of the Instructions for Survey Vendors on Accessing the Data Warehouse can be found in Appendix F.*

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 involves testing for the appropriate ".pgp" file extension 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
- Appropriate Survey Disposition Codes

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 9:59 PM Eastern Time on the deadline date may not be included in the results that are publicly reported. Therefore, it is recommended that survey vendors submit data files early in the submission window to assure files are accepted and pass all data checks before the data submission deadline.

IX. DATA ANALYSIS AND PUBLIC REPORTING

Overview

This section describes the public reporting of the 2024 survey results in the Medicare & You Handbook, in the Medicare Plan Finder website (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 2023 MA & PDP CAHPS Survey will be available in the fall of 2024.

Reporting

Public Reporting of 2024 MA & PDP CAHPS Survey Data

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 website (www.medicare.gov) each fall. The survey data can also be found on CMS's website at https://go.cms.gov/partcanddstarratings. 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 enrollees 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 2024 Medicare CAHPS Data to Plans

Official CAHPS preview reports will be emailed to Medicare Compliance Officers in late August 2024. In addition to these preview reports, 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 enrollees, as well as to other MA or PDP contracts within the contract's market area. Official CAHPS plan reports will be provided via email to Medicare Compliance Officers in late fall 2024.

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 enrollees. Ineligible enrollees 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 (incomplete or blank survey returned) 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, 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 tables posted to the MA & PDP CAHPS website use a 0 – 100 scale for each measure, while the reports to plans give more detail on the original scales of the items.

2024 Measures That Will be Publicly Reported

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 or are included in the display measures found at www.cms.gov. These publicly reported MA & PDP CAHPS Survey measures include six composites, three global ratings, and two individual items, as well as two other measures reported to contracts.

Composite measures:

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

Global ratings:

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

Individual items (MA):

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

Other measures reported to contracts (MA-PD and PDP):

- Reminders to fill prescriptions
- Reminders to take medications

Note: These items are not included in Appendix K, List of Reportable Measures, as they are not part of the calculation of reportable measures used to assign survey status.

CMS Analysis of 2024 MA & PDP CAHPS Survey Data

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 at a pharmacy, mail and pharmacy answers are weighted within each contract proportionately to the number of enrollees who report attempting to fill prescriptions by mail or at a pharmacy 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 those answering item 5 as Never (1) are asked to skip item 6*
***If item 5 is answered as Never (1), then item 6 assumes a value of Never (1) regardless of whether item 6 was skipped or how it was answered. Items 5 and 6 are averaged to generate a single item score.*

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

Customer Service Composite Scoring

The Customer Service Composite measure is comprised of 3 survey items.

	Response Options
Item 1: How often customer service gave you information or help as soon as needed	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often customer services staff treated you with courtesy and respect	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: How often health plan forms easy to fill out	Never (1) Sometimes (2) Usually (3) Always (4)

Item 3 has a screener, “Did your health plan give you any forms to fill out?” The screener responses are Yes (1) and No (2). Enrollees providing an item 3 screener response of No (2) are asked to skip Item 3.

If the item 3 screener is No (2), item 3 is recoded to Always (4) regardless of whether item 3 was skipped or how it was answered.

To score the composite, the average of 3 scores is calculated:

- The score for item 1
- The score for item 2 and
- The score for item 3, recoded if applicable

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" (with two exceptions for Care Coordination composite, items 5 and 6, and Customer Service, item 3 as referenced above)
- Embedded screener questions (a skip pattern within a skip pattern) are treated in the same way as a primary screener question. The embedded skip pattern 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 enrollee'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 preview reports and public reporting.

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 (each of which has mutually exclusive categories):

- Education
- Self-reported general health status
- Self-reported mental health status
- Proxy completion of the survey or other proxy assistance
- Dual eligibility*; Low income subsidy but not dual eligibility*
- Age* (calculated as the difference between survey finalization year and year of birth)
- Asian (Chinese, Korean, Tagalog, and Vietnamese) language 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.[2]

Respondent data for each contract are weighted by the ratio of survey-eligible enrollment in the contract to respondents. Some MA contracts include both one or more plans with a Part D benefit and one or more MA-Only plans; these two subgroups are therefore differentially weighted in scoring and case-mix calculations for Part C (MA) measures in such contracts. See "Sample Selection and Eligibility Criteria" for additional information. For the applicable contracts, these weights are necessary to reproduce official scores on Part C measures.

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

- Weighted contract means for each case-mix variable for respondents who answered the item being adjusted
- Weighted national means for each case-mix variable for respondents who answered the item being adjusted
- Individual-level coefficients for each case-mix variable in the model predicting individual responses, conditional on contract indicator variables

Vendors have the data to calculate the first component. CMS now supplies the second and third components annually.

Note: Each of these components is based only on respondents who answered the corresponding CAHPS items.

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) * Coefficient.

[2] Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

To illustrate how the contract mean for a given case-mix variable is calculated, consider the case of age range. The table below displays age data for a hypothetical contract with 7 respondents. Seven indicator (0 or 1) age variables are created for each of the 6 age range groups. The age 70-74 category is not shown because it serves as the reference category.

Survey ID	Age	Age 64 and under	Age 65-69	Age 75-79	Age 80-84	Age 85 and older
1	65	0	1	0	0	0
2	57	1	0	0	0	0
3	82	0	0	0	1	0
4	71	0	0	0	0	0
5	88	0	0	0	0	1
6	36	1	0	0	0	0
7	66	0	1	0	0	0

For this contract, assuming no applicable Part D weights for simplicity, the mean of each of the 5 age range variables is calculated as follows:

$H_{\leq 64} = (0+1+0+0+0+1+0) / 7 = 2/7 = 0.29$
$H_{65\text{-}69} = (1+0+0+0+0+0+1) / 7 = 2/7 = 0.29$
$H_{75\text{-}79} = (0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$
$H_{80\text{-}84} = (0+0+1+0+0+0+0) / 7 = 1/7 = 0.14$
$H_{85+} = (0+1+0+0+0+0+0) / 7 = 1/7 = 0.14$

Case-mix adjustment is performed by CMS contractors. The case-mix coefficients are re-estimated each year based on data CMS receives. Case-mix coefficients appear each year in the plan reports, and the coefficients are also available in the Part C & D Star Ratings Technical Notes and on the MA & PDP CAHPS website.

Significance Testing, Reliability and Star Assignment

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.[3] 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 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 t^2 is the between-contract variance of the mean for that measure and V is the sampling variance of the contract's mean score.

The following table describes the rules used to determine Star Ratings (1 to 5 stars). The particular Star Rating a contract receives for a given measure depends in part on where the score lies in the distribution of all scores for that measure. Specific percentile cutoffs are applied (the 15th, 30th, 60th, and 80th percentiles). Star assignment also depends on whether the score is statistically significantly different from the national average score (at the $p<0.05$ level), along with the direction of the difference, whether interunit reliability is low, and the standard error of the mean score. The comparison of a contract's score to percentiles is based on rounded scores on the 0-100 scale, while the significance tests, reliability calculations, and test of 1 standard error (SE) difference are based on unrounded scores.

[3] 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 the lowest reliability are italicized.

CAHPS Star Assignment Rules

	Criteria for Assigning Star Ratings
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 (SE) 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 and below the 60th percentile.
3	A contract is assigned three stars if it meets at least one of these three criteria: (a) 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 national average CAHPS measure score; OR (b) its average CAHPS measure score is at or above the 15th percentile and lower than the 30th percentile, AND the reliability is low, AND the score is not statistically significantly lower than the national average CAHPS measure score; OR (c) its average CAHPS measure score is at or above the 60th percentile and lower than the 80th percentile, AND the reliability is low, AND the score is not statistically significantly higher than the national average CAHPS measure score.
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 and above the 30th percentile.
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 (SE) above the 80th percentile.

Note: Questions regarding Star Ratings calculations should be directed to PartCandDStarRatings@cms.hhs.gov.

The following table presents an alternative description of the same star assignment system. Scores are initially classified into "base groups" based on where they lie in the distribution. The numbers in the color-coded section refer to the Star Rating; color coding is used to differentiate each of the five star levels.

Illustration of the 2024 CAHPS Star Assignment Rules:

Mean Score	Base Group	Signif. below avg., low reliability	Signif. below avg., not low reliability	Not signif. diff. from avg., low reliability	Not signif. diff. from avg., not low reliability	Signif. above avg., low reliability	Signif. above avg., not low reliability
< 15th percentile by > 1 SE	1	1	1	2	2	2	2
< 15th percentile by ≤ 1 SE		2	1	2	2	2	2
≥ 15th to < 30th percentile	2	2	2	3	2	3	2
≥ 30th to < 60th percentile	3	2	2	3	3	4	4
≥ 60th to < 80th percentile	4	3	4	3	4	4	4
≥ 80th percentile by ≤ 1 SE	5	4	4	4	4	4	5
≥ 80th percentile by > 1 SE		4	4	4	4	5	5

Notes: If reliability is very low (<0.60), the contract does not receive a Star Rating. Low reliability scores are defined as those with at least 11 respondents and reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability. The SE is considered when the measure score is below the 15th percentile (in base group 1), significantly below average, and has low reliability: in this case, 1 star is assigned if and only if the measure score is at least 1 SE below the unrounded base group 1/2 cut point. Similarly, the SE is considered when the measure score is at or above the 80th percentile (in base group 5), significantly above average, and has low reliability: in this case, 5 stars are assigned if and only if the measure score is at least 1 SE above the unrounded base group 4/5 cut point.

For consumer reporting via the Medicare & You Handbook and in the Medicare Plan Finder website, 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. The CAHPS measures are case-mix adjusted to take into account differences in the characteristics of enrollees across contracts that may potentially impact survey responses.

The percentile cut points for base groups are defined by current-year distribution of case-mix adjusted contract means. Percentile cut points are rounded to the 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. The number of stars assigned is determined by the position of the contract mean score relative to percentile cutoffs from the distribution of mean scores from all contracts (which determines the base group), statistical significance of the difference of the contract mean from the national mean along with the direction of the difference, the statistical reliability of the estimate (based on the ratio of sampling variation for each contract mean to between-contract variation), and the SE of the mean score. All statistical tests, including comparisons involving SEs, are computed using unrounded scores.

CAHPS reliability calculation details are provided in the document, "https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/helpful-resources/analysis/2020-instructions-for-analyzing-data.pdf."

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. Another contract is included in the report contract's market area for comparison if there is an overlap of at least five percent of the report contract's enrollment and vice-versa (the other contract must also have at least five 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 **the vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations.** No cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. This guidance also applies to reporting response rates. 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. **All reports provided to the contracts must include a statement on each page that vendor results are unofficial and are for the contract's internal quality improvement purposes only, whether paper or electronic report format. The statement must be printed in a minimum 14-point font size.**

In addition, survey vendors will not be able to provide enrollee -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 enrollees selected for the survey, or provide contracts their full enrollee file with names of sampled enrollees removed. Survey vendors must not use any MA & PDP CAHPS survey data, whether preliminary or final results, for any purpose beyond client reports for quality improvement purposes. Survey results may not be published on public facing websites or in marketing materials. Findings may not be shared beyond quality improvement reports to clients. Vendor marketing materials should be limited to the vendor's role in data collection activities and may not state or imply that the vendor can improve a client's Star Ratings**.**

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 to learn more about CMS privacy policies and data safeguarding.

Note: These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.

Analysis of Survey Data from Supplemental Items

As described in the Data Collection Protocol section of this manual, CMS allows 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 an enrollee.

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 pre-notification letters, web materials (e.g., letter and emails, web survey screenshots with skip logic that reflects the specifications in Appendix M), mail survey materials (e.g., cover letters, questionnaires), telephone script screenshots with skip logic that reflects the programmed survey that will be used for 2024 telephone survey administration, tracking of key events, and documentation that quality control procedures are conducted, are required to be submitted. The CATI screenshots provided by survey vendors should be labeled to match the question numbers in the 2024 CMS approved CATI script. If the survey vendor's CATI system doesn't use the same numbering sequence, please use another format (i.e., comment or note) on the page to clearly label each screenshot with the corresponding question number in the 2024 CMS approved CATI script. 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. Failure to accommodate the project team in observing MA & PDP CAHPS mail production, CATI survey administration, and/or data preparation and submission activities may lead to loss of approved vendor status.

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 V14.0.* 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 obtaining email addresses from client contracts and updating enrollee addresses and telephone numbers
    - Provide a description of the process for monitoring telephone interviewers in English, Spanish, and optional languages (Chinese, Korean, Tagalog, or Vietnamese), if applicable
  - 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
  - Client report template

- 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 website subsequent to training. A Model QAP can be found in Appendix C. 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 website at: www.ma-pdpcahps.org. Updated QAPs (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.

Along 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.

Note: Depending on the issues identified during the QAP and survey material review, survey vendors may be required to submit a revised QAP and survey materials for review and approval. Vendors remain responsible for meeting all deadlines regardless of when the project team provides the outcome notification for revised submissions.

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 V14.0,* and those periodically posted on the MA & PDP CAHPS Survey website. Please monitor the MA & PDP CAHPS Survey website 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 V14.0*. 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
- Web survey systems
- Web materials
- 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 Event 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
- Mandatory Quality Improvement reporting
- Adjustment to publicly reported scores, as needed
- Other sanctions as deemed appropriate by CMS

XI. EVENT REPORTS

Overview

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

The event report process and the Event Report Form have been established for use by survey vendors to notify the MA & PDP CAHPS Survey Project Team of any events that affect vendors in following standard MA & PDP CAHPS Survey protocols, including the data collection schedule. Survey vendors are required to notify the MA & PDP CAHPS Survey Project Team of any events, deviations from the QAP&TS, or other variations that occur during survey administration. Survey vendors **must** notify the MA & PDP CAHPS Survey Project Team as soon as the event or variation is identified. **The Event Report Form must be submitted within one business day of the survey vendor becoming aware of an event, regardless of whether the root cause, scope of issue, or a resolution has been identified, or whether or not data collection has ended**. The date the event was discovered must be clearly identified on the form. If the survey vendor is unsure if an Event Report should be submitted, an email describing the occurrence should immediately be sent to the project team at MA-PDPCAHPS@hsag.com to request a determination.

Event Report Process

On occasion, a survey vendor may identify deviations 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 events. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify issues that require correction.

Examples of events that should be reported include, but are not limited to:

- Survey vendor misses any of the required dates as outlined in the Data Collection Schedule
- Survey vendor prints an incorrect URL in the web survey emails
- Survey vendor experiences any problems with printing surveys with correct contract names, missing survey questions, wrong contract type, etc.
- Survey vendor experiences any problems with correct coding of the MA & PDP CAHPS script and/or skip pattern programming logic

Survey vendors are required to complete and submit an Event Report to formally notify CMS within one business day after the event has been discovered. The web-based Event Report Form (see Appendix I) must be submitted via the MA & PDP CAHPS Survey website at: www.ma-pdpcahps.org. This report notifies the MA & PDP CAHPS Survey Project Team of the nature, timing, cause, and extent of the event or deviation, as well as the proposed correction and timeline to make corrections, to the extent this information is immediately available. If all the required information is not immediately available, survey vendors must submit an initial Event Report alerting CMS of the issue. **Submitting an initial Event Report in a timely manner is critical, as CMS may need to make a change or adjustment in survey protocols to correct for an error or event**. Subsequent to the initial report, vendors may submit an updated Event Report, within

one week of submitting the original Event Report, with the remaining required information. The relevant CMS contract number(s) (Hxxxx, Rxxxx, or Sxxxx) **must be included on the form**. Survey vendors risk loss of approval status if events are not reported to CMS in accordance with the guidelines presented in the *Quality Assurance Protocols & Technical Specifications V14.0*.

Event Report Review Process

The Event 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 event on publicly reported results will be assessed. Depending on the nature and extent of the event, CMS may require the vendor to take an immediate and specific action (such as remailing survey materials or adjusting the survey administration timeline). Additionally, 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.

XII. EXCEPTION REQUESTS

Overview

The 2024 Minimum Business Requirements for the MA & PDP CAHPS Survey, found in Appendix A and posted on www.MA-PDPCAHPS.org, detail CMS's on-site operating requirements for survey vendors approved to conduct the survey. CMS has created an exception request process to provide survey vendors with increased flexibility to conduct business operations off-site or remotely, while still maintaining data integrity for standardized public reporting. CMS may grant survey vendors exceptions to MA & PDP CAHPS Survey on-site operating requirements for 2024 survey administration on a case-by-case basis following review of a submitted Exception Request Form. Receiving an exception in a prior year does not guarantee approval in future years.

To request an exception for 2024 survey administration, survey vendors must submit an online Exception Request Form via the MA & PDP CAHPS Survey website at www.MA-PDPCAHPS.org and include information detailing key personnel, system resources, remote access procedures, data transmittal procedures, measures to ensure security and confidentiality of data; quality control measures; and processes for staff training, oversight, and risk mitigation.

A single Exception Request Form may be submitted to cover multiple components of survey administration operations; however, additional Exception Request Forms may be submitted for survey administration operations not included in the original request. Exception Requests must be submitted in a timely manner to allow sufficient time for review.

Exception Request Review Process

Exception Requests will be reviewed by the MA & PDP CAHPS Project Team to assess the proposed alternative(s) and compliance with maintaining all aspects of data integrity, including the potential for introducing bias or violating enrollee confidentiality. The project team may request additional information, or a conference call may be required to discuss the details provided on the Exception Request Form. Vendors will be notified whether their exception has been approved and must not implement any changes to operations prior to CMS approval.

If approved, the exception request is valid for one survey administration year. The survey vendor's QAP must describe in detail how remote operations will be conducted to assure compliance with HIPAA, data security, and quality assurance requirements. If an exception is approved after the survey vendor's QAP has been submitted, a revised QAP must be submitted within one week of the approval of the exception.

Appendix A

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

2024 Minimum Business Requirements

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2024 Minimum Business Requirements

A survey vendor and/or its subcontractor(s) 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® Survey[1]. 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.

Any organization that performs key survey administration functions on behalf of an MA & PDP CAHPS Survey vendor that requires receipt of an electronic file containing enrollee-level personally identifiable information (PII) shall be referred to hereafter as a "subcontractor."

1. Relevant Survey Experience

Demonstrated recent experience in fielding Web-Mail-Phone Mode surveys.

Criteria	Survey Vendor

Survey Experience	• Survey vendor and/or its subcontractor(s) must have prior experience (minimum of 3 years) conducting surveys with the Medicare population
	• Survey vendor and/or its subcontractor(s) must have prior experience (minimum of 3 years) administering CAHPS surveys within the most recent 5-year time period
	• Survey vendor and/or its subcontractor(s) must have prior experience (minimum of 3 years) conducting large-scale surveys that include mail survey administration followed by survey administration via computer assisted telephone interview (CATI) follow-up of non-respondents within the most recent 2-year time period
	• Survey vendor and/or its subcontractor(s) must have prior experience (minimum of 2 years) conducting surveys via web-mode administration. Web-mode experience must include experience conducting surveys that include web-mode plus follow up of non-respondents via mail or phone. Web-mode experience must be within the most recent 2-year time period.
	• If applicable, poor past performance by survey vendor and/or its subcontractor(s) on CMS surveys of people with Medicare will be considered as vendor failing to meet minimum business requirements. For example:
	  o Not adhering to the timeline and/or procedures for survey administration
	  o Not adhering to required oversight activities
	  o Not adhering to Event Report procedures and corrective actions

Number of Years in Business	• Survey vendor must have minimum of 4 years in business[2]

Criteria	Survey Vendor
Experience with Multiple Survey Languages	• Survey vendor and/or its subcontractor(s) must have prior experience conducting surveys in both English and Spanish. A survey vendor will have the option of electing to conduct the MA & PDP CAHPS Survey in Chinese, Vietnamese, Korean, and/or Tagalog.

2. Organizational Survey Capacity

Capability and capacity to program web surveys and collect data submitted online, handle required volume of mail questionnaires, and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor
Personnel	• Designated Personnel: o Project Manager with a minimum of 3 years relevant Mixed Mode (mail survey administration followed by CATI administration with non-respondents) survey experience o Subject Matter Expert (SME) in web survey administration with a minimum of 2 years previous experience as project manager for web surveys that include follow-up of non-respondents via mail or phone o Mail Survey Supervisor with a minimum of 1 year previous experience in role o Telephone Survey Supervisor with a minimum of 1 year previous survey call center experience o Web Programmer with a minimum of 1 year previous experience programming, testing, and collecting data via web survey instruments o Lead or Primary Programmer with a minimum of 1 year previous experience processing survey data and preparing data files for electronic submission

Criteria	Survey Vendor

System Resources	• System resources must meet CMS specifications in the QAP&TS and at a minimum include the following:
	  o Physical facilities and electronic equipment and software for secure data collection processing and reporting
	  o Computer programs for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant; present similarly on different browser applications, browser sizes, and platforms (mobile, tablet, computer); and present similar to mail survey and mirror the design principles of the mail survey (open space between question text and response options, vertical presentation of response options, use of underlining, font styles, etc.)
	  o Creation and submission of data files containing enrollee-level information
	  o Electronic survey management system that tracks fielded surveys through the entire protocol, removes records with completed surveys from further outreach in a timely manner across all modes of administration, and protects the confidentiality of personally identifiable information and survey data received from enrollees (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and protection from all forms of malware including virus and spyware protection)
	  o A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires and hardcopy sample files that protects the confidentiality of enrollee response data and personally identifiable information
	  o Anticipate and plan for site visits

Approved Use of Subcontractors	• Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing • Subcontractors will be assessed at the time of application and must be approved by CMS • Subcontractors may be added after the application period closes only with prior review and approval by CMS

Criteria	Survey Vendor

Web-Mail-Phone Mode Administration	• Responsible for reproduction, printing, and mailing of survey materials in accordance with specifications provided
	• Ability to administer web surveys in accordance with specifications provided, including but not limited to:
	  o Capacity to disseminate survey invitation emails that include the CMS logo (and optional plan logo), and mirror the language of the mail survey letters and adhere to templates provided by CMS
	  o Capacity to disseminate survey invitation emails that include an embedded hyperlink that the enrollee can click on to directly connect to the web survey without entering a PIN or other enrollee-specific code
	  o Capacity to produce hard copy letter invitations for the web survey that include a URL of no more than 25 characters and a unique PIN for the enrollee to enter
	• Secure file transfer protocol or systems to receive enrollee email address data from contract clients
	• Capacity to clean client-provided email addresses to remove emails that do not conform to standard format of text@suffix, and/or client-provided email addresses that do not include known suffixes
	• Capacity for conducting telephone interviews using a CATI system
	• Follow MA & PDP CAHPS Survey timeline
	• Use commercial software/resources to ensure that mailing addresses and telephone numbers are accurate and correct for all sample members
	• If a survey vendor intends to administer the MA & PDP CAHPS Survey in Chinese, Vietnamese, Korean, and/or Tagalog, web, mail, and telephone modes must be administered in these languages
	• Survey vendor must have the capacity to maintain an interviewer pool that meets the needs of enrollees in all languages in which the survey is administered
	• Survey vendor must have the capacity to conduct accurate monitoring of interviewers in all languages in which the survey is administered
	• Web survey administration, mail survey administration, and telephone interviews are not to be conducted from a residence, nor from a virtual office unless the survey vendor has received approval from CMS[1]
	• Survey vendors will be required to attest that procedures used to dial cell phones adhere to the vendor's legal or compliance department requirements for adherence to the Telephone Consumer Protection Act of 1991, known as TCPA

Criteria	Survey Vendor
Data Submission	• Register for access to the MA & PDP CAHPS Data Warehouse and follow data specifications and procedures in order to submit and receive encrypted data via the Internet • Subcontractors will not be given access to the MA & PDP CAHPS Data Warehouse and may not submit data • Execute business associate agreement with health or drug plans and receive annual authorization from health or drug plans to collect data on their behalf and submit to CMS
Data Security and Confidentiality	• Web surveys must be administered with a secure user PIN that is unique to each sampled enrollee, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored • Returned paper questionnaires must be stored in a secure and environmentally safe location • Access to electronic files must be limited to necessary personnel. Firewalls and/or physical barriers must be implemented to protect against unauthorized access to electronic files. • Electronic security via implementation of access levels and passwords must be instituted • Daily data back-up procedures that adequately safeguard system data must be implemented; procedures must include backup recovery testing to verify files can be retrieved • Develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster • Required encryption protocols must be utilized for transmitting data files. Encryption protocols must include a Federal Information Process Standard (FIPS) 140-2 compliant algorithm. CMS-defined personally identifiable information (PII) must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP with file-level encryption). • Develop procedures for identifying and handling breaches of confidential data • Ensure Data Use Agreement (DUA) with CMS is kept up to date and that all DUA requirements are followed, including cell size suppression rules. The CMS DUA must be updated within 3 business days of any change to the contact information, individuals, or organizations in the DUA, including adding or removing a subcontractor • Develop and execute confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection o Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed a 3-year period

Criteria	Survey Vendor
	• Vendors and subcontractors (if applicable) must document compliance with HIPAA regulations with regard to enrollee protected health information (PHI) o Vendors must not share identifying information about enrollees in the survey sample with health or drug plans • Vendors must receive approval from CMS to append any additional data to the sample file • Survey vendors may not provide health or drug plans with any information that may allow contract staff to identify sampled enrollees - either directly or by inference. • Survey vendors must not use any MA & PDP CAHPS survey data, whether preliminary or final results, for any purpose beyond client reports for quality improvement purposes
Data Retention	• Retain all data files, data collected from web surveys, audio recordings, and paper copies or scanned images of surveys for a minimum of 3 years. The retention requirement also applies to sample information. Retention of data will require extension of the CMS Data Use Agreement (DUA). o Archived electronic data files, audio recordings, and paper copies or scanned images of surveys must be easily retrievable
Technical Assistance/ Customer Support	• Establish a customer support email address to answer queries from enrollees. The customer support email address should have staff available during regular business hours (to be established from the time of the pre-notification letter) to respond to enrollee emails asking for technical assistance to access or complete the web survey. • 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) • Accommodate both Spanish and English inquiries that are submitted by phone and/or email • Accommodate Chinese, Vietnamese, Korean, and/or Tagalog inquiries if administering the MA & PDP CAHPS Survey in these optional languages • Survey vendor must have the capacity to conduct accurate monitoring of the customer support line and customer support email inbox in all languages in which the survey is administered to ensure accurate responses are provided

3. Quality Control Procedures

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

Criteria	Survey Vendor
Demonstrated Quality Control Procedures	• Set-up, conduct, and document quality control procedures for all phases of survey implementation, including: o Monitoring of subcontractor(s) if applicable o Training o Web administration of surveys via emailed and paper invitations in all languages in which survey is administered o Printing, mailing, and recording receipt of surveys o Telephone administration and monitoring of survey (electronic telephone interviewing system) in all languages in which the survey is administered o Coding, editing, or keying in survey data o Preparing enrollee data files for interim and final submission o All other functions and processes that affect the administration of the MA & PDP CAHPS Survey • Develop and submit annual Quality Assurance Plan by specified due date • Submit an Event Report to CMS within 1 business day of becoming aware of an event in survey administration
Training Requirements	• Participate in and successfully complete MA & PDP CAHPS training webinar(s) for vendors • Complete a training evaluation to assess comprehension of MA & PDP CAHPS Survey protocols • Participate in any refresher training sessions or webinars
Training Participants	• Project staff fulfilling the following roles must attend training: o Project Manager, SME in web survey administration, Mail Survey Supervisor, and Telephone Survey Supervisor at a minimum o At least one representative from a subcontractor organization if that subcontractor will be conducting any of the functions below: ▪ Inserting or survey packet preparation ▪ Processing of returned mail surveys ▪ Conducting telephone interviews (CATI administration) ▪ Conducting web surveys (programming and/or hosting) • Project staff member(s) are also recommended to attend training if they are responsible for the following functions: o Decrypting the sample file and performing sample file quality checks o Programming the CATI script o Programming the web survey o Preparing and submitting the survey data file o Programming the sample management systems used to track and/or document survey operations for sampled enrollees during web, mail, and phone administration of the survey

Criteria	Survey Vendor
Oversight	• Vendors and their subcontractors are subject to oversight activities, including in-person visits to business operation site(s) to observe MA & PDP CAHPS web survey administration, mail production, CATI survey administration, and/or data preparation and submission • Survey vendor must be prepared to provide access to all aspects of MA & PDP CAHPS survey administration for the site visit team • Submit web survey screenshots that display what the enrollee will see (using both mobile and computer platforms), mail materials, and CATI screenshots to the project team for review by specified due date • Submit web survey testing link to project team to test functionality of web survey by specified due date • Organization must be prepared to submit reports as requested by the project team, such as reports of outbound CATI progress, inbound mail processing, and web completion and removal from active sample

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	• Approval is for a fixed 1-year term
	• In determining vendor approval, CMS will consider past performance, as a survey vendor or subcontractor, in support of CMS activity. Performance criteria include, but are not limited to:
	  o Occurrence of similar substantive errors within or across projects
	  o Significant non-compliant items identified during site visits or monitoring
	  o Receipt of a corrective action memo from CMS
	  o CMS requests for quality improvement plans
	  o Refusal to allow site visit team to observe MA & PDP CAHPS production activities
	• Approval as a survey vendor in prior years does not guarantee future approval

[1] CMS is currently granting survey vendors exceptions on a case-by-case basis to MA & PDP CAHPS Survey on-site operating requirements during administration of MA & PDP CAHPS.

[2] Subcontractor experience cannot be used to fulfill the number of years in business requirement.

Appendix B

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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-PDPCAHPSTECHSUPPORT@rand.org.

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Appendix B

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

2024 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 or drug plan to implement the 2024 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. **Your form must be received by November 9, 2023.**

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 C

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

Model Quality Assurance Plan

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Appendix C

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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. Survey vendors requested to submit a revised QAP should submit 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 but are not required to submit web, 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 or requires revision.

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. Documentation must be included that demonstrates a system is in place to communicate missed dates and quality check errors, as well as a process to escalate issues up to project management leadership. All survey materials must be submitted for review, including the following:

- pre-notification letters
- web invite letter
- web invite email
- web reminder email
- web survey materials in English and Spanish (and Chinese, Korean, Tagalog, and/or Vietnamese, if applicable)
- cover letters
- mail materials in English and Spanish (and Chinese, Korean, Tagalog, and/or Vietnamese, if applicable)
- screenshots of the MA-PD telephone script in English

In addition, examples of templates, logs, tracking tools, or other relevant documentation should be included as appendices to the QAP. During the site visit, the MA & PDP CAHPS Project Team will review the telephone interviewer monitoring log.

Note: The web and mail materials (including pre-notification letters, cover letters, and email invitations), CATI screenshots, and the QAP may have different due dates for submission to the project team for review. Please check the Data Collection Schedule for additional details and submission dates.

The following sections 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. Website address
   5. Name of contact person, direct telephone number, and email address
   6. Total number of contracted Medicare Advantage only (MA-only) contracts, Medicare Advantage and Prescription Drug (MA-PD) contracts, and Prescription Drug Plans (PDP)
   7. Date of the QAP

B. Provide a chart of the 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. Web mode administration
   3. Mail survey administration
   4. Telephone survey administration
   5. Data receipt and entry
   6. Tracking of key survey events
   7. Survey administration process quality checks
   8. Preparation and submission of encrypted data
   9. Data security
   10. Staff training

C. Describe the internal training of personnel involved in MA & PDP CAHPS Survey administration, including remote staff and 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. If your organization has received CMS approval for remote MA & PDP CAHPS administration activities from a residence or virtual office, describe in detail how remote operations are conducted for the tasks below, including oversight of remote staff.

1. Describe the process used to download the sample from the MA & PDP CAHPS Survey Data Warehouse
2. Describe how the sampled enrollees are tracked throughout the data collection schedule provided in the *Quality Assurance Protocols & Technical Specifications V14.0* manual. (Describe the process used for tracking sampled enrollees through the web, mail, and CATI phases of survey administration.)
   a) Describe in detail the process for updating the list of enrollees identified for mail and telephone contact. How does your organization update its mail list as web surveys are completed and its CATI call list as completed surveys are returned via web or mail?
3. Provide a detailed description of the process for updating enrollee addresses (including the length of history used to look up previous addresses by the address update service)
4. Provide a detailed description of the processes for obtaining email addresses from client contracts, programming the web survey, and software used for programming and administering the web survey
   a) Describe the quality control checks to confirm that programming is accurate and in accordance with MA & PDP CAHPS Survey protocols, data integrity is maintained, and records with completed surveys will be removed from further outreach in a timely manner across all modes of administration
   b) Describe the quality control checks to ensure programming is accurate and in accordance with survey protocols following any updates to the completed, quality control-checked web survey program (i.e., web administration has started and it has been determined a change to the web survey program is required)
   c) Describe the quality control checks and testing to ensure the web survey presents similarly to the mail survey and all web survey materials present similarly on different browser applications, browser sizes, and platforms (cellphone, tablet, computer)
   d) Include the number of clients who intend to provide enrollee membership files with email addresses to append to the sample file and the procedures used to remove emails that do not conform to a valid email format
   e) Describe the procedures used to compare client email address files to the sample file, identify matches, and append email address to the sample file
   f) Describe the process for handling multiple email addresses for a single enrollee during the web phase of data collection
   g) Describe the quality control checks conducted to ensure the accuracy of the enrollee-specific link to the web survey inserted into each email and ensure the accuracy of the survey URL and enrollee-specific PIN code inserted into the pre-notification letter and mailed web survey invitation
5. 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
6. Provide a detailed description of the processes for obtaining and updating telephone numbers from each utilized source, 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 quality control checks to ensure programming is accurate and in accordance with survey protocols following any updates to the completed, quality control-checked CATI script program (i.e., CATI has started and it has been determined a change to the script is required)
c) Describe the process for handling multiple telephone numbers for a single enrollee during the telephone protocol of data collection
d) Include the number of clients who intend to provide enrollee membership files with telephone numbers to append to the sample file

Note: The project team will follow-up with vendors after the start of fielding to request a list of contracts that provided membership files with telephone numbers.

7. Describe the procedures for conducting telephone interviews
   a. Detail all procedures used to dial cell/mobile telephone numbers. Be sure to indicate if procedures vary based on source of the telephone number (e.g., CMS, client).
   b. Describe the process, procedures, and criteria used to qualify an interviewer as being proficient to administer the survey in all applicable languages (English, Spanish, Chinese, Korean, Tagalog, and/or Vietnamese)
      i. Detail which Chinese dialects (Cantonese and/or Mandarin) will be supported by the Chinese-speaking interviewers
8. Describe the process for ensuring that telephone interviewers (including subcontractor and remote interviewers, if applicable) are following MA & PDP CAHPS Survey data collection protocols and procedures during the telephone survey administration phase
   a. Describe the process for monitoring interviewers in all languages in which the survey is administered, including live monitoring and monitoring of recorded interviews, if applicable
      ii. If the monitoring protocol includes monitoring of recorded calls, indicate the length of time between the date of the recorded call and date(s) for listening to recording and providing interviewer feedback
   b. Detail the minimum experience required and qualifications for staff monitoring telephone interviewers in all languages in which the survey is administered, and how your organization determines that the minimum requirements have been met. Be sure to detail where requirements or qualifications differ by survey language.
9. Describe data receipt activities
   a) Describe the process of capturing enrollee survey responses obtained via web survey, including the capture of data from suspended or incomplete web surveys
   b) Describe the process of logging surveys when they are returned by mail and the subsequent processing of those surveys, including the length of time between receipt of survey and completion of data verification
   c) Describe the process for capturing enrollee survey responses obtained during telephone interviewing

d) Describe the process for operationalizing QAP&TS guidance when enrollees provide more than one survey response (either multiple mail surveys or surveys in more than one mode)
e) Describe the processes followed for forwarding white mail to CMS, including comments received via email

10. Describe data entry procedures
    a) Describe use of the decision rules for data entry/data capture of mail survey responses. Describe the quality control processes used to verify accurate application of the decision rules for data entry/data capture of 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
11. 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
    d) Describe the process for ensuring that all returned web, mail, and inbound telephone surveys received up to three days before the first Interim Data Submission are included in the data file
    e) Describe the process for ensuring that all returned web, mail, and telephone surveys received up to three days before the second Interim Data Submission are included in the data file
12. 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
13. Detail the quality control activities that have been implemented as a result of items noted during 2023 site visits

B. Describe the customer support email address and customer support telephone line and how they will be operated.

1. Identify who is responsible for responding to email and telephone questions regarding the MA & PDP CAHPS Survey
2. Describe the process for training and monitoring of English and Spanish-language customer service email and telephone line staff
3. Describe the process for training and monitoring of any Chinese, Korean, Tagalog, or Vietnamese-language customer service email and telephone line staff
4. Provide the customer support email address and telephone number
5. Include a written transcript of the customer support telephone line voice mail message
6. Include the hours of live customer support email operations and live and voice mail operations for the customer support telephone line and timeframe for returning emails and calls
7. Describe the process for documenting how customer support emails are logged, tracked, and stored
8. Describe the process for documenting calls to the customer support line from enrollees and from individuals calling on behalf of the sampled enrollees

9. Describe the quality control processes for confirming customer support emails and calls are returned, correct responses are provided, and correct action is taken to address emails and 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).
   1. Provide a copy of the log to be used for customer support calls. The template should contain all fields to be populated.
   2. Provide a template of the MA & PDP CAHPS Survey report your organization plans to provide to clients
   3. Provide a document containing interim disposition codes with a crosswalk to final disposition codes, if applicable

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

D. For administering the survey in Spanish and, if applicable Chinese, Korean, Tagalog, and/or Vietnamese, provide a table which indicates **for each contract** how the Spanish, Chinese, Korean, Tagalog, and/or Vietnamese 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)	Process for distributing Korean (if applicable)	Process for distributing Tagalog (if applicable)	Process for distributing Vietnamese (if applicable)
HXXXX	Double stuff	NA	Double stuff	NA	Double stuff
HXXXX	Targeted mailings using plan provided language preference	Double stuff	NA	Double stuff	NA

   Note: The project team will follow-up with survey vendors after start of survey administration to request an updated table to include any adjustments to survey language administration that may have been implemented after the QAP was submitted.

