

The Medicare Managed Care CAHPS Survey

CMS-R-246

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0732. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, S1-13-05, Baltimore, Maryland 21244-1850.

SURVEY INSTRUCTIONS

This survey asks about you and your health care. 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.

- ◆ Answer all the questions by putting in “X” in the box to the left of your answer, like this:
☒ Yes
- ◆ Be sure to read all the answer choices given before marking your answer.
- ◆ You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [➔ If no, go to Question 3]. See the examples 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

1. Our records show that you are now covered by [HEALTH PLAN NAME]. Is that right?

☐ Yes → If yes, go to Question 3
☐ No

2. What is the name of your health plan(s)? *(please print)*

3. How many months or years in a row have you been in [HEALTH PLAN NAME]?

☐ Less than 6 months
☐ At least 6 months but less than 1 year
☐ At least 1 year but less than 2 years
☐ At least 2 years but less than 5 years
☐ 5 or more years

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital.

Do not include the times you went for dental care visits.

A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a physician assistant, or a nurse.

4. Do you have one person you think of as your personal doctor or nurse?

☐ Yes
☐ No → If no, go to Question 12 on Page 2

5. Is this person a general doctor, a specialist doctor, a physician assistant, or a nurse?

☐ General doctor (Family Practice or Internal Medicine)
☐ Specialist doctor
☐ Physician assistant
☐ Nurse
☐ I don't have a personal doctor or nurse.

6. How many months or years have you been going to your personal doctor or nurse?

- ☐ Less than 6 months
- ☐ At least 6 months but less than 1 year
- ☐ At least 1 year but less than 2 years
- ☐ At least 2 years but less than 5 years
- ☐ 5 or more years
- ☐ I don't have a personal doctor or nurse.

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

- ☐ 0 Worst personal doctor or nurse possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor or nurse possible
- ☐ I don't have a personal doctor or nurse.

8. Does your personal doctor or nurse know the important facts and decisions about your health care?

- ☐ Yes
- ☐ No
- ☐ I don't have a personal doctor or nurse.

9. Do you have a physical or medical condition that seriously interferes with your ability to work or manage your day-to-day activities?

- ☐ Yes
- ☐ No → If no, go to Question 11

10. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

- ☐ Yes
- ☐ No
- ☐ I don't have any health problems or I don't have a personal doctor or nurse.

11. Did you have the same personal doctor or nurse before you joined [HEALTH PLAN NAME]?

- ☐ Yes → If yes, go to Question 13 on Page 3
- ☐ No

12. Since you joined Medicare, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't get a new personal doctor or nurse.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions do not include dental visits.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

13. In the last 6 months, did you or a doctor think you needed to see a specialist?

☐ Yes
☐ No → If no, go to Question 15

14. In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't need to see a specialist in the last 6 months.

15. In the last 6 months, how many times did you go to specialists for care for yourself?

☐ None → If none, go to Question 18 on Page 4
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

16. How would you rate the specialist you saw most often in the last 6 months, including a personal doctor if he or she is a specialist?

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 the specialist?

☐ 0 Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best specialist possible
☐ I didn't see a specialist in the last 6 months.

17. In the last 6 months, was the specialist you saw most often the same doctor as your personal doctor?

☐ Yes
☐ No
☐ I don't have a personal doctor or I didn't see a specialist in the last 6 months.

**YOUR HEALTH CARE
IN THE LAST 6 MONTHS**

18. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- ☐ Yes
☐ No → If no, go to Question 20

19. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't call for help or advice during regular office hours in the last 6 months.

20. In the last 6 months, did you have an illness, injury, or condition that needed care right away from a clinic, emergency room, or doctor's office?

- ☐ Yes
☐ No → If no, go to Question 22

21. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't need care right away for an illness or injury in the last 6 months.

22. A health provider could be a general doctor, a specialist doctor, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

- ☐ Yes
☐ No → If no, go to Question 24

23. In the last 6 months, not counting the times you needed healthcare right away, how often did you get an appointment for health care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't need an appointment for health care in the last 6 months.

24. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

25. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

☐ None → If none, go to Question 38 on Page 7

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 to 9

☐ 10 or more

26. In the last 6 months, did you or a doctor believe you needed any care, tests, or treatment?

☐ Yes

☐ No → If no, go to Question 28

27. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

☐ A big problem

☐ A small problem

☐ Not a problem

☐ I didn't need care, tests, or treatment in the last 6 months.

