

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

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

Version 12.0

October 2021



Medicare Advantage and Prescription Drug Plan CAHPS® Survey

Quality Assurance Protocols & Technical Specifications V12.0

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MA & PDP CAHPS SURVEY
QUALITY ASSURANCE PROTOCOLS & TECHNICAL SPECIFICATIONS
V12.0

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I. READER'S GUIDE

Purpose of the *Quality Assurance Protocols & Technical Specifications V12.0*

The *Quality Assurance Protocols & Technical Specifications V12.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS¹ 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 V12.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

Quality Assurance Protocols & Technical Specifications V12.0 Content

The *Quality Assurance Protocols & Technical Specifications V12.0* is divided into the following sections:

Introduction and Overview

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

Program Requirements

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

Sampling

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

Communications and Technical Support

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

Data Collection Protocol

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

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
- Mail Questionnaires
- English CATI Instructions and CATI Scripts
- Guidance for Supplemental Questions
- Guidance on Appending Data
- Vendor Report of Outbound CATI

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-PDPCAHP@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 a beneficiary's experience that cannot be assessed by other means. CMS collects information about Medicare beneficiaries' experiences with, and ratings of, Medicare Advantage (MA-Only), Medicare Advantage Prescription Drug (MA-PD) and Medicare Prescription Drug Plans (PDP) via the Medicare CAHPS Survey, a survey of beneficiaries who have been enrolled in their 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 beneficiaries enrolled in the Original Fee-for-Service (FFS) Medicare was added in 2000, and CMS began to collect information about Medicare beneficiaries' experiences in MA-PDs and PDPs in 2007. These surveys, and the Medicare FFS CAHPS survey (FFS CAHPS), are administered annually. CMS conducts the Medicare FFS CAHPS survey.

The primary goals of the MA-Only, MA-PD, and PDP CAHPS Surveys are to:

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

New for 2022

Pre-notification and Survey Cover Letters: CMS has revised the pre-notification and survey cover letters to make them more clear and concise. The revised English and Spanish pre-notification letters and survey cover letters may be found in Appendix L, and all translations have been posted to the MA & PDP CAHPS Survey Website.

Spanish survey materials: Spanish survey materials, including pre-notification letters, survey cover letters, mail surveys, and CATI scripts, have been included in Appendices L and M of the QAP&TS V12.0.

Data Collection Schedule: The timeline to complete first CATI attempts has been extended for 2022 MA & PDP CAHPS Survey administration. First CATI attempts must be completed within the first 10 days of the start of CATI protocol. See the Data Collection Schedule on pages 24-25 of the Data Collection Protocol chapter.

In addition, a second interim data submission will be required for 2022. The first interim data submission must include survey data from mail returns only. The second interim data submission must encompass both mail and phone (inbound and outbound) survey data. See the Data Collection Schedule on pages 24-25 of the Data Collection Protocol chapter.

Quality Control Guidelines – CATI: Script programming errors identified by the survey vendor, subcontractor, or the MA & PDP CAHPS Survey project team during the phone phase of survey administration must be corrected before resuming survey interviews. Script text errors that are not linked to programming logic 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. See Quality Control Guidelines on page 41 of the Data Collection Protocol chapter.

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. The survey vendor’s DUA must be updated for the removal or addition of subcontractors within three business days. See “Working with Subcontractors” on page 13 in the Program Requirements chapter.

Beneficiary Correspondence: CMS has clarified the guidance for submitting beneficiary correspondence (“white mail”), including instructions for scanning, naming, and categorizing pieces of mail. Please refer to the Beneficiary Correspondence section beginning on page 35 in the Data Collection Protocol chapter for 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 beneficiaries’ experiences in their own particular contract type. The PDP survey includes only questions about the drug plan. As noted earlier, the Medicare FFS CAHPS survey is fielded directly by CMS and collects data on the healthcare experiences of beneficiaries enrolled in the FFS Medicare plan.

The *MA-Only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, 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 beneficiaries for whom the item is relevant to answer the questions associated with the screener questions.

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

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- 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 beneficiaries 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 beneficiaries who are known to be institutionalized at the time of the sample draw. The MA & PDP CAHPS Survey is administered using **only** a mixed mode data collection protocol that includes a pre-notification letter, two survey mailings, and telephone follow-up of non-respondents.

Prior to 2011, CMS paid for all data collection activities and contracted with a single survey vendor for data collection. Beginning in 2011, CMS required all MA and PDP contracts with at least 600 enrollees as of July the previous year to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Collection of MA & PDP CAHPS

Survey data follows a specific data collection timeline and protocol established by CMS. Beginning with 2012 MA & PDP CAHPS Survey administration, CMS required all MA organizations, 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 2022 MA & PDP CAHPS Survey Data

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

III. PROGRAM REQUIREMENTS

Overview

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

Communication with Plan Members About the MA & PDP CAHPS Survey

Survey vendors and MA-Only, MA-PD, and PDP contracts are allowed to notify beneficiaries that they may be asked to participate in the 2022 MA & PDP CAHPS Survey. If a contract chooses to notify beneficiaries that they may receive a survey, then all beneficiaries must be notified. Certain types of communication (either oral, written, or in the survey materials, e.g., cover letters and telephone scripts) are not permitted, since they may introduce bias in the survey results. For instance, survey vendors, contracts, or their agents are not allowed to:

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

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

- Fielding other surveys of beneficiaries four weeks prior to, during, and four weeks after the 2022 Medicare CAHPS Survey administration (generally anytime from February 3 to July 4, 2022 – 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.

Roles and Responsibilities

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

CMS Roles and Responsibilities

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

- Provide MA & PDP CAHPS Survey vendors the survey administration protocols, sample files, timeline, and description of the data submission tools through distribution of the *Quality Assurance Protocols & Technical Specifications V12.0* for the 2022 MA & PDP CAHPS Survey administration
- Train survey vendors to administer the MA & PDP CAHPS Survey
- Provide technical assistance to survey vendors and plans via a toll-free telephone number, email, and the MA & PD CAHPS Survey 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 V12.0*
 - 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
 - Current DUAs are extended before their expiration date if necessary. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs which are expired.
 - Current DUAs are updated to include the 2022 survey administration data
 - A DUA Addendum must be submitted for each subcontractor that comes into direct contact with a beneficiary and/or data about or from a beneficiary (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 2022 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 beneficiary survey data. Note that any and all data that is appended to the sample file or beneficiary 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-PDPCAHP@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 beneficiaries 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-PDPCAHP@hsag.com) using the Excel template format included in Appendix O. 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 O 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 members 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 number 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 beneficiary sample file to ensure that the sample file includes all required data elements
- Administer the MA & PDP CAHPS Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols and procedures established by CMS and contained in the *Quality Assurance Protocols & Technical Specifications V12.0*
- Verify that each contract has authorized the survey vendor to submit data on behalf of the contract
- Submit data files to the MA & PDP CAHPS Data Warehouse in accordance with the data file specifications in the *Quality Assurance Protocols & Technical Specifications V12.0* by the data submission deadline established by CMS
 - All returned surveys received up to three days prior to the Interim Data File submission due dates must be processed and included in the Interim Data File submissions
 - 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 a beneficiary and/or data about or from a beneficiary 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, 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 CATI script, and prepare and submit the survey data file attend the training. If a subcontractor will be conducting any of the following functions, at least one representative from that subcontractor must attend training: inserting or survey packet preparation; processing of 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 V12.0* and All Policy Updates

The *Quality Assurance Protocols & Technical Specifications V12.0* 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 V12.0*. 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 V12.0*. 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 process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
 - Include a detailed description of the process for obtaining and updating beneficiary telephone numbers
 - 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 mailing materials (e.g., cover letters and questionnaires) and telephone scripts (screenshots) via email to MA-PDPCAHP@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 24-25, 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.

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 2022 MA & PDP CAHPS Survey. A random sample of Medicare beneficiaries by MA-Only, MA-PD, or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2022 by CMS.

Sample Selection and Eligibility Criteria

CMS has made no changes to sample selection or eligibility criteria for 2022 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.

To be included in the MA & PDP CAHPS survey, contracts must have a sufficient number of eligible beneficiaries 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 whose members meet the 6-month continuous enrollment criteria within that same contract. If a contract member 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. Beneficiaries also had to be 18 years old or older at the time of the sample draw. Institutionalized beneficiaries are not eligible for selection, and are excluded if the beneficiary address matches an institution in the CMS Provider of Services file or identifies an institution. Institutionalized beneficiaries identified during data collection are excluded from the analysis. All sampled members 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 members 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 beneficiaries are enrolled in the prescription drug (PD) benefit, samples will be drawn from both PD enrolled and non-enrolled beneficiaries. **Each group will be mailed the appropriate questionnaire.** Data from both groups will be combined to obtain estimates for non-PD survey items.

Note: MA-Only beneficiaries enrolled in an MA-PD contract must be sent the MA-Only questionnaire. Such beneficiaries will have a value of “1” indicating MA-Only questionnaire in the sample file variable “TYPE.”

Do Not Survey List

Survey vendors may maintain a list of beneficiaries who have requested removal from contact for future surveys. Contracts may provide their “Do Not Survey” list to supplement survey vendor’s list. If a vendor uses a “Do Not Survey” list provided by a contract, the vendor must document the process used to place beneficiaries on the list. If a beneficiary 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 beneficiary may be removed from the sample and assigned a Final Disposition Code of “40 – Excluded from survey.” If a beneficiary requests to be placed on a “Do Not Survey” list **after** data collection has begun, that beneficiary record should be assigned a Final Disposition Code of “32 – Refusal.”

Note: Vendors and contracts should not reach out to beneficiaries 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 2022 MA & PDP CAHPS Survey administration. Oversampling can only occur at the contract level and only if there is sufficient eligible enrollee volume to support additional sample after the required MA & PDP CAHPS Survey sample is drawn. Contracts are required to request an increase in sample size for their contract by December 1, 2021.