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 (including web data). Include the length of time that these materials will be retained.
   1. Include a description of the data security procedures for web survey administration including protection of the integrity of the web survey program and web survey responses during survey administration

B. If your organization has received or is pending CMS approval for remote MA & PDP CAHPS administration activities from a residence or virtual office, describe in detail how remote operations are conducted to assure compliance with HIPAA and data security requirements.

C. 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.

D. Include a copy of the Business Associate Agreement (BAA) template signed by clients and/or business partners (if applicable) involved in any aspect of MA & PDP CAHPS Survey administration.

Appendix D

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

General Interviewing Guidelines for Conducting Telephone Surveys

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Appendix D

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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: <u>underlined</u>, or **bolded**, or highlighted, or IN UPPER CASE LETTERING, or *italicized*. Survey vendors may choose only one style to indicate emphasis.

  Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes ("") or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.

- 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 that appear in uppercase and within < > should not be read to the respondent, but may be used for coding a response
  - "Don't Know" answer category that appears as an option and not within < > should be read to the respondent
- Read all questions and response choices in the indicated order and **exactly as they are worded.** Know how to clearly and correctly pronounce all text, including medical terminology (e.g., pneumococcal vaccine).
- Read all transitional statements as they are worded and do not create your own transition statements
- Ask every question specified. Never omit or 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 interview questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving
- During the course of the interview, use of **neutral** acknowledgment words such as the following is permitted:
  - Thank you
  - I understand
  - I see
  - Yes, Ma'am
  - Yes, Sir
  - Let me repeat the question/responses for you
- During the course of the interview, occasional use of the enrollee's name is permitted
- Listen carefully to any questions the respondent might have and provide concise answers, using the information 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. In instances when an enrollee gives an answer before the interviewer has read all of the response options, the interviewer must continue to read the responses. The interviewer may inform the enrollee that all response options must be read by saying "I'm sorry but I have to read all the answer choices."

Telephone 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 interview introduction verbatim and in a confident manner
- Be familiar with the pronunciation of client contract names

- 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 interview 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 moment 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 D-1

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

Tips for Training Telephone Interviewers

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Appendix D-1

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

Tips for Training Telephone Interviewers

Overview

This document is provided as a guide for training telephone interviewers. It covers the key components that should be included in a training of telephone interviewers for the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey.

Tips for Training Telephone Interviewers

New interviewers should be trained on general interviewing techniques, the goal of which is to teach interviewers to administer the questionnaire in exactly the same way to all respondents and in strict accordance with study procedures. Focused training on general interviewing techniques will help to assure the data collected are accurate, unbiased, and truly reflective of the care experiences of the survey sample.

The key principles of telephone interviewing include:

- Establishing Rapport – interviewers should be trained to listen attentively and respond appropriately to an enrollee's responses, concerns, and questions, without inserting their own opinions or judgments

- Maintaining Neutrality – the qualities of the interviewer should not affect an enrollee's perception of a question, and different interviewers would ideally obtain the exact same responses from any given enrollee. Thus, interviewers must be trained to avoid any behavior, spoken or unspoken, that could affect the way a respondent answers a question.

- Protecting Confidentiality – interviewers must be trained on the importance of protecting respondent information. They should be able to convey both in their verbal statements as well as in their phone manner that confidentiality is being taken seriously and that enrollees' personal information will be kept secure.

- Gaining Respondent Cooperation – an interviewer's ability to get and maintain respondent cooperation is influenced by his or her capacity to 1) project a warm but professional phone demeanor, 2) present the survey task as necessary and worthwhile, and 3) soothe any existing uneasiness and adeptly answer respondent questions. Successful interviewer training will include review and practice in these areas.

- Obtaining Valid Responses – interviewers must be able to obtain accurate and complete responses and discourage irrelevant answers, through appropriate probing and a thorough understanding of the intent of survey questions

- Refer to Appendix D for further detail on General Interviewing Guidelines

All interviewers should receive survey-specific training so that they are familiar with the purpose of the survey, survey materials, survey-specific procedures, and can readily respond to the vast majority of enrollee questions using the materials provided by CMS and your organization. CMS recommends that training for all interviewers include:

- Practice responding to enrollee or family member questions using Appendix E ("Frequently Asked Questions for Customer Support"). Interviewers should use this document as needed when talking with enrollees, and should have sufficient familiarity with the content to respond with a natural speaking voice, without sounding as if they are reading or using the information for the first time.

- Sufficient practice to demonstrate mastery of the correct pronunciation of the names of all client contracts and key terms in the survey (e.g., "pneumonia" or "pneumococcal vaccine")

- Training on how to be responsive to the needs of the older population being interviewed. Medicare enrollees may be hard of hearing, wary of being taken advantage of by scams, afraid to provide personal information, or may simply need more time to process verbal information. Interviewers should be trained to probe or wait appropriately to avoid coding a "Missing/Don't Know/Refused" response too quickly, as an enrollee may not have heard the question or may need more time to respond. Interviewers should also be trained on how to recognize when a respondent seems to be having difficulty and may need help from a proxy to proceed through the interview.

- Mock/practice interviews to assure that interviewers are familiar with the MA & PDP CAHPS Survey procedures and Frequently Asked Questions. Trainers should evaluate a trainee's overall phone manner, ability to comfortably introduce himself/herself and the survey, adherence to general interviewing techniques (e.g., reading survey questions and response options verbatim and in the order they appear, ability to probe appropriately), ability to respond to respondent questions and concerns, and overall familiarity with study protocols.

Appendix E

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

Frequently Asked Questions for Customer Support

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Appendix E

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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 enrollees to answer survey questions in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Protocols & Technical Specifications V14.0 for more information on communicating with enrollees about the MA & PDP CAHPS Survey.

Note: Survey vendors should follow their own standard procedures for handling information provided by an enrollee either by web, mail or by phone that may suggest an enrollee's health or well-being is at risk.

- **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 enrollees.

  - **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 an enrollee's perspective about the care they have received. Medicare uses these data to provide information about the quality of the healthcare services Medicare enrollees receive. 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 compare 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 website (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 Medicare surveys take about 10 to 15 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.

- **Should I consider healthcare received by telephone or video call?**

  Yes. Please answer each question thinking about the times you got health care either in-person, by phone, or by video call.

- **I have already mailed the survey back. / I already completed the survey online.**

  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 enrollees, 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.

- **I do not speak [language] well. Could you send me a survey in [language]?**

  Currently, the MA&PDP CAHPS Survey is not offered in [language]. We have made a note of your request, which will be communicated to the Centers for Medicare & Medicaid Services for consideration for future surveys. Thank you for your time.

- **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.**

    Please answer the questions based on your experience with Medicare. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other enrollees receive. Your participation is very important.

  - **I changed Medicare plans. I no longer belong to [HEALTH OR DRUG PLAN]. I don't think I should be answering these questions.**

    If you changed your Medicare plan for 2024, please answer the questions based on your experience with Medicare in the last six months of 2023. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other enrollees receive. Your participation is very important.

  - **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 enrollees within your plan.

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

  Medicare and your health plan provide the contact information for all randomly selected enrollees.

- **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 enrollees.

- **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 may take about 15 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 [ENROLLEE SPECIFY] so that the call does not use any of my cell phone minutes?**

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

  [IF THE CALL BACK CANNOT BE MADE AT THE ENROLLEE'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/spam if I answer this survey?**

  No, you will not get any junk mail or spam emails as a result of participating in this survey. Names, phone numbers, emails, 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 online, through mailings, or through 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.

- **I have VA coverage. I don't think this survey applies to me.**

  Although you have VA coverage, CMS records indicate that you are also enrolled in (HEALTH PLAN). Even if you don't use this health plan, the information you provide by answering the survey will give CMS information that is important to assuring quality care for people with Medicare.

- **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 or enter your name or address in the web survey. Each survey has been assigned an identification number that allows us to keep track of which enrollees 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 / by email]. 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 / by email], you may call back to complete the survey by telephone. If you do not return a completed survey by mail or online, you will be contacted by telephone at a later date.

  - **AFTER SECOND SURVEY MAILING: Can you mail me another survey?**

    Sorry, we're not able to mail another survey at this time. 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 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, you may have someone complete the survey for you, or give you help to complete it. 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. It is usually a family member or relative, but it could also be a caregiver or a close friend.

CONDUCTING A PROXY INTERVIEW

While enrollees 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 enrollee. The interviewer must obtain the enrollee's permission to have a proxy respondent assist him/her. If the interviewer is unable to speak to the enrollee directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **There was no section on the online/mail survey to write comments about my health plan. Can I leave my comments with you?**

  Unfortunately, our system is not set-up to record comments about a health plan. If you have any additional comments you would like to share regarding your health plan, please call 1-800-MEDICARE and speak with a representative.

Appendix E-1: Spanish

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

Frequently Asked Questions for Customer Support

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Appendix E-1: Spanish

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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 V14.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.

Note: Survey vendors should follow their own standard procedures for handling information provided by a beneficiary either by mail or by phone that may suggest a beneficiary's health or well-being is at risk.

- **General Questions About the Survey**

  - **¿Quién está llevando a cabo esta encuesta?**

    Soy un/a entrevistador/a de [SURVEY VENDOR NAME]. [HEALTH OR DRUG PLAN] ha solicitado a nuestra organización que le ayudemos a llevar a cabo esta encuesta que está diseñada para obtener comentarios de sus inscritos.

  - **¿Quién patrocina esta encuesta?**

    La encuesta está patrocinada por los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés). Esta agencia federal es parte del Departamento de Salud y Servicios Humanos.

  - **¿ Quién es CMS?**

    CMS son las siglas de los Centros de Servicios de Medicare y Medicaid que es una agencia federal que supervisa a Medicare y a Medicaid. Esta agencia federal es parte del Departamento de Salud y Servicios Humanos.

- **¿Cuál es el propósito de la encuesta?**

  El propósito de esta encuesta es saber, a partir del punto de vista de los inscritos, la atención que han recibido. Medicare utiliza esos datos para proveer información sobre la calidad de los servicios de atención médica que reciben los inscritos en Medicare. A través de esta encuesta, se recopilan aspectos importantes de su experiencia con los servicios del plan de salud y de medicinas recetadas.

- **¿Cómo se utilizarán los datos?**

  Con los datos obtenidos en la encuesta se comparan las experiencias que los consumidores tienen con los servicios del plan de salud y de medicinas recetadas. Los datos de la encuesta se publican en el manual Medicare y Usted, así como en el sitio web del Buscador de Planes de Medicare (www.medicare.gov). Al participar en esta encuesta usted le ayudará a Medicare a mejorar los servicios de atención médica.

- **¿Cómo puedo verificar que ésta es una encuesta legítima?**

  Para verificar la legitimidad de esta encuesta puede llamar a Medicare al 1-800-MEDICARE o contáctelos por correo electrónico a MP-CAHPS@cms.hhs.gov.

- **¿Hay alguna agencia gubernamental a la que pueda llamar para saber más sobre esta encuesta?**

  Sí, puede ponerse en contacto con los Centros de Servicios de Medicare y Medicaid, que es una agencia federal dentro del Departamento de Salud y Servicios Humanos, por teléfono al 1-800-MEDICARE o por correo electrónico a MP-CAHPS@cms.hhs.gov.

- **¿Cuánto va a durar esto?**

  Las encuestas de Medicare duran entre 10 y 15 minutos en total. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH OR DRUG PLAN-SPECIFIC QUESTIONS.*

- **¿Qué preguntas van a hacer?**

  Las preguntas de la encuesta son sobre sus experiencias con los servicios del plan de salud o de medicinas recetadas.

- **¿Debería considerar la atención médica que recibí en persona, por teléfono, o por videollamada?**

  Sí. Por favor conteste cada pregunta pensando en las veces que usted recibió atención médica ya sea en persona, por teléfono, o por videollamada.

- **Ya he enviado la encuesta. / Ya completé la encuesta en línea.**

  Muchas gracias por haber completado la encuesta. Nuestros registros indican que aún no hemos recibido su encuesta completada. Sus respuestas son muy importantes, y queremos estar seguros de comunicarle sus comentarios al Centro de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés). Le agradeceríamos si usted pudiera contestar esta encuesta ahora por teléfono.

- **Acabo de completar otra encuesta. ¿Tengo que completar esta otra?**

  Los Centros de Servicios de Medicare y Medicaid, una agencia federal del Departamento de Salud y Servicios Humanos, lleva a cabo varias encuestas con los inscritos en Medicare, como la Encuesta de Medicare Sobre la Salud o la Encuesta sobre la Experiencia con el Profesional Médico de Medicare. Puede que usted haya llenado una de estas encuestas de CMS. Esta es una encuesta distinta, y mediante esta encuesta, se recopilarán aspectos importantes de su experiencia con los servicios del plan de salud y de medicinas recetadas. Le agradeceríamos si usted pudiera contestar esta encuesta ahora por teléfono.

- **No hablo [LANGUAGE] bien. ¿Me pueden mandar una encuesta en [LANGUAGE]?**

  Actualmente la Encuesta sobre la Experiencia con Medicare no se ofrece en [LANGUAGE]. Hemos anotado su petición, y se lo comunicaremos a los Centros de Servicios de Medicare y Medicaid (o CMS por sus siglas en inglés) para su consideración en el futuro. Gracias por su tiempo.

- **Concerns About Participating in the Survey**

  - **¿Por qué me está llamando? No tengo Medicare. Soy miembro de [HEALTH OR DRUG PLAN].**

    Su plan tiene un contrato con Medicare para ofrecerle servicios. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a mejorar la calidad de la atención proporcionada por planes de salud y de medicinas recetadas. Su participación es muy importante.

  - **Tengo Medicare, y no estoy inscrito/a en [HEALTH OR DRUG PLAN]. Creo que no debería contestar estas preguntas.**

    Por favor, conteste las preguntas basándose en su experiencia con Medicare. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a saber qué calidad de atención médica reciben usted y otros inscritos. Su participación es muy importante.

- **Cambié mi plan de Medicare. Ya no pertenezco a [HEALTH OR DRUG PLAN]. Creo que no debería contestar estas preguntas.**

  Si cambió su plan de Medicare para el 2024, por favor conteste las preguntas basándose en las experiencias que tuvo con Medicare en los últimos 6 meses del 2023. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a saber qué calidad de atención médica reciben usted y otros inscritos. Su participación es muy importante.

- **¿Quién verá mis respuestas?**

  Sus respuestas serán confidenciales y solo las verán personas autorizadas de los Centros de Servicios de Medicare y Medicaid y [SURVEY VENDOR].

- **Pensé que las leyes de privacidad protegían mi confidencialidad. ¿Cómo consiguió mis datos de contacto y mi información médica?**

  La encuesta que estamos llevando a cabo es totalmente conforme a las leyes de privacidad, también conocida como HIPAA (Ley de Portabilidad y Responsabilidad de Seguros Médicos). Hemos sido autorizados por los Centros de Servicios de Medicare y Medicaid para realizar esta encuesta y mantendremos la confidencialidad de toda la información.

- **¿Cómo obtuvo mi nombre? ¿Cómo me eligieron para la encuesta?**

  Su nombre fue seleccionado al azar entre todos los inscritos en Medicare dentro de su plan.

- **¿Cómo obtuvo mi correo electrónico/número de teléfono?**

  Medicare proporciona la información de contacto de todos los inscritos seleccionados al azar.

- **Yo no participo en encuestas.**

  Entiendo. Sin embargo, espero que considere la posibilidad de participar. Este es un estudio muy importante para [HEALTH OR DRUG PLAN]. Los resultados de la encuesta le ayudarán a Medicare a saber sobre la calidad de servicios de atención médica y de medicinas recetadas que recibe usted.

- **No me interesa.**

  El [HEALTH OR DRUG PLAN] verdaderamente podría usar su ayuda. Su participación ayudará a mejorar los servicios de atención médica y de medicinas recetadas para otros inscritos.

- **Estoy muy ocupado/a. Realmente no tengo tiempo.**

  Su tiempo es valioso. Esta es una encuesta muy importante, y yo le agradecería verdaderamente que me ayudara hoy. La entrevista durará unos 10 a 15 minutos. Puedo programar la entrevista para otro momento que sea más conveniente para usted.

- **Usted me está llamando a mi celular. ¿Puede volver a llamarme después de las [**ENROLLEE **SPECIFY] de modo que la llamada no utilice ninguno de los minutos de mi teléfono celular?**

  Sí, podemos volver a llamarlo/a a las [ENROLLEE SPECIFY].

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

- **No quiero contestar un montón de preguntas personales.**

  Entiendo su preocupación. Esta es una encuesta muy importante. Si una pregunta le molesta, dígame que prefiere no contestarla, y pasaré a la siguiente pregunta. ¿Por qué no empezamos, y así usted ve cómo son las preguntas?

- **Estoy muy descontento/a con [HEALTH OR DRUG PLAN], y no veo por qué debo ayudarles con esta encuesta.**

  Siento mucho saber que está descontento/a. Justamente su participación en esta encuesta ayudará a saber cuáles son las mejoras que necesita su plan de salud o de medicinas recetadas.

- **¿Tengo que contestar la encuesta?**

  Su participación es voluntaria. No hay ninguna sanción por no participar. Por favor, entienda que esta es una encuesta muy importante, y sus respuestas nos ayudarán a mejorar la calidad de los servicios que ofrece [HEALTH OR DRUG PLAN] y también ayudará a otros consumidores a tomar decisiones informadas cuando elijan un plan de salud o de medicinas recetadas.

- **¿Voy a recibir correo no deseado ("*junk mail*") si contesto esta encuesta?**

  No, usted no recibirá ningún correo no deseado como resultado de participar en esta encuesta. Los nombres, números de teléfono, correos electrónicos, y direcciones se mantendrán estrictamente confidenciales y se utilizarán exclusivamente para los fines de esta encuesta. No quiero que nadie venga a mi casa.

- **No quiero que nadie venga a mi casa.**

  Nadie irá a su casa. La encuesta recopila la información a través de en línea, el correo o de entrevistas telefónicas.

- **Estoy en la *Lista de No Llamar*. Usted no debería estar llamándome.**

  La *Lista de No Llamar* prohíbe las ventas y llamadas de telemercadeo. No estamos vendiendo nada y no estamos pidiendo dinero. Somos una empresa de encuestas de investigación. Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) nos pidió ayuda para realizar esta encuesta.

- **No quiero comprar nada.**

  No estamos vendiendo nada. Queremos hacerle algunas preguntas sobre la atención y los servicios proporcionados por [HEALTH OR DRUG PLAN].

- **Casi nunca estoy enfermo/a. No creo que le interese hablar conmigo.**

  Todos los seleccionados para esta encuesta proporcionan información muy importante que ayudará a mejorar los servicios de atención médica y de medicinas.

- **¿Mis respuestas le afectarán a mi doctor?**

  Su doctor no verá las respuestas de su encuesta.

- **No he utilizado [HEALTH OR DRUG PLAN] todavía. ¿Todavía debo contestar las preguntas?**

  Sí, aunque no haya utilizado ningún servicio de atención médica o de medicinas de su plan, cualquier información que usted pueda proporcionar será útil.

- **Tengo cobertura del VA. No creo que esta encuesta me corresponda.**

  Aunque usted tiene cobertura del VA, los registros de CMS indican que usted también está inscrito/a en (HEALTH PLAN). Aunque no utilice este plan de salud, la información que usted proporcione al contestar la encuesta le dará a CMS información que es importante para garantizar atención de calidad para las personas que cuentan con Medicare.

Questions About Completing the Survey

- **¿Dónde pongo mi nombre y dirección en el cuestionario?**

  Por favor, no escriba su nombre ni su dirección en el cuestionario. A cada encuesta se le ha asignado un número de identificación que nos permite saber cuáles son los inscritos que han llenado y devuelto un cuestionario.

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

  He recibido una carta diciéndome que recibiré una encuesta [por correo/por correo electrónico]. ¿Puedo contestar la encuesta ahora, mientras estamos hablando por teléfono?

  En este momento no puede contestar la encuesta por teléfono. Después de recibir la encuesta [por correo/ por correo electrónico], usted puede llamar de nuevo para contestar la encuesta por teléfono. Si no devuelve por correo o en línea la encuesta contestada, lo/a llamarán por teléfono en una fecha posterior.

- **AFTER SECOND SURVEY MAILING: ¿Puede enviarme otra encuesta por correo?**

  Lo sentimos, en este momento no podemos enviarle por correo otra encuesta. Sus respuestas son muy importantes y queremos asegurarnos de transmitirle sus comentarios a CMS. Le agradeceríamos que usted pudiera contestar esta encuesta ahora por teléfono.

- **No puedo contestar esto yo sólo/a, ¿puedo pedirle a mi _____ que me ayude?**

  Si usted cree que no puede contestar la encuesta usted mismo/a, usted puede permitir que otra persona conteste la encuesta en su lugar, o que le ayude a usted a completarla. Esta persona tiene que ser alguien que le conoce a usted muy bien y que podría contestar en su nombre, si usted le da su permiso, preguntas relacionadas con la salud. Esta persona es generalmente un familiar o pariente, pero también podría ser un cuidador o un amigo cercano.

  CONDUCTING A PROXY INTERVIEW

  While enrollees 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 enrollee. The interviewer must obtain the enrollee's permission to have a proxy respondent assist him/her. If the interviewer is unable to speak to the enrollee directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **En la encuesta que recibí en línea/por correo no había ninguna sección para escribir comentarios sobre mi plan de salud. ¿Puedo hacerle mis comentarios a usted?**

  Lamentablemente, nuestro sistema no está configurado para registrar comentarios sobre un plan de salud. Si tiene algún comentario adicional respecto a su plan de salud que le gustaría comunicarnos, por favor llame al 1-800-MEDICARE y hable con un representante.

Appendix F

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

Instructions for Survey Vendors on Accessing the Data Warehouse

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Appendix F

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey Instructions for Survey Vendors on Accessing the MA & PDP CAHPS Data Warehouse

Logging in to the MA & PDP CAHPS Data Warehouse

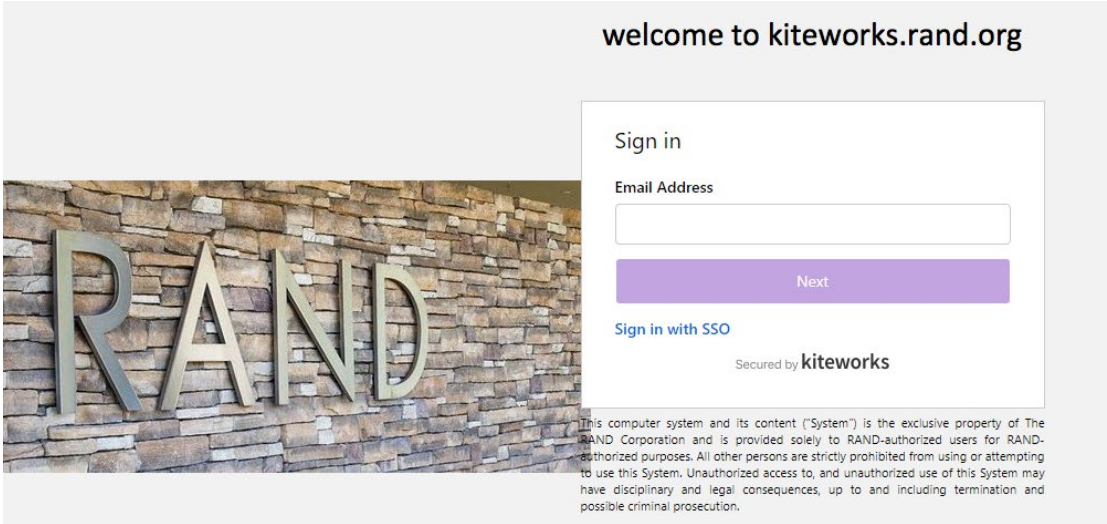
Accessing the Data Warehouse

If the 2024 survey is your first year as an MA & PDP CAHPS Project Manager, Data Administrator, or Back-up Data Administrator you will receive an email from The RAND Corporation with an invitation to the MA & PDP CAHPS Data Warehouse. The email invitation will be sent to you four weeks before the transfer of sample files and will contain a link that will allow you to login to the MA & PDP CAHPS Data Warehouse and establish a password. The email will come from RANDkiteworks@rand.org.

Location for MA & PDP CAHPS Data Warehouse

The MA & PDP CAHPS Data Warehouse URL: https://kiteworks.rand.org

Enter or click on the URL above and you'll be directed to the login page:



Enter your email address, click the Next button, then enter your password.

- If you are using the MA & PDP CAHPS Data Warehouse for the first time, you will be prompted to create a password
- If you have previously accessed the warehouse, use your existing password. Security policy requires periodic password resets. You may be prompted to reset your password.

Note: If you've forgotten your password, click on "Forgot password?" to generate an email link to reset your password.

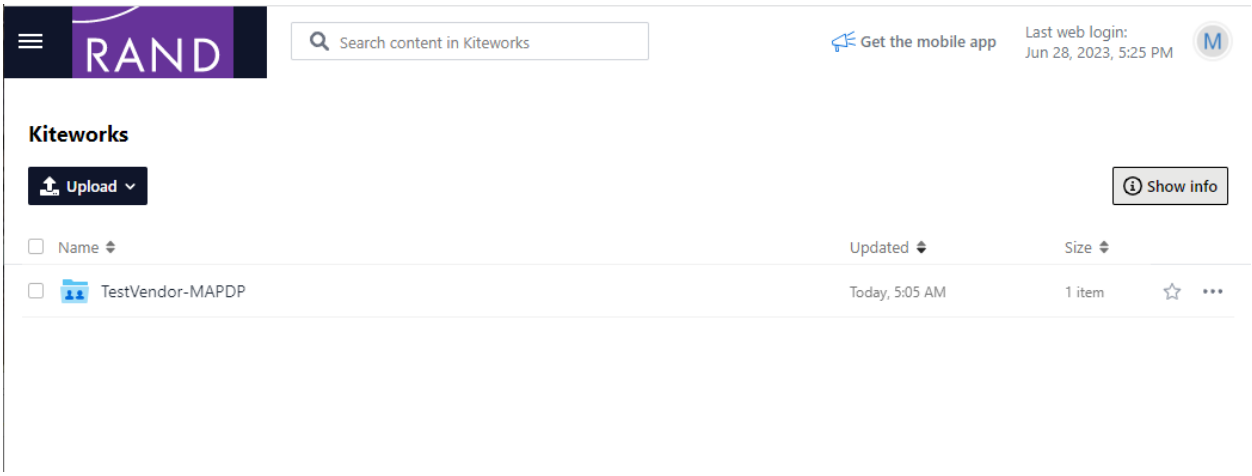
If you need to reset your password, it must contain:

- At least 8 character(s)
- At least 1 number(s)
- At least 1 lower-case letter(s)
- At least 1 upper-case letter(s)
- At least 1 special character(s)

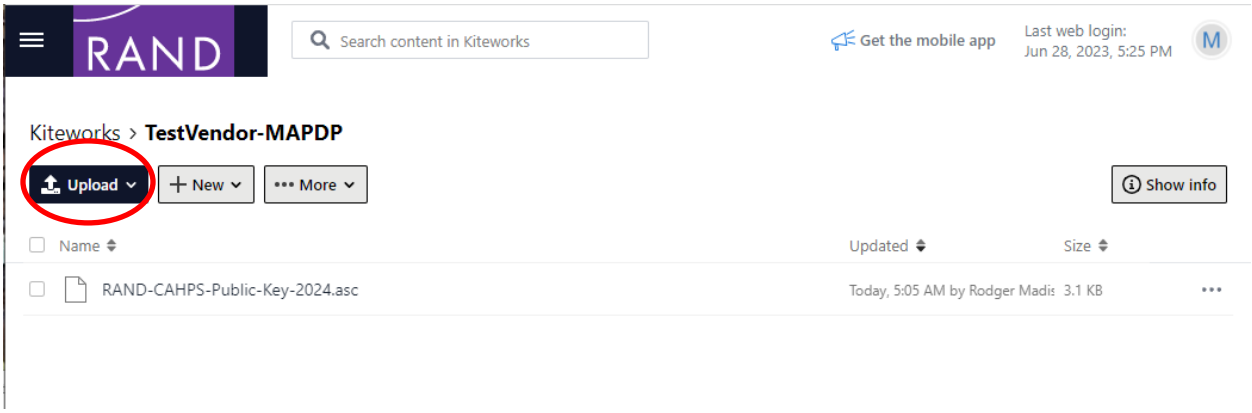
Logins and passwords are person-specific. You may not share your login and password with others within your organization and you should not access the MA & PDP CAHPS Data Warehouse using someone else's login and password.

Using the Site

Once you log in you'll be transferred to a location called kiteworks Files. From kiteworks Files you can access your secure folder within the MA & PDP CAHPS Data Warehouse.

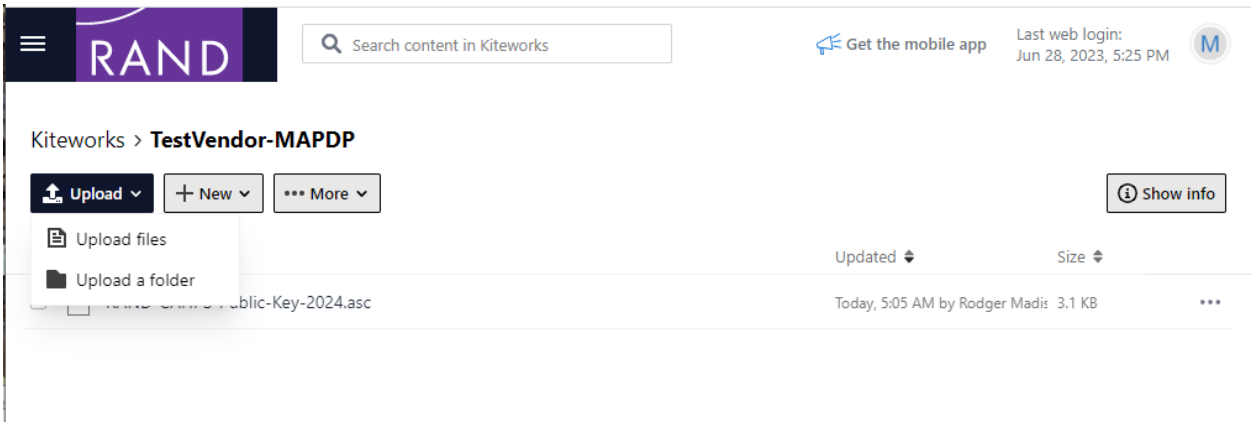


Note that your folder will contain RAND's public encryption key.



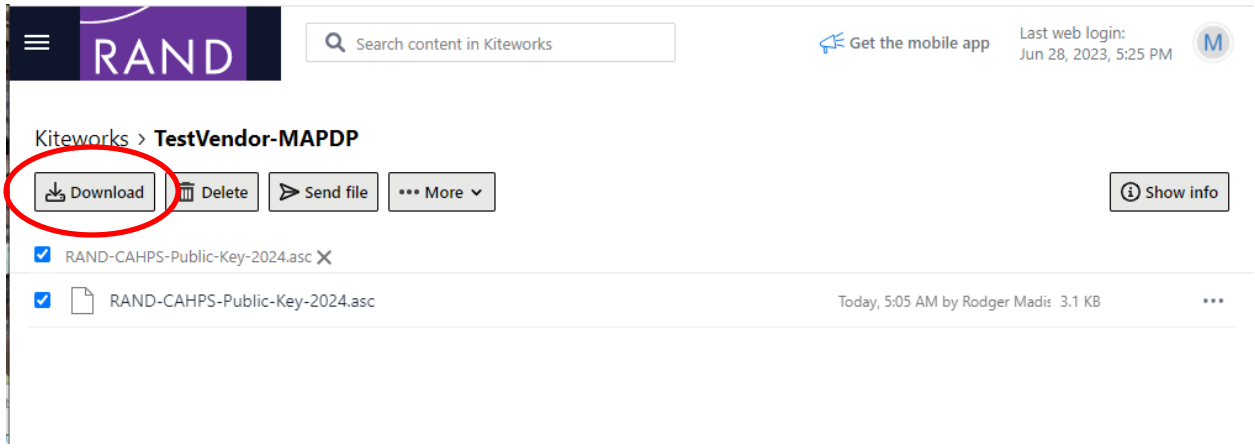
Uploading Files

Click on the "Upload" button to submit your 2024 public key to the data warehouse.



Downloading Files

Select the file you want to retrieve from the data warehouse (in this example, RAND's public key) by checking the box to the left of the file name, and click on the "Download" button and save the file.



If you have difficulty using the site, contact us at:

MA-PDPCAHPSTECHSUPPORT@rand.org

Appendix G

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

Sample File Record Layout

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Appendix G

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® 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 Enrollee First Name
MNAME	39	15	Text	CMS Enrollee Middle Name
LNAME	54	40	Text	CMS Enrollee 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
SEX	286	1	1-2	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

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
TELEPHONE NUMBER	343	10	Char	CMS Enrollee Telephone Number
LAND/MOBILE	353	1	L/M/U	L = LAND LINE; M= MOBILE; U= UNKNOWN
SPANISH PREFERENCE INDICATOR	354	1	Y/N	"Y" Indicates the enrollee requested Medicare & You materials in Spanish
LIS*	355	1	Y/N/U	Low Income Subsidy indicator for those who are NOT Dual Eligible Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	356	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
MMP	357	1	Y/N	MMP contract indicator Data values: Y = Yes, MMP contract N = No, not MMP contract
SPANISH PREFERENCE PROBABILITY	358	1	Numeric	Spanish Preference Probability Estimates using MBISG 2.1. Data values: 1 = High probability enrollee prefers Spanish 2 = Medium probability 3 = Low probability 4 = Very low probability enrollee prefers Spanish

**Note: The field LIS identifies the Low Income Subsidy indicator for those who are NOT Dual Eligible (DE). A value of Y identifies non-DE cases eligible for LIS. A value of N identifies cases that are <u>either DE or non-DE not eligible for LIS</u>.*

Appendix H

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

Vendor Survey File Record Layout
2024 Survey Status Section

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Appendix H

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

Vendor Survey File Record Layout 2024 Survey Status Section

Data values must be right justified within each field and must conform to the valid codes documented in this appendix.