28. In the last 6 months, did you need approval from [HEALTH PLAN NAME] for any care, tests, or treatment?

☐ Yes

☐ No → If no, go to Question 30

29. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from [HEALTH PLAN NAME]?

☐ A big problem

☐ A small problem

☐ Not a problem

☐ I had no visits in the last 6 months.

30. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

☐ I had no visits in the last 6 months

31. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

☐ Never

☐ Sometimes

☐ Usually

☐ Always

☐ I had no visits in the last 6 months

32. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

33. In the last 6 months, how often did doctors or other health providers listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

34. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

35. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

36. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months

37. 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
- ☐ I had no visits in the last 6 months.

OTHER HEALTH SERVICES

The next questions ask about your experience with other types of health services you may have had in the last 6 months.

38. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

☐ Yes
☐ No → If no, go to Question 40

39. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment you needed through [HEALTH PLAN NAME]?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't need to get any special medical equipment in the last 6 months.

40. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?
- ☐ Yes
☐ No → If no, go to Question 42

41. In the last 6 months, how much of a problem, if any, was it to get the special therapy you needed through [HEALTH PLAN NAME]?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't need special therapy in the last 6 months.

42. Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 6 months, did you need someone to come into your home to give you home health care or assistance?

☐ Yes
☐ No → If no, go to Question 44 on Page 8

43. In the last 6 months, how much of a problem, if any, was it to get the home health care or assistance you needed through [HEALTH PLAN NAME]?

☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't need home health care or assistance in the last 6 months.

44. In the last 6 months, did you need any new prescription medicines or need to refill a prescription?

- ☐ Yes
☐ No → If no, go to Question 47

45. In the last 6 months, how much of a problem, if any, was it to get the prescription medicine you needed?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't need any new prescriptions or refills in the last 6 months.

46. Of the times when you needed prescription medicines in the last 6 months, how often were you able to get the medicine?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I didn't need any new prescriptions or refills in the last 6 months.

47. People who have a prescription medicine drug discount card get a discount on some prescription medicines when they show the card at a participating pharmacy. A prescription medicine drug discount card is not insurance.

Do you currently have a prescription medicine drug discount card that allows you to buy prescription medicines at a discount?

- ☐ Yes
☐ No

48. Does [HEALTH PLAN NAME] cover some or all of the costs of your prescription medicines?

- ☐ Yes
☐ No

49. Not including Medicare, do you have any other health insurance that pays at least some of the costs of medicines prescribed by doctors and other health providers?

- ☐ Yes
☐ No

50. How much of the costs of your prescription medicines does your health insurance cover?

- ☐ All of the costs
☐ Some of the costs
☐ None of the costs. My health insurance does not pay for any prescription medicines.

YOUR HEALTH PLAN

The next questions ask about your experience with [HEALTH PLAN NAME].

51. In the last 6 months, did you look for any information about how [HEALTH PLAN NAME] works in written material or on the Internet?

- ☐ Yes
☐ No → If no, go to Question 53

52. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't look for information from my health plan in the last 6 months.

53. In the last 6 months, did you call [HEALTH PLAN NAME]'s customer service to get information or help?

- ☐ Yes
☐ No → If no, go to Question 56

54. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called [HEALTH PLAN NAME]'s customer service?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't call my health plan's customer service in the last 6 months.

55. In the last 6 months, how often were people at [HEALTH PLAN NAME]'s customer service as helpful as they should be?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I didn't call my health plan's customer service in the last 6 months.

56. In the last 6 months, have you called or written [HEALTH PLAN NAME] with a complaint or a problem?

- ☐ Yes
☐ No → If no, go to Question 59 on Page 10

57. How long did it take for [HEALTH PLAN NAME] to resolve your complaint?

- ☐ Same day
- ☐ 2 – 7 days
- ☐ 8 – 14 days
- ☐ 15 – 21 days
- ☐ more than 21 days
- ☐ I am still waiting for it to be settled.

If still waiting, go to Question 59

- ☐ I didn't have any complaint or problem in the last 6 months.

58. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled.
- ☐ I didn't have any complaint or problem in the last 6 months.

59. In the last 6 months, did you have to fill out any paperwork for [HEALTH PLAN NAME]?

- ☐ Yes
- ☐ No → If no, go to Question 61

60. In the last 6 months, how much of a problem, if any, did you have with paperwork for [HEALTH PLAN NAME]?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I didn't
- ☐ I didn't have any experience with paperwork for my health plan in the last 6 months.

61. 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

APPEALS AND COMPLAINTS

You have the right to file an appeal if a doctor or your [HEALTH PLAN] made a formal decision not to provide or pay for health care services, or to stop providing health care services.