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 beneficiaries.

Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS Data Coordination Team, who will conduct data checks for any anomalies in the sample file such as truncated name or address information. CMS will provide addresses of beneficiaries for whom addresses are available in the IDR as of January 2022. 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.

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 Beneficiary First Name
MNAME	39	15	Text	CMS Beneficiary Middle Name
LNAME	54	40	Text	CMS Beneficiary Last Name
DOB_C	94	8	yyyymmdd	Date of Birth
ZIP	102	9	Char	Mailing Address ZIP Code
ADDR1FINAL	111	50	Text	Mailing Address Line 1
ADDR2FINAL	161	50	Text	Mailing Address Line 2
CITY	211	40	Text	Mailing Address City Name
PR_CD	251	28	Text	Puerto Rican Urbanization Code
STATE	279	2	Char	Mailing Address USPS State Code
FIPS_STATE	281	2	Char	CMS State FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS County FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = Male, 2 = Female
CONTRACT	287	5	[H,R,E,S]nnnn	Five character contract number: Beginning with a letter, H, R, E, or S, followed by 4 numbers
TYPE	292	1	1-3	Survey Type code: indicating which survey version to administer: 1 = MA-Only; 2 = MA-PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
LAND/MOBILE	353	1	L/M/U	L = Land line; M = Mobile; U = Unknown
SPANISH PREFERENCE	354	1	Y/N	“Y” Indicates the beneficiary 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 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	8	Numeric	Spanish Preference Probability Estimates using MBISG 2.1. Valid values range from 0.000000 to 1.000000

Retrieving the Sample File

Once the MA & PDP CAHPS Data Coordination Team receives and prepares the 2022 sample, a sample file for each contract will be created and disaggregated by survey vendor (creating a sample file for each survey vendor). The MA & PDP CAHPS Data Coordination Team will then distribute these files to the appropriate survey vendors via the MA & PDP CAHPS Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix 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 2022 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 2022 MA & PDP CAHPS Survey.

V. COMMUNICATIONS AND TECHNICAL SUPPORT

Overview

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

Information and Technical Assistance

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

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

The 2022 MA & PDP CAHPS Survey consists of three different questionnaires: MA-Only, MA-PD, and PDP. Although the MA questionnaires are very similar, each questionnaire includes items and response categories specific to the beneficiaries' experiences with the plan they are in. The PDP questionnaire includes only questions about the prescription drug plan.

The standard protocol used in the administration of all three of the questionnaires for 2022 employs a mixed mode of data collection that includes two survey mailings and telephone follow-up of non-respondents. The protocol also includes mailing a pre-notification letter to all sampled members, alerting them of the first mailing of the questionnaire, and assuring the sampled members that the survey is sponsored by CMS. If sampled members fail to respond after two survey mailings, survey vendors will attempt five telephone follow-up calls. The sampled member may refuse to answer any or all of the survey questions, but the survey vendor must make the attempt to contact the sampled member to see whether he or she may be willing to respond to the survey or any missed questions. Survey responses may not be provided in any format other than the mail survey or the CATI interview.

If a sampled member calls the toll-free telephone number **during the telephone follow-up period** of the survey, survey vendors can transfer the call to a CATI interviewer who will attempt to complete the survey by phone or schedule an appointment to conduct the interview at a time that is more convenient for the sampled member. 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."*

2022 Data Collection Schedule

The basic tasks and timing for conducting the 2022 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	11/10/2021	-113 days
Survey vendors must submit English mail survey materials and English MA-PD CATI screenshots to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHP@hsag.com	11/23/2021	-100 days
Survey vendors provide toll-free customer support telephone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2022 customer support must be provided to MA-PDPCAHP@hsag.com . CMS will generate customized pre-notification letter for each vendor at a later date that includes the telephone number provided.)	12/1/2021	-92 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)	12/1/2021	-92 days
Plan must complete the web-based survey vendor authorization process to designate a survey vendor for each contract eligible for the 2022 MA & PDP CAHPS Survey	12/1/2021	-92 days
Survey vendors must submit any supplemental questions for approval	12/2/2021	-91 days
Survey vendors must submit Spanish (and Chinese, Korean, Tagalog, and Vietnamese, if applicable) mail survey materials to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHP@hsag.com	12/14/2021	-79 days
Survey vendors must complete and submit a new DUA or update existing DUA to CMS and provide a confirmation to the MA & PDP CAHPS Technical Assistance email (MA-PDPCAHP@hsag.com). Subcontractors that come into direct contact with a beneficiary and/or data about or from a beneficiary (e.g., name, address, telephone number) must also have a DUA Addendum in place with CMS.	1/4/2022	-58 days
Survey vendors must submit QAP to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHP@hsag.com	1/4/2022	-58 days

Data Collection Tasks

Survey Vendor Task	Date	Time Frame in Survey Field Period
Vendors download 2022 sample file	2/10/2022	-22 days
Mail out a pre-notification letter to all sampled members	3/3/2022	day 1
Customer support telephone center opens (Toll-free number required)	3/4/2022	days 2 – 96
Mail-out of the first questionnaire with cover letter within one week of the pre-notification letter. Begin inbound CATI protocol.	3/7/2022 – 3/8/2022	days 5 – 6
Mail-out of second mailing of questionnaire with cover letter to all non-respondents 30 days after first mailing	4/6/2022 – 4/7/2022	days 35 – 36
Submit interim data files with returned mail survey data to CMS (RAND). Survey vendors may begin to submit data on 4/26/2022 but must have an interim data file submitted, and deemed to be fully correct and accepted, by 4/28/2022. No interim submission of MMP data is required.	4/26/2022 – 4/28/2022	days 55 – 57
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey (First attempt must occur during this time)	4/29/2022 – 5/9/2022	days 58-68
Survey vendors must submit the Vendor Report of Outbound CATI to the MA & PDP CAHPS Survey Project Team via MA-PDPCAHP@hsag.com	5/9/2022	day 68
Submit interim data files with mail and phone survey data to CMS (RAND). Survey vendors may begin to submit data on 5/10/2022 but must have an interim data file submitted, and deemed to be fully correct and accepted, by 5/12/2022. No interim submission of MMP data is required.	5/10/2022 – 5/12/2022	69 - 71
Conduct additional telephone attempts by CATI according to the following specifications: <ul style="list-style-type: none"> • 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	5/10/2022 – 6/6/2022	days 69 – 96
Cutoff date for returned mail surveys	6/6/2022	day 96
Customer support toll-free line closes	6/6/2022	day 96
Outbound telephone interviewing ends	6/6/2022	day 96
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 6/15/2022 but vendors must have a final data file submitted, and deemed to be fully correct and accepted, by 6/17/2022.	6/15/2022 – 6/17/2022	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 6/21/2022 but vendors must have a final data file submitted, and deemed to be fully correct and accepted, by 6/23/2022.	6/21/2022 – 6/23/2022	days 111 – 113

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 plan 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 plan specific supplemental questions.

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

<i>Questionnaire</i>	<i>Core Questions</i>	<i>About You Questions</i>
<i>MA-Only</i>	<i>1-40</i>	<i>41 - 63</i>
<i>MA-PD</i>	<i>1-47</i>	<i>48 - 68</i>
<i>PDP</i>	<i>1-9</i>	<i>10 - 26</i>

The *MA-Only questionnaire* includes the following domains: Your Healthcare in the Last 6 Months, Your Personal Doctor, Getting Healthcare from Specialists, Your Health Plan, 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 beneficiaries for whom the item is relevant to answer the items following the screener questions.

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

Inbound CATI Protocol

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

- Schedule an appointment to call the sampled member at the time requested by the sampled member
 - If the survey vendor calls at the scheduled time and receives no response, the survey vendor must make at least one additional attempt (on the next day at the same time) to contact the sampled member

If an MA & PDP CAHPS Survey is not completed as a result of the inbound CATI protocol, then the standard mail and telephone CATI protocols should be resumed and continued.

- Inbound CATI call attempts with an unsuccessful survey completion do not count toward the five call attempts of the telephone protocol

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

Mail Protocol

This section provides detailed information about the process for implementing the mail component of the mixed mode data collection approach that will be used for the 2022 MA & PDP CAHPS Survey administration.

- Survey vendors must be prepared to conduct the mail component of the mixed mode of survey administration in English and Spanish
- Survey vendors will have the option of offering Chinese, Korean, Tagalog, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for members 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 (mail vs. telephone) and across survey vendors, survey vendors cannot change the wording of survey questions, the response categories, or the order of questions
- Survey vendors cannot modify the wording of the pre-notification letter or the survey cover letters. 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, pre-notification letter, 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 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 MA-PD CATI telephone

scripts (screenshots) 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. Please see the Oversight section of this manual for more information.

Mail Materials

The mail component of the mixed mode data collection protocol uses standardized questionnaires, a pre-notification letter, and cover letters provided by CMS. 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, and survey cover letters required for the administration of the survey, including for sampled members 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 and Survey Cover Letters

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.