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	1-4, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 4=Web; 8 = Not applicable
DISPO_LANG	Survey Language	18	1	1-6	Language survey was administered (or attempted to be administered): 1 = English 2 = Spanish 3 = Chinese 4 = Vietnamese 5 = Korean 6 = Tagalog

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
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)
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 INDICATOR	Spanish Language Preference Indicator	79	1	Y/N	"Y" Indicates the enrollee requested Medicare & You materials in Spanish
INTERVIEW LANGUAGE SWITCH	Phone Interview Conducted in Two Languages	80	1	Y/N, 8	"Y" Indicates phone interview started in one language but completed in a different language "N" Indicates no change in language of administration after start of phone interview 8 = Not Applicable
CHANGE LANGUAGE ITEM	CATI Item at Which Interviewer Switched Survey Language	81	4	Alpha-numeric, INTR, 8888	Alphanumeric CATI item name at which language switch occurred INTR = Language switch occurred prior to Q1 of the survey 8888 = Not Applicable
LIS*	Low Income Subsidy Indicator	85	1	Y/N/U	Low Income Subsidy indicator for those who are NOT Dual Eligible Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	Dual Eligible Indicator	86	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
PHONE ATTEMPTS	Number of Phone Attempts	87	2	00-NN 88	2-digit number indicating total number of telephone contact attempts Case finalized by mail after 1 or more phone attempts should be coded = NN (number of attempts) Case finalized prior to start of outbound CATI should be coded = 88 Not Applicable
SURVEY MAILING	Indicates Whether Returned Mail Survey Came From First or Second Survey Mailing	89	1	1-2, 8	1 = First survey mailing 2 = Second survey mailing 8 = Not Applicable

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
EMAIL STATUS	Email indicator	90	1	Y/N	Indicates whether an email address was provided by contract Y = Yes, email address identified for enrollee N = No, no email address identified for enrollee
WEB SURVEY	Indicates Whether Submitted Web Survey Came from Prenotification Letter, Web Invitation, or Reminder	91	1	1-4, 8	1 = Prenotification letter URL/PIN 2 = Paper web invitation URL/PIN 3 = Email web invitation URL/PIN 4= Email reminder URL/PIN 8 = Not Applicable

**Note: The field LIS identifies the Low Income Subsidy indicator for those who are NOT Dual Eligible (DE). A value of Y identifies non-DE cases eligible for LIS. A value of N identifies cases that are either DE or non-DE not eligible for LIS.*

Appendix H-1

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

Medicare Advantage Plan (MA-Only) 2024 Response Section

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Appendix H-1
Medicare Advantage Plan (MA-Only)
2024 Response Section

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
1. Our records show that in 2023 your health services were covered by the plan named on the back page. Is that right? 1 ☐ Yes → **If Yes, Go to Question 3** 2 ☐ No	Q1 Our records show that in 2023 your health services were covered by the plan named **[PLAN NAME]**. Is that right? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES [GO TO Q3 PROGRAMMING SPECIFICATIONS] 2 NO [GO TO Q2] 98 <DON'T KNOW> [GO TO Q2] 99 <REFUSED> [GO TO Q2] M [MISSING]	1. Our records show that in 2023 your health services were covered by the plan named [MARKETNAME]. Is that right? o Yes [Skip to 3] o No	92 - 93	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan. (Please print) _____	Q2 What is the name of the health plan you had in 2023? 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]	2. Please enter below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan [ ] [PROGRAMMING SPECIFICATION: ● OPEN END, ALLOW RESPONSE OF UP TO 50 CHARACTERS	94 - 143	Text 88=Not Applicable 98=Don't Know 99= Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 5**	[PROGRAMMING SPECIFICATIONS: •IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call. •FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your health care in the last 6 months, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.] Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away?</u> *(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]	These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>? o Yes o No [Skip to 5]	144 - 145	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q4 In the last 6 months, when you needed care right away, how often did you get care 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]	4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? o Never o Sometimes o Usually o Always	146 - 147	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? 1 ☐ Yes 2 ☐ No ➔ **If No, Go to Question 7**	Q5 In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? *(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]	5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? o Yes o No [Skip to 7]	148 - 149	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q6 In the last 6 months, how often did you get an appointment for a check-up or routine care 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]	6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? o Never o Sometimes o Usually o Always	150 - 151	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? 0 ☐ None →**If No, Go to Question 9** 1 ☐ 1 time 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more times	Q7 In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? Would you say… 0 None [GO TO Q9] 1 1 time 2 2 3 3 4 4 5 5 to 9 6 10 or more times 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]	7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? o None [Skip to 9] o 1 time o 2 o 3 o 4 o 5 to 9 o 10 or more times	152 - 153	0=None 1=1 time 2=2 3=3 4=4 5=5 to 9 6=10 or more times 98=Don't Know 99=Refused M=Missing
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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	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]	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? o Never o Sometimes o Usually o Always	154 - 155	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
9. 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	Q9 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]	9. 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? o 0 - Worst health care possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best health care possible	156 - 157	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
10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q10 In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? o Never o Sometimes o Usually o Always	158 - 159	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
11. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q11 Now I'd like to ask you about your personal doctor. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY CONTACT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?") *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q27] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	11. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? o Yes o No [Skip to 27]	160 - 161	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
12. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? 0 ☐ None → **If No, Go to Question 27** 1 ☐ 1 time 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more times	Q12 In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? Would you say… 0 None [GO TO Q27] 1 1 time 2 2 3 3 4 4 5 5 to 9 10 10 or more times 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	12. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? o None [Skip to 27] o 1 time o 2 o 3 o 4 o 5 to 9 o 10 or more times	162 - 163	0=None 1=1time 2=2 3=3 4=4 5=5 to 9 6=10 or more times 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q13 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]	13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? o Never o Sometimes o Usually o Always	164 - 165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
14. In the last 6 months, how often did your personal doctor listen carefully to you? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q14 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]	14. In the last 6 months, how often did your personal doctor listen carefully to you? o Never o Sometimes o Usually o Always	166 - 167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
15. In the last 6 months, how often did your personal doctor show respect for what you had to say? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q15 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]	15. In the last 6 months, how often did your personal doctor show respect for what you had to say? o Never o Sometimes o Usually o Always	168 - 169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
16. In the last 6 months, how often did your personal doctor spend enough time with you? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q16 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]	16. In the last 6 months, how often did your personal doctor spend enough time with you? o Never o Sometimes o Usually o Always	170 - 171	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
17. 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	Q17 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]	17. 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? o 0 - Worst personal doctor possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best personal doctor possible	172 - 173	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
18. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q18 In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	18. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? o Never o Sometimes o Usually o Always	174 - 175	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 22**	Q19 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 Q22] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q22] 99 <REFUSED> [GO TO Q22] M [MISSING]	19. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you? o Yes o No [Skip to 22]	176 - 177	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
20. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q20 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, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	20. 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? o Never o Sometimes o Usually o Always	178 - 179	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
21. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q21 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]	21. 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? o Never o Sometimes o Usually o Always	180 - 181	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
22. In the last 6 months, did you take any prescription medicine? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 24**	Q22 In the last 6 months, did you take any prescription medicine? *(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]	22. In the last 6 months, did you take any prescription medicine? o Yes o No [Skip to 24]	182 - 183	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q23 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]	23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? o Never o Sometimes o Usually o Always	184 - 185	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
24. 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? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q24 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 Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	24. 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? o Yes o No [Skip to 27]	186 - 187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
25. 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? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q25 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 Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	25. 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? o Yes o No [Skip to 27]	188 - 189	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
26. 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? 1 ☐ Yes, definitely 2 ☐ Yes, somewhat 3 ☐ No	Q26 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… 1 Yes, definitely, 2 Yes, somewhat, or 3 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	26. 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? o Yes, definitely o Yes, somewhat o No	190 - 191	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
When you answer the next questions, include the care you got in person, by phone, or by video. 27. 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 → **If Yes, Please include your personal doctor as you answer these questions about specialists** 2 ☐ No	Now I am going to ask some questions about getting health care from specialists. Please include the care you got in person, by phone, or by video. Q27 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? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	When you answer the next questions, include the care you got in person, by phone, or by video. 27. 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? o Yes o No	192 - 193	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you make any appointments with a specialist? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 33**	[PROGRAMMING SPECIFICATIONS: • IF THE RESPONSE TO Q27 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28: Please include your personal doctor as you answer these questions about specialists.] Q28 In the last 6 months, did you make any appointments with 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 Q33] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	[PROGRAMMING SPECIFICATION: • IF THE RESPONSE TO Q27 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28: *Please include your personal doctor as you answer these questions about specialists.*] 28. In the last 6 months, did you make any appointments with a specialist? o Yes o No [Skip to 33]	194 - 195	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
29. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q29 In the last 6 months, how often did you get an appointment with a specialist 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]	29. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? o Never o Sometimes o Usually o Always	196 - 197	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
30. How many specialists have you talked to in the last 6 months? 0 ☐ None →**If None, Go to Question 33** 1 ☐ 1 specialist 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 or more specialists	Q30 How many specialists have you talked to in the last 6 months? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 0 NONE [GO TO Q33] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	30. How many specialists have you talked to in the last 6 months? o None [Skip to 33] o 1 specialist o 2 o 3 o 4 o 5 or more specialists	198 - 199	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
31. We want to know your rating of the specialist you talked to 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	Q31 We want to know your rating of the specialist you talked to 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 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 BEST SPECIALIST POSSIBLE 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	31. We want to know your rating of the specialist you talked to 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? o 0 - Worst specialist possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best specialist possible	200 - 201	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	[PROGRAMMING SPECIFICATIONS: • IF Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE" • IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]	[PROGRAMMING SPECIFICATIONS: • *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.* • *IF RESPONSE TO 12 IS "NONE" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*	202 - 203	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
32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I do not have a personal doctor 6 ☐ I have not talked with my personal doctor in the last 6 months 7 ☐ My personal doctor is a specialist	Q32 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, 1 Always, or 5 *(MAIL SURVEY ONLY)* *6 (MAIL SURVEY ONLY)* 7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7] 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? o Never o Sometimes o Usually o Always o My personal doctor is a specialist		
33. In the last 6 months, did you get information or help from your health plan's customer service? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 36**	Now I am going to ask some questions about your health plan. Q33 In the last 6 months, did you get information or help from your health plan's customer service? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q36] 98 <DON'T KNOW> [GO TO Q36] 99 <REFUSED> [GO TO Q36] M [MISSING]	33. In the last 6 months, did you get information or help from your health plan's customer service? o Yes o No [Skip to 36]	204 - 205	1=YES 2=NO 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q34 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]	34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? o Never o Sometimes o Usually o Always	206 - 207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q35 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]	35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? o Never o Sometimes o Usually o Always	208 - 209	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
36. In the last 6 months, did your health plan give you any forms to fill out? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 38**	Q36 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 Q38] 98 <DON'T KNOW> [GO TO Q38] 99 <REFUSED> [GO TO Q38] M [MISSING]	36. In the last 6 months, did your health plan give you any forms to fill out? o Yes o No [Skip to 38]	210 - 211	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
37. In the last 6 months, how often were the forms from your health plan easy to fill out? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q37 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]	37. In the last 6 months, how often were the forms from your health plan easy to fill out? o Never o Sometimes o Usually o Always	212 - 213	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
38. 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	Q38 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 0 - WORST HEALTH PLAN POSSIBLE 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 - BEST HEALTH PLAN POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	38. 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? o 0 - Worst health plan possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best health plan possible	214 - 215	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? 1 ☐ Yes 2 ☐ No 3 ☐ I am not sure 4 ☐ I do not have a co-pay 5 ☐ I do not have a health condition 6 ☐ I was offered a lower co-pay for another reason	Q39 A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? Would you say… 1 Yes, 2 No, 3 I am not sure, 4 I do not have a co-pay, 5 I do not have a health condition, or 6 I was offered a lower co-pay for another reason 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? o Yes o No o I am not sure o I do not have a co-pay o I do not have a health condition o I was offered a lower co-pay for another reason	216 - 217	1=Yes 2=No 3=I am not sure 4=I do not have a co-pay 5=I do not have a health condition 6=I was offered a lower co-pay for another reason 98=Don't Know 99=Refused M=Missing
40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? 1 ☐ Yes 2 ☐ No 3 ☐ I am not sure 4 ☐ I do not have a health condition 5 ☐ I was offered extra benefits for another reason	Q40 Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? Would you say… 1 Yes, 2 No, 3 I am not sure, 4 I do not have a health condition, or 5 I was offered extra benefits for another reason 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? o Yes o No o I am not sure o I do not have a health condition o I was offered extra benefits for another reason	218 - 219	1=Yes 2=No 3=I am not sure 4=I do not have a health condition 5=I was offered extra benefits for another reason 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
41. In general, how would you rate your overall health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Now I am going to ask some questions about you. Q41 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]	41. In general, how would you rate your overall health? o Excellent o Very good o Good o Fair o Poor	220 - 221	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
42. In general, how would you rate your overall mental or emotional health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Q42 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]	42. In general, how would you rate your overall mental or emotional health? o Excellent o Very good o Good o Fair o Poor	222 - 223	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
43. What language do you mainly speak at home? 1 ☐ English 2 ☐ Spanish 3 ☐ Chinese 4 ☐ Korean 5 ☐ Tagalog 6 ☐ Vietnamese 7 ☐ Some other language (Please print) _____	Q43 What language do you mainly speak at home? Would you say… 1 English, 2 Spanish, 3 Chinese, 4 Korean, 5 Tagalog, 6 Vietnamese, or 7 Some other language? [PROGRAMMING SPECIFICATION: IF Q43 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	43. What language do you mainly speak at home? o English o Spanish o Chinese o Korean o Tagalog o Vietnamese o Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]	224 - 225	1=English 2=Spanish 3=Chinese 4=Korean 5=Tagalog 6=Vietnamese, or 7=Some other language 98=DON'T KNOW 99=REFUSED M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
44. In the last 6 months, did you spend one or more nights in a hospital? 1 ☐ Yes 2 ☐ No	Q44 In the last 6 months, did you spend one or more nights in a hospital? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	44. In the last 6 months, did you spend one or more nights in a hospital? o Yes o No	226 - 227	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
45. In the last 6 months, how often was it easy to get the medicines your doctor prescribed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ My doctor did not prescribe any medicines for me in the last 6 months	Q45 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]	45. In the last 6 months, how often were the forms from your health plan easy to fill out? o Never o Sometimes o Usually o Always o My doctor did not prescribe any medicines for me in the last 6 months	228 - 229	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
46. Do you have insurance that pays part or all of the cost of your prescription medicines? 1 ☐ Yes 2 ☐ No 3 ☐ Don't Know	Q46 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]	46. Do you have insurance that pays part or all of the cost of your prescription medicines? o Yes o No o Don't Know	230 - 231	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
47. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? 1 ☐ Yes 2 ☐ No 3 ☐ My doctor did not prescribe any medicines for me in the last 6 months	Q47 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]	47. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? o Yes o No o My doctor did not prescribe any medicines for me in the last 6 months	232 - 233	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
48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Yes No a. Health condition ☐ ☐ b. Disability ☐ ☐ c. Age ☐ ☐ d. Culture or religion ☐ ☐ e. Language or accent ☐ ☐ f. Race or ethnicity ☐ ☐ g. Sex (male or female) ☐ ☐ h. Sexual orientation ☐ ☐ i. Gender or gender identity ☐ ☐ j. Income ☐ ☐	Q48 In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? a. A health condition? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING] *(READ ONLY IF NECESSARY:* IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)	48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Yes No a. Health condition o o b. Disability o o c. Age o o d. Culture or religion o o e. Languge or accent o o f. Race or ethnicity o o g. Sex (male or female) o o h. Sexual orientation o o i. Gender or gender identity o o j. Income o o	234 - 235	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

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			Field Position	Valid Values
	b. A disability? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING] (*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)		236 - 237	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	c. Your age? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		238 - 239	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) d. Your culture or religion? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		240 - 241	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) e. Your language or accent? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		242 - 243	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) f. Your race or ethnicity? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		244 - 245	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) g. Your sex (male or female)? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		246 - 247	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)			

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	h. Your sexual orientation? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING] (*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)		248 - 249	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	i. Your gender or gender identity? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		250 - 251	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) j. Your income? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		252 - 253	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
49. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? ☐ ☐ b. Angina or coronary heart disease? ☐ ☐ c. Hypertension or high blood pressure? ☐ ☐ d. Cancer, other than skin cancer? ☐ ☐ e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)? ☐ ☐ f. Any kind of diabetes high blood sugar? ☐ ☐	Q49 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]	49. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? o o b. Angina or coronary heart disease? o o c. Hypertension or high blood pressure? o o d. Cancer, other than skin cancer? o o e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease? o o f. Any kind of diabetes or high blood sugar? o o	254 - 255 256 - 257	1=Yes 2=No 98=Don't Know 99=Refused M=Missing 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		258 - 259	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]		260 - 261	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]		262 - 263	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		264 - 265	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
50. Do you have serious difficulty walking or climbing stairs? 1 ☐ Yes 2 ☐ No	Q50 Do you have serious difficulty walking or climbing stairs? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	50. Do you have serious difficulty walking or climbing stairs? o Yes o No	266 - 267	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
51. Do you have difficulty dressing or bathing? 1 ☐ Yes 2 ☐ No	Q51 Do you have difficulty dressing or bathing? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	51. Do you have difficulty dressing or bathing? o Yes o No	268 - 269	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
52. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 ☐ Yes 2 ☐ No	Q52 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	52. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? o Yes o No	270 - 271	1=Yes 2=No 98=Don't Know 99-Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
53. Have you had a flu shot since July 1, 2023? 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	Q53 Have you had a flu shot since July 1, 2023? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]	53. Have you had a flu shot since July 1, 2023? o Yes o No o Don't know	272 - 273	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
54. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	Q54 Have you ever had one or more pneumonia shots? *(READ THE FOLLOWING ONLY IF NECESSARY)* Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]	54. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. o Yes o No o Don't know	274 - 275	1=Yes 2=No 3=Don't Know 99-Refused M=Missing
55. 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 → **If Not at all, Go to Question 57** 4 ☐ Don't know → **If Don't know, Go to Question 57**	Q55 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 Q57] 4 DON'T KNOW [GO TO Q57] 99 <REFUSED> [GO TO Q57] M [MISSING]	55. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? o Every day o Some days o Not at all [Skip to 57] o Don't Know [Skip to 57]	276 - 277	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q56 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q57. CODE Q56 AS "88 - NOT APPLICABLE"]	[PROGRAMMING SPECIFICATION: • IF RESPONSE TO 7 IS "NONE" STORE A VALUE OF "88" IN 56 AND SKIP TO 57.]		
56. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I had no in-person, phone, or video visits in the last 6 months	Q56 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 5 *(MAIL/WEB SURVEY ONLY)* 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	56. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? o Never o Sometimes o Usually o Always o I had no in-person, phone, or video visits in the last 6 months	278 - 279	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visists in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
57. 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 6 ☐ More than 4-year college degree	Q57 What is the highest grade or level of school that you have completed? Would you say… 1 8th grade or less, 2 Some high school, but did not graduate 3 High school graduate or GED, 4 Some college or 2-year degree, 5 4-year college graduate, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	57. What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	280 - 281	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
58. Are you of Hispanic or Latino origin or descent? 1 ☐ Yes, Hispanic or Latino 2 ☐ No, not Hispanic or Latino	Q58 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]	58. Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	282 - 283	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
59. What is your race? Please mark one or more ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander ☐ White	Q59 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE	59. [PROGRAMMING SPECIFICATION: • 59 is MULLTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY] What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White		
	a. Are you American Indian or Alaska Native? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> 99 [MISSING]		284 - 285	a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	b. Are you Asian? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		286 - 287	b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	c. Are you Black or African American? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		288 - 289	c. 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]		290 - 291	d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	e. Are you White? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		292 - 293	e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
60. How many people live in your household now, including yourself? 1 ☐ 1 person 2 ☐ 2 to 3 people 3 ☐ 4 or more people	Q60 How many people live in your household now, including yourself? Would you say… 1 1 person, 2 2 to 3 people, or 3 4 or more people 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	60. How many people live in your household now, including yourself? o 1 person o 2 to 3 people o 4 or more people	294 - 295	1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing
61. Do you ever use the internet at home? 1 ☐ Yes 2 ☐ No	Q61 Do you ever use the internet at home? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	61. Do you ever use the internet at home? o Yes o No	296 - 297	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
62. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? 1 ☐ Yes 2 ☐ No	Q62 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say… 1 Yes, or 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	62. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? o Yes o No	298 - 299	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
63. Did someone help you complete this survey? 1 ☐ Yes 2 ☐ No → **If No, Thank you. Please return the completed survey in the postage paid envelope**	THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER Q63 DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY 1 YES 2 NO [GO TO END] 98 <DON'T KNOW> M [MISSING]	63. Did someone help you complete this survey? o Yes o No [Skip to Thank You]	300 - 301	1=Yes 2=No 98=Don't Know M=Missing
64. 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	<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.> Q64 HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY? [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.] <READ THE QUESTIONS TO THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING] <RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]	*[PROGRAMMING SPECIFICATION:* • *69 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]* 64. How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way	302 - 303 304 - 305	Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	<ANSWERED THE QUESTIONS FOR THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		306 - 307	Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		308 - 309	Translated the questioins 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]		310 - 311	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.	[Thank you] You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.		

Appendix H-2

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

Medicare Advantage Plan (MA-PD) 2024 Response Section

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Appendix H-2
Medicare Advantage Prescription Drug Plan (MA-PD)
2024 Response Section

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
1. Our records show that in 2023 your health services were covered by the plan named on the back page. Is that right? 1 ☐ Yes → **If Yes, Go to Question 3** 2 ☐ No	Q1 Our records show that in 2023 your health services were covered by the plan named **[PLAN NAME]**. Is that right? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES [GO TO Q3 PROGRAMMING SPECIFICATIONS] 2 NO [GO TO Q2] 98 <DON'T KNOW> [GO TO Q2] 99 <REFUSED> [GO TO Q2] M [MISSING]	1. Our records show that in 2023 your health services were covered by the plan named [MARKETNAME]. Is that right? o Yes [Skip to 3] o No	92 - 93	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan. (Please print) _____	Q2 What is the name of the health plan you had in 2023? 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]	2. Please enter below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan ☐ [PROGRAMMING SPECIFICATION: ● OPEN END, ALLOW RESPONSE OF UP TO 50 CHARACTERS	94 - 143	Text 88=Not Applicable 98=Don't Know 99= Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 3. In the last 6 months, did you have an illness, injury, or condition that needed care right away? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 5**	[PROGRAMMING SPECIFICATIONS: •IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call. •FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your health care in the last 6 months, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.] Q3 In the last 6 months, did you have an illness, injury, or condition that needed care right away? *(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]	These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 3. In the last 6 months, did you have an illness, injury, or condition that needed care right away? o Yes o No [Skip to 5]	144 - 145	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q4 In the last 6 months, when you needed care right away, how often did you get care 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]	4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? o Never o Sometimes o Usually o Always	146 - 147	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 7**	Q5 In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? *(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]	5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care? o Yes o No [Skip to 7]	148 - 149	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q6 In the last 6 months, how often did you get an appointment for a check-up or routine care 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]	6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? o Never o Sometimes o Usually o Always	150 - 151	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? 0 ☐ None →**If No, Go to Question 9** 1 ☐ 1 time 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more times	Q7 In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? Would you say… 0 None [GO TO Q9] 1 1 time 2 2 3 3 4 4 5 5 to 9 6 10 or more times 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]	7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? o None [Skip to 9] o 1 time o 2 o 3 o 4 o 5 to 9 o 10 or more times	152 - 153	0=None 1=1 time 2=2 3=3 4=4 5=5 to 9 6=10 or more times 98=Don't Know 99=Refused M=Missing
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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	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]	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? o Never o Sometimes o Usually o Always	154 - 155	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
9. 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	Q9 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]	9. 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? o 0 - Worst health care possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best health care possible	156 - 157	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
10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q10 In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? o Never o Sometimes o Usually o Always	158 - 159	1=Never 2=Sometimes 3=Usually 4=Always 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
11. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q11 Now I'd like to ask you about your personal doctor. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY CONTACT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?") *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q27] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	11. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? o Yes o No [Skip to 27]	160 - 161	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
12. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? 0 ☐ None → **If No, Go to Question 27** 1 ☐ 1 time 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more times	Q12 In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? Would you say… 0 None [GO TO Q27] 1 1 time 2 2 3 3 4 4 5 5 to 9 10 10 or more times 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	12. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? o None [Skip to 27] o 1 time o 2 o 3 o 4 o 5 to 9 o 10 or more times	162 - 163	0=None 1=1time 2=2 3=3 4=4 5=5 to 9 6=10 or more times 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q13 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]	13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? o Never o Sometimes o Usually o Always	164 - 165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
14. In the last 6 months, how often did your personal doctor listen carefully to you? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q14 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]	14. In the last 6 months, how often did your personal doctor listen carefully to you? o Never o Sometimes o Usually o Always	166 - 167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
15. In the last 6 months, how often did your personal doctor show respect for what you had to say? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q15 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]	15. In the last 6 months, how often did your personal doctor show respect for what you had to say? o Never o Sometimes o Usually o Always	168 - 169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
16. In the last 6 months, how often did your personal doctor spend enough time with you? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q16 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]	16. In the last 6 months, how often did your personal doctor spend enough time with you? o Never o Sometimes o Usually o Always	170 - 171	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
17. 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	Q17 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]	17. 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? o 0 - Worst personal doctor possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best personal doctor possible	172 - 173	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
18. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q18 In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	18. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? o Never o Sometimes o Usually o Always	174 - 175	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 22**	Q19 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 Q22] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q22] 99 <REFUSED> [GO TO Q22] M [MISSING]	19. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you? o Yes o No [Skip to 22]	176 - 177	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
20. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q20 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, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	20. 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? o Never o Sometimes o Usually o Always	178 - 179	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
21. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q21 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]	21. 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? o Never o Sometimes o Usually o Always	180 - 181	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
22. In the last 6 months, did you take any prescription medicine? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 24**	Q22 In the last 6 months, did you take any prescription medicine? *(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]	22. In the last 6 months, did you take any prescription medicine? o Yes o No [Skip to 24]	182 - 183	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q23 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]	23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? o Never o Sometimes o Usually o Always	184 - 185	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
24. 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? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q24 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 Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	24. 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? o Yes o No [Skip to 27]	186 - 187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
25. 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? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 27**	Q25 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 Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]	25. 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? o Yes o No [Skip to 27]	188 - 189	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
26. 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? 1 ☐ Yes, definitely 2 ☐ Yes, somewhat 3 ☐ No	Q26 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… 1 Yes, definitely, 2 Yes, somewhat, or 3 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	26. 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? o Yes, definitely o Yes, somewhat o No	190 - 191	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
When you answer the next questions, include the care you got in person, by phone, or by video. 27. 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 → **If Yes, Please include your personal doctor as you answer these questions about specialists** 2 ☐ No	Now I am going to ask some questions about getting health care from specialists. Please include the care you got in person, by phone, or by video. Q27 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? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	When you answer the next questions, include the care you got in person, by phone, or by video. 27. 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? o Yes o No	192 - 193	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you make any appointments with a specialist? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 33**	[PROGRAMMING SPECIFICATIONS: • IF THE RESPONSE TO Q27 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28: Please include your personal doctor as you answer these questions about specialists.] Q28 In the last 6 months, did you make any appointments with 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 Q33] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	[PROGRAMMING SPECIFICATION: • IF THE RESPONSE TO Q27 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28: *Please include your personal doctor as you answer these questions about specialists.*] 28. In the last 6 months, did you make any appointments with a specialist? o Yes o No [Skip to 33]	194 - 195	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
29. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q29 In the last 6 months, how often did you get an appointment with a specialist 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]	29. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? o Never o Sometimes o Usually o Always	196 - 197	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
30. How many specialists have you talked to in the last 6 months? 0 ☐ None →**If None, Go to Question 33** 1 ☐ 1 specialist 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 or more specialists	Q30 How many specialists have you talked to in the last 6 months? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 0 NONE [GO TO Q33] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	30. How many specialists have you talked to in the last 6 months? o None [Skip to 33] o 1 specialist o 2 o 3 o 4 o 5 or more specialists	198 - 199	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
31. We want to know your rating of the specialist you talked to 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	Q31 We want to know your rating of the specialist you talked to 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 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 BEST SPECIALIST POSSIBLE 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	31. We want to know your rating of the specialist you talked to 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? o 0 - Worst specialist possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best specialist possible	200 - 201	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I do not have a personal doctor 6 ☐ I have not talked with my personal doctor in the last 6 months 7 ☐ My personal doctor is a specialist	[PROGRAMMING SPECIFICATIONS: • IF Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE" • IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"] Q32 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, 1 Always, or 5 *(MAIL SURVEY ONLY)* 6 *(MAIL SURVEY ONLY)* 7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7] 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	[PROGRAMMING SPECIFICATIONS: • *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.* • *IF RESPONSE TO 12 IS "NONE" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]* 32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? o Never o Sometimes o Usually o Always o My personal doctor is a specialist	202 - 203	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
33. In the last 6 months, did you get information or help from your health plan's customer service? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 36**	Now I am going to ask some questions about your health plan. Q33 In the last 6 months, did you get information or help from your health plan's customer service? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q36] 98 <DON'T KNOW> [GO TO Q36] 99 <REFUSED> [GO TO Q36] M [MISSING]	33. In the last 6 months, did you get information or help from your health plan's customer service? o Yes o No [Skip to 36]	204 - 205	1=YES 2=NO 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q34 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]	34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? o Never o Sometimes o Usually o Always	206 - 207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q35 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]	35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? o Never o Sometimes o Usually o Always	208 - 209	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
36. In the last 6 months, did your health plan give you any forms to fill out? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 38**	Q36 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 Q38] 98 <DON'T KNOW> [GO TO Q38] 99 <REFUSED> [GO TO Q38] M [MISSING]	36. In the last 6 months, did your health plan give you any forms to fill out? o Yes o No [Skip to 38]	210 - 211	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
37. In the last 6 months, how often were the forms from your health plan easy to fill out? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q37 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]	37. In the last 6 months, how often were the forms from your health plan easy to fill out? o Never o Sometimes o Usually o Always	212 - 213	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
38. 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	Q38 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 0 - WORST HEALTH PLAN POSSIBLE 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 - BEST HEALTH PLAN POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	38. 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? o 0 - Worst health plan possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 - Best health plan possible	214 - 215	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? 1 ☐ Yes 2 ☐ No 3 ☐ I am not sure 4 ☐ I do not have a co-pay 5 ☐ I do not have a health condition 6 ☐ I was offered a lower co-pay for another reason	Q39 A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? Would you say… 1 Yes, 2 No, 3 I am not sure, 4 I do not have a co-pay, 5 I do not have a health condition, or 6 I was offered a lower co-pay for another reason 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? o Yes o No o I am not sure o I do not have a co-pay o I do not have a health condition o I was offered a lower co-pay for another reason	216 - 217	1=Yes 2=No 3=I am not sure 4=I do not have a co-pay 5=I do not have a health condition 6=I was offered a lower co-pay for another reason 98=Don't Know 99=Refused M=Missing
40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? 1 ☐ Yes 2 ☐ No 3 ☐ I am not sure 4 ☐ I do not have a health condition 5 ☐ I was offered extra benefits for another reason	Q40 Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? Would you say… 1 Yes, 2 No, 3 I am not sure, 4 I do not have a health condition, or 5 I was offered extra benefits for another reason 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? o Yes o No o I am not sure o I do not have a health condition o I was offered extra benefits for another reason	218 - 219	1=Yes 2=No 3=I am not sure 4=I do not have a health condition 5=I was offered extra benefits for another reason 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan. 41. In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you: Yes No a. To make sure you filled or refilled a prescription? ☐ ☐ b. To make sure you were taking medicine as directed? ☐ ☐	Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan Q41 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…)	Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan. 41. In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you: Yes No a. To make sure you filled or refilled a prescription? o o b. To make sure you were taking medicine as directed? o o	220 - 221	a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	b. To make sure you were taking medicine as directed? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1. YES 2. NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		222 - 223	b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? 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	Q42 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]	42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my prescription drug plan to get any medicines in the last 6 months	224 - 225	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
43. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 45**	Q43 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 Q45] 98 <DON'T KNOW> [GO TO Q45] 99 <REFUSED> [GO TO Q45] M [MISSING]	43. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? o Yes o No [Skip to 45]	226 - 227	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q44 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]	44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? o Never o Sometimes o Usually o Always	228 - 229	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
45. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 47**	Q45 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 Q47] 98 <DON'T KNOW> [GO TO Q47] 99 <REFUSED> [GO TO Q47] M [MISSING]	45. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? o Yes o No [Skip to 47]	230 - 231	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q46 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]	46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? o Never o Sometimes o Usually o Always	232 - 233	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
47. 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	Q47 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]	47. 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? o 0 Worst prescription drug plan possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 Best prescription drug plan possible	234 - 235	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
48. In general, how would you rate your overall health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Now I am going to ask some questions about you. Q48 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]	48. In general, how would you rate your overall health? o Excellent o Very good o Good o Fair o Poor	236 - 237	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
49. In general, how would you rate your overall mental or emotional health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Q49 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]	49. In general, how would you rate your overall mental or emotional health? o Excellent o Very good o Good o Fair o Poor	238 - 239	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
50. What language do you mainly speak at home? 1 ☐ English 2 ☐ Spanish 3 ☐ Chinese 4 ☐ Korean 5 ☐ Tagalog 6 ☐ Vietnamese 7 ☐ Some other language (Please print) _____	Q50 What language do you mainly speak at home? Would you say… 1 English, 2 Spanish, 3 Chinese, 4 Korean, 5 Tagalog, 6 Vietnamese, or 7 Some other language? [PROGRAMMING SPECIFICATION: IF Q50 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	50. What language do you mainly speak at home? o English o Spanish o Chinese o Korean o Tagalog o Vietnamese o Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]	240 - 241	1=English 2=Spanish 3=Chinese 4=Korean 5=Tagalog 6=Vietnamese, or 7=Some other language 98=DON'T KNOW 99=REFUSED M=Missing
51. In the last 6 months, did you spend one or more nights in a hospital? 1 ☐ Yes 2 ☐ No	Q51 In the last 6 months, did you spend one or more nights in a hospital? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	51. In the last 6 months, did you spend one or more nights in a hospital? o Yes o No	242 - 243	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
52. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? 1 ☐ Yes 2 ☐ No 3 ☐ My doctor did not prescribe any medicines for me in the last 6 months	Q52 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]	52. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? o Yes o No o My doctor did not prescribe any medicines for me in the last 6 months	244 - 245	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
53. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Yes No a. Health condition ☐ ☐ b. Disability ☐ ☐ c. Age ☐ ☐ d. Culture or religion ☐ ☐ e. Languge or accent ☐ ☐ f. Race or ethnicity ☐ ☐ g. Sex (male or female) ☐ ☐ h. Sexual orientation ☐ ☐ i. Gender or gender identity ☐ ☐ j. Income ☐ ☐	Q53 In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? a. A health condition? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING] *(READ ONLY IF NECESSARY:* IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)	53. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? Yes No a. Health condition o o b. Disability o o c. Age o o d. Culture or religion o o e. Languge or accent o o f. Race or ethnicity o o g. Sex (male or female) o o h. Sexual orientation o o i. Gender or gender identity o o j. Income o o	246 - 247	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	b. A disability? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		248 - 249	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) c. Your age? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		250 - 251	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) d. Your culture or religion? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		252 - 253	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) e. Your language or accent? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		254 - 255	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) f. Your race or ethnicity? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		256 - 257	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) g. Your sex (male or female)? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		258 - 259	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) h. Your sexual orientation? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		260 - 261	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) i. Your gender or gender identity? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		262 - 263	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
	(*READ ONLY IF NECESSARY* : IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?) j. Your income? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]		264 - 265	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
54. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? ☐ ☐ b. Angina or coronary heart disease? ☐ ☐ c. Hypertension or high blood pressure? ☐ ☐ d. Cancer, other than skin cancer? ☐ ☐ e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)? ☐ ☐ f. Any kind of diabetes high blood sugar? ☐ ☐	Q54 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]	54. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? o o b. Angina or coronary heart disease? o o c. Hypertension or high blood pressure? o o d. Cancer, other than skin cancer? o o e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease? o o f. Any kind of diabetes or high blood sugar? o o	266 - 267 268 - 269	1=Yes 2=No 98=Don't Know 99=Refused M=Missing 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		270 - 271	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]		272 - 273	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]		274 - 275	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		276 - 277	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
55. Do you have serious difficulty walking or climbing stairs? 1 ☐ Yes 2 ☐ No	Q55 Do you have serious difficulty walking or climbing stairs? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	55. Do you have serious difficulty walking or climbing stairs? o Yes o No	278 - 279	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
56. Do you have difficulty dressing or bathing? 1 ☐ Yes 2 ☐ No	Q56 Do you have difficulty dressing or bathing? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	56. Do you have difficulty dressing or bathing? o Yes o No	280 - 281	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
57. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 ☐ Yes 2 ☐ No	Q57 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	57. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? o Yes o No	282 - 283	1=Yes 2=No 98=Don't Know 99-Refused M=Missing
58. Have you had a flu shot since July 1, 2023? 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	Q58 Have you had a flu shot since July 1, 2023? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]	58. Have you had a flu shot since July 1, 2023? o Yes o No o Don't know	284 - 285	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
59. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	Q59 Have you ever had one or more pneumonia shots? *(READ THE FOLLOWING ONLY IF NECESSARY)* Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]	59. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. o Yes o No o Don't know	286 - 287	1=Yes 2=No 3=Don't Know 99-Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
60. 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 →**If Not at all, Go to Question 62** 4 ☐ Don't know →**If Don't know, Go to Question 62**	Q60 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 Q62] 4 DON'T KNOW [GO TO Q62] 99 <REFUSED> [GO TO Q62] M [MISSING]	60. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? o Every day o Some days o Not at all [Skip to 62] o Don't Know [Skip to 62]	288 - 289	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing
61. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I had no in-person, phone, or video visits in the last 6 months	[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q61 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q62. CODE Q61 AS "88 - NOT APPLICABLE"] Q61 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 5 *(MAIL/WEB SURVEY ONLY)* 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	[PROGRAMMING SPECIFICATION: • IF RESPONSE TO 7 IS "NONE" STORE A VALUE OF "88" IN 61 AND SKIP TO 62.] 61. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider? o Never o Sometimes o Usually o Always o I had no in-person, phone, or video visits in the last 6 months	290 - 291	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visists in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
62. 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 6 ☐ More than 4-year college degree	Q62 What is the highest grade or level of school that you have completed? Would you say… 1 8th grade or less, 2 Some high school, but did not graduate 3 High school graduate or GED, 4 Some college or 2-year degree, 5 4-year college graduate, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	62. What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	292 - 293	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

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
63. Are you of Hispanic or Latino origin or descent? 1 ☐ Yes, Hispanic or Latino 2 ☐ No, not Hispanic or Latino	Q63 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]	63. Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	294 - 295	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing
64. What is your race? Please mark one or more ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander ☐ White	Q64 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE a. Are you American Indian or Alaska Native? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> 99 [MISSING]	64. [PROGRAMMING SPECIFICATION: • 64 IS MULTI-RESPONSE; ALLOWĚ SELECTION OF ALL THAT APPLY] What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	296 - 297	a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	b. Are you Asian? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		298 - 299	b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	c. Are you Black or African American? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		300 - 301	c. 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]		302 - 303	d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	e. Are you White? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		304 - 305	e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
65. How many people live in your household now, including yourself? 1 ☐ 1 person 2 ☐ 2 to 3 people 3 ☐ 4 or more people	Q65 How many people live in your household now, including yourself? Would you say… 1 1 person, 2 2 to 3 people, or 3 4 or more people 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	65. How many people live in your household now, including yourself? o 1 person o 2 to 3 people o 4 or more people	306 - 307	1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing
66. Do you ever use the internet at home? 1 ☐ Yes 2 ☐ No	Q66 Do you ever use the internet at home? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	66. Do you ever use the internet at home? o Yes o No	308 - 309	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
67. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? 1 ☐ Yes 2 ☐ No	Q67 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say… 1 Yes, or 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	67. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? o Yes o No	310 - 311	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
68. Did someone help you complete this survey? 1 ☐ Yes 2 ☐ No → **If No, Thank you. Please return the completed survey in the postage paid envelope**	THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER Q68 DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY 1 YES 2 NO [GO TO END] 98 <DON'T KNOW> M [MISSING]	68. Did someone help you complete this survey? o Yes o No [Skip to Thank You]	312 - 313	1=Yes 2=No 98=Don't Know M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>	*[PROGRAMMING SPECIFICATION:* • *69 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*		
69. 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	Q69 HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY? [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]	69. How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way		
	<READ THE QUESTIONS TO THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		314 - 315	Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		316 - 317	Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<ANSWERED THE QUESTIONS FOR THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		318 - 319	Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		320 - 321	Translated the questioins into my language 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	<HELPED IN SOME OTHER WAY> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		322 - 323	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.	[Thank you] You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.		