62. Was there ever a time when you strongly believed that you needed and should have received health care or services that your doctor decided not to give you?

- ☐ Yes
- ☐ No
- ☐ Don't know

63. Before today, did you know that you can ask [HEALTH PLAN] to reconsider your doctor's decision not to provide health care or services?

- ☐ Yes
- ☐ No

64. Does your doctor's office provide you with any information about what to do if a doctor will not give you a service that you believe you need?

- ☐ Yes
- ☐ No
- ☐ Don't know

65. Was there ever a time when you strongly believed you needed care or services that [HEALTH PLAN NAME] decided not to give you?

- ☐ Yes
- ☐ No → If no, go to Question 69 on Page 12

66. Did you ever speak to someone at [HEALTH PLAN], either in person or over the telephone, to ask them to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
 - ☐ No
 - ☐ Don't know
- } Go to Question 68

67. When you called or spoke to your health plan in person about your complaint, did they...

Please mark one or more

- ☐ Tell you that your complaint could be filed as an appeal
- ☐ Send you forms that you need to complete to change your complaint into an appeal or offer to send you forms that you need for an appeal
- ☐ Suggest how to resolve your complaint
- ☐ Listen to your complaint but did not help resolve it
- ☐ Discourage you from taking action about your complaint

68. Has your doctor ever asked someone at [HEALTH PLAN] to reconsider [HEALTH PLAN] decision not to provide or pay for health care or services?

- ☐ Yes
- ☐ No
- ☐ Don't know

69. Before today, did you know that you can file an official appeal in writing to your plan?

- ☐ Yes
☐ No → If no, go to Question 71

70. Did you ever submit an official appeal in writing to [HEALTH PLAN] asking them to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
☐ No
☐ Don't know

The Medicare program is trying to learn more about the health care or services that Medicare health plans provide to beneficiaries.

71. May we contact you again about the health care services provided by your plan?

- ☐ Yes
☐ No

ABOUT YOU

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

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

73. Compared to one year ago, how would you rate your health in general now?

- ☐ Much better now than one year ago
☐ Somewhat better now than one year ago
☐ About the same as one year ago
☐ Somewhat worse now than one year ago
☐ Much worse now than one year ago

74. In the last 12 months, have you been a patient in a hospital overnight or longer?

- ☐ Yes
☐ No

75. In general, how would you rate your overall mental health now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

76. Do you now have any physical or medical conditions that have lasted for at least 3 months?

- ☐ Yes
☐ No → If no, go to Question 79

77. In the last 12 months, have you seen a doctor or other health provider more than twice for any of these conditions?

- ☐ Yes
☐ No
☐ I have no conditions that have lasted 3 months.

78. Have you been taking prescription medicine for at least 3 months for any of these conditions?

- ☐ Yes
☐ No
☐ I have no conditions that have lasted 3 months.

79. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ☐ Yes
☐ No

80. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ☐ Yes
☐ No

81. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- ☐ Yes
☐ No

82. Did you get a flu shot last year, at any time from September to December 2002?

- ☐ Yes
☐ No → If no, go to Question 84 on Page 14
☐ Don't know

83. Did you get that flu shot either through [HEALTH PLAN NAME] or from your personal doctor?

- ☐ Yes
☐ No
☐ Don't know
☐ I didn't get a flu shot last year.

84. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

85. Have you ever smoked at least 100 cigarettes in your entire life?

- ☐ Yes
 - ☐ No
 - ☐ Don't know
- } Go to Question 89

86. Do you now smoke every day, some days, or not at all?

- ☐ Every day
 - ☐ Some days
 - ☐ Not at all
 - ☐ Don't know
- } Go to Question 88
- Go to Question 87
- Go to Question 89

87. How long has it been since you quit smoking cigarettes?

- ☐ Less than 6 months
 - ☐ 6 months or more
 - ☐ Don't know
- Go to Question 89
- Go to Question 89

88. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months.

89. What is your age now?

- ☐ 44 or younger
- ☐ 45 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 or older

90. Are you male or female?

- ☐ Male
- ☐ Female

91. 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

92. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

93. What is your race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native

94. Did someone help you complete this survey?

- ☐ Yes → **If yes, go to Question 95**
- ☐ No → **Please return the survey in the postage-paid envelope.**

95. How did that person help you?

Please mark all that apply.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped me in some other way

(Please print)

THANK YOU

**Please return the completed survey
in the postage-paid envelope.**