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

- Full name and address are used to address all envelopes to the sampled beneficiary

Pre-notification Letter

- The pre-notification letter must contain a salutation that is personalized using the sample variables FNAME and LNAME
- The pre-notification letter will include the customer service telephone number provided in advance by the survey vendor
- The CMS logo must appear in the return address section of the pre-notification letter to alert sampled members that the packet is being sent to them by CMS
- The pre-notification letter must be dated March 3, 2022
- 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 beneficiaries 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 and any outgoing questionnaire mailing envelopes **must not** be printed with any banners such as “Important Information Enclosed. Please Reply Immediately.” or messages such as “Important Information From the Centers for Medicare & Medicaid Services Enclosed.”
- The pre-notification letter must be printed using a font size equal to or larger than Times New Roman 12 or Arial 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

Cover Letter

- All questionnaires must include a survey cover letter that is to be printed on a separate sheet of paper, and not attached to the questionnaire
- The cover letter for the first questionnaire mailing must be dated March 8, 2022. The cover letter for the second questionnaire mailing must be dated April 7, 2022.
- 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 12 or Arial 12 point font
- The cover letter for the questionnaire mailings must contain Spanish text inviting Spanish speaking beneficiaries to call the survey vendor’s toll-free telephone number to request the Spanish translation of the questionnaire

Note: If the survey vendor is administering the MA & PDP CAHPS Survey in one of the optional languages (Chinese, Korean, Tagalog, or Vietnamese), the cover letters may include text in that optional language inviting beneficiaries to call the survey vendor’s toll-free telephone number to request the survey translation.

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 plan logos are the only logos that should appear on the envelope.

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 full questionnaire title including the year must be placed at the top of page one
- The beneficiary’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 and number. (*Note: OMB clearance statement and number may be printed in 10 point font.*)
 - The OMB statement and number 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)
 - MA-PD (Q41, Q53)
 - 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). This list should be preceded by the phrase: “You may also know your plan by one of the following names.” This phrasing is to be placed after the contract marketing name. The contract number is not to be included on the last page of the survey instrument(s).

Example:

Contract marketing name: XYZ Plan

You may also know your plan by one of the following:

 - ABC Plan*
 - CDD Plan*
 - EFG Plan*
- 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 and 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 beneficiary. 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 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 beneficiaries
- 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 2022 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval using the Excel template found in Appendix N. 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 2, 2021 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/resent 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 2021 survey administration are automatically approved and do not need to be resubmitted for 2022. Previously approved questions cannot be revised in any way. Questions denied for 2021 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 beneficiary 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 a beneficiary either directly or indirectly or that jeopardize respondent confidentiality (e.g., items that ask for the beneficiary's Social Security number)
- Ask respondent why he/she chose a particular response to any of the questions
- Ask respondent how to improve any score previously given
- Use the phrase "In the last 12 months" (must only refer to a six month retroactive period)
- Are 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 plan staff or provider training to improve treatment or services
- Ask any question that is not related to experience of health care (is not a report or rating of care or access to care) nor promotes quality improvement action with regard to care
- Address dollar amounts that beneficiaries 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 plan-specific supplemental questions. An example of such phrasing is as follows:
"Now we would like to ask you a few more questions on topics we have asked you about before. These questions provide additional information on these important topics."
- Supplemental questions added to the mail questionnaire must also be added to the corresponding CATI version of the questionnaire

Confidential Tracking ID

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

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

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

Mailing of Survey Materials

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

- Make every reasonable attempt to contact each eligible sampled member, whether or not they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the MA & PDP CAHPS Survey Project Team.
- Enclose a self-addressed, stamped Business Reply Envelope in the survey mail packet along with the cover letter and questionnaire. The questionnaire cannot be mailed without both a cover letter and a self-addressed, stamped Business Reply Envelope.
- Mail materials must be addressed to the sampled member using the address provided in the sample file (unless the survey vendor receives an updated mailing address)
- To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the questionnaires using first class postage or indicia
- The use of windowed envelopes is permissible, provided no personal information – other than beneficiary 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 members and to standardize addresses to conform to U.S. Postal Service formats. Survey vendors **must** also use the NCOA database to update addresses prior to mailing and for all mail materials returned as undeliverable.

Data Receipt of Questionnaires Completed by Mail

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

Data Entry/Data Processing Procedures

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

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

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

Data Storage

Survey vendors must store 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.

Beneficiary Correspondence

Survey vendors must forward beneficiary correspondence to the MA & PDP CAHPS Survey project team on a bi-weekly basis. The MA & PDP CAHPS Survey project team will collect the beneficiary correspondence on behalf of CMS and forward the material to CMS for review. Forwarded beneficiary correspondence must include all white mail (i.e., notes from members 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 beneficiary). It is not necessary to forward white mail that only indicates refusal to complete the survey or a member is ineligible (e.g., institutionalized, mentally or physically unable to respond, language barrier, excluded from survey); however, correspondence indicating a beneficiary is deceased should be forwarded. 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 beneficiary comments written on or within the survey, including marginal comments. If survey vendors receive 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 piece of white mail should be scanned separately and saved as an individual PDF. White mail from multiple beneficiaries should **not** be combined into one PDF.
- Each piece of scanned white mail should include the beneficiary's name, mailing address, and phone number (if available).
- White mail must be categorized by topic, using the categories described in the following section. The scanned file should be named with the FINDER (Unique Respondent Finder Number assigned in the sample file) and the one word topic associated with that piece of white mail (Need/Distressed/Financial, Deceased, Other); e.g., 123444555_Financial.pdf or 543211233_Distressed.pdf.

Categorizing white mail

- White mail should be categorized by topic.
- If a 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 a 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. *Deceased beneficiary*
 - Comments that the beneficiary has died
 - Death certificates or death notices
 3. *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
 - Change of address
 - Anything that does not fit into categories 1 or 2

Survey vendors should not email beneficiary correspondence as it may contain PHI. Beneficiary correspondence must be securely sent to the project team via a secure file transfer system; items that cannot be scanned may be mailed to MA & PDP CAHPS Survey Project Team, 3133 E. Camelback Road, Suite 100, Phoenix, AZ 85016-4545. Instructions for uploading documents to the project SFTP site will be provided via email. After documents have been received by the project team, an email confirmation of receipt will be returned to the vendor that will include the date of receipt and the number of pieces received.

Once beneficiary correspondence has been uploaded to the MA & PDP CAHPS project team and the vendor has received confirmation of receipt, survey vendors may follow their standard procedures for secure storage and shredding of the hard copy materials. White mail 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 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 (cover letter, questionnaire, return envelope) 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. 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 mixed mode survey administration of the 2022 administration of the MA & PDP CAHPS Survey. This phase requires the use of computer-assisted telephone interviewing (CATI). Telephone interviews must not be completed manually using paper/pencil questionnaires and then key-entered after the interview.

Telephone Interviewing Systems

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

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

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

*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 2022 administration of the MA & PDP CAHPS Survey, survey vendors will identify beneficiaries who are eligible for telephone follow-up. These include beneficiaries who did not respond to the mail survey and beneficiaries who returned an incomplete or blank mail questionnaire (see definition of an incomplete survey in the Data Coding and Data Preparation section).

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

Obtaining Telephone Numbers

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

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

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

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

Telephone Attempts

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

- An interview is completed or refused
- The beneficiary 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 beneficiary case has received five attempts over no fewer than 21 calendar days

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

- The phone 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 phone 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 phone number is five; the maximum number of attempts for a beneficiary is five per each number dialed. After five attempts to contact the beneficiary 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 phone number is dialed for the beneficiary, each of those numbers is eligible for five attempts.

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

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

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

Timing of attempts. Phone attempts must occur at different times of day, on different days of the week and in different weeks. Beneficiary cases finalized as maximum attempts must have had dialings over no fewer than 21 calendar days, whether the vendor dials one phone number or multiple phone numbers. If a beneficiary 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 phone number for beneficiary #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 beneficiary, who asks for a call back the next morning. On the next calendar day, the fourth attempt occurs and the phone rings six times with no answer. The fifth attempt occurs seven calendar days later and the phone rings six times with no answer. In this scenario, no further calls are made as the beneficiary case received five attempts over 23 calendar days.

Example 5: The vendor loads one phone number for beneficiary #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 beneficiary, who asks for a call back the next morning. On the next calendar day, the fourth attempt occurs and the beneficiary again asks for a call back the next calendar day. The fifth attempt occurs one calendar day later and the phone 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 beneficiary have spanned a minimum of 21 calendar days.

Example 6: The vendor loads two phone numbers for beneficiary #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 phone rings six times with no answer. The second attempt is made four calendar days later on a weekend morning, and again the phone rings six times with no answer. Over the next nine days the third, fourth, and fifth attempts are made and each time the phone rings six times with no answer. The first phone number has had five attempts across different times of day and different week and weekend days. Interviewers begin attempts on the second phone number on the fifteenth day of outbound CATI. On

the first attempt to the second phone number, the phone rings six times with no answer. Over the next 11 days the second, third, fourth, and fifth attempts are made and each time the phone rings six times with no answer. The second phone number has had five attempts across different times of day and different week and weekend days. The beneficiary case has had attempts across a total of 26 days and is finalized as max attempts.

Telephone Survey Materials

The telephone component of the mixed mode data collection protocol uses standardized telephone scripts provided by CMS. These materials are available on the MA & PDP CAHPS Survey 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 for review by the MA & PDP CAHPS Survey Project Team. Please see the Oversight section of this manual for more information.

Supplemental Questions

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

Retention and Storage of Data Collected Via CATI

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

Quality Control Guidelines

Survey vendors must make every reasonable effort to ensure optimal telephone response rates on the telephone component of the survey administration and must ensure the quality of data collected via CATI. 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 9, 2022 using the Excel template found in Appendix P. 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 phone 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 beneficiary 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 beneficiary'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 member, the current status of all members designated for telephone follow-up, and responses to all questions.