Appendix H-3

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

Medicare Advantage Plan (PDP) 2024 Response Section

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Appendix H-3
Prescription Drug Plan (PDP)
2024 Response Section

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
1. Our records show that in 2023 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right? 1 ☐ Yes → **If Yes, Go to Question 3** 2 ☐ No	Q1 Our records show that in 2023 your prescriptions were covered by the Medicare prescription drug plan named [PD PLAN NAME]. Is that right? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES [GO TO Q3 PROGRAMMING SPECIFICATIONS] 2 NO [GO TO Q2] 98 <DON'T KNOW> [GO TO Q2] 99 <REFUSED> [GO TO Q2] M [MISSING]	1. Our records show that in 2023 your prescriptions were covered by the Medicare prescription drug plan named [MARKETNAME]. Is that right? o Yes [Skip to 3] o No	92 - 93	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the Medicare prescription drug plan plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan. (Please print) _____	Q2 What is the name of the Medicare prescription drug plan plan you had in 2023? 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]	2. Please enter below the name of the Medicare prescription drug plan plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan ☐ [PROGRAMMING SPECIFICATION: ● OPEN END, ALLOW RESPONSE OF UP TO 50 CHARACTERS	94 - 143	Text 88=Not Applicable 98=Don't Know 99= Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	[PROGRAMMING SPECIFICATIONS: •IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got health care in person, by phone or by video call. •FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months, and the times you got health care in person, by phone or by video call.]			
3. In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you: Yes No a. To make sure you filled or refilled a prescription? ☐ ☐ b. To make sure you were taking medicine as directed? ☐ ☐	Q3 In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you: a. To make sure you filled or refilled a prescription? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1. YES 2. NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING] *(READ ONLY IF NECESSARY:* IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU…) b. To make sure you were taking medicine as directed? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1. YES 2. NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	3. In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you: Yes No a. To make sure you filled or refilled a prescription? o o b. To make sure you were taking medicine as directed? o o	144 - 145 146 - 147	a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
4. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? 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	Q4 In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? Would you say… 1 Never, 2 Sometimes, 3 Usually, 4 Always, or 5 I did not use my prescription drug plan to get any medicines in the last 6 months 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	4. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? o Never o Sometimes o Usually o Always o I did not use my prescription drug plan to get any medicines in the last 6 months	148 - 149	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
5. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 ☐ Yes 2 ☐ No ➔ **If No, Go to Question 7**	Q5 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q7] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]	5. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? o Yes o No [Skip to 7]	150 - 151	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
6. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q6 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always, 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	6. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? o Never o Sometimes o Usually o Always	152 - 153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
7. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 9**	Q7 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO [GO TO Q9] 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]	7. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? o Yes o No [Skip to 9]	154 - 155	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
8. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q8 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? Would you say… 1 Never, 2 Sometimes, 3 Usually, or 4 Always, 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	8. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? o Never o Sometimes o Usually o Always	156 - 157	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
9. 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	Q9 Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 0 WORST PRESCRIPTION DRUG PLAN POSSIBLE 1 2 3 4 5 6 7 8 9 10 BEST PRESCRIPTION DRUG PLAN POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	9. 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? o 0 Worst prescription drug plan possible o 1 o 2 o 3 o 4 o 5 o 6 o 7 o 8 o 9 o 10 Best prescription drug plan possible	158 - 159	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
10. In general, how would you rate your overall health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Now I am going to ask some questions about you. Q10 In general, how would you rate your overall health? Would you say it is… 1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	10. In general, how would you rate your overall health? o Excellent o Very good o Good o Fair o Poor	160 - 161	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
11. In general, how would you rate your overall mental or emotional health? 1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	Q11 In general, how would you rate your overall mental or emotional health? Would you say it is… 1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	11. In general, how would you rate your overall mental or emotional health? o Excellent o Very good o Good o Fair o Poor	162 - 163	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
12. What language do you mainly speak at home? 1 ☐ English 2 ☐ Spanish 3 ☐ Chinese 4 ☐ Korean 5 ☐ Tagalog 6 ☐ Vietnamese 7 ☐ Some other language (Please print) _____	Q12 What language do you mainly speak at home? Would you say… 1 English, 2 Spanish, 3 Chinese, 4 Korean, 5 Tagalog, 6 Vietnamese, or 7 Some other language? [PROGRAMMING SPECIFICATION: IF Q12 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	12. What language do you mainly speak at home? o English o Spanish o Chinese o Korean o Tagalog o Vietnamese o Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]	164 - 165	1=English 2=Spanish 3=Chinese 4=Korean 5=Tagalog 6=Vietnamese, or 7=Some other language 98=DON'T KNOW 99=REFUSED M=Missing
13. In the last 6 months, did you spend one or more nights in a hospital? 1 ☐ Yes 2 ☐ No	Q13 In the last 6 months, did you spend one or more nights in a hospital? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	13. In the last 6 months, did you spend one or more nights in a hospital? o Yes o No	166 - 167	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
14. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? 1 ☐ Yes 2 ☐ No 3 ☐ My doctor did not prescribe any medicines for me in the last 6 months	Q14 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]	14. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? o Yes o No o My doctor did not prescribe any medicines for me in the last 6 months	168 - 169	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
15. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? ☐ ☐ b. Angina or coronary heart disease? ☐ ☐ c. Hypertension or high blood pressure? ☐ ☐ d. Cancer, other than skin cancer? ☐ ☐ e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)? ☐ ☐ f. Any kind of diabetes high blood sugar? ☐ ☐	Q15 Has a doctor ever told you that you had any of the following conditions? a. A heart attack? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING] (*READ ONLY IF NECESSARY* : HAS A DOCTOR EVER TOLD YOU THAT YOU HAD…) b. Angina or coronary heart disease? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	15. Has a doctor ever told you that you had any of the following conditions? Yes No a. A heart attack? o o b. Angina or coronary heart disease? o o c. Hypertension or high blood pressure? o o d. Cancer, other than skin cancer? o o e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease? o o f. Any kind of diabetes or high blood sugar? o o	170 - 171 172 - 173	1=Yes 2=No 98=Don't Know 99=Refused M=Missing 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		174 - 175	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]		176 - 177	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]		178 - 179	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	(*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]		180 - 181	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
16. Do you have serious difficulty walking or climbing stairs? 1 ☐ Yes 2 ☐ No	Q16 Do you have serious difficulty walking or climbing stairs? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	16. Do you have serious difficulty walking or climbing stairs? o Yes o No	182 - 183	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
17. Do you have difficulty dressing or bathing? 1 ☐ Yes 2 ☐ No	Q17 Do you have difficulty dressing or bathing? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	17. Do you have difficulty dressing or bathing? o Yes o No	184 - 185	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
18. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 ☐ Yes 2 ☐ No	Q18 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (READ RESPONSE OPTIONS ONLY IF NECESSARY) 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	18. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? o Yes o No	186 - 187	1=Yes 2=No 98=Don't Know 99-Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
19. 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 6 ☐ More than 4-year college degree	Q19 What is the highest grade or level of school that you have completed? Would you say… 1 8th grade or less, 2 Some high school, but did not graduate 3 High school graduate or GED, 4 Some college or 2-year degree, 5 4-year college graduate, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	19. What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	188 - 189	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
20. Are you of Hispanic or Latino origin or descent? 1 ☐ Yes, Hispanic or Latino 2 ☐ No, not Hispanic or Latino	Q20 Are you of Hispanic or Latino origin or descent? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	20. Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	190 - 191	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing
21. What is your race? Please mark one or more ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander ☐ White	Q21 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE a. Are you American Indian or Alaska Native? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> 99 [MISSING]	21. [PROGRAMMING SPECIFICATION: • 21 IS MULTI-RESPONSE; ALLOWĚ SELECTION OF ALL THAT APPLY] What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	192 - 193	a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	b. Are you Asian? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		194 - 195	b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	c. Are you Black or African American? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		196 - 197	c. 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]		198 - 199	d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	e. Are you White? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]		200 - 201	e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
22. How many people live in your household now, including yourself? 1 ☐ 1 person 2 ☐ 2 to 3 people 3 ☐ 4 or more people	Q22 How many people live in your household now, including yourself? Would you say… 1 1 person, 2 2 to 3 people, or 3 4 or more people 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	22. How many people live in your household now, including yourself? o 1 person o 2 to 3 people o 4 or more people	202 - 203	1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
23. Do you ever use the internet at home? 1 ☐ Yes 2 ☐ No	Q23 Do you ever use the internet at home? *(READ RESPONSE OPTIONS ONLY IF NECESSARY)* 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	23. Do you ever use the internet at home? o Yes o No	204 - 205	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
24. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? 1 ☐ Yes 2 ☐ No	Q24 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say… 1 Yes, or 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	24. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? o Yes o No	206 - 207	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
25. Did someone help you complete this survey? 1 ☐ Yes 2 ☐ No → **If No, Thank you. Please return the completed survey in the postage paid envelope**	THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER Q25 DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY 1 YES 2 NO [GO TO END] 98 <DON'T KNOW> M [MISSING]	25. Did someone help you complete this survey? o Yes o No [Skip to Thank You]	208 - 209	1=Yes 2=No 98=Don't Know M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>	*[PROGRAMMING SPECIFICATION:* • *69 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*		
26. 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	Q26 HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY? [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.] <READ THE QUESTIONS TO THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]	26. How did that person help you? Please mark one or more. o Read the questions to me o Wrote down the answers I gave o Answered the questions for me o Translated the questions into my language o Helped in some other way	210 - 211	Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		212 - 213	Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing

Mail Survey Question	CATI Specifications	Web Specifications	File Layout	
			Field Position	Valid Values
	<ANSWERED THE QUESTIONS FOR THE ENROLLEE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		214 - 215	Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing
	<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'S LANGUAGE> 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]		216 - 217	Translated the questioins 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]		218 - 219	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.	[Thank you] You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.		

Appendix I

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

Event Report

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Appendix I

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

Event Report

Event Report Process

On occasion, a survey vendor may identify deviations 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 events immediately upon discovery. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify issues that require correction.

- To formally notify CMS of events such as these, survey vendors must submit an event report to document any and all field events that result in any deviation from the timeline, procedures or specifications detailed in the MA & PDP CAHPS QAP&TS or any lapse in the CMS procedures for transmitting, using or storing PII and PHI. Timely submission of an event report will help CMS to implement changes in the survey timeline or protocol, if required.

This form must be submitted using the form provided below. ***All required sections are indicated with an asterisk (*). Information not known at the time the initial event report is completed should be recorded on the form as "Pending." Any information reported as "Pending" must be provided in an updated report within 7 days of submitting the initial report of the event. More than one updated event report may be required.***

Date Submitted: ***(Autopopulate)***

Indicate whether this report is an Initial Event Report or an Updated Event Report.

Initial Report (Must be submitted within one business day of discovery that a reportable field event has occurred.)

Updated Report (Must be submitted within 7 days of the Initial Event Report; more than one update may be required.)

I. GENERAL INFORMATION

1. Survey Vendor Organization Information

* Organization Name:		
* Mailing Address 1:		
Mailing Address 2:		
* City:	* State:	* ZIP Code:

2. Survey Vendor Contact Person

* First Name, Last Name:	
Title:	
* (Area Code) Telephone Number:	(Area Code) Fax Number:
* Email Address:	

3. Date Event Was First Discovered

* Date:

II. LIST THE NAMES AND NUMBERS OF EACH CONTRACT THAT EXPERIENCED THE EVENT BEING REPORTED

Enter Contract Name and CMS Contract Number, then click "Add Contract Name and Number"

* Contract Name: * CMS Contract Number:

Contract Name	CMS Contract Number

III. EVENT INFORMATION

Please complete items 1 through 4 below in detail. If any information is not known at time of initial report, enter "Pending." Any information reported as "Pending" must be completed in an updated event report within 7 days of submitting the initial report of the event. More than one updated event report may be required.

1. * Description of event and how it was discovered

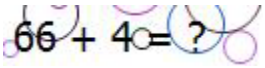
2. *For each contract identified in Section II, list the date(s) associated with the event being reported (e.g., mm/dd/yyyy - mm/dd/yyyy)

3. * For each contract identified in Section II, provide:

1. CMS Contract Number
2. Total sample size
3. Number of sampled enrollees affected by the event

4. * Description of corrective action your organization proposes to take to address the event, along with proposed timeline

5. * Additional information not provided above which may help the MA & PDP CAHPS project team understand what occurred



Please solve equation above

Submit

Appendix J-1

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

2024 MA-Only Survey
Survey Items Applicable to All Respondents

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Appendix J-1

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

2024 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	Q5
Number of times got health care for self	Q7
Rate Health Care	Q9
Easy to get care, tests or treatment needed	Q10
Have a personal MD	Q11
Personal doctor a specialist	Q27
Make appts with specialist	Q28
Get information/help through plan's customer service	Q33
Plan give forms to fill out	Q36
Rate Health Plan	Q38
Health plan offer to lower co-pay because of health condition	Q39
Health plan offer extra benefits due to health condition	Q40
Rate General Health	Q41
Rate Mental Health	Q42
Language at home	Q43
Spend one or more nights in a hospital	Q44
Easy to get medicines Dr. prescribed	Q45
Insurance that pays part or all cost of RX medicines	Q46
Delayed filling RX meds b/c could not afford it	Q47
Treated unfair or insensitive: Health condition	Q48A*
Treated unfair or insensitive: Age	Q48B*
Treated unfair or insensitive: Culture or religion	Q48C*
Treated unfair or insensitive: Language or accent	Q48D*
Treated unfair or insensitive: Race or ethnicity	Q48E*
Treated unfair or insensitive: Sex (female or male)	Q48F*
Treated unfair or insensitive: Sexual orientation	Q48G*

Item Description	Item Number
Treated unfair or insensitive: Gender or gender identity	Q48H*
Treated unfair or insensitive: Income	Q48I*
Dr. said you had: Heart attack	Q49A*
Dr. said you had: Angina or coronary heart disease	Q49B*
Dr. said you had: Hypertension or high blood pressure	Q49C*
Dr. said you had: Cancer other than skin cancer	Q49D*
Dr. said you had: Emphysema, asthma or COPD	Q49E*
Dr. said you had: Diabetes or high blood sugar	Q49F*
Difficulty walking or climbing stairs	Q50
Difficulty dressing or bathing	Q51
Difficulty doing errands alone	Q52
Flu Shot last year	Q53
Ever had Pneumonia shot	Q54
Frequency of cigarette/tobacco use	Q55
Highest education level completed	Q57
Hispanic or Latino origin/descent	Q58
Race	Q59A-E*
Number living in household	Q60
Use of internet at home	Q61
Medicare Program follow up	Q62
Someone helped complete survey	Q63

* When calculating percent complete: 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 one item to the total number of questions applicable to all respondents.

Appendix J-2

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

2024 MA-PD Survey
Survey Items Applicable to All Respondents

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Appendix J-2

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

2024 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	Q5
Number of times got health care for self	Q7
Rate Health Care	Q9
Easy to get care, tests or treatment needed	Q10
Have a personal MD	Q11
Personal doctor a specialist	Q27
Make appts with specialist	Q28
Get information/help through plan's customer service	Q33
Plan give forms to fill out	Q36
Rate Health Plan	Q38
Health plan offer to lower co-pay because of health condition	Q39
Health plan offer extra benefits due to health condition	Q40
Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q41A*
Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q41B*
Easy to use PDP to get meds prescribed by Dr.	Q42
Use PDP to fill a prescription at local pharmacy	Q43
Ever use PDP to fill prescription by mail	Q45
Rate PDP	Q47
Rate General Health	Q48
Rate Mental Health	Q49
Language at home	Q50
Spend one or more nights in a hospital	Q51
Delayed filling RX meds b/c could not afford it	Q52

Item Description	Item Number
Treated unfair or insensitive: Health condition	Q53A*
Treated unfair or insensitive: Age	Q53B*
Treated unfair or insensitive: Culture or religion	Q53C*
Treated unfair or insensitive: Language or accent	Q53D*
Treated unfair or insensitive: Race or ethnicity	Q53E*
Treated unfair or insensitive: Sex (female or male)	Q53F*
Treated unfair or insensitive: Sexual orientation	Q53G*
Treated unfair or insensitive: Gender or gender identity	Q53H*
Treated unfair or insensitive: Income	Q53I*
Dr. said you had: Heart attack	Q54A*
Dr. said you had: Angina or coronary heart disease	Q54B*
Dr. said you had: Hypertension or high blood pressure	Q54C*
Dr. said you had: Cancer other than skin cancer	Q54D*
Dr. said you had: Emphysema, asthma or COPD	Q54E*
Dr. said you had: Diabetes or high blood sugar	Q54F*
Difficulty walking or climbing stairs	Q55
Difficulty dressing or bathing	Q56
Difficulty doing errands alone	Q57
Flu Shot last year	Q58
Ever had Pneumonia shot	Q59
Frequency of cigarette/tobacco use	Q60
Highest education level completed	Q62
Hispanic or Latino origin/descent	Q63
Race	Q64A-E*
Number living in household	Q65
Use of internet at home	Q66
Medicare Program follow up	Q67
Someone helped complete survey	Q68

* 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 one item to the total number of questions applicable to all respondents.

Appendix J-3

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

2024 PDP Survey
Survey Items Applicable to All Respondents

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Appendix J-3

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

2024 PDP Survey
Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q3A*
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q3B*
Easy to use PDP to get meds prescribed by Dr.	Q4
Use PDP to fill a prescription at local pharmacy	Q5
Ever use PDP to fill prescription by mail	Q7
Rate PDP	Q9
Rate General Health	Q10
Rate Mental Health	Q11
Language at home	Q12
Spend one or more nights in a hospital	Q13
Delayed filling RX meds b/c could not afford it	Q14
Dr. said you had: Heart attack	Q15A*
Dr. said you had: Angina or coronary heart disease	Q15B*
Dr. said you had: Hypertension or high blood pressure	Q15C*
Dr. said you had: Cancer other than skin cancer	Q15D*
Dr. said you had: Emphysema, asthma or COPD	Q15E*
Dr. said you had: Diabetes or high blood sugar	Q15F*
Difficulty walking or climbing stairs	Q16
Difficulty dressing or bathing	Q17
Difficulty doing errands alone	Q18
Highest education level completed	Q19
Hispanic or Latino origin/descent	Q20
Race	Q21A-E*
Number living in household	Q22

Item Description	Item Number
Use of internet at home	Q23
Medicare Program follow up	Q24
Someone helped complete survey	Q25

* 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 one item to the total number of questions applicable to all respondents.

Appendix K

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

List of Reportable Measures

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Appendix K

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 the care, tests or treatment you needed? MA-Only - #10 MA-PD - #10 PDP - N/A
	In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? MA-Only - #29 MA-PD - #29 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 needed? MA-Only - #4 MA-PD - #4 PDP - N/A
	In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as 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 - #13 MA-PD - #13 PDP - N/A
	In the last 6 months, how often did your personal doctor listen carefully to you? MA-Only - #14 MA-PD - #14 PDP - N/A
	In the last 6 months, how often did your personal doctor show respect for what you had to say? MA-Only - #15 MA-PD - #15 PDP - N/A
	In the last 6 months, how often did your personal doctor spend enough time with you? MA-Only - #16 MA-PD - #16 PDP - N/A

Composite Measures	Survey Items Included in the Composite
Customer Service	In the last 6 months, how often did your health plan's customer service give you the information or help you needed? MA-Only - #34 MA-PD - #34 PDP - N/A
	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? MA-Only - #35 MA-PD - #35 PDP - N/A
	In the last 6 months, how often were the forms from your health plan easy to fill out? MA-Only - #37 MA-PD - #37 PDP - N/A
Getting Needed Prescription Drugs	In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? MA-Only - N/A MA-PD - #42 PDP - #4
	In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? MA-Only - N/A MA-PD - #44 PDP - #6
	In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? MA-Only - N/A MA-PD - #46 PDP - #8

Composite Measures	Survey Items Included in the Composite
Care Coordination	In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? MA-Only - #18 MA-PD - #18 PDP - N/A
	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? MA-Only - #20 MA-PD - #20 PDP - N/A
	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? MA-Only - #21 MA-PD - #21 PDP - N/A
	In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? MA-Only - #23 MA-PD - #23 PDP - N/A
	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? MA-Only - #26 MA-PD - #26 PDP - N/A
	In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? MA-Only - #32 MA-PD - #32 PDP - N/A

Overall Ratings	Survey Item
Rating of Health Plan	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan? MA-Only - #38 MA-PD - #38 PDP - N/A
Rating of Health Care Quality	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? MA-Only - #9 MA-PD - #9 PDP - N/A
Rating of Drug Plan	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? MA-Only - N/A MA-PD - #47 PDP - #9
Stand Alone Items	**Survey Item**
Annual Flu Vaccine	Have you had a flu shot since July 1, 2023? MA-Only - #53 MA-PD - #58 PDP - N/A
Pneumonia Vaccine (reported to contracts – not reported to consumers)	Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine. MA-Only - #54 MA-PD - #59 PDP - N/A
Other Measures Reported to Contracts	**Survey Item**
Reminders to Fill Prescriptions	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? MA-Only - N/A MA-PD - #41a PDP - #3a
Reminders to Take Medications	In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you… b. To make sure you were taking medicine as directed? MA-Only - N/A MA-PD - #41b PDP - #3b

Appendix L-1

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

2024 MA-Only and MA-PD Survey

PRE-NOTIFICATION LETTER - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

February 28, 2024

Dear FNAME LNAME:

This letter invites you to take part in an important survey about your experiences with your Medicare health plan. **In a few days, you'll get an invitation to complete the survey.**

We hope you'll share your feedback and complete the survey. Your responses will improve Medicare services and will help other people with Medicare choose a health plan.

You can also complete the survey online now, by typing this address into your web browser:

[URL]

You will be asked to enter a survey code, please type in: **«PIN»**

Thank you in advance for your help. For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix L-2

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

2024 Prescription Drug Plan Survey

PRE-NOTIFICATION LETTER – English

THIS PAGE INTENTIONALLY LEFT BLANK

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

February 28, 2024

Dear FNAME LNAME:

This letter invites you to take part in an important survey about your experiences with your Medicare drug plan. **In a few days, you'll get an invitation to complete the survey.**

We hope you'll share your feedback and complete the survey. Your responses will improve Medicare services and will help other people with Medicare choose a drug plan.

You can also complete the survey online now, by typing this address into your web browser:

[URL]

You will be asked to enter a survey code, please type in: **«PIN»**

Thank you in advance for your help. For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Appendix L-3

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

2024 MA-Only and MA-PD Survey

PRE-NOTIFICATION LETTER - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

28 de febrero de 2024

Estimado/a FNAME LNAME:

Le invitamos que tome parte en una encuesta importante sobre su experiencia con su plan de salud de Medicare. **En unos cuantos días, recibirá una invitación para completar la encuesta.**

Esperamos que usted nos dé sus comentarios y complete la encuesta. Sus respuestas ayudarán a mejorar los servicios de Medicare y ayudará a otras personas con Medicare a elegir un plan de salud.

También puede completar la encuesta en línea ahora, escribiendo esta dirección en su navegador web:

[URL]

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Gracias de antemano por su ayuda. Si usted tiene preguntas sobre esta encuesta, por favor, llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm [INSERT TIME ZONE].

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix L-4

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

2024 Prescription Drug Plan Survey

PRE-NOTIFICATION LETTER – Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

28 de febrero de 2024

Estimado/a FNAME LNAME:

Le invitamos que tome parte en una encuesta importante sobre su experiencia con su plan de medicinas de Medicare. **En unos cuantos días, recibirá una invitación para completar la encuesta.**

Esperamos que usted nos dé sus comentarios y complete la encuesta. Sus respuestas ayudarán a mejorar los servicios de Medicare y ayudará a otras personas con Medicare a elegir un plan de medicinas.

También puede completar la encuesta en línea ahora, escribiendo esta dirección en su navegador web:

[URL]

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Gracias de antemano por su ayuda. Si usted tiene preguntas sobre esta encuesta, por favor, llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm [INSERT TIME ZONE].

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix M-1

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

2024 MA-Only and MA-PD Survey

INITIAL EMAIL INVITATION - English

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SUBJECT: Medicare wants your feedback about your health plan
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Dear «FNAME» «LNAME»:

This email invites you to take part in an important survey from Medicare about your experiences with your Medicare health plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please click on this link to begin the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Nota: Si le gustaría recibir una copia de este mensaje en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-2

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

2024 PDP Survey

INITIAL EMAIL INVITATION - English

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SUBJECT: Medicare wants your feedback about your drug plan
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Dear «FNAME» «LNAME»:

This email invites you to take part in an important survey from Medicare about your experiences with your Medicare drug plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a drug plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please click on this link to begin the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Nota: Si le gustaría recibir una copia de este mensaje en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-3

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

2024 MA-Only and MA-PD Survey

WEB SURVEY INVITATION LETTER (with CMS logo only) - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 1, 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Dear «FNAME» «LNAME»:

This letter invites you to take part in an important survey from Medicare about your experiences with your Medicare health plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-4

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

2024 MA-Only and MA-PD Survey

WEB SURVEY INVITATION LETTER (with Optional Plan Logo) - English

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INSERT HEALTH PLAN LOGO HERE

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 1, 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Dear «FNAME» «LNAME»:

This letter invites you to take part in an important survey from Medicare about your experiences with your Medicare health plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-5

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

2024 PDP Survey

WEB SURVEY INVITATION LETTER (with CMS logo only) - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 1, 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Dear «FNAME» «LNAME»:

This letter invites you to take part in an important survey from Medicare about your experiences with your Medicare drug plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a drug plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-6

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

2024 PDP Survey

WEB SURVEY INVITATION LETTER (with Optional Plan Logo) - English

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INSERT HEALTH PLAN LOGO HERE

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 1, 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Dear «FNAME» «LNAME»:

This letter invites you to take part in an important survey from Medicare about your experiences with your Medicare drug plan. **We'd greatly appreciate you taking the time to complete this survey.** Your feedback will improve Medicare services and help others like you choose a drug plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. **Your voice matters.** The survey takes just a few minutes.

Please type this address into your web browser to begin the survey:

WEB SURVEY URL

You will be asked to enter a survey code, please type in: **«PIN»**

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER]. If you do not complete the survey online, we will send you the survey by mail in about two weeks.

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-7

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

2024 MA-Only and MA-PD Survey
REMINDER EMAIL - English

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SUBJECT: Reminder about Medicare health plan survey
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Dear «FNAME» «LNAME»:

A few days ago, we sent you an email asking for feedback about your experiences with your Medicare health plan. **This is a friendly reminder that hearing from you is important to Medicare.** We want to know about the care you received.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

Please click on this link to go to the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

You may also copy and paste this link into your web browser.

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER].

Thank you for your help.

Nota: Si le gustaría recibir una copia de este mensaje en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-8

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

2024 PDP Survey

REMINDER EMAIL - English

THIS PAGE INTENTIONALLY LEFT BLANK

SUBJECT: Reminder about Medicare drug plan survey
FROM: Medicare Experience team <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Dear «FNAME» «LNAME»:

A few days ago, we sent you an email asking for feedback about your experiences with your Medicare drug plan. **This is a friendly reminder that hearing from you is important to Medicare.** We want to know about the care you received.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

Please click on this link to go to the survey: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

You may also copy and paste this link into your web browser.

For questions about this survey, you may email the survey organization working with Medicare at [VENDOR EMAIL], or call toll-free at [VENDOR TOLL-FREE NUMBER].

Thank you for your help.

Nota: Si le gustaría recibir una copia de este mensaje en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE]

Appendix M-9

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

2024 Medicare Advantage Plan Web Survey

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

2024 Medicare Advantage Plan Survey Web Specifications

ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Escriba el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

This survey asks about you and your experience with your Medicare health plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de salud recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us.

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023
- You will need about 16 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:

- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (1/31/2025)**. The time required to complete this information collection is estimated to average **15.2 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.

Your 2023 Medicare Plan

1. Our records show that in 2023 your health services were covered by the plan named [MARKETNAME]. Is that right?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2023 Medicare Plan

2. Please enter below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan.

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Your Health Care in the Last 6 Months

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

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
A RESPONSE OF "NO" AT 3 SKIPS TO 5]

Your Health Care in the Last 6 Months

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Care in the Last 6 Months

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Health Care in the Last 6 Months

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Care in the Last 6 Months

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

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

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NONE" AT 7 SKIPS TO 9]*

Your Health Care in the Last 6 Months

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

BACK NEXT

Your Health Care in the Last 6 Months

9. 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

BACK NEXT

Your Health Care in the Last 6 Months

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 11 SKIPS TO 27]*

Your Personal Doctor

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

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

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NONE" AT 12 SKIPS TO 27]*

Your Personal Doctor

13. 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

BACK NEXT

Your Personal Doctor

14. In the last 6 months, how often did your personal doctor listen carefully to you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

17. 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

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 19 SKIPS TO 22]*

Your Personal Doctor

20. 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
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NEVER" AT 20 SKIPS TO 22]*

Your Personal Doctor

21. 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

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 22 SKIPS TO 24]*

Your Personal Doctor

23. 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

BACK NEXT

Your Personal Doctor

24. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 24 SKIPS TO 27]*

Your Personal Doctor

25. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 25 SKIPS TO 27]*

Your Personal Doctor

26. 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

BACK NEXT

Getting Health Care From Specialists

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

27. 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
- ○ No

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATION:

- *IF THE RESPONSE TO 27 IS "YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 28: Please include your personal doctor as you answer these questions about specialists.]*

28. In the last 6 months, did you make any appointments with a specialist?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 28 SKIPS TO 33]*

Getting Health Care From Specialists

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Getting Health Care From Specialists

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

- ○ None
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NONE" AT 30 SKIPS TO 33]*

Getting Health Care From Specialists

31. We want to know your rating of the specialist you talked to 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

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.*
- *IF RESPONSE TO 12 IS "NONE" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*

32. 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
- ○ My personal doctor is a specialist

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 33 SKIPS TO 36]*

Your Health Plan

34. 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

BACK NEXT

Your Health Plan

35. 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

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 36 SKIPS TO 38]*

Your Health Plan

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Plan

38. 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

BACK NEXT

Your Health Plan

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- ○ Yes
- ○ No
- ○ I am not sure
- ○ I do not have a co-pay
- ○ I do not have a health condition
- ○ I was offered a lower co-pay for another reason

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No
- ○ I am not sure
- ○ I do not have a health condition
- ○ I was offered extra benefits for another reason

BACK NEXT

About You

41. In general, how would you rate your overall health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

42. In general, how would you rate your overall mental or emotional health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

43. What language do you mainly speak at home?

- ○ English
- ○ Spanish
- ○ Chinese
- ○ Korean
- ○ Tagalog
- ○ Vietnamese
- ○ Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK NEXT

About You

44. In the last 6 months, did you spend one or more nights in a hospital?

- ○ Yes
- ○ No

BACK NEXT

About You

45. 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

BACK NEXT

About You

46. Do you have insurance that pays part or all of the cost of your prescription medicines?

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

47. 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

BACK NEXT

About You

48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	**No**
a. Health condition	○	○
b. Disability	○	○
c. Age	○	○
d. Culture or religion	○	○
e. Language or accent	○	○
f. Race or ethnicity	○	○
g. Sex (female or male)	○	○
h. Sexual orientation	○	○
i. Gender or gender identity	○	○
j. Income	○	○

BACK NEXT

About You

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

	Yes	**No**
a. A heart attack?	○	○
b. Angina or coronary heart disease?	○	○
c. Hypertension or high blood pressure?	○	○
d. Cancer, other than skin cancer?	○	○
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	○	○
f. Any kind of diabetes or high blood sugar?	○	○

BACK NEXT

About You

50. Do you have serious difficulty walking or climbing stairs?

○ Yes
○ No

BACK NEXT

About You

51. Do you have difficulty dressing or bathing?

○ Yes
○ No

BACK NEXT

About You

52. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ○ Yes
- ○ No

BACK NEXT

About You

53. Have you had a flu shot since July 1, 2023?

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

54. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

55. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NOT AT ALL" AT 55 SKIPS TO 57*
- *A RESPONSE OF "DON'T KNOW" AT 55 SKIPS TO 57]*

About You

[PROGRAMMING SPECIFICATION:
- *IF RESPONSE TO 7 IS "NONE" STORE A VALUE OF "88" IN 56 AND SKIP TO 57.]*

56. 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 in-person, phone, or video visits in the last 6 months

BACK NEXT

About You

57. What is the highest grade or level of school that you have completed?

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

BACK NEXT

About You

58. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

BACK NEXT

About You

59. What is your race? Please mark one or more.

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African-American
- ○ Native Hawaiian or other Pacific Islander
- ○ White

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *59 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

60. How many people live in your household now, including yourself?

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

BACK NEXT

About You

61. Do you ever use the internet at home?

- ○ Yes
- ○ No

BACK NEXT

About You

62. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ○ Yes
- ○ No

BACK NEXT

About You

63. Did someone help you complete this survey?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 63 SKIPS TO Thank You]*

About You

64. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *64 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix M-10

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

2024 Medicare Advantage Prescription Drug Web Survey

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

2024 Medicare Advantage Prescription Drug Survey Web Specifications

ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Escriba el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

This survey asks about you and your experience with your Medicare health plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de salud recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us.

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023
- You will need about 16 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:
- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (1/31/2025)**. The time required to complete this information collection is estimated to average **15.2 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.

Your 2023 Medicare Plan

1. Our records show that in 2023 your health services were covered by the plan named [MARKETNAME]. Is that right?

○ Yes
○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2023 Medicare Plan

2. Please enter below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan.

[OPEN END; ALLOW 50 CHARACTERS]

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Your Health Care in the Last 6 Months

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

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

○ Yes
○ No

BACK NEXT

[PROGRAMMING SPECIFICATION: A RESPONSE OF "NO" AT 3 SKIPS TO 5]

Your Health Care in the Last 6 Months

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Care in the Last 6 Months

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Health Care in the Last 6 Months

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Care in the Last 6 Months

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

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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NONE" AT 7 SKIPS TO 9]*

Your Health Care in the Last 6 Months

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

BACK NEXT

Your Health Care in the Last 6 Months

9. 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

BACK NEXT

Your Health Care in the Last 6 Months

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 11 SKIPS TO 27]*

Your Personal Doctor

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

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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NONE" AT 12 SKIPS TO 27]*

Your Personal Doctor

13. 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

BACK NEXT

Your Personal Doctor

14. In the last 6 months, how often did your personal doctor listen carefully to you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

17. 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

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 19 SKIPS TO 22]*

Your Personal Doctor

20. 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
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

21. 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

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 22 SKIPS TO 24]*

Your Personal Doctor

23. 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

BACK NEXT

Your Personal Doctor

24. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 24 SKIPS TO 27]*

Your Personal Doctor

25. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 25 SKIPS TO 27]*

Your Personal Doctor

26. 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

BACK NEXT

Getting Health Care From Specialists

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

27. 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
- ○ No

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATION:

- *IF THE RESPONSE TO 27 IS "YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 28: Please include your personal doctor as you answer these questions about specialists.]*

28. In the last 6 months, did you make any appointments with a specialist?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 28 SKIPS TO 33]*

Getting Health Care From Specialists

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Getting Health Care From Specialists

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

- ○ None
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NONE" AT 30 SKIPS TO 33]*

Getting Health Care From Specialists

31. We want to know your rating of the specialist you talked to 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

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.*
- *IF RESPONSE TO 12 IS "NONE" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*

32. 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
- ○ My personal doctor is a specialist

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 33 SKIPS TO 36]*

Your Health Plan

34. 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

BACK NEXT

Your Health Plan

35. 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

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 36 SKIPS TO 38]*

Your Health Plan

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Plan

38. 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

BACK NEXT

Your Health Plan

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- ○ Yes
- ○ No
- ○ I am not sure
- ○ I do not have a co-pay
- ○ I do not have a health condition
- ○ I was offered a lower co-pay for another reason

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No
- ○ I am not sure
- ○ I do not have a health condition
- ○ I was offered extra benefits for another reason

BACK NEXT

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.

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

	Yes	**No**
a. To make sure you filled or refilled a prescription?	○	○
b. To make sure you were taking medicine as directed?	○	○

BACK NEXT

Your Prescription Drug Plan

42. 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

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 43 SKIPS TO 45]*

Your Prescription Drug Plan

44. 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

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 45 SKIPS TO 47]*

Your Prescription Drug Plan

46. 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

BACK NEXT

Your Prescription Drug Plan

47. 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

BACK NEXT

About You

48. In general, how would you rate your overall health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

49. In general, how would you rate your overall mental or emotional health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

50. What language do you mainly speak at home?

- ○ English
- ○ Spanish
- ○ Chinese
- ○ Korean
- ○ Tagalog
- ○ Vietnamese
- ○ Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK NEXT

About You

51. In the last 6 months, did you spend one or more nights in a hospital?

- ○ Yes
- ○ No

BACK NEXT

About You

52. 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

BACK NEXT

About You

53. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	**No**
a. Health condition	○	○
b. Disability	○	○
c. Age	○	○
d. Culture or religion	○	○
e. Language or accent	○	○
f. Race or ethnicity	○	○
g. Sex (female or male)	○	○
h. Sexual orientation	○	○
i. Gender or gender identity	○	○
j. Income	○	○

BACK NEXT

About You

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

	Yes	**No**
a. A heart attack?	○	○
b. Angina or coronary heart disease?	○	○
c. Hypertension or high blood pressure?	○	○
d. Cancer, other than skin cancer?	○	○
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	○	○
f. Any kind of diabetes or high blood sugar?	○	○

BACK NEXT

About You

55. Do you have serious difficulty walking or climbing stairs?

○ Yes
○ No

BACK NEXT

About You

56. Do you have difficulty dressing or bathing?

○ Yes
○ No

BACK NEXT

About You

57. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ○ Yes
- ○ No

BACK NEXT

About You

58. Have you had a flu shot since July 1, 2023?

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

59. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

60. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NOT AT ALL" AT 60 SKIPS TO 62*
- *A RESPONSE OF "DON'T KNOW" AT 60 SKIPS TO 62]*

About You

[PROGRAMMING SPECIFICATION:
- *IF RESPONSE TO 7 IS "NONE" STORE A VALUE OF "88" IN 61 AND SKIP TO 62.]*

61. 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 in-person, phone, or video visits in the last 6 months

BACK NEXT

About You

62. What is the highest grade or level of school that you have completed?

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

BACK NEXT

About You

63. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

BACK NEXT

About You

64. What is your race? Please mark one or more.

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African-American
- ○ Native Hawaiian or other Pacific Islander
- ○ White

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *64 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

65. How many people live in your household now, including yourself?

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

BACK NEXT

About You

66. Do you ever use the internet at home?

- ○ Yes
- ○ No

BACK NEXT

About You

67. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ○ Yes
- ○ No

BACK NEXT

About You

68. Did someone help you complete this survey?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 68 SKIPS TO Thank You]*

About You

69. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *69 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix M-11

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

2024 Prescription Drug Plan Web Survey

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

2024 Prescription Drug Plan Survey Web Specifications

ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Escriba el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

This survey asks about you and your experience with your Medicare prescription drug plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de medicinas recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us.

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023
- You will need about 10 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:

- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (1/31/2025).** The time required to complete this information collection is estimated to average **10 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.

Your 2023 Prescription Drug Plan

1. Our records show that in 2023 your prescriptions were covered by the Medicare prescription drug plan named [MARKETNAME]. Is that right?

○ Yes
○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2023 Prescription Drug Plan

2. Please enter below the name of the Medicare prescription drug plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan.

