

MA & PDP CAHPS Survey  
 Quality Assurance Protocols & Technical Specifications V11.0  
**Technical Corrections and Clarifications**  
 Issued March 2021

Subsequent to the production of the MA & PDP CAHPS Survey Quality Assurance Protocols & Technical Specifications V11.0 (QAP&TS V11.0), it has been determined that there are specific items that require content corrections. These items are identified below.

**1. MA & PDP Quality Assurance Protocols & Technical Specifications V11.0**

- **The QAP&TS V11.0 Appendix E Frequently Asked Questions for Customer Support**

| CHANGE MADE  | CURRENT   | REVISED   |
|--|---|---|
| <ul style="list-style-type: none"> <li>➤ Added three FAQs regarding COVID-19 vaccines and testing</li> </ul>   | <ul style="list-style-type: none"> <li>➤ N/A</li> </ul> | <ul style="list-style-type: none"> <li>➤ How can I get a COVID vaccine?               <ul style="list-style-type: none"> <li>• Each state has its own plan for deciding who they'll vaccinate first and how residents can get vaccines. Contact your local health department for more information on COVID-19 vaccines in your area.</li> </ul> </li> <li>➤ Does Medicare pay for the COVID vaccine?               <ul style="list-style-type: none"> <li>• Medicare covers the vaccine at no cost to you.</li> </ul> </li> <li>➤ Does Medicare pay for the COVID test?               <ul style="list-style-type: none"> <li>• Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>➤ Added an FAQ regarding care received by telephone or video</li> </ul> | <ul style="list-style-type: none"> <li>➤ N/A</li> </ul> | <ul style="list-style-type: none"> <li>➤ Should I consider healthcare received by telephone or video call?               <ul style="list-style-type: none"> <li>• Yes. Please answer each question thinking about the times you got health care either in-person, by phone, or by video call.</li> </ul> </li> </ul>  |

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- The QAP&TS V11.0 Appendix E-1 Spanish Frequently Asked Questions for Customer Support

| CHANGE MADE  | CURRENT   | REVISED   |
|--|---|---|
| <ul style="list-style-type: none"> <li>➤ Added three FAQs regarding COVID-19 vaccines and testing</li> </ul>   | <ul style="list-style-type: none"> <li>➤ N/A</li> </ul> | <ul style="list-style-type: none"> <li>➤ ¿Cómo puedo recibir una vacuna COVID?           <ul style="list-style-type: none"> <li>• Cada estado tiene su propio plan para decidir a quién vacunar primero y cómo los residentes pueden vacunarse. Comuníquese con su departamento de salud local para obtener más información sobre las vacunas COVID-19 en su área.</li> </ul> </li> <li>➤ ¿Medicare paga por la vacuna COVID?           <ul style="list-style-type: none"> <li>• Medicare cubre la vacuna sin costo alguno para usted.</li> </ul> </li> <li>➤ ¿Medicare paga por la prueba de COVID?           <ul style="list-style-type: none"> <li>• Medicare cubre las pruebas de laboratorio para COVID-19. Usted no paga gastos de bolsillo.</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>➤ Added an FAQ regarding care received by telephone or video</li> </ul> | <ul style="list-style-type: none"> <li>➤ N/A</li> </ul> | <ul style="list-style-type: none"> <li>➤ ¿Debería considerar la atención médica que recibí en persona, por teléfono, o por videollamada?           <ul style="list-style-type: none"> <li>• Sí. Por favor conteste cada pregunta pensando en las veces que usted recibió atención médica ya sea en persona, por teléfono, o por videollamada.</li> </ul> </li> </ul>  |

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- The QAP&TS V11.0 Sampling chapter has been updated for the following items:

| CHANGE MADE   | CURRENT  | REVISED   |
|---|--|---|
| <p>➤ Corrected the due date for oversample requests</p> | <p><b>Oversampling</b><br/>           Contracts are required to request an increase in sample size for their contract by December 2, 2021.</p> | <p><b>Oversampling</b><br/>           Contracts are required to request an increase in sample size for their contract by December 2, <b>2020</b>.</p> <p><i>Note: this date has been corrected in the online version of the QAP&amp;TS V11.0 posted to the Quality Assurance page of the MA &amp; PDP CAHPS website</i></p> |

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- The QAP&TS V11.0 Data Collection Protocol chapter has been updated for the following items:

| CHANGE MADE   | CURRENT  | REVISED  |
|---|--|--|
| <ul style="list-style-type: none"> <li>➤ Added guidance regarding:               <ul style="list-style-type: none"> <li>• Spanish preference probability field</li> </ul> </li> </ul> | <p>Survey vendors may do any of the following at the request of the contract:</p> <ul style="list-style-type: none"> <li>➤ Include a Spanish language questionnaire in all mailings of the English language questionnaire (this is commonly referred to as “double stuffing”). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.</li> </ul> | <p>Survey vendors may do any of the following at the request of the contract:</p> <ul style="list-style-type: none"> <li>➤ Include a Spanish language questionnaire in all mailings of the English language questionnaire (this is commonly referred to as “double stuffing”). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data. <b>The SPANISH PREFERENCE PROBABILITY can also be used, for example English and Spanish language questionnaires could be sent to enrollees with a value of 0.100000 or higher in this sample field.</b></li> </ul> |