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

Telephone Monitoring and Oversight

Telephone interviewers must be adequately supervised and monitored throughout the telephone data collection period to ensure that they are following established protocols and procedures. 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.
- 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 beneficiaries are encouraged to respond directly to the mail or telephone questionnaires, not all respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family member or other proxy complete the survey for them. Sampled members who are unable to respond to the telephone interview 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 beneficiary 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 beneficiary's sister gets on the line and requests a call back at a different phone number to complete the interview. No further effort will be made to interview the beneficiary and calls to the original number will cease. In this scenario, the beneficiary case will receive more than five phone 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 beneficiary comes to the phone and indicates she prefers her husband to answer the interview on her behalf. The beneficiary's husband comes to the phone and completes the interview. In this scenario, the beneficiary 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 beneficiaries selected to participate in the survey. Survey vendors are expected to maintain the confidentiality of beneficiaries and may not provide contracts/plans with the names of beneficiaries selected for the survey or any other beneficiary information that could be used to identify an individual sampled member (either directly or indirectly).

Administering the Survey in Other Languages

CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish, Chinese, Korean, Tagalog, and Vietnamese. Note the Chinese language survey is appropriate for members who speak Cantonese or Mandarin, but survey vendors must maintain an interviewer pool that meets the needs of their Chinese speaking beneficiaries, if known (may require interviewers that speak both Cantonese and Mandarin). Spanish language questionnaires must be made available to all Spanish-speaking members (both in 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 both mail and telephone administration. The procedures detailed below are to be used for members who reside in the 50 U.S. states and the District of Columbia. Procedures for members who reside in Puerto Rico are detailed separately.

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

- Include instructions for requesting a Spanish language questionnaire with the pre-notification letter and all mailings of the English language questionnaire. Instructions 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 plan or contained in the SPANISH PREFERENCE 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 0.100000 or higher in this sample field.
- Send a Spanish language questionnaire only in all mailings of the survey to members known to prefer Spanish. Those members can be identified using language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.
- Include instructions for requesting an optional language (Chinese, Korean, Tagalog, or Vietnamese) questionnaire with the pre-notification letter 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 plan.
- Send an optional language questionnaire only in all mailings of the survey to members known to prefer the optional language. Those members would be identified using language preference data received from the plan.

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

Mailing the Pre-Notification Letter

If the plan has **not** requested use of any of the optional questionnaire translations, 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 Spanish on the reverse side. The pre-notification letter will provide the survey vendor’s toll-free telephone number for sampled

members to call to request a Spanish language survey. All such requests must be mailed within two days of the telephone request.

If the plan has requested use of any of the optional questionnaire translations, 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 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 members to call to request a Spanish language survey **and** the survey vendor's toll-free telephone number for sampled members to call to request 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 members
- If a plan provides a survey vendor with language preference data, the data must include all plan members for whom data are available or applicable. Survey vendors cannot provide any plan with names or other identifying information of sampled members. Survey vendors should use name, address, city, and state to confirm a match with the plan'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

Administering the Survey for Members Residing in Puerto Rico

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

At the request of the plan, survey vendors may:

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

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

Timing of Plans' Data Collection Efforts

To avoid over-burdening beneficiaries, survey vendors, contracts, or their agents are strongly discouraged from fielding other surveys of beneficiaries four weeks prior to, during, or four weeks after the 2022 MA & PDP CAHPS Survey administration (anytime from February 3 to July 4, 2022), except for other CMS surveys (e.g., Medicare Health Outcomes Survey).

If a contract conducts other surveys of beneficiaries 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 beneficiaries 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. This section contains information about preparing the MA & PDP CAHPS Survey data files for submission, including information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys. Survey vendors will submit data files that contain the data for every plan that has contracted with that survey vendor. If assistance is needed in preparing data files for submission to the MA & PDP CAHPS Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to MA-PDPCAHPSTECHSUPPORT@rand.org.

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 Broadcom 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.

ASCII File Specifications

Survey vendors will use a flat ASCII file format to submit the survey data files. The file may contain only ASCII printable or Extended ASCII codes, i.e., Unicode format files are not acceptable. This format allows the survey vendor to submit each plan's sampled member records in one file. Survey vendors are required to submit a record for all sampled members included in the original sample file received by the survey vendor for a contract. No substitutions for valid data element values are acceptable.

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

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

- Survey Status Section
- Beneficiary Survey Data Section

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

Survey Status Section

The Survey Status Section contains the Unique Respondent Finder Number for the sampled member, Survey Type, Contract Number, Final Disposition Code, Survey Completion Mode (mail or CATI), Survey Language, Survey Received/Completed date, Contract Marketing Name, Phone Attempts, Survey Mailing, 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 phone number was obtained). Survey Status information must be submitted for all beneficiaries selected for the survey sample, including beneficiaries found to be ineligible. A complete layout of the Survey Status Section can be found in Appendix H.

Beneficiary Survey Data Section

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

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

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

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

Note: All MA & PDP CAHPS Survey data files must contain a Survey Status Section for each beneficiary who was sampled from the plan. The Beneficiary Survey Data Section is required for “Final Survey Disposition” of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Incomplete or blank survey returned.” The Beneficiary 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 a beneficiary answers “No” to the health plan of record question and does not know the name of their health plan, the interviewer should continue the survey administration and not terminate the call. The interviewer should ask the beneficiary to answer the questions as best as they can, thinking about the plan they were enrolled in during 2021.

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 by certain beneficiaries. These items form skip patterns. The following decision rules are provided to assist in the coding of beneficiary responses to skip pattern questions.

- Do not correct a screener question by imputing a response based on the beneficiary’s answers to the dependent questions. Enter the value provided by the beneficiary.
- 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 beneficiary answers questions.
 - In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response provided by the beneficiary in the data submission files. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. However, these questions are not counted toward the number of “applicable to all” (ATA) or summary measure items in the calculation to determine a complete or partially complete survey.
 - Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
- For CATI questionnaire skip patterns
 - In instances where the beneficiary answers “I don’t know” or refuses to answer the screener question, code response options of “98 – Don’t Know” or “99 – Refused” respectively
 - When answer options of “98 – Don’t Know” or “99 – Refused” are used for coding screener questions, the skip pattern should be programmed into the 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”

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

Interim Data Coding Instructions

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

In the mail survey when no response is selected for any answer option, for a multi-mark question, all answer options are coded as “M – Missing.” For the telephone multi-mark questions, the marked boxes are coded in accordance with the respondent’s choices and the corresponding codes in Appendix 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 beneficiary survey. If any attempt to contact a beneficiary 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 beneficiary and the result is a non-deliverable mail piece for which a valid telephone number was not obtained, code “35 – Unable to Obtain a Viable Address and Telephone Number for the Beneficiary” should be used.

Survey Completion Guidelines

An incomplete questionnaire contains no responses for any reportable measure. A partially completed questionnaire includes response items answered for at least one reportable measure **and** for *less than* 50 percent (<50%) of the applicable to all (ATA) items. A completed questionnaire includes response items answered for at least one reportable measure and *greater than or equal to* 50 percent (≥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 survey is received, the case is finalized and additional mailings or telephone calls are not conducted. If a blank or incomplete 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 mail survey are “from scratch,” that is, the survey vendor will send another blank survey to the beneficiary or will attempt to complete the survey by telephone from the beginning rather than attempting to fill in just the missing items from a previous incomplete or blank survey.

If a beneficiary returns only one mail survey with responses, that survey is submitted. If a beneficiary returns two mail surveys 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 meet the criteria for a partial complete (code 31), submit the survey that contains responses to the greatest number of questions
- 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 a beneficiary responds by returning a survey but did not answer any of the reportable measures, and in addition, follow-up telephone attempts to reach the beneficiary to complete the survey were unsuccessful, the record is assigned a final disposition code of “34 – 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 beneficiary by the MA & PDP CAHPS Data Coordination Team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a questionnaire or requires further follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection, 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 beneficiary a final survey disposition code from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If a beneficiary responds, completes, or attempts to complete the survey, or returns a blank survey, assign an appropriate code of 10, 31, or 34
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from 22, 24, 32, or 33, describing the reason
 - The following examples would not be coded as refusals (code 32) and call attempts should continue:
 - Someone answers the phone and then hangs up without saying a word
 - A beneficiary says, “I’ve already mailed my survey back”
- If no viable contact information can be obtained for the beneficiary, assign code 35
- If a beneficiary is found to be institutionalized, assign code 11
 - 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 beneficiary is deceased, assign code 20
- If a beneficiary named in either the survey vendor’s or plan’s “Do Not Survey” list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** been initiated, that beneficiary may be removed from the sample and assigned a “Final Disposition Code” of “40 – Excluded from survey”

- If a beneficiary is found to be ineligible or excluded after the sample is drawn for any other reason, the beneficiary should be assigned a “Final Survey Disposition” code of “40 – Ineligible: was excluded from the survey process”
- Surveys that receive a “Final Survey Disposition” code of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – 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 beneficiary 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, beneficiaries 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 $\geq 50\%$ of the ATA items	A complete includes response items answered for at least one reportable measure and <i>greater than or equal to</i> 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Partially completed survey	31	A partial complete includes response items answered for at least one reportable measure and $< 50\%$ of the ATA items	A partial complete includes response items answered for at least one reportable measure and <i>less than</i> 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Institutionalized	11	Institutionalized	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.)
Deceased	20	Deceased	Deceased at the time of survey administration

Final Disposition	Code	Description	Criteria
Language barrier	22	Unable to complete the survey in English, Spanish, Chinese, Korean, Tagalog, or Vietnamese	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 either mail or phone portion of the survey	Mentally or physically unable to respond to either mail or phone portion of the survey
Refusal	32	Refused to complete the survey	Refused to complete the survey
Non-response	33	No response collected	No response collected either by mail or by telephone when there is no indication of bad address and telephone number
Incomplete or blank survey returned	34	Responded by mail or initiated CATI, no reportable items answered	Responded by mail or CATI, no reportable items answered. There must be no evidence that the beneficiary is ineligible.
Bad address and bad telephone number	35	Unable to obtain a viable address and telephone number for the beneficiary	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 beneficiary is ineligible or beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list	Beneficiary was determined to be ineligible prior to the start of data collection (see Sampling section in this manual) OR beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list and data collection was not initiated

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 beneficiary during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest the contrary. If the evidence is insufficient, the survey vendor must continue attempting to contact the beneficiary until the required number of attempts has been exhausted.