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Your Prescription Drug Plan

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

	Yes	**No**
a. To make sure you filled or refilled a prescription?	○	○
b. To make sure you were taking medicine as directed?	○	○

BACK NEXT

Your Prescription Drug Plan

4. 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

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Prescription Drug Plan

6. 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

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 7 SKIPS TO 9]*

Your Prescription Drug Plan

8. 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

BACK NEXT

Your Prescription Drug Plan

9. 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

BACK NEXT

About You

10. In general, how would you rate your overall health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

11. In general, how would you rate your overall mental or emotional health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

12. What language do you mainly speak at home?

- ○ English
- ○ Spanish
- ○ Chinese
- ○ Korean
- ○ Tagalog
- ○ Vietnamese
- ○ Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK NEXT

About You

13. In the last 6 months, did you spend one or more nights in a hospital?

- ○ Yes
- ○ No

BACK NEXT

About You

14. 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

BACK NEXT

About You

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

	Yes	**No**
a. A heart attack?	○	○
b. Angina or coronary heart disease?	○	○
c. Hypertension or high blood pressure?	○	○
d. Cancer, other than skin cancer?	○	○
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	○	○
f. Any kind of diabetes or high blood sugar?	○	○

BACK NEXT

About You

16. Do you have serious difficulty walking or climbing stairs?

- ○ Yes
- ○ No

BACK NEXT

About You

17. Do you have difficulty dressing or bathing?

- ○ Yes
- ○ No

BACK NEXT

About You

18. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ○ Yes
- ○ No

BACK NEXT

About You

19. What is the highest grade or level of school that you have completed?

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

BACK NEXT

About You

20. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

BACK NEXT

About You

21. What is your race? Please mark one or more.

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African-American
- ○ Native Hawaiian or other Pacific Islander
- ○ White

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *21 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

22. How many people live in your household now, including yourself?

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

BACK NEXT

About You

23. Do you ever use the internet at home?

- ○ Yes
- ○ No

BACK NEXT

About You

24. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ○ Yes
- ○ No

BACK NEXT

About You

25. Did someone help you complete this survey?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 25 SKIPS TO Thank You]*

About You

26. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *26 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:

- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix M-12

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

2024 MA-Only and MA-PD Survey

Initial Email Invitation - Spanish

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SUBJECT: Medicare quiere su opinión sobre su plan de salud
FROM: Equipo de Experiencia Medicare <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de salud de Medicare. Le agradeceríamos mucho que se tomara el tiempo para responder esta encuesta. Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de salud.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. Su voz importa. El completar la encuesta sólo toma unos minutos.

Por favor haga clic en este enlace para comenzar la encuesta: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Appendix M-13

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

2024 PDP Survey

Initial Email Invitation - Spanish

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SUBJECT: Medicare quiere su opinión sobre su plan de medicinas
FROM: Equipo de Experiencia Medicare <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de medicinas de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para responder esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de medicinas.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. **Su voz importa.** El completar la encuesta sólo toma unos minutos.

Por favor haga clic en este enlace para comenzar la encuesta: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Appendix M-14

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

2024 MA-Only and MA-PD Survey

WEB SURVEY INVITATION LETTER (with CMS logo only) - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

1 de marzo de 2024

«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de salud de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para completar esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de salud.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. **Su voz importa.** El completar la encuesta sólo toma unos minutos.

Por favor escriba esta dirección en su navegador web para comenzar la encuesta:

WEB SURVEY URL

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix M-15

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

2024 MA-Only and MA-PD Survey

WEB SURVEY INVITATION LETTER (with Optional Plan Logo) - Spanish

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INSERT HEALTH PLAN LOGO HERE

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

1 de marzo de 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de salud de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para completar esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de salud.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. **Su voz importa.** El completar la encuesta sólo toma unos minutos.

Por favor escriba esta dirección en su navegador web para comenzar la encuesta:

WEB SURVEY URL

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix M-16

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

2024 PDP Survey

WEB SURVEY INVITATION LETTER (with CMS logo only) - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

1 de marzo de 2024

«LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de medicinas de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para completar esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de medicinas.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. **Su voz importa.** El completar la encuesta sólo toma unos minutos.

Por favor escriba esta dirección en su navegador web para comenzar la encuesta:

WEB SURVEY URL

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix M-17

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

2024 PDP Survey

WEB SURVEY INVITATION LETTER (with Optional Plan Logo) - Spanish

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INSERT HEALTH PLAN LOGO HERE

Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

1 de marzo de 2024

«FNAME» «LNAME»
«ADDR1FINAL» «ADDR2FINAL»
«CITY», «STATE» «ZIP»

Estimado/a «FNAME» «LNAME»:

Le invitamos que tome parte en una encuesta importante de Medicare sobre su experiencia con su plan de medicinas de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para completar esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de medicinas.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificar los planes. **Su voz importa.** El completar la encuesta sólo toma unos minutos.

Por favor escriba esta dirección en su navegador web para comenzar la encuesta:

WEB SURVEY URL

Se le pedirá que ingrese un código de encuesta, por favor escriba: **«PIN»**

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER]. Si usted no completa la encuesta en línea, le mandaremos la encuesta por correo en aproximadamente dos semanas.

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix M-18

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

2024 MA-Only and MA-PD Survey
REMINDER EMAIL - Spanish

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SUBJECT: Recordatorio sobre la encuesta del plan de salud de Medicare
FROM: Equipo de Experiencia Medicare <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Estimado/a «FNAME» «LNAME»:

Hace unos días, le mandamos un correo electrónico pidiéndole sus comentarios acerca de sus experiencias con su plan de salud de Medicare. **Este es un recordatorio de cortesía de que recibir noticias suyas es importante para Medicare.** Queremos saber sobre la atención que usted recibió.

Sabemos que su tiempo es valioso y la encuesta sólo toma unos minutos para contestar. El participar es voluntario, y su información se mantiene privada bajo la ley.

Por favor haga clic en este enlace para ir a la encuesta: [PERSONALIZED LINK WITH EMBEDDED PIN]

También puede copiar y pegar este enlace en su navegador web.

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER].

Gracias por su ayuda

Appendix M-19

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

2024 PDP Survey

REMINDER EMAIL - Spanish

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SUBJECT: Recordatorio sobre la encuesta del plan de medicinas de Medicare
FROM: Equipo de Experiencia Medicare <VENDOR EMAIL ADDRESS>

OPTIONAL: SURVEY VENDORS MAY INSERT HEALTH PLAN LOGO

Estimado/a «FNAME» «LNAME»:

Hace unos días, le mandamos un correo electrónico pidiéndole sus comentarios acerca de sus experiencias con su plan de medicinas de Medicare. **Este es un recordatorio de cortesía de que recibir noticias suyas es importante para Medicare.** Queremos saber sobre la atención que usted recibió.

Sabemos que su tiempo es valioso y la encuesta sólo toma unos minutos para contestar. El participar es voluntario, y su información se mantiene privada bajo la ley.

Por favor haga clic en este enlace para ir a la encuesta: [PERSONALIZED LINK TO SURVEY WITH EMBEDDED PIN]

También puede copiar y pegar este enlace en su navegador web.

Si usted tiene preguntas sobre esta encuesta, puede mandar un correo electrónico a la organización de encuestas que está trabajando con Medicare a [VENDOR EMAIL] o llame gratis al [VENDOR TOLL-FREE NUMBER].

Gracias por su ayuda.

Appendix M-20

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

2024 Medicare Advantage Plan Web Survey – *Spanish*

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

2024 Medicare Advantage Plan Survey Web Specifications

SPANISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "ATRAS" button appears in the lower left of each screen*
- *When displayed, "SIGUIENTE" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Ingrese el código de la encuesta que está impreso en la carta que recibió y haga clic al SIGUIENTE de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

This survey asks about you and your experience with your Medicare health plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de salud recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023
- Necesita unos 16 minutos para contestar las preguntas de la encuesta
- Su participación en la encuesta es voluntaria
- Usted puede saltarse cualquier pregunta que no desee contestar
- Usted puede salirse de la encuesta en cualquier momento
- Sus respuestas se mantendrán confidenciales

Si tiene cualquier pregunta sobre esta encuesta, por favor, mándenos un correo electrónico a [VENDOR EMAIL] o llámenos a nuestra línea gratuita al [VENDOR PHONE]. Gracias.

Haga clic en "EMPEZAR" para comenzar la encuesta.

EMPEZAR

[PROGRAMMING SPECIFICATION:
- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732 (vence el 31 de enero 2025**). El tiempo necesario para completar estos formularios está estimado en un promedio de **15.2 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

Su plan de Medicare del 2023

1. Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por [MARKETNAME]. ¿Es esto correcto?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "SÍ" AT 1 SKIPS TO 3]*

Su plan de Medicare del 2023

2. Por favor ingrese abajo el nombre del plan de seguro de salud que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan de salud.

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

La atención médica que usted recibió en los últimos 6 meses

Estas preguntas se refieren a su propia atención médica en una clínica, sala de emergencias o consultorio médico. Esto incluye la atención que recibió en persona, por teléfono o por videollamada.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 3 SKIPS TO 5]*

La atención médica que usted recibió en los últimos 6 meses

4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

5. En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o atención de rutina?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

La atención médica que usted recibió en los últimos 6 meses

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo en persona, por teléfono o por videollamada?

- ○ Ninguna
- ○ 1 vez
- ○ 2
- ○ 3
- ○ 4
- ○ 5 a 9
- ○ 10 veces o más

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NINGUNA" AT 7 SKIPS TO 9]*

La atención médica que usted recibió en los últimos 6 meses

8. El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

9. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?

- ○ 0 La peor atención médica posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 La mejor atención médica posible

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

10. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

11. Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere un consejo sobre algún problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 11 SKIPS TO 27]*

Su doctor personal

12. En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?

- ○ Ninguna
- ○ 1 vez
- ○ 2
- ○ 3
- ○ 4
- ○ 5 a 9
- ○ 10 veces o más

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NINGUNA" AT 12 SKIPS TO 27]*

Su doctor personal

13. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

14. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

15. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

16. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

17. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

- ○ 0 El peor doctor personal posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor doctor personal posible

ATRAS SIGUIENTE

Su doctor personal

18. En los últimos 6 meses, cuando habló con su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

19. En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 19 SKIPS TO 22]*

Su doctor personal

20. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

21. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

22. En los últimos 6 meses, ¿tomó alguna medicina recetada?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 22 SKIPS TO 24]*

Su doctor personal

23. En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

24. En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 24 SKIPS TO 27]*

Su doctor personal

25. En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 25 SKIPS TO 27]*

Su doctor personal

26. En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos?

- ○ Sí, definitivamente
- ○ Sí, hasta cierto punto
- ○ No

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

Al contestar las siguientes preguntas, incluya la atención que recibió en persona, por teléfono o por videollamada.

27. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

[PROGRAMMING SPECIFICATION:

- *IF THE RESPONSE TO 27 IS "Sí" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 28:* Por favor incluya a su doctor personal al contestar estas preguntas sobre especialistas.*]*

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 28 SKIPS TO 33]*

La atención médica que recibió de especialistas

29. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

30. ¿Con cuántos especialistas habló en los últimos 6 meses?

- ○ Ninguno
- ○ 1 especialista
- ○ 2
- ○ 3
- ○ 4
- ○ 5 especialistas o más

ATRAS

SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NINGUNO" AT 30 SKIPS TO 33]*

La atención médica que recibió de especialistas

31. Queremos saber cómo califica al especialista con quien habló <u>con más frecuencia</u> en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

- ○ 0 El peor especialista posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor especialista posible

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.*
- *IF RESPONSE TO 12 IS "NINGUNA" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*

32. En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ Mi doctor personal es especialista

ATRAS SIGUIENTE

Su plan de salud

33. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?

- ○ Sí
- ○ No

ATRAS

SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 33 SKIPS TO 36]*

Su plan de salud

34. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

35. En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

36. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar?

- ○ Sí
- ○ No

ATRAS

SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 36 SKIPS TO 38]*

Su plan de salud

37. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

38. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

- ○ 0 El peor plan de salud posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor plan de salud posible

ATRAS SIGUIENTE

Su plan de salud

39. El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)?

- ○ Sí
- ○ No
- ○ No estoy seguro
- ○ No tengo un copago
- ○ No tengo un problema de salud
- ○ Me ofrecieron un copago menor por otra razónreason

ATRAS

SIGUIENTE

Su plan de salud

40. Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)?

- ○ Sí
- ○ No
- ○ No estoy seguro
- ○ No tengo un problema de salud
- ○ Me ofrecieron beneficios extra por otra razón

ATRAS SIGUIENTE

Acerca de usted

41. En general, ¿cómo calificaría toda su salud?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

42. En general, ¿cómo calificaría toda su salud mental o emocional?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

43. ¿Qué idioma habla principalmente en casa?

- ○ Inglés
- ○ Español
- ○ Chino
- ○ Coreano
- ○ Tagalo
- ○ Vietnamita
- ○ Otro idioma (por favor especifique): [OPEN END – ALLOW 15 CHARACTERS]

ATRAS SIGUIENTE

Acerca de usted

44. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

45. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir las medicinas que su doctor le recetó?

- ○ Nunca
- ○ A veces
- ○ La mayoría de veces
- ○ Siempre
- ○ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

46. Tiene seguro que pague parte o todo el costo de sus medicinas recetadas?

- ○ Sí
- ○ No
- ○ No sé

ATRAS SIGUIENTE

Acerca de usted

47. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

- ○ Sí
- ○ No
- ○ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

48. En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

	Sí	**No**
a. Condición de salud	○	○
b. Discapacidad	○	○
c. Edad	○	○
d. Cultura o religión	○	○
e. Idioma o acento	○	○
f. Origen racial o étnico	○	○
g. Sexo (Mujer u hombre)	○	○
h. Orientación sexual	○	○
i. Género o identidad de género	○	○
j. Ingreso	○	○

ATRAS SIGUIENTE

Acerca de usted

49. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

	Sí	**No**
a. ¿Un ataque al corazón?	○	○
b. ¿Angina o enfermedad de las arterias del corazón?	○	○
c. ¿Presión arterial alta o la hipertensión?	○	○
d. ¿Cáncer, aparte de cáncer de la piel?	○	○
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	○	○
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	○	○

ATRAS SIGUIENTE

Acerca de usted

50. ¿Tiene muchas dificultades para caminar o subir escaleras?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

51. ¿Tiene dificultades para vestirse o bañarse?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

52. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

53. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?

- ○ Sí
- ○ No
- ○ No sé

ATRAS SIGUIENTE

Acerca de usted

54. ¿Alguna vez le han puesto una o más vacunas contra la neumonía? Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (*flu*). También se llama la vacuna neumocócica.

- ○ Sí
- ○ No
- ○ No sé

ATRAS SIGUIENTE

Acerca de usted

55. ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?

- ○ Todos los días
- ○ Algunos días
- ○ Para nada
- ○ No sé

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "PARA NADA" AT 55 SKIPS TO 57*
- *A RESPONSE OF "NO SÉ" AT 55 SKIPS TO 57]*

Acerca de usted

[PROGRAMMING SPECIFICATION:
- *IF RESPONSE TO 7 IS "NINGUNA" STORE A VALUE OF "88" IN 56 AND SKIP TO 57.]*

56. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ No tuve ninguna consulta en persona, por teléfono o por videollamada en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

57. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ○ 8 años de escuela o menos
- ○ 9 a 12 años de escuela, pero sin graduarse
- ○ Graduado de la escuela secundaria *(high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ○ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ○ Título universitario de 4 años
- ○ Título universitario de más de 4 años

ATRAS SIGUIENTE

Acerca de usted

58. ¿Es usted de ascendencia u origen hispano o latino?

- ○ Sí, hispano o latino
- ○ No, ni hispano ni latino

ATRAS SIGUIENTE

Acerca de usted

59. ¿A qué raza pertenece? Por favor marque una o más.

- ○ Indígena americano o nativo de Alaska
- ○ Asiática
- ○ Negra o afroamericana
- ○ Nativo de Hawái o de otras islas del Pacífico
- ○ Blanca

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *59 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Acerca de usted

60. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ○ 1 persona
- ○ 2 a 3 personas
- ○ 4 personas o más

ATRAS SIGUIENTE

Acerca de usted

61. ¿Alguna vez usa usted el internet en su hogar?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

62. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

63. ¿Alguien le ayudó a completar esta encuesta?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 63 SKIPS TO Muchas gracias]*

Acerca de usted

64. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

- ○ Me leyó las preguntas
- ○ Anotó las respuestas que le di
- ○ Contestó las preguntas por mí
- ○ Tradujo las preguntas a mi idioma
- ○ Me ayudó de otra forma

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *64 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Muchas gracias

Ha llegado al final de la encuesta. Si ha terminado de responder las preguntas, haga clic en ENVIAR para cerrar la encuesta. Gracias por su tiempo.

ENVIAR

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix M-21

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

2024 Medicare Advantage Prescription Drug Web Survey – *Spanish*

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

2024 Medicare Advantage Prescription Drug Survey Web Specifications

SPANISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "ATRAS" button appears in the lower left of each screen*
- *When displayed, "SIGUIENTE" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Ingrese el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

This survey asks about you and your experience with your Medicare health plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de salud recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN]*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023
- Necesita unos 16 minutos para contestar las preguntas de la encuesta
- Su participación en la encuesta es voluntaria
- Usted puede saltarse cualquier pregunta que no desee contestar
- Usted puede salirse de la encuesta en cualquier momento
- Sus respuestas se mantendrán confidenciales

Si tiene cualquier pregunta sobre esta encuesta, por favor, mándenos un correo electrónico a [VENDOR EMAIL] o llámenos a nuestra línea gratuita al [VENDOR PHONE]. Gracias.

Haga clic en "EMPEZAR" para comenzar la encuesta.

EMPEZAR

[PROGRAMMING SPECIFICATION:
- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732 (vence el 31 de enero 2025**). El tiempo necesario para completar estos formularios está estimado en un promedio de **15.2 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

Su plan de Medicare del 2023

1. Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por [MARKETNAME]. ¿Es esto correcto?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "SÍ" AT 1 SKIPS TO 3]*

Su plan de Medicare del 2023

2. Por favor ingrese abajo el nombre del plan de seguro de salud que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan de salud.

[OPEN END; ALLOW 50 CHARACTERS]

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

La atención médica que usted recibió en los últimos 6 meses

Estas preguntas se refieren a su propia atención médica en una clínica, sala de emergencias o consultorio médico. Esto incluye la atención que recibió en persona, por teléfono o por videollamada.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION: A RESPONSE OF "NO" AT 3 SKIPS TO 5]

La atención médica que usted recibió en los últimos 6 meses

4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

5. En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o una consulta regular?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

La atención médica que usted recibió en los últimos 6 meses

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo en persona, por teléfono o por videollamada?

- ○ Ninguna
- ○ 1 vez
- ○ 2
- ○ 3
- ○ 4
- ○ 5 a 9
- ○ 10 veces o más

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NINGUNA" AT 7 SKIPS TO 9]*

La atención médica que usted recibió en los últimos 6 meses

8. El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

9. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?

- ○ 0 La peor atención médica posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 La mejor atención médica posible

ATRAS SIGUIENTE

La atención médica que usted recibió en los últimos 6 meses

10. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

11. Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere un consejo sobre algún problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 11 SKIPS TO 27]*

Su doctor personal

12. En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?

- ○ Ninguna
- ○ 1 vez
- ○ 2
- ○ 3
- ○ 4
- ○ 5 a 9
- ○ 10 veces o más

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NINGUNA" AT 12 SKIPS TO 27]*

Su doctor personal

13. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

14. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

15. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

16. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

17. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

- ○ 0 El peor doctor personal posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor doctor personal posible

ATRAS SIGUIENTE

Su doctor personal

18. En los últimos 6 meses, cuando habló con_su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

19. En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 19 SKIPS TO 22]*

Su doctor personal

20. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

21. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

22. En los últimos 6 meses, ¿tomó alguna medicina recetada?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 22 SKIPS TO 24]*

Su doctor personal

23. En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su doctor personal

24. En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 24 SKIPS TO 27]*

Su doctor personal

25. En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 25 SKIPS TO 27]*

Su doctor personal

26. En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos?

- ○ Sí, definitivamente
- ○ Sí, hasta cierto punto
- ○ No

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

Al contestar las siguientes preguntas, incluya la atención que recibió en persona, por teléfono o por videollamada.

27. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

[PROGRAMMING SPECIFICATION:

- *IF THE RESPONSE TO 27 IS "SÍ" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 28:* Por favor incluya a su doctor personal al contestar estas preguntas sobre especialistas.*]*

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 28 SKIPS TO 33]*

La atención médica que recibió de especialistas

29. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

30. ¿Con cuántos especialistas habló en los últimos 6 meses?

- ○ Ninguno
- ○ 1 especialista
- ○ 2
- ○ 3
- ○ 4
- ○ 5 especialistas o más

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NINGUNO" AT 30 SKIPS TO 33]*

La atención médica que recibió de especialistas

31. Queremos saber cómo califica al especialista con quien habló con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

- ○ 0 El peor especialista posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor especialista posible

ATRAS SIGUIENTE

La atención médica que recibió de especialistas

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.*
- *IF RESPONSE TO 12 IS "NINGUNA" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*

32. En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ Mi doctor personal es especialista

ATRAS SIGUIENTE

Su plan de salud

33. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 33 SKIPS TO 36]*

Su plan de salud

34. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

35. En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

36. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 36 SKIPS TO 38]*

Su plan de salud

37. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de salud

38. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

- ○ 0 El peor plan de salud posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor plan de salud posible

ATRAS SIGUIENTE

Su plan de salud

39. El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)?

- ○ Sí
- ○ No
- ○ No estoy seguro
- ○ No tengo un copago
- ○ No tengo un problema de salud
- ○ Me ofrecieron un copago menor por otra razón

ATRAS SIGUIENTE

Su plan de salud

40. Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)?

- ○ Sí
- ○ No
- ○ No estoy seguro
- ○ No tengo un problema de salud
- ○ Me ofrecieron beneficios extra por otra razón

ATRAS SIGUIENTE

Su plan de medicinas recetadas

Ahora nos gustaría hacerle unas preguntas sobre la cobertura de medicinas recetadas que recibe a través de su plan de medicinas recetadas.

41. En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó:

	Sí	**No**
a. Para asegurar que usted consiguió o renovó una receta?	○	○
b. Para asegurar que usted estaba tomando las medicinas según lo recetado?	○	○

ATRAS SIGUIENTE

Su plan de medicinas recetadas

42. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses

ATRAS SIGUIENTE

Su plan de medicinas recetadas

43. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 43 SKIPS TO 45]*

Su plan de medicinas recetadas

44. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de medicinas recetadas

45. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 45 SKIPS TO 47]*

Su plan de medicinas recetadas

46. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de medicinas recetadas

47. Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?

- ○ 0 El peor plan de medicinas recetadas posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor plan de medicinas recetadas posible

ATRAS SIGUIENTE

Acerca de usted

48. En general, ¿cómo calificaría toda su salud?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

49. En general, ¿cómo calificaría toda su salud mental o emocional?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

50. ¿Qué idioma habla principalmente en casa?

- ○ Inglés
- ○ Español
- ○ Chino
- ○ Coreano
- ○ Tagalo
- ○ Vietnamita
- ○ Otro idioma (por favor especifique): [OPEN END – ALLOW 15 CHARACTERS]

ATRAS SIGUIENTE

Acerca de usted

51. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

52. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

- ○ Sí
- ○ No
- ○ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

53. En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

	Sí	**No**
a. Condición de salud	○	○
b. Discapacidad	○	○
c. Edad	○	○
d. Cultura o religión	○	○
e. Idioma o acento	○	○
f. Origen racial o étnico	○	○
g. Sexo (Mujer u hombre)	○	○
h. Orientación sexual	○	○
i. Género o identidad de género	○	○
j. Ingreso	○	○

ATRAS SIGUIENTE

Acerca de usted

54. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

	Sí	**No**
a. ¿Un ataque al corazón?	○	○
b. ¿Angina o enfermedad de las arterias del corazón?	○	○
c. ¿Presión arterial alta o la hipertensión?	○	○
d. ¿Cáncer, aparte de cáncer de la piel?	○	○
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	○	○
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	○	○

ATRAS SIGUIENTE

Acerca de usted

55. ¿Tiene muchas dificultades para caminar o subir escaleras?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

56. ¿Tiene dificultades para vestirse o bañarse?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

57. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

58. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?

- ○ Sí
- ○ No
- ○ No sé

ATRAS SIGUIENTE

Acerca de usted

59. ¿Alguna vez le han puesto una o más vacunas contra la neumonía? Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (*flu*). También se llama la vacuna neumocócica.

- ○ Sí
- ○ No
- ○ No sé

ATRAS SIGUIENTE

Acerca de usted

60. ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?

- ○ Todos los días
- ○ Algunos días
- ○ Para nada
- ○ No sé

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "PARA NADA" AT 60 SKIPS TO 62*
- *A RESPONSE OF "NO SÉ" AT 60 SKIPS TO 62]*

Acerca de usted

[PROGRAMMING SPECIFICATION:
- *IF RESPONSE TO 7 IS "NINGUNA" STORE A VALUE OF "88" IN 61 AND SKIP TO 62.]*

61. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ No tuve ninguna consulta en persona, por teléfono o por videollamada en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

62. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ○ 8 años de escuela o menos
- ○ 9 a 12 años de escuela, pero sin graduarse
- ○ Graduado de la escuela secundaria *(high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ○ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ○ Título universitario de 4 años
- ○ Título universitario de más de 4 años

ATRAS SIGUIENTE

Acerca de usted

63. ¿Es usted de ascendencia u origen hispano o latino?

- ○ Sí, hispano o latino
- ○ No, ni hispano ni latino

ATRAS SIGUIENTE

Acerca de usted

64. ¿A qué raza pertenece? Por favor marque una o más.

- ○ Indígena americano o nativo de Alaska
- ○ Asiática
- ○ Negra o afroamericana
- ○ Nativo de Hawái o de otras islas del Pacífico
- ○ Blanca

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *64 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Acerca de usted

65. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ○ 1 persona
- ○ 2 a 3 personas
- ○ 4 personas o más

ATRAS SIGUIENTE

Acerca de usted

66. ¿Alguna vez usa usted el internet en su hogar?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

67. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

68. ¿Alguien le ayudó a completar esta encuesta?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 68 SKIPS TO Muchas Gracias]*

Acerca de usted

69. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

- ○ Me leyó las preguntas
- ○ Anotó las respuestas que le di
- ○ Contestó las preguntas por mí
- ○ Tradujo las preguntas a mi idioma
- ○ Me ayudó de otra forma

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *69 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Muchas gracias

Ha llegado al final de la encuesta. Si ha terminado de responder las preguntas, haga clic en ENVIAR para cerrar la encuesta. Gracias por su tiempo.

ENVIAR

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix M-22

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

2024 Prescription Drug Plan Web Survey – *Spanish*

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

2024 Prescription Drug Plan Survey Web Specifications
SPANISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "ATRAS" button appears in the lower left of each screen*
- *When displayed, "SIGUIENTE" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page https://www.cms.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Ingrese el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta:_____

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

This survey asks about you and your experience with your Medicare prescription drug plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de medicinas recetadas de Medicare.

○ Continue in English
○ Continuar en español

NEXT/SIGUIENTE

[PROGRAMMING SPECIFICATIONS:

- *SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

BIENVENIDOS A LA ENCUESTA DE SU EXPERIENCIA CON MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023
- Necesita unos 10 minutos para contestar las preguntas de la encuesta
- Su participación en la encuesta es voluntaria
- Usted puede saltarse cualquier pregunta que no desee contestar
- Usted puede salirse de la encuesta en cualquier momento
- Sus respuestas se mantendrán confidenciales

Si tiene cualquier pregunta sobre esta encuesta, por favor, mándenos un correo electrónico a [VENDOR EMAIL] o llámenos a nuestra línea gratuita al [VENDOR PHONE]. Gracias.

Haga clic en "EMPEZAR" para comenzar la encuesta.

EMPEZAR

[PROGRAMMING SPECIFICATION:

- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732** (vence 1/31/2025). El tiempo necesario para completar estos formularios está estimado en un promedio de **10 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

Su plan de medicinas recetadas del 2023

1. Nuestros registros muestran que en el 2023 sus medicinas recetadas estaban cubiertas por el plan de Medicare de medicinas recetadas llamado [MARKETNAME]. ¿Es esto correcto?

○ Sí
○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "SÍ" AT 1 SKIPS TO 3]*

Su plan de medicinas recetadas del 2023

2. Por favor ingrese abajo el nombre del plan de medicinas recetadas de Medicare que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan.

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Su plan de medicinas recetadas

3. En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó:

	Sí	**No**
a. Para asegurar que usted consiguió o renovó una receta?	○	○
b. Para asegurar que usted estaba tomando las medicinas según lo recetado?	○	○

ATRAS SIGUIENTE

Su plan de medicinas recetadas

4. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre
- ○ No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses

ATRAS SIGUIENTE

Su plan de medicinas recetadas

5. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Su plan de medicinas recetadas

6. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de medicinas recetadas

7. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 7 SKIPS TO 9]*

Su plan de medicinas recetadas

8. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo?

- ○ Nunca
- ○ A veces
- ○ La mayoría de las veces
- ○ Siempre

ATRAS SIGUIENTE

Su plan de medicinas recetadas

9. Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?

- ○ 0 El peor plan de medicinas recetadas posible
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 El mejor plan de medicinas recetadas posible

ATRAS SIGUIENTE

Acerca de usted

10. En general, ¿cómo calificaría toda su salud?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

11. En general, ¿cómo calificaría toda su salud mental o emocional?

- ○ Excelente
- ○ Muy buena
- ○ Buena
- ○ Regular
- ○ Mala

ATRAS SIGUIENTE

Acerca de usted

12. ¿Qué idioma habla principalmente en casa?

- ○ Inglés
- ○ Español
- ○ Chino
- ○ Coreano
- ○ Tagalo
- ○ Vietnamita
- ○ Otro idioma (por favor especifique): [OPEN END – ALLOW 15 CHARACTERS]

ATRAS SIGUIENTE

Acerca de usted

13. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

14. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

- ○ Sí
- ○ No
- ○ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

ATRAS SIGUIENTE

Acerca de usted

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

	Sí	**No**
a. ¿Un ataque al corazón?	○	○
b. ¿Angina o enfermedad de las arterias del corazón?	○	○
c. ¿Presión arterial alta o la hipertensión?	○	○
d. ¿Cáncer, aparte de cáncer de la piel?	○	○
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	○	○
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	○	○

ATRAS SIGUIENTE

Acerca de usted

16. ¿Tiene muchas dificultades para caminar o subir escaleras?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

17. ¿Tiene dificultades para vestirse o bañarse?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

18. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

- ○ Sí
- ○ No

ATRAS SIGUIENTE

Acerca de usted

19. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ○ 8 años de escuela o menos
- ○ 9 a 12 años de escuela, pero sin graduarse
- ○ Graduado de la escuela secundaria *(high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ○ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ○ Título universitario de 4 años
- ○ Título universitario de más de 4 años

ATRAS SIGUIENTE

Acerca de usted

20. ¿Es usted de ascendencia u origen hispano o latino?

- ○ Sí, hispano o latino
- ○ No, ni hispano ni latino

ATRAS SIGUIENTE

Acerca de usted

21. ¿A qué raza pertenece? Por favor marque una o más.

- ○ Indígena americano o nativo de Alaska
- ○ Asiática
- ○ Negra o afroamericana
- ○ Nativo de Hawái o de otras islas del Pacífico
- ○ Blanca

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *21 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Acerca de usted

22. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ○ 1 persona
- ○ 2 a 3 personas
- ○ 4 personas o más

ATRAS SIGUIENTE

Acerca de usted

23. ¿A veces usa usted el internet en su hogar?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

24. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

○ Sí
○ No

ATRAS SIGUIENTE

Acerca de usted

25. ¿Alguien le ayudó a completar esta encuesta?

○ Sí
○ No

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 25 SKIPS TO Muchas Gracias]*

Acerca de usted

26. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

- ○ Me leyó las preguntas
- ○ Anotó las respuestas que le di
- ○ Contestó las preguntas por mí
- ○ Tradujo las preguntas a mi idioma
- ○ Me ayudó de otra forma

ATRAS SIGUIENTE

[PROGRAMMING SPECIFICATION:
- *26 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Muchas gracias

Ha llegado al final de la encuesta. Si ha terminado de responder las preguntas, haga clic en ENVIAR para cerrar la encuesta. Gracias por su tiempo.

ENVIAR

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

Appendix N-1

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

2024 MA-Only and MA-PD Survey

INITIAL COVER LETTER - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 13, 2024

Dear FNAME LNAME:

This package contains an important survey from Medicare about your experiences with your Medicare health plan. **We'd greatly appreciate you taking the time to answer and return this survey.** Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. You can learn more and see plan ratings online at medicare.gov/plan-compare and in the "Medicare & You" handbook.

Your voice matters. The survey takes just a few minutes. Please return the survey in the enclosed pre-paid envelope. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Appendix N-2

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

2024 Prescription Drug Plan Survey

INITIAL COVER LETTER – English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

March 13, 2024

Dear FNAME LNAME:

This package contains an important survey from Medicare about your experiences with your Medicare drug plan. **We'd greatly appreciate you taking the time to answer and return this survey.** Your feedback will improve Medicare services and help others like you choose a drug plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. You can learn more and see plan ratings online at medicare.gov/plan-compare and in the "Medicare & You" handbook.

Your voice matters. The survey takes just a few minutes. Please return the survey in the enclosed pre-paid envelope. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Thank you for your help.

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Appendix N-3

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

2024 MA-Only and MA-PD Survey

2ND MAILING COVER LETTER - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

April 2, 2024

Dear FNAME LNAME:

We recently sent a survey asking for your feedback about your experiences with your Medicare health plan. **If you recently mailed us your survey, thank you! You don't need to do anything else.**

This is a friendly reminder that hearing from you is important to Medicare. We want to know about the care you received. We've included another copy of the survey for you. After you answer the survey, please return it in the enclosed pre-paid envelope.

We hope you'll take a few minutes to share your feedback about your Medicare health plan. Medicare will use your answers to improve care and help other people with Medicare choose a health plan.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Appendix N-4

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

2024 Prescription Drug Plan Survey

2ND MAILING COVER LETTER - English

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

April 2, 2024

Dear FNAME LNAME:

We recently sent a survey asking for your feedback about your experiences with your Medicare drug plan. **If you recently mailed us your survey, thank you! You don't need to do anything else.**

This is a friendly reminder that hearing from you is important to Medicare. We want to know about the care you received. We've included another copy of the survey for you. After you answer the survey, please return it in the enclosed pre-paid envelope.

We hope you'll take a few minutes to share your feedback about your Medicare drug plan. Medicare will use your answers to improve care and help other people with Medicare choose a drug plan.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-XXX-XXX-XXXX, Monday - Friday from XX am - XX pm [INSERT TIME ZONE].

Sincerely,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-XXX-XXX-XXXX de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Appendix N-5

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

2024 Medicare Advantage Plan Survey

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2024 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

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

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023.
- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ 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. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection **0938-0732 (expires 1/31/2025)**. The time required to complete this information collection is estimated to average **15.2 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 2023 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 2023 and complete the rest of the survey based on the experiences you had with that plan.
(Please print)

_____

Your Health Care in the Last 6 Months

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

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- ☐ 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 needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No →**If No, Go to Question 7**

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as 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 get health care for yourself in person, by phone, or by video?

- ☐ None →**If None, Go to Question 9**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Personal Doctor

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

- ☐ Yes
- ☐ No →**If No, Go to Question 27**

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

- ☐ None →**If None, Go to Question 27**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

13. 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

14. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. 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 22**

20. 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
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 24**

23. 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

24. 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 27**

25. 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 27**

26. 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

Getting Health Care From Specialists

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

27. 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

28. In the last 6 months, did you make any appointments with a specialist?

- ☐ Yes
- ☐ No → **If No, Go to Question 33**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ None →**If None, Go to Question 33**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

31. We want to know your rating of the specialist you talked to 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

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not have a personal doctor
- ☐ I have not talked with my personal doctor in the last 6 months
- ☐ My personal doctor is a specialist

Your Health Plan

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

- ☐ Yes
- ☐ No →**If No, Go to Question 36**

34. 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

35. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 38**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

38. 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

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- ☐ Yes
- ☐ No
- ☐ I am not sure
- ☐ I do not have a co-pay
- ☐ I do not have a health condition
- ☐ I was offered a lower co-pay for another reason

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

- ☐ Yes
- ☐ No
- ☐ I am not sure
- ☐ I do not have a health condition
- ☐ I was offered extra benefits for another reason

About You

41. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

42. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

43. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Some other language
  ↓
  Please print:_____

44. In the last 6 months, did you spend one or more nights in a hospital?

- ☐ Yes
- ☐ No

45. 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

46. Do you have insurance that pays part or all of the cost of your prescription medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know

47. 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

48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	No
a. Health condition.....	☐	☐
b. Disability.....	☐	☐
c. Age.....	☐	☐
d. Culture or religion	☐	☐
e. Language or accent ..	☐	☐
f. Race or ethnicity	☐	☐
g. Sex (female or male)	☐	☐
h. Sexual orientation	☐	☐
i. Gender or gender identity	☐	☐
j. Income.....	☐	☐

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

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. Hypertension or high blood pressure?	☐	☐
d. Cancer, other than skin cancer?	☐	☐
e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

50. Do you have serious difficulty walking or climbing stairs?

☐ Yes
☐ No

51. Do you have difficulty dressing or bathing?

☐ Yes
☐ No

52. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes
☐ No

53. Have you had a flu shot since July 1, 2023?

☐ Yes
☐ No
☐ Don't know

54. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

☐ Yes
☐ No
☐ Don't know

55. 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 57**
☐ Don't know →**If Don't know, Go to Question 57**

56. 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 in-person, phone, or video visits in the last 6 months

57. What is the highest grade or level of school that you have completed?

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

58. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

59. What is your race? Please mark one or more.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

60. How many people live in your household now, including yourself?

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

61. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

62. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ☐ Yes
- ☐ No

63. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

64. 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 RETURN ADDRESS FOR MAIL PROCESSING]

Contract Name:_____

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

Appendix N-6

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

2024 Medicare Advantage Prescription Drug Survey

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2024 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

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

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023.
- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ 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. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection **0938-0732 (expires 1/31/2025)**. The time required to complete this information collection is estimated to average **15.2 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 2023 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 2023 and complete the rest of the survey based on the experiences you had with that plan.
(Please print)

_____

Your Health Care in the Last 6 Months

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

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- ☐ 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 needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No →**If No, Go to Question 7**

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as 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 get health care for yourself in person, by phone, or by video?