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| <p>➤ Added guidance regarding:</p> <ul style="list-style-type: none"> <li>• Optional questionnaire translations</li> </ul> | <p><b>If the plan has requested use of any of the optional questionnaire translations</b>, survey vendors must mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states or the District of Columbia that is printed in English on one side and in the optional language on the reverse side. The pre-notification letter will provide the survey vendor’s toll-free telephone number for sampled members to call to request a Spanish language survey <b>and</b> the survey vendor’s toll-free telephone number for sampled members to call to request the optional language survey. All such requests must be mailed within two days of the telephone request.</p> | <p>Survey vendors must mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states or the District of Columbia that is printed with English on one side and <b>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.</b> The pre-notification letter will provide the survey vendor’s toll-free telephone number for sampled members to call to request a Spanish language survey <b>and</b> the survey vendor’s toll-free telephone number for sampled members to call to request the optional language survey. All such requests must be mailed within two days of the telephone request.</p> |

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- The QAP&TS V11.0 Appendix H-1 MA-Only 2021 Beneficiary Response Section has been updated for the following items:

| CHANGE MADE  | CURRENT  | REVISED  |
|--|--|--|
| <p>➤ Added guidance regarding Q3 CATI Instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• 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 2020.</li> <li>• 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.]</li> </ul> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• 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 2020, and the times you got health care in person, by phone or by video call.</li> <li>• 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 health care in person, by phone or by video call.]</li> </ul> |

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- The QAP&TS V11.0 Appendix H-2 MA-PD 2021 Beneficiary Response Section has been updated for the following items:

| CHANGE MADE  | CURRENT  | REVISED  |
|--|--|--|
| <p>➤ Added guidance regarding Q3 CATI Instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• 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 2020.</li> <li>• 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.]</li> </ul> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• 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 2020, and the times you got health care in person, by phone or by video call.</li> <li>• 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 health care in person, by phone or by video call.]</li> </ul> |

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- The QAP&TS V11.0 Appendix H-3 PDP 2021 Beneficiary Response Section has been updated for the following items:

| CHANGE MADE  | CURRENT   | REVISED   |
|--|---|---|
| <p>➤ Added guidance regarding Q3 CATI Instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q2 IS ASSIGNED ANSWER “98 – DON’T KNOW” OR “99 – REFUSED” THE INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2020.</li> <li>• 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.]</li> </ul> | <p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q2 IS ASSIGNED ANSWER “98 – DON’T KNOW” OR “99 – REFUSED” THE INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2020, and the times you got health care in person, by phone or by video call.</li> <li>• 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 health care in person, by phone or by video call.]</li> </ul> |



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- The QAP&TS V11.0 Appendix L-5 2021 Medicare Advantage Plan Survey has been updated for the following items:

| CHANGE MADE                          | CURRENT   | REVISED  |
|--------------------------------------|---|--|
| <p>➤ Revised survey instructions</p> | <p><b>MEDICARE SURVEY INSTRUCTIONS</b></p> <p>This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].</p> | <p><b>MEDICARE SURVEY INSTRUCTIONS</b></p> <p>This survey asks about you and the health care you received in the last six 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. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].</p> |

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- The QAP&TS V11.0 Appendix L-6 2021 Medicare Advantage Prescription Drug Survey has been updated for the following items:

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

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- The QAP&TS V11.0 Appendix L-7 2021 Prescription Drug Plan Survey has been updated for the following items:

| CHANGE MADE                          | CURRENT   | REVISED  |
|--------------------------------------|---|--|
| <p>➤ Revised survey instructions</p> | <p><b>MEDICARE SURVEY INSTRUCTIONS</b></p> <p>This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].</p> | <p><b>MEDICARE SURVEY INSTRUCTIONS</b></p> <p>This survey asks about you and the health care you received in the last six 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. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].</p> |

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- The QAP&TS V11.0 Appendix M-1 2021 Medicare Advantage Plan Survey CATI Script has been updated for the following items:

| CHANGE MADE   | CURRENT   | REVISED   |
|---|---|---|
| <p>➤ Revised programing specifications instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>         • 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 2020.<br/>         • 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.]</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>         • 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 2020, and the times you got health care in person, by phone or by video call.<br/>         • 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 health care in person, by phone or by video call.]</p> |

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- The QAP&TS V11.0 Appendix M-2 2021 Medicare Advantage Prescription Drug Survey CATI Script has been updated for the following items:

| CHANGE MADE   | CURRENT   | REVISED   |
|---|---|---|
| <p>➤ Revised programing specifications instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>         • 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 2020.<br/>         • 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.]</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>         • 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 2020, and the times you got health care in person, by phone or by video call.<br/>         • 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 health care in person, by phone or by video call.]</p> |

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- The QAP&TS V11.0 Appendix M-3 2021 Prescription Drug Plan Survey CATI Script has been updated for the following items:

| CHANGE MADE   | CURRENT  | REVISED   |
|---|--|---|
| <p>➤ Revised programing specifications instructions</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>           • IF Q2 IS ASSIGNED ANSWER “98 – DON’T KNOW” OR “99 – REFUSED” THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2020.<br/>           • 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.</p> | <p>[PROGRAMMING SPECIFICATIONS:<br/>           • IF Q2 IS ASSIGNED ANSWER “98 – DON’T KNOW” OR “99 – REFUSED” THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2020, and the times you got health care in person, by phone or by video call.<br/>           • 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.]</p> |