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

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

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

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

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

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

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

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

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

VIII. DATA SUBMISSION

Overview

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

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 2022 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 interim data files by 9:59 PM Eastern Time on April 28, 2022 and by 9:59 PM Eastern Time on May 12, 2022, and the final survey data file by 9:59 PM Eastern Time on June 17, 2022. **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 on April 26, 2022. Vendors are encouraged to submit interim data on the first day of the submission window to assure a successful file submission by April 28, 2022.
2. Survey vendors may begin to submit the second interim data file on May 10, 2022. Vendors are encouraged to submit interim data on the first day of the submission window to assure a successful file submission by May 12, 2022.
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.

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.051022.1.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 beneficiary the survey vendor received in the sample file (for the interim data submissions, the record for a beneficiary for whom the survey vendor has not yet completed a survey should be coded with disposition code “33 – No response collected”).*
- 3. Survey vendors 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-PDPCAHPSSTECHSUPPORT@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 2022 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 2021 MA & PDP CAHPS Survey will be available in the fall of 2022.

Reporting

Public Reporting of 2022 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 beneficiaries to help choose an MA or PDP plan. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions.

Additional Reporting of 2022 Medicare CAHPS Data to Plans

Official CAHPS preview reports will be emailed to Medicare Compliance Officers in late August 2022. 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 beneficiaries, 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 2022.

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

When calculating the response rate, code 34 (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 web reports use a 0 – 100 scale for each measure, while the reports to plans give more detail on the original scales of the items.

2022 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:

- 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 2022 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 phone, mail and phone are weighted within each contract proportionately to the number of beneficiaries who report attempting to fill prescriptions by mail or phone in that contract.

Care Coordination Composite Scoring

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

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

**Note that 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

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 one exception for Care Coordination composite, items 5 and 6, 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 member's survey responses. To ensure that comparisons between contracts reflect differences in performance rather than differences in case-mix, CMS adjusts for such respondent characteristics when comparing contracts in 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:

- Education
- Self-reported general health status
- Self-reported mental health status
- Proxy assistance or completion of the survey form
- Dual eligibility*
- Low income subsidy*
- Age*
- 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

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

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.

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	Actual age at time of finalizing survey	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:

$$H_{\leq 64} = (0+1+0+0+0+0+1+0) / 7 = 2/7 = 0.29$$

$$H_{65-69} = (1+0+0+0+0+0+0+1) / 7 = 2/7 = 0.29$$

$$H_{75-79} = (0+0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$$

$$H_{80-84} = (0+0+1+0+0+0+0+0) / 7 = 1/7 = 0.14$$

$$H_{85+} = (0+1+0+0+0+0+0+0) / 7 = 1/7 = 0.14$$

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), and whether interunit reliability is low. The comparison of a contract's score to percentiles is based on rounded scores on the 0-100 scale, while the significance tests and test of 1 standard error (SE) difference are based on exact 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 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 MP-CAHPS@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 2022 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
< 15 th percentile by > 1 SE	1	1	1	2	2	2	2
< 15 th percentile by ≤ 1 SE		2	1	2	2	2	2
≥ 15 th to < 30 th percentile	2	2	2	3	2	3	2
≥ 30 th to < 60 th percentile	3	2	2	3	3	4	4
≥ 60 th to < 80 th percentile	4	3	4	3	4	4	4
≥ 80 th percentile by ≤ 1 SE	5	4	4	4	4	4	5
≥ 80 th 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 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.”](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 member-level datasets to their contracts, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents. For example, survey vendors may **not** provide contracts with names of beneficiaries selected for the survey, or provide contracts their full beneficiary file with names of sampled beneficiaries removed.

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

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 a beneficiary.

X. OVERSIGHT

Overview

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

Oversight Activities

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

- MA & PDP CAHPS Survey Quality Assurance Plan (QAP)

The MA & PDP CAHPS Survey QAP is a comprehensive working document that is developed, and periodically revised, by survey vendors to document their current administration of the survey and compliance with the MA & PDP CAHPS Survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The MA & PDP CAHPS Survey Project Team will review each QAP to ensure that the survey vendor's stated processes are compliant with MA & PDP CAHPS Survey protocols. In addition, materials relevant to the MA & PDP CAHPS Survey administration, including mailing materials (e.g., pre-notification letters, cover letters and questionnaires), telephone scripts, tracking of key events, and documentation that quality control procedures are conducted, are required to be submitted. A description of the results from previous survey administration quality control activities and any corrective action plan(s) implemented is also required as part of the revised QAP. CMS may also request additional survey-related materials for review as needed.
- Analysis of Submitted Data

All survey data submitted to the MA & PDP CAHPS Data Warehouse by survey vendors will be reviewed by the MA & PDP CAHPS Data Coordination Team. This review will include, but is not limited to, statistical and comparative analyses, preparation of data for public reporting, and other activities as required by CMS. If data anomalies are found, the MA & PDP CAHPS Survey Project Team will follow-up with the survey vendor.
- Site Visits/Conference Calls

All survey vendors (and their subcontractors, as applicable) are required to participate in site visits and conference calls conducted by the MA & PDP CAHPS Survey Project Team. The site visits allow the MA & PDP CAHPS Survey Project Team to review and observe systems, procedures, facilities, resources, and documentation used to administer the MA & PDP CAHPS Survey. The conference calls allow the MA & PDP CAHPS Survey Project Team to discuss issues with the survey vendor related to administration of the MA & PDP CAHPS Survey. 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 V12.0*. The following components must be addressed:
 - Organizational background and structure for project
 - Work plan for survey administration
 - Survey and data management system
 - Provide a detailed description of the process for updating beneficiary addresses and telephone numbers
 - 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 V12.0*, 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 V12.0*. All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to:

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

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

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

Non-compliance and Sanctions

Non-compliance with MA & PDP CAHPS Survey protocols including program requirements, successful completion of all required training activities, annual timely submission of the QAP, timely submission of 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.** 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-PDPCAHP@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 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 V12.0*.

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.

Appendix A

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

2022 Minimum Business Requirements

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2022 Minimum Business Requirements

A survey vendor and/or 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® Survey¹. 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 beneficiary-level personally identifiable information (PII) shall be referred to hereafter as a “subcontractor.”

1. Relevant Survey Experience

Demonstrated recent experience in fielding Mixed Mode surveys.

Criteria	Survey Vendor
Survey Experience	<ul style="list-style-type: none"> • Survey vendor and/or subcontractor(s) must have prior experience (minimum of 3 years) conducting surveys with the Medicare population • Survey vendor and/or 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 subcontractor(s) must have prior experience (minimum of 3 years) conducting large-scale Mixed Mode surveys (i.e., 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 • If applicable, poor past performance by survey vendor and/or subcontractor(s) on CMS beneficiary surveys will be considered as vendor failing to meet minimum business requirements. For example: <ul style="list-style-type: none"> ○ Not adhering to the timeline and/or procedures for survey administration ○ Not adhering to required oversight activities ○ Not adhering to Event Report procedures and corrective actions
Number of Years in Business	<ul style="list-style-type: none"> • Survey vendor must have minimum of 4 years²

¹ CMS may grant survey vendors exceptions on a case-by-case basis to MA & PDP CAHPS Survey on-site operating requirements in the event of a public health emergency during administration of MA & PDP CAHPS.

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

Criteria	Survey Vendor
Experience with Multiple Survey Languages	<ul style="list-style-type: none"> • Survey vendor and/or 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 handle required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor
Personnel	<ul style="list-style-type: none"> • Designated Personnel: <ul style="list-style-type: none"> ○ Project Manager with a minimum of 3 years relevant Mixed Mode (mail survey administration followed by CATI administration with non-respondents) survey experience ○ Mail Survey Supervisor with a minimum of 1 year previous experience in role ○ Telephone Survey Supervisor with a minimum of 1 year previous survey call center experience ○ Lead or Primary Programmer with a minimum of 1 year previous experience processing survey data and preparing data files for electronic submission
System Resources	<ul style="list-style-type: none"> • System resources must meet CMS specifications in the QAP&TS and at a minimum include the following: <ul style="list-style-type: none"> ○ Physical facilities and electronic equipment and software for secure data collection processing and reporting ○ Creation and submission of data files containing beneficiary-level information ○ Electronic survey management system to track fielded surveys through the entire protocol that protects the confidentiality of personally identifiable information and survey data received from beneficiaries (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection) ○ A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires and hardcopy sample files that protects the confidentiality of beneficiary response data and personally identifiable information ○ Anticipate and plan for site visits

Criteria	Survey Vendor
Approved Use of Subcontractors	<ul style="list-style-type: none"> 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.
Mixed Mode Administration	<ul style="list-style-type: none"> Responsible for reproduction, printing, and mailing of survey materials in accordance with specifications provided Capacity for conducting telephone interviews using a CATI system Follow MA & PDP CAHPS Survey timeline Use commercial software/resources to ensure that 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, both the 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 beneficiaries 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 Mail survey administration and telephone interviews are not to be conducted from a residence, nor from a virtual office¹ 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
Data Submission	<ul style="list-style-type: none"> 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 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

Criteria	Survey Vendor
Data Security and Confidentiality	<ul style="list-style-type: none"> • Returned paper questionnaires must be stored in a secure and environmentally safe location • Firewalls and/or other mechanisms must be utilized 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 • 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. CMS-defined personally identifiable information (PII) must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP). • 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 • 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 <ul style="list-style-type: none"> ○ Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed a 3-year period • Vendors and subcontractors (if applicable) must document compliance with HIPAA regulations with regard to beneficiary protected health information (PHI) <ul style="list-style-type: none"> ○ Vendors must not share identifying information about beneficiaries in the survey sample with health or drug plans • Vendors must receive approval from CMS to append any additional data to the sample file
Data Retention	<ul style="list-style-type: none"> • Retain all data files, 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). <ul style="list-style-type: none"> ○ Archived electronic data files, audio recordings, and paper copies or scanned images of surveys must be easily retrievable