- ☐ None →**If None, Go to Question 9**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Your Personal Doctor

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

- ☐ Yes
- ☐ No →**If No, Go to Question 27**

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

- ☐ None →**If None, Go to Question 27**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

13. 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

14. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. 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 22**

20. 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
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 24**

23. 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

24. 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 27**

25. 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 27**

26. 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

Getting Health Care From Specialists

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

27. 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

28. In the last 6 months, did you make any appointments with a specialist?

- ☐ Yes
- ☐ No → **If No, Go to Question 33**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ None →**If None, Go to Question 33**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

31. We want to know your rating of the specialist you talked to 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

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not have a personal doctor
- ☐ I have not talked with my personal doctor in the last 6 months
- ☐ My personal doctor is a specialist

Your Health Plan

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

- ☐ Yes
- ☐ No →**If No, Go to Question 36**

34. 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

35. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 38**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

38. 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

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- ☐ Yes
- ☐ No
- ☐ I am not sure
- ☐ I do not have a co-pay
- ☐ I do not have a health condition
- ☐ I was offered a lower co-pay for another reason

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

- ☐ Yes
- ☐ No
- ☐ I am not sure
- ☐ I do not have a health condition
- ☐ I was offered extra benefits for another reason

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.

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

	Yes	No
a. To make sure you filled or refilled a prescription?	☐	☐
b. To make sure you were taking medicine as directed?	☐	☐

42. 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

43. 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 45**

44. 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

45. 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 47**

46. 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

47. 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

About You

48. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

49. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

50. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Some other language
  ↓
  Please print:_____

51. In the last 6 months, did you spend one or more nights in a hospital?

- ☐ Yes
- ☐ No

52. 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

53. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

	Yes	No
a. Health condition.....	☐	☐
b. Disability.....	☐	☐
c. Age.....	☐	☐
d. Culture or religion	☐	☐
e. Language or accent ..	☐	☐
f. Race or ethnicity	☐	☐
g. Sex (female or male)	☐	☐
h. Sexual orientation	☐	☐
i. Gender or gender identity	☐	☐
j. Income.....	☐	☐

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

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. Hypertension or high blood pressure?	☐	☐
d. Cancer, other than skin cancer?	☐	☐
e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

55. Do you have serious difficulty walking or climbing stairs?

☐ Yes
☐ No

56. Do you have difficulty dressing or bathing?

☐ Yes
☐ No

57. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes
☐ No

58. Have you had a flu shot since July 1, 2023?

☐ Yes
☐ No
☐ Don't know

59. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

☐ Yes
☐ No
☐ Don't know

60. 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 62**
☐ Don't know →**If Don't know, Go to Question 62**

61. 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 in-person, phone, or video visits in the last 6 months

62. What is the highest grade or level of school that you have completed?

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

63. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

64. What is your race? Please mark one or more.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

65. How many people live in your household now, including yourself?

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

66. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

67. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ☐ Yes
- ☐ No

68. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

69. 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 RETURN ADDRESS FOR MAIL PROCESSING]

Contract Name:_____

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

Appendix N-7

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

2024 Prescription Drug Plan Survey

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2024 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

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

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023.
- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ 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. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (expires 1/31/2025)**. The time required to complete this information collection is estimated to average **10 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 2023 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 2023 and complete the rest of the survey based on the experiences you had with that plan. (Please print)
_____

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

	Yes	No
a. To make sure you filled or refilled a prescription?	☐	☐
b. To make sure you were taking medicine as directed?	☐	☐

4. 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

5. 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 7**

6. 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

7. 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 9**

8. 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

9. 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

About You

10. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

11. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

12. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Some other language
  ↓
  Please print:_____

13. In the last 6 months, did you spend one or more nights in a hospital?

- ☐ Yes
- ☐ No

14. 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

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

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. Hypertension or high blood pressure?	☐	☐
d. Cancer, other than skin cancer?	☐	☐
e. Emphysema, asthma, or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

16. Do you have serious difficulty walking or climbing stairs?

☐ Yes
☐ No

17. Do you have difficulty dressing or bathing?

☐ Yes
☐ No

18. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes
☐ No

19. What is the highest grade or level of school that you have completed?

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

20. Are you of Hispanic or Latino origin or descent?

☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino

21. What is your race? Please mark one or more.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or other Pacific Islander
☐ White

22. How many people live in your household now, including yourself?

☐ 1 person
☐ 2 to 3 people
☐ 4 or more people

23. Do you ever use the internet at home?

☐ Yes
☐ No

24. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- ☐ Yes
- ☐ No

25. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

26. 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 RETURN ADDRESS FOR MAIL PROCESSING]

Contract Name: _____

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

Appendix N-8

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

2024 MA-Only and MA-PD Survey

INITIAL COVER LETTER - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

13 de marzo de 2024

Estimado/a FNAME LNAME:

Este paquete contiene una encuesta importante de Medicare sobre su experiencia con su plan de salud de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para responder y devolver esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de salud.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificaciones de los planes de salud y de medicinas. Usted puede aprender más y ver las calificaciones de los planes en el sitio web medicare.gov/plan-compare y en el manual “Medicare y Usted”.

Su voz importa. El completar la encuesta sólo toma unos minutos. Por favor devuelva la encuesta en el sobre adjunto con el porte o franqueo prepagado. El participar es voluntario, y su información se mantiene privada bajo la ley.

Si usted tiene preguntas sobre esta encuesta, por favor llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix N-9

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

2024 Prescription Drug Plan Survey

INITIAL COVER LETTER – Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

13 de marzo de 2024

Estimado/a FNAME LNAME:

Este paquete contiene una encuesta importante de Medicare sobre su experiencia con su plan de medicinas de Medicare. **Le agradeceríamos mucho que se tomara el tiempo para responder y devolver esta encuesta.** Sus comentarios mejorarán los servicios de Medicare y ayudarán a otras personas como usted a elegir un plan de medicinas.

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es la agencia federal que administra el programa de Medicare. CMS usa la información de esta encuesta para mejorar la atención y calificaciones de los planes de salud y de medicinas. Usted puede aprender más y ver las calificaciones de los planes en el sitio web medicare.gov/plan-compare y en el manual “Medicare y Usted”.

Su voz importa. El completar la encuesta sólo toma unos minutos. Por favor devuelva la encuesta en el sobre adjunto con el porte o franqueo prepagado. El participar es voluntario, y su información se mantiene privada bajo la ley.

Si usted tiene preguntas sobre esta encuesta, por favor llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Gracias por su ayuda.

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix N-10

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

2024 MA-Only and MA-PD Survey

2ND MAILING COVER LETTER - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

2 de abril de 2024

Estimado/a FNAME LNAME:

Hace poco le mandamos una encuesta sobre sus comentarios acerca de sus experiencias con su plan de salud de Medicare. **Si envió su encuesta por correo recientemente, ¡gracias! No tiene que hacer nada más.**

Este es un recordatorio de cortesía de que recibir noticias suyas es importante para Medicare. Queremos saber sobre la atención que usted recibió. Hemos incluido otra copia de la encuesta para usted. Después de responder la encuesta, por favor devuélvala en el sobre adjunto con el porte o franqueo prepagado.

Esperamos que se tome unos minutos para compartir sus comentarios sobre su plan de salud de Medicare. Medicare usará sus respuestas para mejorar la atención y para ayudar a otras personas con Medicare a elegir un plan de salud.

Sabemos que su tiempo es valioso y la encuesta sólo toma unos minutos para contestar. El participar es voluntario, y su información se mantiene privada bajo la ley.

Si usted tiene preguntas sobre esta encuesta, por favor llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix N-11

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

2024 Prescription Drug Plan Survey

2ND MAILING COVER LETTER - Spanish

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Centers for Medicare & Medicaid Services
c/o Survey Processing
[INSERT VENDOR ADDRESS]

2 de abril de 2024

Estimado/a FNAME LNAME:

Hace poco le mandamos una encuesta sobre sus comentarios acerca de sus experiencias con su plan de medicinas de Medicare. **Si envió su encuesta por correo recientemente, ¡gracias! No tiene que hacer nada más.**

Este es un recordatorio de cortesía de que recibir noticias suyas es importante para Medicare. Queremos saber sobre la atención que usted recibió. Hemos incluido otra copia de la encuesta para usted. Después de responder la encuesta, por favor devuélvala en el sobre adjunto con el porte o franqueo prepagado.

Esperamos que se tome unos minutos para compartir sus comentarios sobre su plan de medicinas de Medicare. Medicare usará sus respuestas para mejorar la atención y para ayudar a otras personas con Medicare a elegir un plan de medicinas.

Sabemos que su tiempo es valioso y la encuesta sólo toma unos minutos para contestar. El participar es voluntario, y su información se mantiene privada bajo la ley.

Si usted tiene preguntas sobre esta encuesta, por favor llame gratis a la organización de encuestas que está trabajando con Medicare al 1-XXX-XXX-XXXX, de lunes a viernes entre las XX am y XX pm, [INSERT TIME ZONE].

Atentamente,

Vanessa S. Duran
Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services

Appendix N-12

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

2024 Medicare Advantage Plan Survey - *Spanish*

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Encuesta 2024 sobre la Experiencia con Medicare

INSTRUCCIONES PARA LA ENCUESTA MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros. Por favor envíe la encuesta con sus respuestas a [SURVEY VENDOR] en el sobre adjunto con el porte o franqueo pagado.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023.
- Conteste todas las preguntas marcando una "X" en el cuadrito que aparece a la izquierda de la respuesta que usted elija:
  ☒ Sí
- Asegúrese de leer todas las respuestas que hay antes de marcar una.
- A veces hay que saltarse alguna pregunta. Cuando esto ocurra, una flecha a la derecha de la respuesta le indicará a qué pregunta hay que pasar. Por ejemplo: **[→ Si contestó "No", pase a la pregunta 3]**. Vea el ejemplo a continuación:

EJEMPLO

1. ¿Usa usted actualmente un audífono?
☐ Sí
☒ No → **Si contestó "No", pase a la pregunta 3**

2. ¿Cuánto tiempo lleva usando un audífono?
☐ Menos de un año
☐ 1 a 3 años
☐ Más de 3 años
☐ No uso un audífono

3. En los últimos 6 meses, ¿tuvo algún dolor de cabeza?
☒ Sí
☐ No

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732 (vence el 31 de enero 2025)**. El tiempo necesario para completar estos formularios está estimado en un promedio de **15.2 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por el plan cuyo nombre está escrito en la contraportada de este documento. ¿Es esto correcto?

☐ Sí → **Si contestó "Sí", pase a la pregunta 3**
☐ No

2. Por favor escriba abajo el nombre del plan de seguro de salud que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan de salud. (Por favor escriba en letra de molde)

_____

La Atención Médica Que Usted Recibió En Los Últimos 6 Meses

Estas preguntas se refieren a su propia atención médica en una clínica, sala de emergencias o consultorio médico. Esto incluye la atención que recibió en persona, por teléfono o por videollamada.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 5**

4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

5. En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o una consulta regular?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 7**

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo en persona, por teléfono o por videollamada?

- ☐ Ninguna → **Si contestó "Ninguna", pase a la pregunta 9**
- ☐ 1 vez
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 a 9
- ☐ 10 veces o más

8. El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

9. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?

- ☐ 0 La peor atención médica posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 La mejor atención médica posible

10. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Su Doctor Personal

11. Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere un consejo sobre algún problema de salud, o si se enferma o lastima.¿Tiene usted un doctor personal?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

12. En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?

☐ Ninguna → **Si contestó "Ninguna", pase a la pregunta 27**
☐ 1 vez
☐ 2
☐ 3
☐ 4
☐ 5 a 9
☐ 10 veces o más

13. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

14. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

15. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

16. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

17. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

- ☐ 0 El peor doctor personal posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 El mejor doctor personal posible

18. En los últimos 6 meses, cuando habló con su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

19. En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?

- ☐ Sí
- ☐ No → **Si contestó "No", pase a la pregunta 22**

20. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

21. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

22. En los últimos 6 meses, ¿tomó alguna medicina recetada?

- ☐ Sí
- ☐ No → **Si contestó "No", pase a la pregunta 24**

23. En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

24. En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

25. En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

26. En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos?

☐ Sí, definitivamente
☐ Sí, hasta cierto punto
☐ No

La Atención Médica Que Recibió De Especialistas

Al contestar las siguientes preguntas, incluya la atención que recibió en persona, por teléfono o por videollamada.

27. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

☐ Sí → **Si contestó "Sí", por favor incluya a su doctor personal al contestar estas preguntas sobre especialistas**
☐ No

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 33**

29. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

30. ¿Con cuántos especialistas habló en los últimos 6 meses?

☐ Ninguno → **Si contestó "Ninguno", pase a la pregunta 33**
☐ 1 especialista
☐ 2
☐ 3
☐ 4
☐ 5 especialistas o más

31. Queremos saber cómo califica al especialista con quien habló con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

☐ 0 El peor especialista posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor especialista posible

32. En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
☐ No tengo un doctor personal
☐ No he hablado con mi doctor personal en los últimos 6 meses
☐ Mi doctor personal es especialista

Su Plan De Salud

33. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 36**

34. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

35. En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

36. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 38**

37. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

38. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

☐ 0 El peor plan de salud posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor plan de salud posible

39. El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)?

☐ Sí
☐ No
☐ No estoy seguro
☐ No tengo un copago
☐ No tengo un problema de salud
☐ Me ofrecieron un copago menor por otra razón

40. Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)?

☐ Sí
☐ No
☐ No estoy seguro
☐ No tengo un problema de salud
☐ Me ofrecieron beneficios extra por otra razón

Acerca De Usted

41. En general, ¿cómo calificaría toda su salud?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

42. En general, ¿cómo calificaría toda su salud mental o emocional?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

43. ¿Qué idioma habla principalmente en casa?

☐ Inglés
☐ Español
☐ Chino
☐ Coreano
☐ Tagalo
☐ Vietnamita
☐ Otro idioma
↓
Escriba con letra de molde:_____

44. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

☐ Sí
☐ No

45. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir las medicinas que su doctor le recetó?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
☐ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

46. ¿Tiene seguro que pague parte o todo el costo de sus medicinas recetadas?

☐ Sí
☐ No
☐ No sé

47. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

☐ Sí
☐ No
☐ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

48. En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

	Sí	No
a. Condición de salud	☐	☐
b. Discapacidad	☐	☐
c. Discapacidad	☐	☐
d. Cultura o religión	☐	☐
e. Idioma o acento	☐	☐
f. Origen racial o étnico	☐	☐
g. Sexo (Mujer u hombre)	☐	☐
h. Orientación sexual	☐	☐
i. Género o identidad de género	☐	☐
j. Ingreso	☐	☐

49. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

	Sí	No
a. ¿Un ataque al corazón?	☐	☐
b. ¿Angina o enfermedad de las arterias del corazón?	☐	☐
a. ¿Presión arterial alta o la hipertensión?	☐	☐
d. ¿Cáncer, aparte de cáncer de la piel?	☐	☐
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	☐	☐
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	☐	☐

50. ¿Tiene muchas dificultades para caminar o subir escaleras?

☐ Sí
☐ No

51. ¿Tiene dificultades para vestirse o bañarse?

☐ Sí
☐ No

52. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

☐ Sí
☐ No

53. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?

☐ Sí
☐ No
☐ No sé

54. ¿Alguna vez le han puesto una o más vacunas contra la neumonía? Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (*flu*). También se llama la vacuna neumocócica.

☐ Sí
☐ No
☐ No sé

55. ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?

☐ Todos los días
☐ Algunos días
☐ Para nada → **Si contestó "Para nada", pase a la pregunta 57**
☐ No sé → **Si contestó "No Sé", pase a la pregunta 57**

56. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre
- ☐ No tuve ninguna consulta en persona, por teléfono o por videollamada en los últimos 6 meses

57. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ☐ 8 años de escuela o menos
- ☐ 9 a 12 años de escuela, pero sin graduarse
- ☐ Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

58. ¿Es usted de ascendencia u origen hispano o latino?

- ☐ Sí, hispano o latino
- ☐ No, ni hispano ni latino

59. ¿A qué raza pertenece? Por favor marque una o más.

- ☐ Indígena americano o nativo de Alaska
- ☐ Asiática
- ☐ Negra o afroamericana
- ☐ Nativo de Hawái o de otras islas del Pacífico
- ☐ Blanca

60. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ☐ 1 persona
- ☐ 2 a 3 personas
- ☐ 4 personas o más

61. ¿Alguna vez usa usted el internet en su hogar?

- ☐ Sí
- ☐ No

62. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

- ☐ Sí
- ☐ No

63. ¿Alguien le ayudó a completar esta encuesta?

☐ Sí
☐ No → **Muchas gracias. Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.**

64. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

☐ Me leyó las preguntas
☐ Anotó las respuestas que le di
☐ Contestó las preguntas por mí
☐ Tradujo las preguntas a mi idioma
☐ Me ayudó de otra forma

Muchas gracias.

Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.

[SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING]

Nombre del Contrato: _____

[OPTIONAL]
Usted también puede conocer el plan por uno de los siguientes:

Appendix N-13

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

2024 Medicare Advantage Prescription Drug Survey - *Spanish*

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Encuesta 2024 sobre la Experiencia con Medicare

INSTRUCCIONES PARA LA ENCUESTA MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros. Por favor envíe la encuesta con sus respuestas a [SURVEY VENDOR] en el sobre adjunto con el porte o franqueo pagado.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023.
- Conteste todas las preguntas marcando una "X" en el cuadrito que aparece a la izquierda de la respuesta que usted elija:
  ☒ Sí
- Asegúrese de leer todas las respuestas que hay antes de marcar una.
- A veces hay que saltarse alguna pregunta. Cuando esto ocurra, una flecha a la derecha de la respuesta le indicará a qué pregunta hay que pasar. Por ejemplo: **[→ Si contestó "No", pase a la pregunta 3]**. Vea el ejemplo a continuación:

EJEMPLO

1. ¿Usa usted actualmente un audífono?
☐ Sí
☒ No **→ Si contestó "No", pase a la pregunta 3**

2. ¿Cuánto tiempo lleva usando un audífono?
☐ Menos de un año
☐ 1 a 3 años
☐ Más de 3 años
☐ No uso un audífono

3. En los últimos 6 meses, ¿tuvo algún dolor de cabeza?
☒ Sí
☐ No

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732 (vence el 31 de enero 2025)**. El tiempo necesario para completar estos formularios está estimado en un promedio de **15.2 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por el plan cuyo nombre está escrito en la contraportada de este documento. ¿Es esto correcto?

☐ Sí → **Si contestó "Sí", pase a la pregunta 3**
☐ No

2. Por favor escriba abajo el nombre del plan de seguro de salud que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan de salud. (Por favor escriba en letra de molde)

_____

La Atención Médica Que Usted Recibió En Los Últimos 6 Meses

Estas preguntas se refieren a su propia atención médica en una clínica, sala de emergencias o consultorio médico. Esto incluye la atención que recibió en persona, por teléfono o por videollamada.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 5**

4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

5. En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o una consulta regular?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 7**

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

7. En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo en persona, por teléfono o por videollamada?

- ☐ Ninguna → **Si contestó "Ninguna", pase a la pregunta 9**
- ☐ 1 vez
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 a 9
- ☐ 10 veces o más

8. El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

9. Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?

- ☐ 0 La peor atención médica posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 La mejor atención médica posible

10. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

Su Doctor Personal

11. Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere un consejo sobre algún problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

12. En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?

☐ Ninguna → **Si contestó "Ninguna", pase a la pregunta 27**
☐ 1 vez
☐ 2
☐ 3
☐ 4
☐ 5 a 9
☐ 10 veces o más

13. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

14. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

15. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

16. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

17. Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

- ☐ 0 El peor doctor personal posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 El mejor doctor personal posible

18. En los últimos 6 meses, cuando habló con su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

19. En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?

- ☐ Sí
- ☐ No → **Si contestó "No", pase a la pregunta 22**

20. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

21. En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

22. En los últimos 6 meses, ¿tomó alguna medicina recetada?

- ☐ Sí
- ☐ No → **Si contestó "No", pase a la pregunta 24**

23. En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre

24. En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

25. En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 27**

26. En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos?

☐ Sí, definitivamente
☐ Sí, hasta cierto punto
☐ No

La Atención Médica Que Recibió De Especialistas

Al contestar las siguientes preguntas, incluya la atención que recibió en persona, por teléfono o por videollamada.

27. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

☐ Sí→ **Si contestó "Sí", por favor incluya a su doctorpersonal al contestar estas preguntas sobre especialistas**
☐ No

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 33**

29. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

30. ¿Con cuántos especialistas habló en los últimos 6 meses?

☐ Ninguno → **Si contestó "Ninguno", pase a la pregunta 33**
☐ 1 especialista
☐ 2
☐ 3
☐ 4
☐ 5 especialistas o más

31. Queremos saber cómo califica al especialista con quien habló con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

☐ 0 El peor especialista posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor especialista posible

32. En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
☐ No tengo un doctor personal
☐ No he hablado con mi doctor personal en los últimos 6 meses
☐ Mi doctor personal es especialista

Su Plan De Salud

33. En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 36**

34. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

35. En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

36. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 38**

37. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

38. Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

☐ 0 El peor plan de salud posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 El mejor plan de salud posible

39. El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)?

☐ Sí
☐ No
☐ No estoy seguro
☐ No tengo un copago
☐ No tengo un problema de salud
☐ Me ofrecieron un copago menor por otra razón

40. Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)?

☐ Sí
☐ No
☐ No estoy seguro
☐ No tengo un problema de salud
☐ Me ofrecieron beneficios extra por otra razón

Su Plan De Medicinas Recetadas

Ahora nos gustaría hacerle unas preguntas sobre la cobertura de medicinas recetadas que recibe a través de su plan de medicinas recetadas.

41. En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó:

	Sí	No
a. Para asegurar que usted consiguió o renovó una receta?	☐	☐
b. Para asegurar que usted estaba tomando las medicinas según lo recetado?	☐	☐

42. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
☐ No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses

43. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 45**

44. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

45. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 47**

46. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

47. Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?

- ☐ 0 El peor plan de medicinas recetadas posible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 El mejor plan de medicinas recetadas posible

Acerca De Usted

48. En general, ¿cómo calificaría toda su salud?

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

49. En general, ¿cómo calificaría toda su salud mental o emocional?

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

50. ¿Qué idioma habla principalmente en casa?

- ☐ Inglés
- ☐ Español
- ☐ Chino
- ☐ Coreano
- ☐ Tagalo
- ☐ Vietnamita
- ☐ Otro idioma
  ↓

Escriba con letra de molde:_____

51. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

- ☐ Sí
- ☐ No

52. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

- ☐ Sí
- ☐ No
- ☐ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

53. En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

	Sí	No
a. Condición de salud	☐	☐
b. Discapacidad	☐	☐
c. Edad	☐	☐
d. Cultura o religión	☐	☐
e. Idioma o acento	☐	☐
f. Origen racial o étnico	☐	☐
g. Sexo (Mujer u hombre)	☐	☐
h. Orientación sexual	☐	☐
i. Género o identidad de género	☐	☐
j. Ingreso	☐	☐

54. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

	Sí	No
a. ¿Un ataque al corazón?	☐	☐
b. ¿Angina o enfermedad de las arterias del corazón?	☐	☐
c. ¿Presión arterial alta o la hipertensión?	☐	☐
d. ¿Cáncer, aparte de cáncer de la piel?	☐	☐
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	☐	☐
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	☐	☐

55. ¿Tiene muchas dificultades para caminar o subir escaleras?

☐ Sí
☐ No

56. ¿Tiene dificultades para vestirse o bañarse?

☐ Sí
☐ No

57. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

☐ Sí
☐ No

58. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?

☐ Sí
☐ No
☐ No sé

59. ¿Alguna vez le han puesto una o más vacunas contra la neumonía? Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (*flu*). También se llama la vacuna neumocócica.

☐ Sí
☐ No
☐ No sé

60. ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?

- ☐ Todos los días
- ☐ Algunos días
- ☐ Para nada → **Si contestó "Para nada", pase a la pregunta 62**
- ☐ No sé → **Si contestó "No Sé", pase a la pregunta 62**

61. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco?

- ☐ Nunca
- ☐ A veces
- ☐ La mayoría de las veces
- ☐ Siempre
- ☐ No tuve ninguna consulta en persona, por teléfono o por videollamada en los últimos 6 meses

62. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ☐ 8 años de escuela o menos
- ☐ 9 a 12 años de escuela, pero sin graduarse
- ☐ Graduado de la escuela secundaria *(high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
- ☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
- ☐ Título universitario de 4 años
- ☐ Título universitario de más de 4 años

63. ¿Es usted de ascendencia u origen hispano o latino?

- ☐ Sí, hispano o latino
- ☐ No, ni hispano ni latino

64. ¿A qué raza pertenece? Por favor marque una o más.

- ☐ Indígena americano o nativo de Alaska
- ☐ Asiática
- ☐ Negra o afroamericana
- ☐ Nativo de Hawái o de otras islas del Pacífico
- ☐ Blanca

65. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ☐ 1 persona
- ☐ 2 a 3 personas
- ☐ 4 personas o más

66. ¿Alguna vez usa usted el internet en su hogar?

☐ Sí
☐ No

67. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

☐ Sí
☐ No

68. ¿Alguien le ayudó a completar esta encuesta?

☐ Sí
☐ No → **Muchas gracias. Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.**

69. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

☐ Me leyó las preguntas
☐ Anotó las respuestas que le di
☐ Contestó las preguntas por mí
☐ Tradujo las preguntas a mi idioma
☐ Me ayudó de otra forma

Muchas gracias.

Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.

[SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING]

Nombre del Contrato: _____

[OPTIONAL]
Usted también puede conocer el plan por uno de los siguientes:

Appendix N-14

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

2024 Prescription Drug Plan Survey - *Spanish*

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Encuesta 2024 sobre la Experiencia con Medicare

INSTRUCCIONES PARA LA ENCUESTA MEDICARE

Esta encuesta es sobre usted y sobre la atención médica que recibió en los últimos seis meses. Conteste cada pregunta pensando en usted mismo y en las veces que recibió atención médica en persona, por teléfono, o por videollamada. Por favor tómese un tiempo al completar esta encuesta. Sus respuestas son muy importantes para nosotros. Por favor envíe la encuesta con sus respuestas a [SURVEY VENDOR] en el sobre adjunto con el porte o franqueo pagado.

- Si cambió su plan de Medicare para el 2024, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2023.
- Conteste todas las preguntas marcando una "X" en el cuadrito que aparece a la izquierda de la respuesta que usted elija:
  ☒ Sí
- Asegúrese de leer todas las respuestas que hay antes de marcar una.
- A veces hay que saltarse alguna pregunta. Cuando esto ocurra, una flecha a la derecha de la respuesta le indicará a qué pregunta hay que pasar. Por ejemplo: **[→ Si contestó "No", pase a la pregunta 3]**. Vea el ejemplo a continuación:

EJEMPLO

1. ¿Usa usted actualmente un audífono?
☐ Sí
☒ No **→ Si contestó "No", pase a la pregunta 3**

2. ¿Cuánto tiempo lleva usando un audífono?
☐ Menos de un año
☐ 1 a 3 años
☐ Más de 3 años
☐ No uso un audífono

3. En los últimos 6 meses, ¿tuvo algún dolor de cabeza?
☒ Sí
☐ No

De acuerdo con la Ley de Reducción de Papeleo de 1995, ninguna persona está obligada a responder a una recolección de información a menos que tal recolección exhiba un número de control válido del OMB. Esto aplica tanto a las recolecciones de información obligatorias como las voluntarias. El número de control válido del OMB para esta recolección es **0938-0732 (vence el 31 de enero 2025)**. El tiempo necesario para completar estos formularios está estimado en un promedio de **10 minutos**, incluyendo el tiempo para revisar las instrucciones, investigar las fuentes de información existentes, reunir la información necesaria, y completar y revisar la recolección de información. Si usted tiene algún comentario en relación a la exactitud del tiempo calculado o tiene sugerencias para mejorar este formulario, por favor escriba a CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Nuestros registros muestran que en el 2023 sus medicinas recetadas estaban cubiertas por el plan de medicinas recetadas de Medicare cuyo nombre está escrito en la contraportada de este documento. ¿Es esto correcto?

☐ Sí → **Si contestó "Sí", pase a la pregunta 3**
☐ No

2. Por favor escriba abajo el nombre del plan de medicinas recetadas de Medicare que tuvo en el 2023 y conteste las preguntas del resto de la encuesta basándose en las experiencias que tuvo con ese plan. (Por favor escriba en letra de molde)

_____

3. En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó:

	Sí	**No**
a. Para asegurar que usted consiguió o renovó una receta?	☐	☐
b. Para asegurar que usted estaba tomando las medicinas segú n lo recetado?	☐	☐

4. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre
☐ No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses

5. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 7**

6. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

7. En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?

☐ Sí
☐ No → **Si contestó "No", pase a la pregunta 9**

8. En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo?

☐ Nunca
☐ A veces
☐ La mayoría de las veces
☐ Siempre

9. Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?

☐ 0 - El peor plan de medicinas recetadas posible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 - El mejor plan de medicinas recetadas posible

Acerca De Usted

10. En general, ¿cómo calificaría toda su salud?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

11. En general, ¿cómo calificaría toda su salud mental o emocional?

☐ Excelente
☐ Muy buena
☐ Buena
☐ Regular
☐ Mala

12. ¿Qué idioma habla principalmente en casa?

☐ Inglés
☐ Español
☐ Chino
☐ Coreano
☐ Tagalo
☐ Vietnamita
☐ Otro idioma
↓
Escriba con letra de molde:_____

13. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

☐ Sí
☐ No

14. En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?

☐ Sí
☐ No
☐ Mi doctor no me recetó ninguna medicina en los últimos 6 meses

15. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

	Sí	**No**
a. ¿Un ataque al corazón?	☐	☐
b. ¿Angina o enfermedad de las arterias del corazón?	☐	☐
c. ¿Presión arterial alta o la hipertensión?	☐	☐
d. ¿Cáncer, aparte de cáncer de la piel?	☐	☐
e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)?	☐	☐
f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?	☐	☐

16. ¿Tiene muchas dificultades para caminar o subir escaleras?

☐ Sí
☐ No

17. ¿Tiene dificultades para vestirse o bañarse?

☐ Sí
☐ No

18. Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo, como ir al doctor o ir de compras?

☐ Sí
☐ No

19. ¿Cuál es el grado o nivel escolar más alto que ha completado?

☐ 8 años de escuela o menos
☐ 9 a 12 años de escuela, pero sin graduarse
☐ Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED)
☐ Algunos cursos universitarios o un título universitario de un programa de 2 años
☐ Título universitario de 4 años
☐ Título universitario de más de 4 años

20. ¿Es usted de ascendencia u origen hispano o latino?

☐ Sí, hispano o latino
☐ No, ni hispano ni latino

21. ¿A qué raza pertenece? Por favor marque una o más.

- ☐ Indígena americano o nativo de Alaska
- ☐ Asiática
- ☐ Negra o afroamericana
- ☐ Nativo de Hawái o de otras islas del Pacífico
- ☐ Blanca

22 ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- ☐ 1 persona
- ☐ 2 a 3 personas
- ☐ 4 personas o más

23. ¿Alguna vez usa usted el internet en su hogar?

- ☐ Sí
- ☐ No

24. ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo(a) a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica?

- ☐ Sí
- ☐ No

25. ¿Alguien le ayudó a completar esta encuesta?

- ☐ Sí
- ☐ No → **Muchas gracias. Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.**

26. ¿Cómo le ayudó a usted esta persona? Por favor marque una o más.

- ☐ Me leyó las preguntas
- ☐ Anotó las respuestas que le di
- ☐ Contestó las preguntas por mí
- ☐ Tradujo las preguntas a mi idioma
- ☐ Me ayudó de otra forma

Muchas gracias.

Por favor envíe la encuesta con sus respuestas en el sobre adjunto con el porte o franqueo pagado.

[SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING]

Nombre del Contrato: _____

[OPTIONAL]
Usted también puede conocer el plan por uno de los siguientes:

Appendix O

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

Instructions and CATI Scripts

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Appendix O

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

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 MA-only Survey, the MA-PD Survey and the PDP 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. The survey vendor may opt to remove the optional questions from the CATI script.
- 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 V14.0*). 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.
- The CATI script does not provide scripted language for refusal avoidance, ending an interview at the request of the enrollee before the survey is completed, etc. Survey vendors may use their internal scripting for such modules.
- 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: <u>underlined,</u> or **bolded,** or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized

  Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes ("") or asterisks (**) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.

- 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 enrollees
  - Dependent questions that are appropriately skipped should be coded as "88-NOT APPLICABLE"
- Skip patterns should be programmed into the electronic telephone interviewing system. For example, if an enrollee 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.
  - These two questions about proxy respondents may be placed after the END screen
- In the event that an enrollee 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 enrollee well and is able to answer health related questions about the enrollee accurately). However, the telephone interviewer must obtain the enrollee'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 enrollee 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 enrollee.

- To ensure that proxy respondents answer survey questions about the enrollee, all proxy survey questions must be reworded to reference the selected enrollee (see examples below).
  - Vendors administering the survey using the MA & PDP CAHPS Survey translations provided by CMS are permitted to similarly reword the CMS translations to reference the selected enrollee.

    EXAMPLES:

    Q03 In the last 6 months, did [SAMPLED MEMBER NAME] have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

    Q36 How many specialists has [SAMPLED MEMBER NAME] seen in the last 6 months?

    Now I am going to ask you some questions about [SAMPLED MEMBER NAME]'s health

    Q76 In general, how would [SAMPLED MEMBER NAME] 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
  - "Don't Know" answer category that appears as an option and not within < > should be read to the respondent

- Interviewers should read aloud all text that appears in lowercase letters and must read script verbatim
  - Interviewers should be familiar with the correct pronunciation of all survey text, including medical terminology (e.g., pneumococcal vaccine) and contract names read as part of the introductory scripts
- Text within a question that is in **one** of the following styles: <u>underlined</u>, 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
    - During the course of the interview, use of **neutral** acknowledgment words such as the following is permitted:
      - Thank you
      - I understand
      - I see
      - Yes, Ma'am
      - Yes, Sir
      - Let me repeat the question/responses for you
    - Reading all questions, transition phrases and response options exactly as written
      - In instances when an enrollee gives an answer before the interviewer has read all of the response options, the interviewer must continue to read the responses. The interviewer may inform the enrollee that all response options must be read by saying "I'm sorry, but I have to read all the answer choices."
  - 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
  - During the course of the interview, occasional use of the enrollee's name is permitted
- 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-1

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

2024 Medicare Advantage Plan Survey CATI Script

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

2024 Medicare Advantage Plan Survey CATI Script

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

[INTRO1-OUT]

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

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE 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 [ENROLLEE'S NAME] about a study about health care.

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

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

[INTRO1-IN]

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

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

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [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 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.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services are asking you to take part in a survey about the health care and services you receive. Your name was selected at random by CMS from among people with Medicare enrolled in your 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 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-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE ENROLLEE AND IT APPEARS THE ENROLLEE 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 ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE 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]. IF ENROLLEE RESIDES IN AN INSTITUTION CODE AS INSTITUTIONALIZED; OTHERWISE CODE AS MENTALLY/PHYSICALLY INCAPABLE>

[PROXY_INTRO 1]

Hello, this is [INTERVIEWER NAME] calling on behalf of [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare enrollees receive. [SAMPLED 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.

[SAMPLED MEMBER NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. The interview will take about 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]

CALL BACK TO RESUME A SURVEY

RESUME1

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

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

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

RESUME2

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

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

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2023 your health services were covered by the plan named [HEALTH PLAN NAME].
Is that right?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 What is the name of the health plan you had in 2023? Please complete the rest of the survey based on the experiences you had with that plan.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED"
  THE INTRO TEXT BEFORE Q3 SHOULD READ:
  Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:
  Now I am going to ask you questions about your health care in the last 6 months, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.]

Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>?
(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 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, did you make any in-person, phone, or video appointments for a check-up or routine care?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

Q6 In the last 6 months, how often did you get an appointment for a check-up or routine care 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]

Q7 In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? Would you say…

0 None [GO TO Q9]
1 1 time
2 2
3 3
4 4
5 5 to 9
6 10 or more times

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 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]

Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say…

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

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

Now I'd like to ask you about your personal doctor.

Q11 A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY CONTACT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q12 In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? Would you say…

0 None [GO TO Q27]
1 1 time
2 2
3 3
4 4
5 5 to 9
6 10 or more times

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q13 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]

Q14 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]

Q15 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]

Q16 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]

Q17 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]

Q18 In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say…
1 Never,
2 Sometimes,
3 Usually, or
4 Always

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

Q19 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 Q22]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q22]
99 <REFUSED> [GO TO Q22]
M [MISSING]

Q20 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,
2 Sometimes,
3 Usually, or
4 Always

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

Q21 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]

Q22 In the last 6 months, did you take any prescription medicine?
(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]

Q23 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]

Q24 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 Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q25 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 Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q26 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…

1 Yes, definitely,
2 Yes, somewhat, or
3 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. Please include the care you got in person, by phone, or by video.

Q27 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?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

[PROGRAMMING SPECIFICATIONS:

- IF THE RESPONSE TO Q27 IS “1 – YES” THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28:
  Please include your personal doctor as you answer these questions about specialists.]

Q28 In the last 6 months, did you make any appointments with 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 Q33]
98	<DON’T KNOW>	[GO TO Q33]
99	<REFUSED>	[GO TO Q33]
M	[MISSING]	

Q29 In the last 6 months, how often did you get an appointment with a specialist 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]

Q30 How many specialists have you talked to in the last 6 months?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0	NONE	[GO TO Q33]
1	1 SPECIALIST	
2	2	
3	3	
4	4	
5	5 OR MORE SPECIALISTS	
88	[NOT APPLICABLE]	
98	<DON’T KNOW>	[GO TO Q33]
99	<REFUSED>	[GO TO Q33]
M	[MISSING]	

Q31 We want to know your rating of the specialist you talked to 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 Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 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.

Q33 In the last 6 months, did you get information or help from your health plan's customer service?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	
2	NO	[GO TO Q36]
98	<DON'T KNOW>	[GO TO Q36]
99	<REFUSED>	[GO TO Q36]
M	[MISSING]	

Q34 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]

Q35 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]

Q36 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 Q38]
98	<DON'T KNOW>	[GO TO Q38]
99	<REFUSED>	[GO TO Q38]
M	[MISSING]	

Q37 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]

Q38 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]

Q39 A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? Would you say…

1 Yes,
2 No,
3 I am not sure,
4 I do not have a co-pay,
5 I do not have a health condition, or
6 I was offered a lower co-pay for another reason

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

Q40 Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? Would you say…

1 Yes,
2 No,
3 I am not sure,
4 I do not have a health condition, or
5 I was offered extra benefits for another reason

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

Now I am going to ask some questions about you.

Q41 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]

Q42 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]

Q43 What language do you mainly speak at home? Would you say…

1 English,
2 Spanish,
3 Chinese,
4 Korean,
5 Tagalog,
6 Vietnamese, or
7 Some other language? [PROGRAMMING SPECIFICATION: IF Q43 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE]

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

Q44 In the last 6 months, did you spend one or more nights in a hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

Q45 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]

Q46 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]

Q47 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]

Q48 In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

a. A health condition?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

b. A disability?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

c. Your age?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

d. Your culture or religion?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

e. Your language or accent?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

f. Your race or ethnicity?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

g. Your sex (female or male)?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

h. Your sexual orientation?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

i. Your gender or gender identity?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

j. Your income?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q49 Has a doctor <u>ever</u> 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]

Q50 Do you have serious difficulty walking or climbing stairs?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q51 Do you have difficulty dressing or bathing?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q52 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q53 Have you had a flu shot since July 1, 2023?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO
3 DON'T KNOW

99 <REFUSED>
M [MISSING]

Q54 Have you ever had one or more pneumonia shots?
(READ THE FOLLOWING ONLY IF NECESSARY) Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO
3 DON'T KNOW

99 <REFUSED>
M [MISSING]

Q55 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 Q57]
4 DON'T KNOW [GO TO Q57]

99 <REFUSED> [GO TO Q57]
M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q56 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q57. CODE Q56 AS "88 - NOT APPLICABLE"]

Q56 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]

Q57 What is the highest grade or level of school that you have completed? Would you say…

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

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

Q58 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]

Q59 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

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

a. American Indian or Alaska Native?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

b. Are you Asian?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

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

Q60 How many people live in your household now, including yourself? Would you say…
1 1 person
2 2 to 3 people, or
3 4 or more people

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

Q61 Do you ever use the internet at home?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q62 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say…

1 Yes, or
2 No

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q63 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>

1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.> [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

Q64 <HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?>

<READ THE QUESTIONS TO THE ENROLLEE>

1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>

1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>
1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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-2

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

2024 Medicare Advantage Prescription Drug Survey CATI Script

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

2024 Medicare Advantage Prescription Drug Survey CATI Script

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

[INTRO1-OUT]

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

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE 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 [ENROLLEE'S NAME] about a study about health care.

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

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

[INTRO1-IN]

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

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

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [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 and 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 [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.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [PLAN NAME] and the Centers for Medicare and Medicaid Services are asking you to take part in a survey about the health care and services you receive. Your name was selected at random by CMS from among people with Medicare enrolled in your health and 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 [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-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE ENROLLEE AND IT APPEARS THE ENROLLEE 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 ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE 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]. IF ENROLLEE RESIDES IN AN INSTITUTION CODE AS INSTITUTIONALIZED; OTHERWISE CODE AS MENTALLY/PHYSICALLY INCAPABLE>

[PROXY_INTRO 1]

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

[SAMPLED MEMBER NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. The interview will take about 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 and prescription drug plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: ➔ GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

Hello, may I please speak to ENROLLEE NAME]?

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

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

RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and the Centers for Medicare & Medicaid Services. I would like to confirm that I am speaking with [ENROLLEE NAME]?
I am calling to finish the interview about the health care and services you receive.
[RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2023 your health services were covered by the plan named [PLAN NAME].
Is that right?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 What is the name of the health plan you had in 2023? Please complete the rest of the survey based on the experiences you had with that plan.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:
- Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:
  Now I am going to ask you questions about your health care in the last 6 months, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.]

Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>?
(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 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, did you make any in-person, phone, or video appointments for a check-up or routine care?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

Q6 In the last 6 months, how often did you get an appointment for a check-up or routine care 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]

Q7 In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? Would you say…

0 None [GO TO Q9]
1 1 time
2 2
3 3
4 4
5 5 to 9
6 10 or more times

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 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]

Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say…
1 Never,
2 Sometimes,
3 Usually, or
4 Always

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

Now I'd like to ask you about your personal doctor.

Q11 A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY CONTACT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q12 In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? Would you say…

0 None [GO TO Q27]
1 1 time
2 2
3 3
4 4
5 5 to 9
6 10 or more times

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q13 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]

Q14 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]

Q15 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]

Q16 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]

Q17 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]

Q18 In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say…

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

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

Q19 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 Q22]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q22]
99 <REFUSED> [GO TO Q22]
M [MISSING]

Q20 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,
2 Sometimes,
3 Usually, or
4 Always

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

Q21 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]

Q22 In the last 6 months, did you take any prescription medicine?
(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]

Q23 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]

Q24 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 Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q25 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 Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q26 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]

Now I am going to ask some questions about getting health care from specialists. Please include the care you got in person, by phone, or by video

Q27 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?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

[PROGRAMMING SPECIFICATIONS:

- IF THE RESPONSE TO Q27 IS “1 – YES” THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28:
  Please include your personal doctor as you answer these questions about specialists.]

Q28 In the last 6 months, did you make any appointments with 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 Q33]
98	<DON’T KNOW>	[GO TO Q33]
99	<REFUSED>	[GO TO Q33]
M	[MISSING]	

Q29 In the last 6 months, how often did you get an appointment with a specialist 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]

Q30 How many specialists have you talked to in the last 6 months?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0	NONE	[GO TO Q33]
1	1 SPECIALIST	
2	2	
3	3	
4	4	
5	5 OR MORE SPECIALISTS	
88	[NOT APPLICABLE]	
98	<DON’T KNOW>	[GO TO Q33]
99	<REFUSED>	[GO TO Q33]
M	[MISSING]	

Q31 We want to know your rating of the specialist you talked to 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 Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 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.

Q33 In the last 6 months, did you get information or help from your health plan's customer service?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	
2	NO	[GO TO Q36]
98	<DON'T KNOW>	[GO TO Q36]
99	<REFUSED>	[GO TO Q36]
M	[MISSING]	

Q34 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]

Q35 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]

Q36 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 Q38]
98	<DON'T KNOW>	[GO TO Q38]
99	<REFUSED>	[GO TO Q38]
M	[MISSING]	

Q37 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]

Q38 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]

Q39 A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? Would you say…

1 Yes,
2 No,
3 I am not sure,
4 I do not have a co-pay,
5 I do not have a health condition, or
6 I was offered a lower co-pay for another reason

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

Q40 Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? Would you say…

1 Yes,
2 No,
3 I am not sure,
4 I do not have a health condition, or
5 I was offered extra benefits for another reason

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.

Q41 In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you…

a. To make sure you filled or refilled a prescription?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

b. To make sure you were taking medicine as directed?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

Q42 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]

Q43 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 Q45]

98 <DON'T KNOW> [GO TO Q45]
99 <REFUSED> [GO TO Q45]
M [MISSING]

Q44 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]

Q45 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 Q47]

98 <DON'T KNOW> [GO TO Q47]
99 <REFUSED> [GO TO Q47]
M [MISSING]

Q46 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]

Q47 Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE
1
2
3
4
5
6
7
8
9
10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE

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

Now I am going to ask some questions about you.

Q48 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]

Q49 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]

Q50 What language do you mainly speak at home? Would you say…

1 English,
2 Spanish,
3 Chinese,
4 Korean,
5 Tagalog,
6 Vietnamese, or
7 Some other language? [PROGRAMMING SPECIFICATION: IF Q50 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE.]

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

Q51 In the last 6 months, did you spend one or more nights in a hospital? (READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

Q52 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]

Q53 In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

a. A health condition?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

b. A disability?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

c. Your age?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

d. Your culture or religion?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

e. Your language or accent?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

f. Your race or ethnicity?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

g. Your sex (male or female)?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

h. Your sexual orientation?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

i. Your gender or gender identity?
(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 CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF ANY OF THE FOLLOWING THINGS ABOUT YOU?)

j. Your income?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q54 Has a doctor <u>ever</u> 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 <u>EVER</u> 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]

Q55 Do you have serious difficulty walking or climbing stairs?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q56 Do you have difficulty dressing or bathing?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q57 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q58 Have you had a flu shot since July 1, 2023?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO
3 DON'T KNOW

99 <REFUSED>
M [MISSING]

Q59 Have you ever had one or more pneumonia shots? (READ THE FOLLOWING ONLY IF NECESSARY) Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO
3 DON'T KNOW

99 <REFUSED>
M [MISSING]

Q60 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 Q62]
4 DON'T KNOW [GO TO Q62]

99 <REFUSED> [GO TO Q62]
M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q61 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q62. CODE Q61 AS "88 - NOT APPLICABLE"]

Q61 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]

Q62 What is the highest grade or level of school that you have completed? Would you say…

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

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

Q63 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]

Q64 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

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

a. American Indian or Alaska Native?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

b. Are you Asian?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

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

Q65 How many people live in your household now, including yourself? Would you say…
1 1 person
2 2 to 3 people, or
3 4 or more people

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

Q66 Do you ever use the internet at home?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q67 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say…

1 Yes, or
2 No

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q68 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>

1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

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

Q69 <HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?>

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

<READ THE QUESTIONS TO THE ENROLLEE>

1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>

1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>
1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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 O-3

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

2024 Prescription Drug Plan Survey CATI Script

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

2024 Prescription Drug Plan Survey CATI Script

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

[INTRO1-OUT]

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

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO 3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE 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 [ENROLLEE'S NAME] about a study about health care.

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

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

[INTRO1-IN]

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

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

[INTRO2-OUT]

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

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

[INTRO2-IN]

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

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

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE ENROLLEE AND IT APPEARS THE ENROLLEE 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 ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE DIRECTLY IN ORDER TO OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO TO INTRO3 Q1]

[INTRO3 Q1]
Is there someone who could help you do the interview or who could do the interview for you?

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

[INTRO3 Q2]
May we have your permission to conduct the telephone interview with this person on your behalf?

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

[INTRO3 Q3]
Is this person available to talk to us now?

1 YES ➔ [GO TO PROXY_INTRO 1]

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

[PROXY_INTRO 1]

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

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

[PROXY_INTRO 2]

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

[INTERVIEWER: ➔ GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

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

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

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

RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PD PLAN NAME] and the Centers for Medicare & Medicaid Services. I would like to confirm that I am speaking with [ENROLLEE NAME]?
I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2023 your prescriptions were covered by the Medicare prescription drug plan named [PD PLAN NAME].
Is that right?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 What is the name of the Medicare prescription drug plan you had in 2023? Please complete the rest of the survey based on the experiences you had with that plan.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2023, and the times you got health care in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months, and the times you got health care in person, by phone or by video call.]

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

a. To make sure you filled or refilled a prescription?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES
2	NO
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

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

b. To make sure you were taking medicine as directed?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

1 Never,
2 Sometimes,
3 Usually,
4 Always, or
5 I did not use my prescription drug plan to get any medicines in the last 6 months

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

Q5 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

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

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

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

Q7 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	YES	
2	NO	[GO TO Q9]
98	<DON'T KNOW>	[GO TO Q9]
99	<REFUSED>	[GO TO Q9]
M	[MISSING]	

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

1	Never,
2	Sometimes,
3	Usually, or
4	Always
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q9 Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE
1
2
3
4
5
6
7
8
9
10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE

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

Now I am going to ask some questions about you.

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

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

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

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

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

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

Q12 What language do you mainly speak at home? Would you say…

1 English,
2 Spanish,
3 Chinese,
4 Korean,
5 Tagalog,
6 Vietnamese, or
7 Some other language? [PROGRAMMING SPECIFICATION: IF Q12 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE.]

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

Q13 In the last 6 months, did you spend one or more nights in a hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q14 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]

Q15 Has a doctor <u>ever</u> 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 <u>EVER</u> TOLD YOU THAT YOU HAD…)

b. Angina or coronary heart disease?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

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

c. Hypertension or high blood pressure?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

d. Cancer, other than skin cancer?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

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

1 YES
2 NO

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

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

f. Any kind of diabetes or high blood sugar?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

Q16 Do you have serious difficulty walking or climbing stairs?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q17 Do you have difficulty dressing or bathing?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q18 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q19 What is the highest grade or level of school that you have completed? Would you say…
1 8th grade or less,
2 Some high school, but did not graduate,
3 High school graduate or GED,
4 Some college or 2-year degree,
5 4-year college graduate, or
6 More than 4-year college degree

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

Q20 Are you of Hispanic or Latino origin or descent?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES, HISPANIC OR LATINO
2 NO, NOT HISPANIC OR LATINO

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

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

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

a. American Indian or Alaska Native?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

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

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

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

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

Q22 How many people live in your household now, including yourself? Would you say…
1 1 person
2 2 to 3 people, or
3 4 or more people

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

Q23 Do you ever use the internet at home?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 YES
2 NO

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

Q24 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? Would you say…
1 Yes, or
2 No

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>
Q25 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>
1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

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

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

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

<READ THE QUESTIONS TO THE ENROLLEE>

1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>

1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>

1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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 O-4

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

2024 Medicare Advantage Plan Survey CATI Script – *Spanish*

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

2024 Medicare Advantage Plan Survey CATI Script

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

[INTRO1-OUT]

Buenos días/tardes/noches. ¿Puedo hablar con [SAMPLED ENROLLEE'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. [GO TO INTRO 3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>
Soy [INTERVIEWER NAME] y estoy llamando de [SURVEY VENDOR NAME]. Me gustaría hablar con [ENROLLEE'S NAME] sobre un estudio acerca de la atención médica.

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

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

[INTRO1-IN]

Buenos días/tardes/noches. ¿Estoy hablando con [SAMPLED ENROLLEE'S NAME]?

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

[INTRO2-OUT]

Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [HEALTH PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para pedirle que participe en una encuesta sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través de planes de salud. Los resultados de esta encuesta le ayudarán a [HEALTH PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SPECIFIC QUESTIONS.>

[INTRO2-IN]

Soy [INTERVIEWER NAME] y [HEALTH PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) le están pidiendo que tome parte en una entrevista sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través de planes de salud y medicinas recetadas. Los resultados de esta encuesta le ayudarán a [HEALTH PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN [GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

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

(OPTIONAL QUESTION)
¿Tiene algunas preguntas sobre esta encuesta que pueda responder en este momento?

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]
Si necesita ayuda para completar la entrevista telefónica o si piensa que no puede completar la entrevista por sí mismo/a, usted puede tener a un miembro de la familia o una amistad cercana ayudarle o puede esa persona hacer la entrevista por usted. Esta persona tiene que ser alguien que le conoce bien y que pueda contestar con precisión preguntas relacionadas a su salud. <THE INTERVIEWER MUST OBTAIN THE ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE ENROLLEE'S PERMISSION, DO NOT PROCEED WITH THE INTERVIEW.> [GO TO INTRO3 Q1]

[INTRO3 Q1]
¿Hay alguien que le pueda ayudar a completar la encuesta o que podría hacer la entrevista por usted?

1 YES ➔[GO TO INTRO3 Q2]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]
¿Nos puede dar su permiso para hacer la entrevista de teléfono con esta persona?

1 YES ➔[GO TO INTRO3 Q3] OR [GO TO PROXY_INTRO 1]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3]
¿Está esta persona disponible para hablar con nosotros ahora?

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

[PROXY_INTRO 1]

Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [HEALTH PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para preguntarle sobre la atención y los servicios médicos que inscritos de Medicare reciben. [SAMPLED MEMBER NAME] fue seleccionado(a) al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud y [SAMPLED MEMBER NAME] nos dio su permiso para que usted complete la entrevista por él/ella.

La participación de [SAMPLED MEMBER'S NAME] en esta entrevista es completamente voluntaria y no afectará de ninguna manera la atención médica ni los beneficios de Medicare que [él/ella] reciba. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGERATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[PROXY_INTRO 2]

Al contestar las preguntas, recuerde que está contestando por [él/ella] y que todas las preguntas se refieren a las experiencias de [él/ella] con el plan de salud de [él/ella]. Por favor no considere sus propias experiencias o información en las respuestas que usted nos dé.

INTERVIEWER: ➔ [GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

Buenos días/tardes/noches. ¿Puedo hablar con [ENROLLEE'S NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [ENROLLEE NAME].

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

RESUME2

Soy [INTERVIEWER NAME] y estoy llamando de parte de [HEALTH PLAN NAME] y los Centros de Servicios de Medicare y Medicaid. ¿Me gustaría confirmar que estoy hablando con [ENROLLEE NAME]?

Estoy llamando para terminar la entrevista sobre la atención y los servicios médicos que recibe.
[RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Antes de comenzar, tengo que decirle que esta llamada puede ser monitoreada o grabada para propósitos de control de calidad.

<START INTERVIEW>

Q1 Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por [HEALTH PLAN NAME].
¿Es esto correcto?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 ¿Cuál es el nombre del plan de salud que tenía en el 2023? Por favor conteste las preguntas del resto de la encuesta basándose en las experiencias con ese plan de salud.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su atención médica en los últimos 6 meses. Por favor piense en el plan en el que estaba inscrito/a en el 2023 al contestar las preguntas, y las veces que usted recibió atención médica en una clínica, una sala de emergencia o en un consultorio médico. Por favor incluya atención médica que recibió en persona, por teléfono, o por videollamada.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su atención médica en los últimos 6 meses, y las veces que usted recibió atención médica en una clínica, una sala de emergencia o en un consultorio médico. Por favor incluya atención médica que recibió en persona, por teléfono, o por videollamada.

Q3 En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q5]
98	<DON'T KNOW>	[GO TO Q5]
99	<REFUSED>	[GO TO Q5]
M	[MISSING]	

Q4 En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q5 En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o una consulta regular?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

Q6 En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q7 En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo/a en persona, por teléfono o por videollamada? ¿Diría que…

0 Ninguna [GO TO Q9]
1 1 vez
2 2
3 3
4 4
5 5 a 9
6 10 veces o más

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

Q8 El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q9 Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 – LA PEOR ATENCIÓN MÉDICA POSIBLE
1
2
3
4
5
6
7
8
9
10 – LA MEJOR ATENCIÓN MÉDICA POSIBLE

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

Q10 En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Ahora le voy a hacer unas preguntas sobre su doctor personal.

Q11 Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere un consejo sobre algún problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

(PROBE IF NEEDED: "¿HAY UN DOCTOR A QUIEN USTED CONTACTA NORMALMENTE SI SE ENFERMA, LASTIMA, NECESITA UN CHEQUEO, O SI QUIERE CONSEJOS?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q12 En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?¿Diría que…

0 Ninguna [GO TO Q27]
1 1 vez
2 2
3 3
4 4
5 5 a 9
6 10 veces o más

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q13 En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q14 En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q15 En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q16 En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q17 Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 – EL PEOR DOCTOR PERSONAL POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR DOCTOR PERSONAL POSIBLE

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

Q18 En los últimos 6 meses, cuando habló con su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica? ¿Diría que…
1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q19 En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q22]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q22]
99 <REFUSED> [GO TO Q22]
M [MISSING]

Q20 En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q21 En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q22 En los últimos 6 meses, ¿tomó alguna medicina recetada?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q24]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q24]
99 <REFUSED> [GO TO Q24]
M [MISSING]

Q23 En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q24 En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q27]
88	[NOT APPLICABLE]	
98	<DON'T KNOW>	[GO TO Q27]
99	<REFUSED>	[GO TO Q27]
M	[MISSING]	

Q25 En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q27]
88	[NOT APPLICABLE]	
98	<DON'T KNOW>	[GO TO Q27]
99	<REFUSED>	[GO TO Q27]
M	[MISSING]	

Q26 En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos? ¿Diría que…

1	Sí, definitivamente,
2	Sí, hasta cierto punto, o
3	No?
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Ahora le voy a hacer unas preguntas sobre la atención médica que recibió de especialistas. Por favor, incluya la atención que recibió en persona, por teléfono o por videollamada.

Q27 Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

[PROGRAMMING SPECIFICATIONS:
• IF THE RESPONSE TO Q27 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28: Por favor, incluya a su doctor personal al contestar estas preguntas sobre los especialistas.]

Q28 En los últimos 6 meses, ¿hizo alguna cita con un especialista?
(PROBE IF NEEDED: "LOS ESPECIALISTAS SON DOCTORES QUE SE ESPECIALIZAN EN UN ÁREA DE LA MEDICINA. ¿CONSIDERA A ESE DOCTOR COMO UN ESPECIALISTA?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q33]

98 <DON'T KNOW> [GO TO Q33]
99 <REFUSED> [GO TO Q33]
M [MISSING]

Q29 En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba? ¿Diría que…
1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q30 ¿Con cuántos especialistas habló en los últimos 6 meses?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0	NINGUNO	[GO TO Q33]
1	1 ESPECIALISTA	
2	2	
3	3	
4	4	
5	5 ESPECIALISTAS O MÁS	
88	[NOT APPLICABLE]	
98	<DON'T KNOW>	[GO TO Q33]
99	<REFUSED>	[GO TO Q33]
M	[MISSING]	

Q31 Queremos saber cómo califica al especialista con quien habló <u>con más frecuencia</u> en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 – EL PEOR ESPECIALISTA POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR ESPECIALISTA POSIBLE

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

[PROGRAMMING SPECIFICATIONS:

- IF Q11 IS ASSIGNED ANSWER "2 - NO" QUESTION Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" QUESTION Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces,
4 Siempre, o
7 Mi doctor personal es especialista? [FILE SPECIFICATION CODE 7]

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

Ahora le voy a hacer unas preguntas sobre su plan de salud.

Q33 En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q36]

98 <DON'T KNOW> [GO TO Q36]
99 <REFUSED> [GO TO Q36]
M [MISSING]

Q34 En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q35 En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q36 En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar? (READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q38]

98 <DON'T KNOW> [GO TO Q38]
99 <REFUSED> [GO TO Q38]
M [MISSING]

Q37 En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q38 Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud? (READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 – EL PEOR PLAN DE SALUD POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR PLAN DE SALUD POSIBLE

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

Q39 El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)? ¿Diría que…

1 Sí,
2 No,
3 No estoy seguro/a,
4 No tengo un copago,
5 No tengo un problema de salud, o
6 Me ofrecieron un copago menor por otra razón?

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

Q40 Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)? ¿Diría que…

1 Sí,
2 No,
3 No estoy seguro/a,
4 No tengo un problema de salud, o
5 Me ofrecieron beneficios extra por otra razón?

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

Ahora le voy a hacer unas preguntas acerca de usted.

Q41 En general, ¿cómo calificaría toda su salud? ¿Diría que es…

1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q42 En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría que es…

1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q43 ¿Qué idioma habla principalmente en casa? ¿Diría que es…

1 Inglés,
2 Español,
3 Chino,
4 Coreano,
5 Tagalo,
6 Vietnamita, u
7 Otro idioma? [PROGRAMMING SPECIFICATION: IF Q43 IS ASSIGNED ANSWER "7 – OTRO IDIOMA" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE]

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

Q44 En los últimos 6 meses, ¿pasó una noche o más en el hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q45 En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir las medicinas que su doctor le recetó? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces,
4 Siempre, o
5 Mi doctor no me recetó ninguna medicina en los últimos 6 meses?

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

Q46 ¿Tiene seguro que pague parte o todo el costo de sus medicinas recetadas?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO
3 NO SÉ

99 <REFUSED>
M [MISSING]

Q47 En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO
3 MI DOCTOR NO ME RECETÓ NINGUNA MEDICINA EN LOS ÚLTIMOS 6 MESES

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

Q48 En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

a. ¿Una condición de salud?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

b. ¿Una discapacidad?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

c. ¿Su edad?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

d. ¿Su cultura o religión?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

e. ¿Su idioma o acento?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

f. ¿Su origen racial o étnico?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

g. ¿Su sexo (mujer u hombre)?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

h. ¿Su orientación sexual?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

i. ¿Su género o identidad de género?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

j. ¿Su ingreso?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q49 ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

a. ¿Un ataque al corazón?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA ...)

b. ¿Angina o enfermedad de las arterias del corazón?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

c. ¿Presión arterial alta o la hipertensión?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

d. ¿Cáncer, aparte de cáncer de la piel?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

e. ¿Enfisema, asma, o EPOC (READ THE FOLLOWING ONLY IF NECESSARY:) también conocido como enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q50 ¿Tiene muchas dificultades para caminar o subir escaleras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q51 ¿Tiene dificultades para vestirse o bañarse?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q52 Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados solo/a, como ir al doctor o ir de compras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q53 ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO
3 NO SÉ

99 <REFUSED>
M [MISSING]

Q54 ¿Alguna vez le han puesto una o más vacunas contra la neumonía? (READ THE FOLLOWING ONLY IF NECESSARY) Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (flu). También se llama la vacuna neumocócica.
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO
3 NO SÉ

99 <REFUSED>
M [MISSING]

Q55 ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	TODOS LOS DÍAS	
2	ALGUNOS DÍAS	
3	PARA NADA	[GO TO Q57]
4	NO SÉ	[GO TO Q57]
99	<REFUSED>	[GO TO Q57]
M	[MISSING]	

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q56 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q57. CODE Q56 AS "88 - NOT APPLICABLE"]

Q56 En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q57 ¿Cuál es el grado o nivel escolar más alto que ha completado? ¿Diría que…

1 8 años de escuela o menos,
2 9 a 12 años de escuela, pero sin graduarse,
3 Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED),
4 Algunos cursos universitarios o un título universitario de un programa de 2 años,
5 Título universitario de 4 años, o
6 Título universitario de más de 4 años?

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

Q58 ¿Es usted de ascendencia u origen hispano o latino?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ, HISPANO O LATINO
2 NO, NI HISPANO NI LATINO

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

Q59 Cuando le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Por favor, responda “Sí” o “No” a cada una de las categorías.
¿Es usted….

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

a. indígena americano/a o nativo/a de Alaska?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

b. ¿Es usted asiático/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

c. ¿Es usted negro/a o afroamericano/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

d. ¿Es usted nativo/a de Hawái o de otras islas del Pacífico?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

e. ¿Es usted blanco/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q60 ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted? ¿Diría que…

1 1 persona,
2 2 a 3 personas, o
3 4 personas o más?

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

Q61 ¿A veces usa usted el internet en su hogar?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q62 ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo/a a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica? ¿Diría que…

1 Sí, o
2 No?

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q63 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>

1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

Q64 HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?

<READ THE QUESTIONS TO THE ENROLLEE>
1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>
1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>
1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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] Estas son todas las preguntas que tengo. Gracias por tomar parte en esta entrevista importante.

Appendix O-5

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

2024 Medicare Advantage Prescription Drug Survey CATI Script - *Spanish*

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

2024 Medicare Advantage Prescription Drug Survey CATI Script

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

[INTRO1-OUT]

Buenos días/tardes/noches. ¿Puedo hablar con [SAMPLED ENROLLEE'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. [GO TO INTRO 3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>
Soy [INTERVIEWER NAME] y estoy llamando de [SURVEY VENDOR NAME]. Me gustaría hablar con [ENROLLEE'S NAME] sobre un estudio acerca de la atención médica.

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

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

[INTRO1-IN]

Buenos días/tardes/noches. ¿Estoy hablando con [SAMPLED ENROLLEE'S NAME]?

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

[INTRO2-OUT]

Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para pedirle que participe en una encuesta sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud y medicinas recetadas.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través de planes de salud y medicinas recetadas. Los resultados de esta encuesta le ayudarán a [PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SPECIFIC QUESTIONS.>

[INTRO2-IN]

Soy [INTERVIEWER NAME] y [PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) le están pidiendo que tome parte en una entrevista sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud y medicinas recetadas.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través de planes de salud y medicinas recetadas. Los resultados de esta encuesta le ayudarán a [PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

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

(OPTIONAL QUESTION)
¿Tiene algunas preguntas sobre esta encuesta que pueda responder en este momento?

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]
Si necesita ayuda para completar la entrevista telefónica o si piensa que no puede completar la entrevista por sí mismo/a, usted puede tener a un miembro de la familia o una amistad cercana ayudarle o puede esa persona hacer la entrevista por usted. Esta persona tiene que ser alguien que le conoce bien y que pueda contestar con precisión preguntas relacionadas a su salud. <THE INTERVIEWER MUST OBTAIN THE ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE ENROLLEE'S PERMISSION, DO NOT PROCEED WITH THE INTERVIEW.> [GO TO INTRO3 Q1]

[INTRO3 Q1]
¿Hay alguien que le pueda ayudar a completar la encuesta o que podría hacer la entrevista por usted?

1 YES ➔[GO TO INTRO3 Q2]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]
¿Nos puede dar su permiso para hacer la entrevista de teléfono con esta persona?

1 YES ➔[GO TO INTRO3 Q3] OR [GO TO PROXY_INTRO 1]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3]
¿Está esta persona disponible para hablar con nosotros ahora?

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

[PROXY_INTRO 1]
Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para preguntarle sobre la atención y los servicios médicos que inscritos de Medicare reciben. [SAMPLED MEMBER NAME] fue seleccionado/a al azar por CMS entre los miembros de Medicare que están inscritos en su plan de salud y medicinas recetadas y [SAMPLED MEMBER NAME] nos dio su permiso para que usted complete la entrevista por él/ella.

La participación de [SAMPLED MEMBER'S NAME] en esta entrevista es completamente voluntaria y no afectará de ninguna manera la atención médica ni los beneficios de Medicare que [él/ella] reciba. La entrevista tomará unos 15 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[PROXY_INTRO 2]
Al contestar las preguntas, recuerde que está contestando por [él/ella] y que todas las preguntas se refieren a las experiencias de [él/ella] con el plan de salud y medicinas recetadas de [él/ella]. Por favor no considere sus propias experiencias o información en las respuestas que usted nos dé.

[INTERVIEWER: ➔ GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

Buenos días/tardes/noches. ¿Puedo hablar con [ENROLLEE NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [ENROLLEE NAME].

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

RESUME2

Soy [INTERVIEWER NAME] y estoy llamando de parte de [PLAN NAME] y los Centros de Servicios de Medicare y Medicaid. ¿Me gustaría confirmar que estoy hablando con [ENROLLEE NAME]?
Estoy llamando para terminar la entrevista sobre la atención y los servicios médicos que recibe.
[RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Antes de comenzar, tengo que decirle que esta llamada puede ser monitoreada o grabada para propósitos de control de calidad.

<START INTERVIEW>

Q1 Nuestros registros muestran que en el 2023 sus servicios médicos estaban cubiertos por [PLAN NAME].
¿Es esto correcto?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 ¿Cuál es el nombre del plan de salud que tenía en el 2023? Por favor conteste las preguntas del resto de la encuesta basándose en las experiencias con ese plan de salud.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su atención médica en los últimos 6 meses. Por favor piense en el plan en el que estaba inscrito/a en el 2023 al contestar las preguntas, y las veces que usted recibió atención médica en una clínica, una sala de emergencia o en un consultorio médico. Por favor incluya atención médica que recibió en persona, por teléfono, o por videollamada.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su atención médica en los últimos 6 meses, y las veces que usted recibió atención médica en una clínica, una sala de emergencia o en un consultorio médico. Por favor incluya atención médica que recibió en persona, por teléfono, o por videollamada.

Q3 En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual <u>necesitó atención inmediata</u>?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q5]
98	<DON'T KNOW>	[GO TO Q5]
99	<REFUSED>	[GO TO Q5]
M	[MISSING]	

Q4 En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q5 En los últimos 6 meses, ¿hizo usted alguna cita para una consulta en persona, por teléfono o por videollamada para un chequeo o una consulta regular?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

Q6 En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta regular tan pronto como la necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q7 En los últimos 6 meses, sin contar las veces en que fue a una sala de emergencia, ¿cuántas veces recibió atención médica para usted mismo/a en persona, por teléfono o por videollamada? ¿Diría que…

0 Ninguna [GO TO Q9]
1 1 vez
2 2
3 3
4 4
5 5 a 9
6 10 veces o más

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

Q8 El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. En los últimos 6 meses, ¿con qué frecuencia esperó 15 minutos o menos de la hora de su cita para que su profesional médico le atendiera? ¿Diría que …

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q9 Usando un número del 0 al 10, el 0 siendo la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - LA PEOR ATENCIÓN MÉDICA POSIBLE
1
2
3
4
5
6
7
8
9
10 - LA MEJOR ATENCIÓN MÉDICA POSIBLE

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

Q10 En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, las pruebas o el tratamiento que usted necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Ahora le voy a hacer unas preguntas sobre su doctor personal.

Q11 Un doctor personal es con quien usted hablaría si necesita un chequeo, quiere unconsejo sobre algún problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

(PROBE IF NEEDED: "¿HAY UN DOCTOR A QUIEN USTED CONTACTA NORMALMENTE SI SE ENFERMA, LASTIMA, NECESITA UN CHEQUEO, O SI QUIERE CONSEJOS?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q12 En los últimos 6 meses, ¿cuántas veces tuvo una consulta en persona, por teléfono o por videollamada con su doctor personal sobre su salud?¿Diría que…

0 Ninguna [GO TO Q27]
1 1 vez
2 2
3 3
4 4
5 5 a 9
6 10 veces o más

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q13 En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q14 En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q15 En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q16 En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q17 Usando un número del 0 al 10, el 0 siendo el peor doctor personal posible y el 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 – EL PEOR DOCTOR PERSONAL POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR DOCTOR PERSONAL POSIBLE

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

Q18 En los últimos 6 meses, cuando habló con su doctor personal durante una cita programada, ¿con qué frecuencia tenía él o ella su historial médico u otra información sobre su atención médica? ¿Diría que…
1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q19 En los últimos 6 meses, ¿le mandó su doctor personal a hacerse una prueba de sangre, rayos X o alguna otra prueba?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q22]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q22]
99 <REFUSED> [GO TO Q22]
M [MISSING]

Q20 En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o alguna otra prueba, ¿con qué frecuencia alguien del consultorio de su doctor personal se comunicó con usted para darle los resultados? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q21 En los últimos 6 meses, cuando su doctor personal le mandó a hacerse una prueba de sangre, rayos X, o a lguna otra prueba, ¿con qué frecuencia recibió los resultados tan pronto como los necesitaba? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q22 En los últimos 6 meses, ¿tomó alguna medicina recetada?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q24]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q24]
99 <REFUSED> [GO TO Q24]
M [MISSING]

Q23 En los últimos 6 meses, ¿con qué frecuencia hablaron usted y su doctor personal sobre todas las medicinas recetadas que estaba tomando? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q24 En los últimos 6 meses, ¿recibió atención médica de más de un tipo de profesional médico o usó más de un tipo de servicio médico?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q25 En los últimos 6 meses, ¿necesitó usted ayuda de alguien del consultorio de su doctor personal para coordinar la atención médica entre estos diferentes profesionales y servicios médicos?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q27]

88 [NOT APPLICABLE]
98 <DON'T KNOW> [GO TO Q27]
99 <REFUSED> [GO TO Q27]
M [MISSING]

Q26 En los últimos 6 meses, ¿recibió usted la ayuda que necesitaba de alguien del consultorio de su doctor personal para coordinar la atención médica que recibió de estos diferentes profesionales y servicios médicos? ¿Diría que…
1 Sí, definitivamente,
2 Sí, hasta cierto punto, o
3 No?

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

Ahora le voy a hacer unas preguntas sobre la atención médica que recibió de especialistas. Por favor, incluya la atención que recibió en persona, por teléfono o por videollamada.

Q27 Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. ¿Su doctor personal es un especialista?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO
98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]

[PROGRAMMING SPECIFICATIONS:
• IF THE RESPONSE TO Q27 IS “1 – YES” THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q28:
Por favor, incluya a su doctor personal al contestar estas preguntas sobre los especialistas.]

Q28 En los últimos 6 meses, ¿hizo alguna cita con un especialista?
(PROBE IF NEEDED: “LOS ESPECIALISTAS SON DOCTORES QUE SE ESPECIALIZAN EN UN ÁREA DE LA MEDICINA. ¿CONSIDERA A ESE DOCTOR COMO UN ESPECIALISTA?”)

(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO [GO TO Q33]

98 <DON’T KNOW> [GO TO Q33]
99 <REFUSED> [GO TO Q33]
M [MISSING]

Q29 En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba? ¿Diría que…
1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q30 ¿Con cuántos especialistas habló en los últimos 6 meses?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 NINGUNO [GO TO Q33]
1 1 ESPECIALISTA
2 2
3 3
4 4
5 5 ESPECIALISTAS O MÁS

88 [NOT APPLICABLE]
98 <DON’T KNOW> [GO TO Q33]
99 <REFUSED> [GO TO Q33]
M [MISSING]

Q31 Queremos saber cómo califica al especialista con quien habló con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, el 0 siendo el peor especialista posible y el 10 el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 – EL PEOR ESPECIALISTA POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR ESPECIALISTA POSIBLE

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

[PROGRAMMING SPECIFICATIONS:

- IF Q11 IS ASSIGNED ANSWER "2 - NO" QUESTION Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" QUESTION Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al tanto de la atención que recibió usted de los especialistas? ¿Diría que…
1 Nunca,
2 A veces,
3 La mayoría de las veces,
4 Siempre, o
7 Mi doctor personal es especialista? [FILE SPECIFICATION CODE 7]

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

Ahora le voy a hacer unas preguntas sobre su plan de salud.