Criteria	Survey Vendor
Technical Assistance/Customer Support	<ul style="list-style-type: none"> • 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 • Accommodate Chinese, Vietnamese, Korean, and/or Tagalog inquiries if administering the MA & PDP CAHPS Survey in these optional languages

3. Quality Control Procedures

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

Criteria	Survey Vendor
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> • Set-up, conduct, and document quality control procedures for all phases of survey implementation, including: <ul style="list-style-type: none"> ○ Monitoring of subcontractor(s) if applicable ○ Training ○ Printing, mailing, and recording receipt of surveys ○ Telephone administration and monitoring of survey (electronic telephone interviewing system) in all languages in which the survey is administered ○ Coding, editing, or keying in survey data ○ Preparing beneficiary data files for interim and final submission ○ 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	<ul style="list-style-type: none"> • 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

Criteria	Survey Vendor
Training Participants	<ul style="list-style-type: none"> • Project Manager, Mail Survey Supervisor, and Telephone Survey Supervisor at a minimum • Project staff member(s) are also recommended to attend training if they are responsible for the following functions: <ul style="list-style-type: none"> ○ Decrypting the sample file and performing sample file quality checks ○ Programming the CATI script ○ Preparing and submitting the survey data file • At least one representative from a subcontractor organization must attend training if that subcontractor will be conducting any of the functions below: <ul style="list-style-type: none"> ○ Inserting or survey packet preparation ○ Processing of returned mail surveys ○ Conducting telephone interviews (CATI administration)
Oversight	<ul style="list-style-type: none"> • Vendors and their subcontractors are subject to oversight activities, including in-person visits to business operation site(s) to observe MA & PDP CAHPS 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 survey mail materials and CATI screenshots to the project team for review by specified due date • Organization must be prepared to submit reports as requested by the project team, such as reports of outbound CATI progress

4. Approval Term

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

Criteria	Survey Vendor
Approval Term	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ Occurrence of similar substantive errors within or across projects○ Significant non-compliant items identified during site visits or monitoring○ Receipt of a corrective action memo from CMS○ CMS requests for quality improvement plans○ 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

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

2022 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 2022 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 10, 2021.**

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 mail and CATI survey materials.*

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

It is important that sufficient detail is provided in the QAP so that the project team can determine the survey vendor's adherence to survey administration guidelines and that rigorous quality checks or controls have been put in place. 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 (mail materials in English and Spanish [and Chinese, Korean, Vietnamese and/or Tagalog, if applicable], and screenshots of the MA-PD telephone script in English) must be submitted for review. In addition, examples of templates, logs, tracking tools, or other relevant documentation should be included as appendices to the QAP. During the site visit, the MA & PDP CAHPS Project Team will review the telephone interviewer monitoring log.

Note: The mail materials, 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 the 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. Mail survey administration
 3. Telephone survey administration
 4. Data receipt and entry
 5. Tracking of key survey events
 6. Survey administration process quality checks
 7. Preparation and submission of encrypted data
 8. Data security
 9. Staff training
- C. Describe the internal training of personnel involved in MA & PDP CAHPS Survey administration, including subcontractor(s) if applicable.

II. Work Plan for Survey Administration

- A. For the following MA & PDP CAHPS Survey administration tasks, identify the staff responsible for each task; the processes implemented to conduct each task; the system resources (hardware and software) utilized; and the quality checks performed, including the documentation maintained as evidence that the quality checks were conducted.
1. Describe the process used to download the sample from the MA & PDP CAHPS Survey Data Warehouse
 2. Describe how the sampled beneficiaries are tracked throughout the data collection schedule provided in the *Quality Assurance Protocols & Technical Specifications V12.0* manual. (Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.)
 - a) Describe in detail, the process for updating the list of beneficiaries identified for telephone contact. How does your organization update its CATI call list as completed surveys are returned via mail?

3. Provide a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings) to include a description of the results of previous survey administration quality control procedures, what the results of those procedures were, and what was done to correct identified deficiencies
5. Provide a detailed description of the processes for obtaining and updating telephone numbers from each utilized source, programming the CATI system, and software used
 - a) Describe the quality control checks of CATI procedures to confirm that programming is accurate and in accordance with MA & PDP CAHPS Survey protocols, and that data integrity is maintained
 - b) Describe the process for handling multiple phone numbers for a single beneficiary during the telephone protocol of data collection
 - c) Include the number of clients who intend to provide beneficiary membership files with phone numbers to append to 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 phone numbers.

6. Describe the procedures for conducting telephone interviews
 - a) Detail all procedures used to dial cell/mobile phone numbers. Be sure to indicate if procedures vary based on source of the phone 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, Vietnamese and/or Tagalog)
 - i. Detail which Chinese dialects (Cantonese and/or Mandarin) will be supported by the Chinese-speaking interviewers
7. Describe the process for ensuring that telephone interviewers are following MA & PDP CAHPS Survey data collection protocols and procedures during the telephone survey administration phase
 - 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
 - i. 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.
8. Describe data receipt activities
 - a) Describe the process of logging surveys when they are returned by mail and the subsequent processing of those surveys, including the length of time between receipt of survey and completion of data verification
 - b) Describe the process for capturing beneficiary survey responses obtained during telephone interviewing

9. Describe data entry procedures
 - a) Describe use of the decision rules and quality control processes to verify the accuracy of decision rule application (mail surveys)
 - b) Describe key entry or scanning procedures and equipment used
 - c) Describe the quality control processes to validate the accuracy of key entry and/or electronic scanning procedures
 10. Describe the data preparation and submission procedures
 - a) Describe the processes for preparing encrypted data files
 - b) Describe the processes for uploading data files
 - c) Describe the quality control processes to validate the accuracy of data file preparation and submission
 - d) Describe the process for ensuring that all returned surveys received up to three days before Interim Data Submission are included in the data file
 11. Describe your organization's data storage and retention policies
 - a) Describe the back-up process for survey administration activities related to electronic data or files, including the quality control checks that are in place to ensure the back-up files are retrievable
 12. Detail the quality control activities that have been implemented as a result of items noted during 2021 site visits
- B. Describe the customer support telephone line and how it will be operated
1. Identify who is responsible for responding to questions regarding the MA & PDP CAHPS Survey
 2. Describe the process for training and monitoring of English and Spanish-language customer service line staff
 3. Describe the process for training and monitoring of any Chinese, Korean, Vietnamese or Tagalog-language customer service line staff
 4. Provide the customer support telephone number
 5. Include a written transcript of the customer support telephone line voice mail message
 6. Include the hours of live and voice mail operations for the customer support line and timeframe for returning calls
- C. In the appendices to the QAP, include all forms used in MA & PDP CAHPS Survey administration that may assist the MA & PDP CAHPS Survey Project Team to review the survey vendor's processes (e.g., tracking logs, quality assurance checklists, survey status and/or productivity reports).
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, Vietnamese and/or Tagalog, provide a table which indicates **for each contract** how the Spanish, Chinese, Korean, Vietnamese and/or Tagalog 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 Vietnamese (if applicable)	Process for distributing Korean (if applicable)	Process for distributing Tagalog (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. Include the length of time that these materials will be retained.
- B. Include a copy of the confidentiality agreement template that is signed by staff and subcontractor(s), if applicable, who are involved in any aspect of MA & PDP CAHPS Survey administration.
- C. 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: underlined, 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 beneficiary’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 a beneficiary 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 beneficiary 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 a beneficiary’s responses, concerns, and questions, without inserting their own opinions or judgments
- Maintaining Neutrality – the qualities of the interviewer should not affect a beneficiary’s perception of a question, and different interviewers would ideally obtain the exact same responses from any given beneficiary. 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 beneficiaries’ 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 beneficiary questions using the materials provided by CMS and your organization. CMS recommends that training for all interviewers include:

- Practice responding to beneficiary or family member questions using Appendix E (“Frequently Asked Questions for Customer Support”). Interviewers should use this document as needed when talking with beneficiaries, 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 beneficiaries 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 a beneficiary 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 beneficiaries to answer survey questions in a particular way. Please refer to the “Program Requirements” section of the Quality Assurance Protocols & Technical Specifications V12.0 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

➤ Who is conducting this survey?

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

➤ Who is sponsoring this survey?

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

➤ Who is CMS?

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

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

The purpose of this survey is to learn more from a beneficiary’s perspective about the care they have received. Medicare uses these data to provide information about the quality of the healthcare services Medicare beneficiaries 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 Web site (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.**

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

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

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

➤ **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 beneficiaries 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 2022, please answer the questions based on your experience with Medicare in the last six months of 2021. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other beneficiaries 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 beneficiaries within your plan.

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

Medicare provides the contact information for all randomly selected beneficiaries.

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

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

- **I'm not interested.**

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

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

Your time is valuable. It is a very important survey, and I would really appreciate your help today. The interview 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 [BENEFICIARY SPECIFY] so that the call does not use any of my cell phone minutes?**

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

[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME]

Set a future date and time for the telephone interview.

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

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

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

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

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

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

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

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

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

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

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

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

- **I don't want to buy anything.**

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

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

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

- **Will my responses affect my doctor?**

Your doctor will not see your survey responses.

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

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

- **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. Each survey has been assigned an identification number that allows us to keep track of which beneficiaries have returned a completed questionnaire.

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

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

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

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

him/her. If the interviewer is unable to speak to the beneficiary directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **There was no section on the 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.

- **Questions About COVID-19 Vaccines and Testing**

- **How can I get a COVID vaccine?**

The Centers for Disease Control (CDC) can give you help to find a COVID-19 vaccine near you. You can call them at 1-800-232-0233. All calls to that number are free and help is available in English, Spanish and many other languages.

- **Does Medicare pay for the COVID vaccine?**

Medicare covers the vaccine at no cost to you.

- **Does Medicare pay for the COVID test?**

Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.

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 V12.0 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 y observaciones de sus beneficiarios.

➤ ¿Quién patrocina esta encuesta?

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

➤ ¿Qué 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 beneficiarios, la atención que han recibido. Medicare utiliza esos datos para proveer información sobre la calidad de los servicios de atención médica que reciben los beneficiarios de 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.

➤ **¿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, llamando al 1-800-MEDICARE.

➤ **¿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.**

Nuestros registros indican que no tenemos en el archivo una encuesta de usted, y nuestros registros se actualizan regularmente. 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 beneficiarios de 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 beneficiarios. 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 2022, por favor conteste las preguntas basándose en las experiencias que tuvo con Medicare en los últimos 6 meses del 2021. 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 beneficiarios. 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 beneficiarios de Medicare dentro de su plan.

- **¿Cómo obtuvo mi número de teléfono?**

Medicare proporciona la información de contacto de todos los beneficiarios 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 beneficiarios.

➤ **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 [BENEFICIARY SPECIFY] de modo que la llamada no utilice ninguno de los minutos de mi teléfono celular?**

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

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

➤ **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 pasará 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 y direcciones se mantendrán estrictamente confidenciales y se utilizarán exclusivamente para los fines de esta encuesta.

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

Nadie irá a su casa. La encuesta recopila la información a través del 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 telemarketing. 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) 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 beneficiarios 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. ¿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, usted puede llamar de nuevo para contestar la encuesta por teléfono. Si no devuelve por correo 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 beneficiaries are encouraged to respond directly to the survey, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. A family member or other proxy may complete the survey for the beneficiary. The interviewer must obtain the beneficiary's permission to have a proxy respondent assist him/her. If the interviewer is unable to speak to the beneficiary directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **En la encuesta que recibí 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.

➤ **Questions About COVID-19 Vaccines and Testing**

➤ **¿Cómo puedo recibir una vacuna COVID?**

El Centro para el Control de Enfermedades (CDC) puede darle ayuda para encontrar una vacuna contra el COVID-19 cerca de usted. Usted puede llamarlos al 1-800-232-0233. Todas las llamadas a ese número son gratis y la ayuda está disponible en inglés, español y muchos otros idiomas.

➤ **¿Medicare paga por la vacuna COVID?**

Medicare cubre la vacuna sin costo alguno para usted.

➤ **¿Medicare paga por la prueba de COVID?**

Medicare cubre las pruebas de laboratorio para COVID-19. Usted no paga gastos de bolsillo.

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

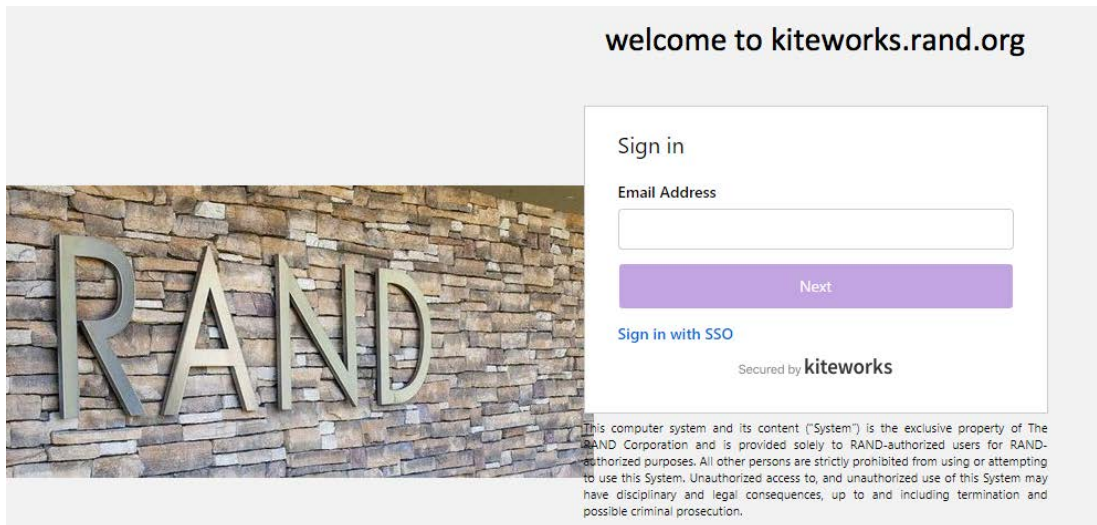
Accessing the Data Warehouse

If the 2022 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.

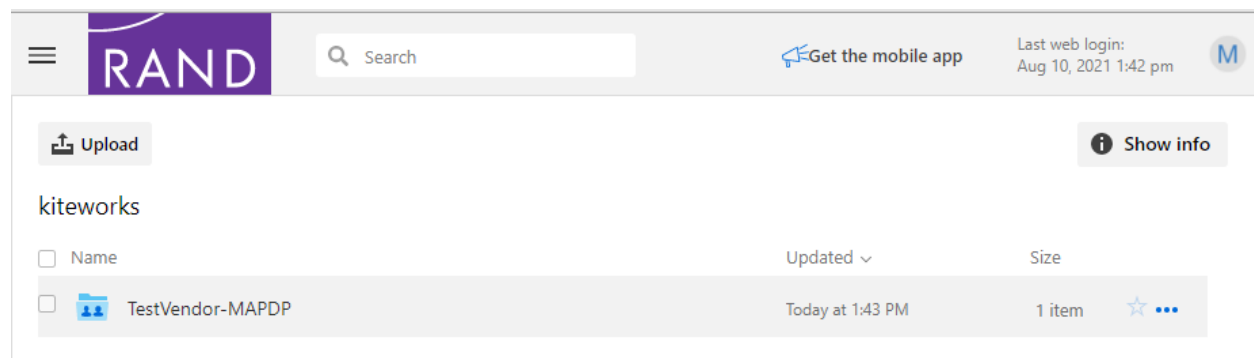
If you need to reset your password, it must contain:

- 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.

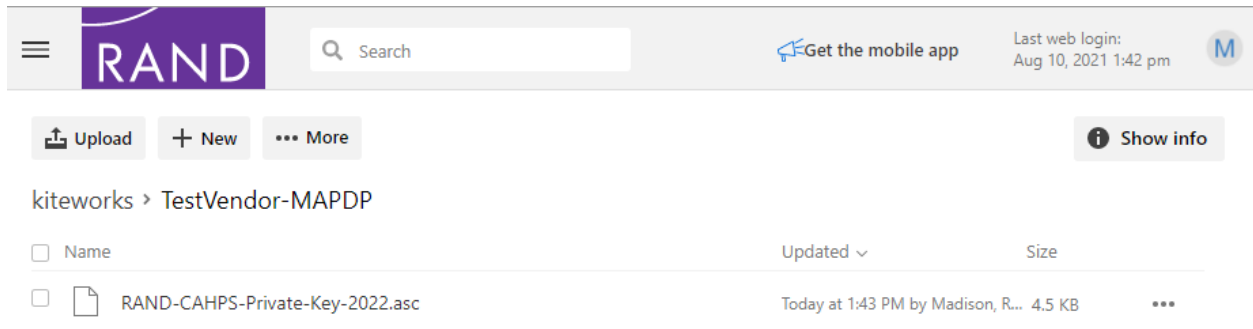
Using the Site

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.



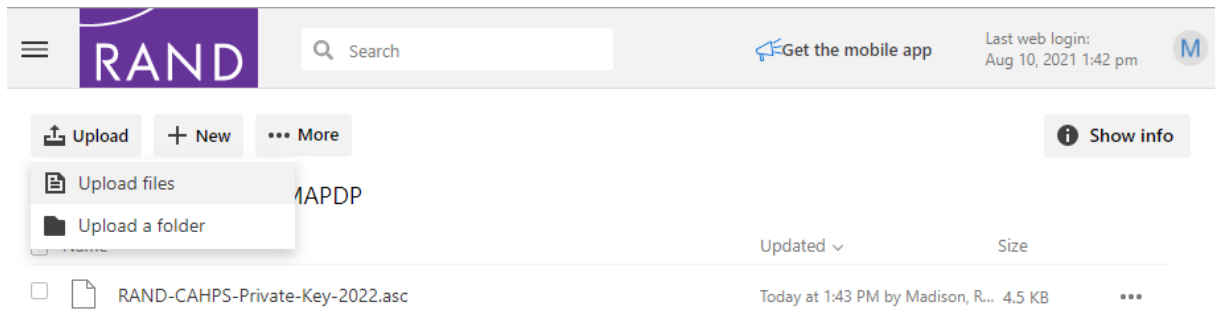
The screenshot shows the RAND kiteworks Files interface. At the top, there is a navigation bar with the RAND logo, a search bar, a link to "Get the mobile app", and a user profile section showing "Last web login: Aug 10, 2021 1:42 pm" and a profile icon labeled "M". Below the navigation bar, there is an "Upload" button and a "Show info" button. The main content area is titled "kiteworks" and displays a table of files. The table has columns for "Name", "Updated", and "Size". A single file is listed: "TestVendor-MAPDP", which was updated "Today at 1:43 PM" and has "1 item". There are also icons for sharing and more options (three dots) next to the file name.