Q33 En los últimos 6 meses, ¿recibió información o ayuda de parte del servicio al cliente de su plan de salud?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q36]
98	<DON'T KNOW>	[GO TO Q36]
99	<REFUSED>	[GO TO Q36]
M	[MISSING]	

Q34 En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba? ¿Diría que…

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre?
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q35 En los últimos 6 meses, ¿con qué frecuencia el personal del servicio al cliente de su plan de salud le trató con cortesía y respeto? ¿Diría que…

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre?
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q36 En los últimos 6 meses, ¿le dio su plan de salud algún formulario para llenar?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q38]
98	<DON'T KNOW>	[GO TO Q38]
99	<REFUSED>	[GO TO Q38]
M	[MISSING]	

Q37 En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de llenar los formularios de su plan de salud? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q38 Usando un número del 0 al 10, el 0 siendo el peor plan de salud posible y el 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
0 – EL PEOR PLAN DE SALUD POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR PLAN DE SALUD POSIBLE

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

Q39 El copago es la cantidad que uno paga cuando va a una consulta a un consultorio médico o a una clínica. En los últimos 6 meses, ¿su plan de salud le ofreció a usted reducir el monto de su copago porque tiene un problema de salud (como presión arterial alta)? ¿Diría que…

1 Sí,
2 No,
3 No estoy seguro/a,
4 No tengo un copago,
5 No tengo un problema de salud, o
6 Me ofrecieron un copago menor por otra razón?

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

Q40 Los beneficios de su plan de salud son el tipo de atención médica y los servicios que usted puede recibir a través del plan. En los últimos 6 meses, ¿su plan de salud le ofreció a usted beneficios extra porque tiene un problema de salud (como presión arterial alta)? ¿Diría que…

1 Sí,
2 No,
3 No estoy seguro/a,
4 No tengo un problema de salud, o
5 Me ofrecieron beneficios extra por otra razón?

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

Ahora nos gustaría hacerle unas preguntas sobre la cobertura de medicinas recetadas que recibe a través de su plan de medicinas recetadas.

Q41 En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó...

a. Para asegurar que usted consiguió o renovó una receta?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES ¿ALGUIEN DE UN CONSULTORIO MÉDICO, DE LA FARMACIA O DE SU PLAN DE MEDICINAS RECETADAS LE CONTACTÓ…)

b. Para asegurar que usted estaba tomando las medicinas según lo recetado?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q42 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces,
4 Siempre, o
5 No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses?

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

Q43 En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q45]

98 <DON'T KNOW> [GO TO Q45]
99 <REFUSED> [GO TO Q45]
M [MISSING]

Q44 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q45 En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO [GO TO Q47]

98 <DON'T KNOW> [GO TO Q47]
99 <REFUSED> [GO TO Q47]
M [MISSING]

Q46 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo? ¿Diría que…

1 Nunca,
2 A veces,
3 La mayoría de las veces, o
4 Siempre?

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

Q47 Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 – EL PEOR PLAN DE MEDICINAS RECETADAS POSIBLE
1
2
3
4
5
6
7
8
9
10 – EL MEJOR PLAN DE MEDICINAS RECETADAS POSIBLE

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

Ahora le voy a hacer unas preguntas acerca de usted.

Q48 En general, ¿cómo calificaría toda su salud? ¿Diría que es…

1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q49 En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría que es…

1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q50 ¿Qué idioma habla principalmente en casa? ¿Diría que es…

1 Inglés,
2 Español,
3 Chino,
4 Coreano,
5 Tagalo,
6 Vietnamita, u
7 Otro idioma? [PROGRAMMING SPECIFICATION: IF Q50 IS ASSIGNED ANSWER "7 – OTRO IDIOMA" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE]

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

Q51 En los últimos 6 meses, ¿pasó una noche o más en el hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q52 En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO
3 MI DOCTOR NO ME RECETÓ NINGUNA MEDICINA EN LOS ÚLTIMOS 6 MESES

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

Q53 En los últimos 6 meses, ¿alguna persona de una clínica, una sala de emergencia o un consultorio médico donde recibió atención médica lo trató de manera injusta o insensible por alguno de los siguientes factores sobre usted?

a. ¿Una condición de salud?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

b. ¿Una discapacidad?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

c. ¿Su edad?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

d. ¿Su cultura o religión?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

e. ¿Su idioma o acento?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

f. ¿Su origen racial o étnico?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

g. ¿Su sexo (mujer u hombre)?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

h. ¿Su orientación sexual?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

i. ¿Su género o identidad de género?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES, ¿ALGUNA PERSONA DE UNA CLÍNICA, UNA SALA DE EMERGENCIA O UN CONSULTARIO MÉDICO DONDE RECIBIÓ ATENCIÓN MÉDICA LO TRATÓ DE MANERA INJUSTA O INSENSIBLE POR ALGUNO DE LOS SIGUIENTES FACTORES SOBRE USTED?...)

j. ¿Su ingreso?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q54 ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

a. ¿Un ataque al corazón?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

b. ¿Angina o enfermedad de las arterias del corazón?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

c. ¿Presión arterial alta o la hipertensión?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

d. ¿Cáncer, aparte de cáncer de la piel?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

e. ¿Enfisema, asma, o EPOC (READ THE FOLLOWING ONLY IF NECESESSARY): también conocido como enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q55 ¿Tiene muchas dificultades para caminar o subir escaleras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q56 ¿Tiene dificultades para vestirse o bañarse?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q57 ¿Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados solo/a, como ir al doctor o ir de compras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q58 ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2023?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO
3 NO SÉ

99 <REFUSED>
M [MISSING]

Q59 ¿Alguna vez le han puesto una o más vacunas contra la neumonía? (READ THE FOLLOWING ONLY IF NECESSARY) Por lo general se dan dos vacunas durante la vida de una persona y son diferentes a la vacuna contra la gripe o influenza (*flu*). También se llama la vacuna neumocócica.
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO
3 NO SÉ

99 <REFUSED>
M [MISSING]

Q60 ¿Actualmente fuma o usa tabaco todos los días, algunos días, o para nada?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	TODOS LOS DÍAS	
2	ALGUNOS DÍAS	
3	PARA NADA	[GO TO Q62]
4	NO SÉ	[GO TO Q62
99	<REFUSED>	[GO TO Q62]
M	[MISSING]	

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER “0 - NONE” Q61 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q62. CODE Q61 AS “88 - NOT APPLICABLE”]

Q61 En los últimos 6 meses, ¿con qué frecuencia un doctor u otro profesional médico le aconsejó que dejara de fumar o de usar tabaco? ¿Diría que…

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre?
88	[NOT APPLICABLE]
98	<DON’T KNOW>
99	<REFUSED>
M	[MISSING]

Q62 ¿Cuál es el grado o nivel escolar más alto que ha completado? ¿Diría que…

1	8 años de escuela o menos,
2	9 a 12 años de escuela, pero sin graduarse,
3	Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED),
4	Algunos cursos universitarios o un título universitario de un programa de 2 años,
5	Título universitario de 4 años, o
6	Título universitario de más de 4 años?
98	<DON’T KNOW>
99	<REFUSED>
M	[MISSING]

Q63 ¿Es usted de ascendencia u origen hispano o latino?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ, HISPANO O LATINO
2	NO, NI HISPANO NI LATINO
98	<DON’T KNOW>
99	<REFUSED>
M	[MISSING]

Q64 Cuando le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Por favor, responda "Sí" o “No” a cada una de las categorías.
¿Es usted…

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

a. indígena americano/a o nativo/a de Alaska?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

b. ¿Es usted asiático/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

c. ¿Es usted negro/a o afroamericano/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

d. ¿Es usted nativo/a de Hawái o de otras islas del Pacífico?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

e. ¿Es usted blanco/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q65 ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted? ¿Diría que…
1 1 persona,
2 2 a 3 personas, o
3 4 personas o más?

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

Q66 ¿A veces usa usted el internet en su hogar?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q67 ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo/a a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica? ¿Diría que…

1 Sí, o
2 No?

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>
Q68 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>
1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

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

Q69 <HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?>

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

<READ THE QUESTIONS TO THE ENROLLEE>

1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>

1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>

1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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] Estas son todas las preguntas que tengo. Gracias por tomar parte en esta entrevista importante.

Appendix O-6

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

2024 Prescription Drug Plan Survey CATI Script - *Spanish*

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

2024 Prescription Drug Plan Survey CATI Script

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

[INTRO1-OUT]

Buenos días/tardes/noches. ¿Puedo hablar con [SAMPLED ENROLLEE'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO INTRO3]
IF IT BECOMES CLEAR THAT THE ENROLLEE 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 ENROLLEE CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. [GO TO INTRO3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>
Soy [INTERVIEWER NAME] y estoy llamando de [SURVEY VENDOR NAME]. Me gustaría hablar con [ENROLLEE'S NAME] sobre un estudio acerca de la atención médica.

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

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

[INTRO1-IN]

Buenos días/tardes/noches. ¿Estoy hablando con [SAMPLED ENROLLEE'S NAME]?

1 YES ➔ [GO TO INTRO2-IN]
2 NO, NOT AVAILABLE RIGHT NOW ➔ [SET CALLBACK]
3 NO [REFUSAL] ➔ [GO TO TERMINATE SCREEN]

[INTRO2-OUT]

Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [PD PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para pedirle que participe en una encuesta sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de medicinas recetadas.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través de planes de salud y medicinas recetadas. Los resultados de esta encuesta le ayudarán a [PD PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 10 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

Soy [INTERVIEWER NAME] y [PD PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) le están pidiendo que tome parte en una entrevista sobre la atención y los servicios médicos que recibe. Su nombre fue seleccionado al azar por CMS entre los miembros de Medicare que están inscritos en su plan de medicinas recetadas.

Esta encuesta es parte de esfuerzos nacionales para medir la calidad de atención que se recibe a través planes de salud y medicinas recetadas. Los resultados de esta encuesta le ayudarán a [PD PLAN NAME] y a Medicare a mejorar la atención que brindan. La entrevista es completamente confidencial y voluntaria y no afectará de ninguna manera su atención médica ni sus beneficios de Medicare. La entrevista tomará unos 10 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

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

(OPTIONAL QUESTION)
¿Tiene algunas preguntas sobre esta encuesta que pueda responder en este momento?

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]
Si necesita ayuda para completar la entrevista telefónica o si piensa que no puede completar la entrevista por sí mismo/a, usted puede tener a un miembro de la familia o una amistad cercana ayudarle o puede esa persona hacer la entrevista por usted. Esta persona tiene que ser alguien que le conoce bien y que pueda contestar con precisión preguntas relacionadas a su salud. <THE INTERVIEWER MUST OBTAIN THE ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE ENROLLEE'S PERMISSION, DO NOT PROCEED WITH THE INTERVIEW.>
[GO TO INTRO3 Q1]

[INTRO3 Q1]
¿Hay alguien que le pueda ayudar a completar la encuesta o que podría hacer la entrevista por usted?

1 YES ➔[GO TO INTRO3 Q2]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]
¿Nos puede dar su permiso para hacer la entrevista de teléfono con esta persona?

1 YES ➔[GO TO INTRO3 Q3] OR [GO TO PROXY_INTRO 1]
2 NO ➔<THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3]
¿Está esta persona disponible para hablar con nosotros ahora?

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

[PROXY_INTRO 1]
Buenos días/tardes/noches. Soy [INTERVIEWER NAME] y estoy llamando de parte de [PD PLAN NAME] y los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) para preguntarle sobre la atención y los servicios médicos que inscritos de Medicare reciben. [SAMPLED MEMBER NAME] fue seleccionado/a al azar por CMS entre los miembros de Medicare que están inscritos en su plan de medicinas recetadas y [SAMPLED MEMBER NAME] nos dio su permiso para que usted complete la entrevista por él/ella.

La participación de [SAMPLED MEMBER'S NAME] en esta entrevista es completamente voluntaria y no afectará de ninguna manera la atención médica ni los beneficios de Medicare que [él/ella] reciba. La entrevista tomará unos 10 minutos [OR VENDOR SPECIFY] para completar. Esta llamada puede ser monitoreada o grabada para propósitos de control de calidad. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[PROXY_INTRO 2]
Al contestar las preguntas, recuerde que está contestando por [él/ella] y que todas las preguntas se refieren a las experiencias de [él/ella] con el plan de medicinas recetadas de [él/ella]. Por favor no considere sus propias experiencias o información en las respuestas que usted nos dé.

INTERVIEWER: ➔ [GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

Buenos días/tardes/noches. ¿Puedo hablar con [ENROLLEE NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [ENROLLEE NAME].

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

RESUME2

Soy [INTERVIEWER NAME] y estoy llamando de parte de [PD PLAN NAME] y los Centros de Servicios de Medicare y Medicaid. ¿Me gustaría confirmar que estoy hablando con [ENROLLEE NAME]?
Estoy llamando para terminar la entrevista sobre la atención y los servicios médicos que recibe.
[RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

MONITOR

Antes de comenzar, tengo que decirle que esta llamada puede ser monitoreada o grabada para propósitos de control de calidad.

<START INTERVIEW>

Q1 Nuestros registros muestran que en el 2023 sus medicinas recetadas estaban cubiertas por el plan de Medicare de medicinas recetadas llamado [PD PLAN NAME]. ¿Es esto correcto?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	[GO TO Q3]
2	NO	[GO TO Q2]
98	<DON'T KNOW>	[GO TO Q2]
99	<REFUSED>	[GO TO Q2]
M	[MISSING]	

Q2 ¿Cuál es el nombre del plan de Medicare de medicinas recetadas que usted tenía en el 2023? Por favor conteste las preguntas del resto de la encuesta basándose en las experiencias con ese plan.
<ENTER PLAN NAME> _____

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

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su plan de medicinas recetadas en los últimos 6 meses. Por favor piense en el plan en el que estaba inscrito/a en el 2023 al contestar las preguntas y en las veces que recibió atención médica en persona, por teléfono, o por videollamada.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:
  Ahora voy a hacerle unas preguntas sobre su plan de medicinas recetadas en los últimos 6 meses, y las veces que recibió atención médica en persona, por teléfono, o por videollamada.]

Q3 En los últimos 6 meses, ¿alguien de un consultorio médico, de una farmacia o de su plan de medicinas recetadas le contactó...

a. Para asegurar que usted consiguió o renovó una receta?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: EN LOS ÚLTIMOS 6 MESES ¿ALGUIEN DE UN CONSULTORIO MÉDICO, DE LA FARMACIA O DE SU PLAN DE MEDICINAS RECETADAS LE CONTACTÓ…)

b. Para asegurar que usted estaba tomando las medicinas según lo recetado?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q4 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir las medicinas que su doctor le recetó? ¿Diría que...
1 Nunca,
2 A veces,
3 La mayoría de las veces,
4 Siempre, o
5 No usé mi plan de medicinas recetadas para conseguir medicinas en los últimos 6 meses?

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

Q5 En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q7]
98	<DON'T KNOW>	[GO TO Q7]
99	<REFUSED>	[GO TO Q7]
M	[MISSING]	

Q6 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir una medicina recetada en su farmacia? ¿Diría que...

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre?
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q7 En los últimos 6 meses, ¿alguna vez usó su plan de medicinas recetadas para conseguir alguna medicina recetada por correo?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1	SÍ	
2	NO	[GO TO Q9]
98	<DON'T KNOW>	[GO TO Q9]
99	<REFUSED>	[GO TO Q9]
M	[MISSING]	

Q8 En los últimos 6 meses, ¿con qué frecuencia le fue fácil usar su plan de medicinas recetadas para conseguir medicinas recetadas por correo? ¿Diría que.....

1	Nunca,
2	A veces,
3	La mayoría de las veces, o
4	Siempre?
88	[NOT APPLICABLE]
98	<DON'T KNOW>
99	<REFUSED>
M	[MISSING]

Q9 Usando un número del 0 al 10, el 0 siendo el peor plan de medicinas recetadas posible y el 10 el mejor plan de medicinas recetadas posible, ¿qué número usaría para calificar su plan de medicinas recetadas?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - EL PEOR PLAN DE MEDICINAS RECETADAS POSIBLE
1
2
3
4
5
6
7
8
9
10 - EL MEJOR PLAN DE MEDICINAS RECETADAS POSIBLE

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

Ahora le voy a hacer unas preguntas acerca de usted.

Q10 En general, ¿cómo calificaría toda su salud? ¿Diría que es...
1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q11 En general, ¿cómo calificaría toda su salud mental o emocional? ¿Diría que es...
1 Excelente,
2 Muy buena,
3 Buena,
4 Regular, o
5 Mala?

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

Q12 ¿Qué idioma habla principalmente en casa? ¿Diría que es…

1 Inglés,
2 Español,
3 Chino,
4 Coreano,
5 Tagalo,
6 Vietnamita, u
7 Otro idioma? [PROGRAMMING SPECIFICATION: IF Q12 IS ASSIGNED ANSWER "7 – OTRO IDIOMA" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE]

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

Q13 En los últimos 6 meses, ¿pasó una noche o más en el hospital?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q14 En los últimos 6 meses, ¿tuvo que demorarse o no pudo conseguir una medicina recetada porque creía que no le alcanzaba el dinero?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO
3 MI DOCTOR NO ME RECETÓ NINGUNA MEDICINA EN LOS ÚLTIMOS 6 MESES

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

Q15 ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

a. ¿Un ataque al corazón?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

b. ¿Angina o enfermedad de las arterias del corazón?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY:¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

c. ¿Presión arterial alta o la hipertensión?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

d. ¿Cáncer, aparte de cáncer de la piel?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA …)

e. ¿Enfisema, asma o EPOC (READ THE FOLLOWING ONLY IF NECESSARY:) también conocido como enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

(READ ONLY IF NECESSARY: ¿ALGUNA VEZ LE HA DICHO UN DOCTOR QUE TENÍA…)

f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q16 ¿Tiene muchas dificultades para caminar o subir escaleras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q17 ¿Tiene dificultades para vestirse o bañarse?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q18 Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados solo/a, como ir al doctor o ir de compras?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

Q19 ¿Cuál es el grado o nivel escolar más alto que ha completado? ¿Diría que…

1 8 años de escuela o menos,
2 9 a 12 años de escuela, pero sin graduarse,
3 Graduado de la escuela secundaria (*high school*), Diploma de escuela secundaria, preparatoria, o su equivalente (o GED),
4 Algunos cursos universitarios o un título universitario de un programa de 2 años,
5 Título universitario de 4 años, o
6 Título universitario de más de 4 años?

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

Q20 ¿Es usted de ascendencia u origen hispano o latino?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ, HISPANO O LATINO
2 NO, NI HISPANO NI LATINO

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

Q21 Cuando le lea lo siguiente, por favor dígame si la categoría describe su raza. Se requiere que le lea todas las cinco categorías. Por favor, responda "Sí" o "No" a cada una de las categorías.
¿Es usted….

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

a. indígena americano/a o nativo/a de Alaska?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

b. ¿Es usted asiático/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

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

c. ¿Es usted negro/a o afroamericano/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

d. ¿Es usted nativo/a de Hawái o de otras islas del Pacífico?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

e. ¿Es usted blanco/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q22 ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted? ¿Diría que…
1 1 persona,
2 2 a 3 personas, o
3 4 personas o más?

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

Q23 ¿A veces usa usted el internet en su hogar?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
1 SÍ
2 NO

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

Q24 ¿Puede el Programa de Medicare ponerse en contacto con usted de nuevo para aprender más sobre su atención médica, o para invitarlo/a a una discusión en grupo o a una entrevista sobre temas relacionados con la atención médica? ¿Diría que…

1 Sí, o
2 No?

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>
Q25 DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY
1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

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

Q26 <HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?>
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE ENROLLEE>
1 YES
2 NO

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

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>
1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>
1 YES
2 NO

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

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'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] Estas son todas las preguntas que tengo. Gracias por tomar parte en esta entrevista importante.

Appendix P

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

Guidance on Supplemental Questions

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Appendix P

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

Guidance on Supplemental Questions

Overview

All supplemental questions for proposed use in the 2024 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval. For the 2024 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 1, 2023 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 supplemental questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ website (https://www.ahrq.gov/cahps/surveys-guidance/item-sets/search.html). 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")

Requirements for Submitting Supplemental Questions

- Survey vendors must submit supplemental questions to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com) using the Excel template format included at the end of Appendix P. Submissions that do not use the required template must be resubmitted using the correct template.

- Questions submitted for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by health plan)
- Questions denied for 2023 survey administration must not be resubmitted unless the question has been revised to conform with the supplemental question protocols. Survey vendors must refer to the guidance provided and revise questions to conform to guidance.
- Questions approved for 2023 survey administration are considered automatically approved and should not be resubmitted. If the contract elects to use any of the questions approved for 2023 survey administration, those questions must not be revised in any way.
- 2016 survey questions that were deleted from 2017 MA & PDP CAHPS Survey versions are automatically approved as supplemental questions and do not need to be submitted for approval. If the contract elects to use any of the 2016 survey questions that were deleted from the 2017 surveys as supplemental questions, those questions must not be revised in any way.

After the MA & PDP CAHPS Survey Project Team receives the questions for consideration for approval, a confirmation email will be sent to the survey vendor that will include the number of supplemental items received and the date the items were received. The survey vendor must confirm the count of supplemental items and notify the MA & PDP CAHPS Project Team of any discrepancies. If the survey vendor does not receive a confirmation email within 2 business days following submission, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:

Similar content to MA & PDP CAHPS Survey
• How would you rate your health plan/prescription benefits? • How would you rate the services/treatment you received from your therapist/doctor/counselor? • Did your doctor provide you information regarding the medicines you were prescribed? • In the past 6 months, have you had a screening for cholesterol/cancer/high blood pressure?
May affect responses to the MA & PDP CAHPS Survey
• When the plan mailed you reminders for tests/screenings, how often did you find those reminders helpful? • In the past six months, did your plan's customer service improve for the better, get worse or did not change?
Similar to other CMS surveys (e.g., HOS)
• Did you and your doctor talk about increasing the amount of time you exercise or changing your diet? • If you had a fall in the past six months, have you talked to your doctor about that fall or problems with balance?
Questions that do not focus on experience with health care
• How would you rate your health plan's cost? • How would you rate the overall value you receive from your health plan? • How satisfied are you with how much you pay for prescription medicine? • Is it important to find a doctor that is the same ethnicity as you?
Asks respondents to identify the reason health care services may not have been received
• Did you have to visit an emergency room or urgent care because you could not get an appointment with your personal doctor? • What was/were the reason(s) you could not get an appointment with a specialist? • What was/were the reason(s) you had difficulty getting after-hours care?
Asks about future intentions for plan membership
• How likely are you to re-enroll with your health plan? • Do you intend to switch health or prescription drug plans in the future?
Asks opinion on written communications
• How would you rate the plan's website? • How would you rate the plan's newsletter (electronic or mail)?

Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:

Asks about the need for plan staff or provider training to improve treatment or services
• What can we do to improve our customer service? • Select one area of the plan that needs the most improvement.
Question that may cause termination of survey due to sensitivity of topic
• What is your social security number?
Response could be used to identify an enrollee
• How many years have you been enrolled in this health plan? • How often have you moved residences since being enrolled in the health plan?
Asks why respondent selected a particular response option
• If you rated the health plan below a rating of 7, please select the reason why. • Select the main reason why you would not recommend this plan to others.

Additional guidance:
Supplemental questions may not: • Pose a burden to the enrollee by presenting a complex (multi-part) question or providing more than 5 response options • Use the phrase "In the last 12 months" • Reference Star Ratings (in the question or response options)

2024 MA & PDP CAHPS Survey
Supplemental Questions Submission Form
Required Format

VENDOR NAME:

Date Submitted:

Number	Supplemental Question	Response Options (no more than 5 response options)	AHRQ or Other CAHPS Survey Item (indicate the source)	Other Source of Item (i.e., client)	Contract Number (optional)
1					
2					
3					

Note: If you do not receive a confirmation email of receipt from the MA & PDP CAHPS Survey Project Team within 2 business days of submission, please resubmit/resend the email or contact Technical Assistance to confirm receipt.

Appendix Q

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

Guidance on Appending Data

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Appendix Q

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

Guidance on Appending or Merging Data

Overview

The Data Use Agreement (DUA) signed by each survey vendor restricts the use of CMS data and any additional data items that a survey vendor may merge with the sample file or survey response data obtained from enrollees. Any and all data that is appended to the sample file or enrollee survey data for the purpose of providing reports or analysis for contract clients must be approved in advance. Survey vendors must submit all approval requests in advance via email to MA-PDPCAHPS@hsag.com. The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), survey data year, and a summary of the proposed analysis. No data may be merged or appended without prior written approval from CMS.

Approvals to append data are for the current calendar year only. Data append requests must be submitted for approval each survey administration period. Approval of a data append request for a specific year is not an indicator of future approval of a data request. Requests that present a risk of identification of enrollees, either directly or through inference, or that do not support quality improvement efforts will not be approved.

Instructions for Submitting Data Append Requests

- Survey vendors must submit data append requests to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com) using the Excel template format included at the end of Appendix Q. Submissions that do not use the required template will be returned for resubmission using the correct template.
- Include a description of the data elements to be appended, survey data year, and the contract number. Include name, source, data values, and value labels of each data element. All acronyms must be spelled out. Also describe what steps will be taken to ensure that no results generated from fewer than 11 observations (n <11) will be included in the report.
- The summary of the proposed analysis should detail the purpose or contract information need that generates the request and how the results of the analysis will be used by the contract.
- Provide a new spreadsheet each time a request is submitted (i.e., do not add new data elements to a previously submitted spreadsheet and resubmit) and ensure that the count of data elements begins at "1" for each new submission (i.e., no "rolling counts"). A column included in the Excel template allows vendors the option to include an internal tracking number.
- Columns for enrollee and provider counts are also included in the Excel template and must be completed, as necessary.

A confirmation email will be sent to the requesting survey vendor within two business days of the emailed submission request. If a confirmation email is not received within two business days, resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Guidelines for Approval *(note: reporting cell sizes with n<11 is not permitted)*

Analyses that use only existing sample variables and/or existing MA & PDP CAHPS survey data do not require approval (such as appending the LIS flag available in the sample file to the survey data). Any analysis that may lead to identification of the enrollee, either directly or through inference, is not permitted (e.g., results by provider name, results by zip code).

Data merge or append requests that meet MA & PDP CAHPS Survey protocols include:

- Broad geography categories (Region, County, Island, etc.)
- Plan level analysis (subsidiary plan, SNP, product type, etc.)
- Provider group, IPA, health system

Approval of any data merge or data append request is contingent on providing sufficient detail for the MA & PDP CAHPS Survey project team to understand the specific categories for each identifier to be appended and how the analysis will be used by the contract. For example, if requesting to append the identifier Region, please provide the specific Region categories and the count of enrollees per Region. Data append requests should include counts of enrollees and providers as appropriate to the requested identifiers (e.g., number of enrollees in a county, number of providers in a medical group, etc.) It should be **clearly noted** whether the count refers to enrollees or providers.

Note: If the project team requests additional information for a data append request, the supporting information must be in the same format as the original request (e.g., if the data append request lists identifiers on separate lines by contract, the additional information should be provided in the same format and in the same order).

CMS will not approve appending identifiers that may lead to enrollee identification (either directly or indirectly) or any data that do not relate to the experience of health care. Below are some examples of data append requests that would not be approved:

- Cost to enrollees (deductible, co-pay, etc.)
- Specific health condition/chronic conditions (diabetes, disabled, mental health disorders, etc.)
- Merges of customer support calls or enrollee contacts with specific plan program (members who called call center, members who contacted/visited a disease management center)
- Beneficiary ID (memberID, SubscriberID, EnrolleeID, etc.)
- Visits to certain provider types (number of ER visits, in-patient visit, surgical facility visit)
- Lifestyle categories (empty-nester, active elders, military, artist, etc.)

2024 MA & PDP CAHPS Survey
Data Append Submission Form
Required Format

VENDOR NAME:

Date Submitted:

Number	Vendor Internal Identifier (optional)	Data Append Identifier (spell out any acronyms)	Categories of Identifier (list of values that will comprise the identifier; may be listed on another tab)	Count of Enrollees in Same Order as Category	Count of Providers in Same Order as Category (if applicable)	Contract Name/Number	Year of Survey Data	Analytic Plan (describe purpose of analysis)	Source of Data	Additional Info. (define identifier if necessary; describe how cell size rules will be met)
Example 1		Region	(Region Name 1)	xxx	N/A	Health Plan Name/ Hxxxx	2023	The client would like to analyze the differences among the regions across the United States. The analysis will inform quality improvement efforts for the health plan. They would like to understand the specific areas to target for improvement.	Plan's membership database	No cell sizes that are less than 11 or where a cell size of 1-10 can be inferred will be provided in any reports.
			(Region Name 2)	xxx	N/A					
			(Region Name 3)	xxx	N/A					
			(Region Name 4)	xxx	N/A					
			(Region Name 5)	xxx	N/A					
Example 2		Dual vs. Non-Dual	(Category 1)	xxxx	N/A	Health Plan Name/ Hxxxx	2023	Client will analyze differences in experience of care between dual eligible members vs those not dual eligible to see if there are areas for improvement.	Plan's membership database	No cell sizes that are less than 11 or where a cell size of 1-10 can be inferred will be provided in any reports.
			(Category 2)	xxxx	N/A					
Example 3		County	See second tab for details	See second tab for details	N/A	Health Plan Name/ Hxxxx	2023	The client would like to analyze the differences among the counties in a region. The analysis will inform quality improvement efforts for the health plan. They would like to understand the specific areas to target for improvement.	Plan's membership database	No cell sizes that are less than 11 or where a cell size of 1-10 can be inferred will be provided in any reports.
Example 4		Provider Group	(Provider Group Name A)	xxxx	xxx	Health Plan Name/ Hxxxx	2023	Client will analyze differences in experience of care among different provider groups to target areas for quality improvement.	Plan's membership database	No cell sizes that are less than 11 or where a cell size of 1-10 can be inferred will be provided in any reports.
			(Provider Group Name B)	xxxx	xxx					
			(Provider Group Name C)	xxxx	xxx					

Note: If you do not receive a confirmation email of receipt from the MA & PDP CAHPS Survey Project Team within 2 business days of submission, please resubmit/resend the email or contact Technical Assistance to confirm receipt.

Appendix R

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

Vendor Report of Outbound CATI

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Appendix R

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

Vendor Report of Outbound CATI

Overview

To ensure that all enrollees have the opportunity to provide their experience of care, it is crucial that survey vendors progress through all call attempts at a reasonable pace. The Vendor Report of Outbound CATI is a tool for CMS to review the current vendor response rates and outbound CATI activity during the survey administration period. Survey vendors must submit the report to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com) using the Excel template included at the end of Appendix R. The first two pages of the template contain detailed instructions for completing the report. The third page is the report template that must be submitted. If the survey vendor does not receive a confirmation email within two business days following submission, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Please note, survey vendors may be required to submit additional follow-up reports during outbound CATI if requested by the MA & PDP CAHPS Survey project team.

Instructions for Calculating the Response Rate

If the survey vendor provides preliminary reports to clients that include response rate information, use that same formula to calculate the response rate for the Vendor Report of Outbound CATI. If preliminary response rates are not provided to clients, use the following calculation, which is found on page 71 in the Data Analysis and Public Reporting chapter of the QAP&TS V14.0, to determine the response rate:

> *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 enrollees. Ineligible enrollees 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 (incomplete or blank survey returned) is **not** included in the numerator, but **is** included in the total sample component of the denominator. Note that if using the calculation in the Data Analysis and Public Reporting chapter of the QAP&TS V14.0 (above), the response rate should be based on the total eligible sample provided in the sample file and not just the records assigned for outbound calling.

2024 MA & PDP CAHPS SURVEY
Vendor Report of Outbound CATI Instructions

The Vendor Report of Outbound CATI has two components:
1) Current Response Rate
2) Outbound CATI activity

1. CURRENT RESPONSE RATE

Enter your current response rate for MA & PDP CAHPS
into the box to the right [ ] Current Response Rate

INSTRUCTIONS: ENTER YOUR CURRENT RESPONSE RATE ACROSS ALL MA & PDP CAHPS CLIENTS AND SURVEY VERSIONS COMBINED. IF IT IS NOT POSSIBLE TO PROVIDE A COMBINED RESPONSE RATE, ENTER THE AVERAGE RESPONSE RATE ACROSS ALL CLIENTS.

2. OUTBOUND CATI ACTIVITY

		MA-Only	MA-PD	PDP
Report Row 1	Total number of cases to receive calls:	1A	1B	1C
Report Row 2	Number of active cases with no attempts:	2A	2B	2C
Report Row 3	Number of active cases with one attempt:	3A	3B	3C
Report Row 4	Number of active cases with two attempts:	4A	4B	4C
Report Row 5	Number of active cases with three attempts:	5A	5B	5C
Report Row 6	Number of active cases with four attempts:	6A	6B	6C
Report Row 7	Number of active cases with five attempts:	7A	7B	7C
Report Row 8	Number of closed cases (including ineligibles):	8A	8B	8C
Report Row 9	Sum of Report Rows 2 through 8			

INSTRUCTIONS:
ONLY CASES THAT ARE TO RECEIVE CALLS SHOULD BE INCLUDED IN 1A, 1B AND 1C
ROW 1 = THE TOTAL NUMBER OF MA-ONLY/MA-PD/PDP SAMPLE CASES TO RECEIVE OUTBOUND CALLS
IF YOUR ORGANIZATION HAS NO MA-ONLY SAMPLE CASES, LEAVE ALL CELLS IN THE MA-ONLY REPORT COLUMN BLANK
ROW 2 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH ZERO CALL ATTEMPTS
ROW 3 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH ONLY ONE CALL ATTEMPT
ROW 4 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH ONLY TWO CALL ATTEMPTS
ROW 5 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH ONLY THREE CALL ATTEMPTS
ROW 6 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH ONLY FOUR CALL ATTEMPTS
ROW 7 = THE NUMBER OF MA-ONLY/MA-PD/PDP ACTIVE OUTBOUND CATI CASES WITH FIVE CALL ATTEMPTS
IF YOU HAVE ANY MA-ONLY/MA-PD/PDP ACTIVE CASES WITH MORE THAN 5 ATTEMPTS, INCLUDE THEM IN ROW 7
ROW 8 = TOTAL NUMBER OF MA-ONLY/MA-PD/PDP CASES THAT WERE ACTIVE IN OUTBOUND CATI BUT ARE NOW CLOSED
INCLUDE IN ROW 8 ALL CLOSED MA-ONLY/MA-PD/PDP CASES REGARDLESS OF ELIGIBILITY OR CALL OUTCOME
ROW 9 = AUTOMATIC SUM OF YOUR MA-ONLY/MA-PD/PDP ENTRIES IN ROW 2 THROUGH ROW 8;
MAKE NO ENTRIES IN ROW 9

2024 MA & PDP CAHPS
Vendor Report of Outbound CATI Instructions

Vendor Name:

Report date:

1. CURRENT RESPONSE RATE

Enter your current response rate for MA & PDP CAHPS
into the box to the right [ ] Response Rate

2. OUTBOUND CATI ACTIVITY

		MA-Only	MA-PD	PDP
Report Row 1	Total number of cases to receive calls:			
Report Row 2	Number of active cases with no attempts:			
Report Row 3	Number of active cases with one attempt:			
Report Row 4	Number of active cases with two attempts:			
Report Row 5	Number of active cases with three attempts:			
Report Row 6	Number of active cases with four attempts:			
Report Row 7	Number of active cases with five attempts:			
Report Row 8	Number of closed cases (including ineligibles):			
Report Row 9	Sum of Report Rows 2 through 8	0	0	0

VENDORS** : Enter your information for Report Rows 1 through 8.* ***Make no entry for Report Row 9, *it will automatically sum the column values. Report Row 9 is a check to make sure the report accounts for all cases to receive outbound calls (the sum in Report Row 9 should match the numbers you enter for Report Row 1).*
See "Vendor Instructions" worksheet for detailed instructions.

Appendix S

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

Vendor Report of Web and Mail Survey Activity and Returns

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Appendix S

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

Vendor Report of Web and Mail Survey Activity and Returns

Overview

To ensure that all enrollees have the opportunity to provide their experience of care and not be overburdened by survey vendor outreach, it is crucial that survey vendors process completed web and mail returns at a reasonable pace. The Vendor Report of Web and Mail Survey Activity and Returns is a tool for CMS to review the current vendor response rates, processing of completed web surveys and mail returns, and removal of cases from additional outreach (i.e., first or second survey mailing and outbound CATI attempts) during the survey administration period. Survey vendors must submit the report to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHPS@hsag.com) using the Excel template included at the end of Appendix S. If the survey vendor does not receive a confirmation email within two business days following submission, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

Please note, the first report is due March 26, 2024, two weeks after the first survey mailing, and subsequent reports are due every two weeks after the first report through the end of data collection.

Instructions for Calculating the Response Rate

If the survey vendor provides preliminary reports to clients that include response rate information, use that same formula to calculate the response rate for the Vendor Report of Web and Mail Survey Activity and Returns. If preliminary response rates are not provided to clients, use the following calculation, which is found on page 71 in the Data Analysis and Public Reporting chapter of the QAP&TS V14.0, to determine the response rate:

> *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 enrollees. Ineligible enrollees 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 (incomplete or blank survey returned) is **not** included in the numerator, but **is** included in the total sample component of the denominator. Note that if using the calculation in the Data Analysis and Public Reporting chapter of the QAP&TS V14.0 (above), the response rate should be based on the total eligible sample provided in the sample file and not just the records assigned for outbound calling.

2024 MA & PDP CAHPS Survey
Web and Mail Survey Activity and Returns

MA & PDP CAHPS Vendor Report of Web and Mail Survey Activity and Returns

The Vendor Report of Web and Mail Survey Activity and Returns has two components:
1) Current Response Rate
2) Web and Mail Survey Activity (removing cases from mailings and processing returns)

1. CURRENT RESPONSE RATE

Enter your current response rate for MA & PDP CAHPS
into the box to the right

Current Response Rate

2. Mail Survey Activity and Returns		**MA-Only**	**MA-PD**	**PDP**
Report Row 1	Total number of cases in your organization's sample file	#	#	#
Report Row 2	Total number of cases excluded from pre-notification letter mailing	#	#	#
Report Row 3	Total number of cases removed from W1 survey mailing	#	#	#
Report Row 4	Total number of cases removed from W2 survey mailing	#	#	#
Report Row 5	Total number of web survey completes (data processing completed)	#	#	#
Report Row 6	Count of mail surveys documented as received as of report date	#	#	#
Report Row 7	Count of mail surveys scanned for data entry as of report date	#	#	#
Report Row 8	Count of mail survey scans verified or validated (data processing completed)	#	#	#
Report Row 9	Count of mail surveys resulting in cases removed from eligibility for outbound CATI as of report date	#	#	#