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



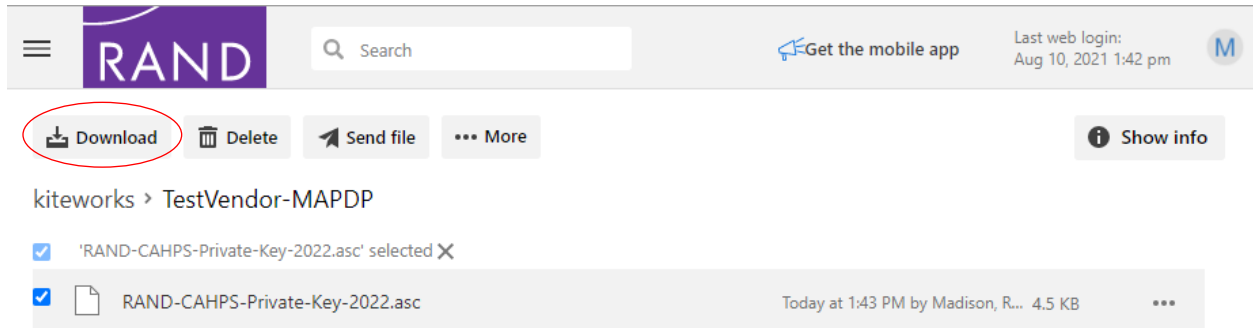
Uploading Files

Click on the “Upload” button to submit your 2022 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.



The screenshot shows the RAND data warehouse interface. At the top, there is a navigation bar with the RAND logo, a search bar, a "Get the mobile app" button, and a user profile section showing "Last web login: Aug 10, 2021 1:42 pm" and a user icon "M". Below the navigation bar, there is a toolbar with buttons for "Download", "Delete", "Send file", and "More". The "Download" button is circled in red. To the right of the toolbar is a "Show info" button. Below the toolbar, the breadcrumb path "kiteworks > TestVendor-MAPDP" is displayed. A selection bar shows a checked checkbox and the text "'RAND-CAHPS-Private-Key-2022.asc' selected X". Below this, a file entry is shown with a checked checkbox, a document icon, the filename "RAND-CAHPS-Private-Key-2022.asc", the upload time "Today at 1:43 PM by Madison, R...", the file size "4.5 KB", and a three-dot menu icon.

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

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
LAND/MOBILE	353	1	L/M/U	L = LAND LINE; M= MOBILE; U= UNKNOWN
SPANISH PREFERENCE	354	1	Y/N	“Y” Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	355	1	Y/N/U	Low Income Subsidy indicator 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	8	Numeric	Spanish Preference Probability Estimates using MBISG 2.1. Valid values range from 0.000000 to 1.000000

Appendix H

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

Vendor Survey File Record Layout 2022 Survey Status Section

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Appendix H

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

Vendor Survey File Record Layout 2022 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	1-3, 8	1 = Mail; 2 = Inbound CATI; 3 = Outbound CATI; 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	Spanish Language Preference Indicator	79	1	Y/N	"Y" Indicates the beneficiary 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 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

Appendix H-1

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

Medicare Advantage Plan (MA-Only) 2022 Beneficiary Response Section

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Appendix H-1

Medicare Advantage Plan (MA-Only) 2022 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that in 2021 your health services were covered by the plan named on the back page. Is that right?</p> <p>¹ <input type="checkbox"/> Yes → If Yes, Go to Question 3 ² <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2021 your health services were covered by the plan named [HEALTH PLAN NAME]. Is that right? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES [GO TO Q3] 2 NO [GO TO Q2] 98 <DON'T KNOW> [GO TO Q2] 99 <REFUSED> [GO TO Q2] M [MISSING]</p>	90-91	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>2. Please write below the name of the health plan you had in 2021 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2021? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	92-141	Text 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 5</p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> • 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 2021, 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 health care in the last 6 months, and the times you got health care in person, by phone or by video call.] <p>Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q5] 98 <DON'T KNOW> [GO TO Q5] 99 <REFUSED> [GO TO Q5] M [MISSING]</p>	142-143	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	144-145	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 7</p>	<p>Q5 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q7] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]</p>	146-147	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	148-149	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 <input type="checkbox"/> None → If None, Go to Question 9 1 <input type="checkbox"/> 1 time 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 to 9 6 <input type="checkbox"/> 10 or more times</p>	<p>Q7 In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? Would you say...</p> <p>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]</p>	150-151	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	152-153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health care possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Best health care possible</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST HEALTH CARE POSSIBLE 1 2 3 4 5 6 7 8 9 10 - BEST HEALTH CARE POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	154-155	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing
<p>10. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	156-157	1=Never 2=Sometimes 3=Usually 4=Always 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>11. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 27</p>	<p>Now I'd like to ask you about your personal doctor.</p> <p>Q11 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q27] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	158-159	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p>0 <input type="checkbox"/> None → If None, Go to Question 27 1 <input type="checkbox"/> 1 time 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 to 9 6 <input type="checkbox"/> 10 or more times</p>	<p>Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...</p> <p>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]</p>	160-161	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	162-163	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>14. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	166-167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>16. In the last 6 months, how often did your personal doctor spend enough time with you?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	168-169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	170-171	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>18. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q18 In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	172-173	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 22</p>	<p>Q19 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q22] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q22] 99 <REFUSED> [GO TO Q22] M [MISSING]</p>	174-175	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never → If Never, Go to Question 22</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, [GO TO Q22]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW> [GO TO Q22]</p> <p>99 <REFUSED> [GO TO Q22]</p> <p>M [MISSING]</p>	176-177	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	178-179	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. In the last 6 months, did you take any prescription medicine?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 24</p>	<p>Q22 In the last 6 months, did you take any prescription medicine? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q24] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q24] 99 <REFUSED> [GO TO Q24] M [MISSING]</p>	180-181	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	182-183	<p>1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 27</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	184-185	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 27</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	186-187	<p>1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>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...</p> <p>1 Yes, definitely, 2 Yes, somewhat, or 3 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	188-189	<p>1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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 <u>personal doctor</u> a specialist?</p> <p>1 <input type="checkbox"/> Yes → If Yes, Please include your personal doctor as you answer these questions about specialists</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I do not have a personal doctor</p>	<p>Now I am going to ask some questions about getting health care from specialists.</p> <p>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? Would you say...</p> <p>1 Yes 2 No, or 3 I do not have a personal doctor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	190-191	<p>1=Yes 2=No 3=I do not have a personal doctor 98=Don't Know 99=Refused M=Missing</p>
<p>28. In the last 6 months, did you make any appointments to see a specialist?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → If No, Go to Question 33</p> <p>3 <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28) Please include your personal doctor as you answer these questions about specialists</p> <p>Q28 In the last 6 months, did you make any appointments to see a specialist? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q33] 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]</p>	192-193	<p>1=Yes 2=No 3=Someone else made my specialist appointments for me 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? 1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always	Q29 In the last 6 months, how often did you get an appointment to see 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]	194-195	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 seen in the last 6 months? 0 <input type="checkbox"/> None → If None, Go to Question 33 1 <input type="checkbox"/> 1 specialist 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 or more specialists	Q30 How many specialists have you seen in the last 6 months? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>) 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]	196-197	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. We want to know your rating of the specialist you saw <u>most often</u> in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?</p> <p> <input type="checkbox"/> 0 - Worst specialist possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Best specialist possible </p>	<p>Q31 We want to know your rating of the specialist you saw <u>most often</u> in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST SPECIALIST POSSIBLE</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 - BEST SPECIALIST POSSIBLE</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 >REFUSED> M [MISSING]</p>	198-199	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I do not have a personal doctor 6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months 7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAM SPECIFICATIONS:</p> <ul style="list-style-type: none"> 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” <p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, 4 Always, or 5 (MAIL SURVEY ONLY) 6 (MAIL SURVEY ONLY) 7 My personal doctor is a specialist 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	200-201	1=Never 2=Sometimes 3=Usually 4=Always 5=I do not have a personal doctor 6=I did not visit my personal doctor in the last 6 months 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. In the last 6 months, did you get information or help from your health plan's customer service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 36</p>	<p>Now I am going to ask some questions about your health plan.</p> <p>Q33 In the last 6 months, did you get information or help from your health plan's customer service? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q36] 98 <DON'T KNOW> [GO TO Q36] 99 <REFUSED> [GO TO Q36] M [MISSING]</p>	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	204-205	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	206-207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 38</p>	<p>Q36 In the last 6 months, did your health plan give you any forms to fill out? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q38] 98 <DON'T KNOW> [GO TO Q38] 99 <REFUSED> [GO TO Q38] M [MISSING]</p>	208-209	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>37. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q37 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	210-211	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 – Worst health plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 – Best health plan possible</p>	<p>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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST HEALTH PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST HEALTH PLAN POSSIBLE</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	212-213	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I am not sure 4 <input type="checkbox"/> I do not have a co-pay 5 <input type="checkbox"/> I do not have a health condition 6 <input type="checkbox"/> I was offered a lower co-pay for another reason</p>	<p>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...</p> <p>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</p> <p>98 <DON'T KNOW> 99 <REFUSED> M MISSING</p>	214-215	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
<p>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)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I am not sure 4 <input type="checkbox"/> I do not have a health condition 5 <input type="checkbox"/> I was offered extra benefits for another reason</p>	<p>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...</p> <p>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</p> <p>98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	216-217	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>41. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q41 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	218-219	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>42. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Q42 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	220-221	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>43. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q43 In the last 6 months, did you spend one or more nights in a hospital? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	222-223	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>44. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q44 In the last 6 months, how often was it easy to get the medicines your doctor prescribed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, 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]</p>	224-225	<p>1=Never 2=Sometimes 3=Usually 4=Always 5=My doctor did not prescribe any medicines for me in the last 6 months 98=Don't Know 99=Refused M=Missing</p>
<p>45. Do you have insurance that pays part or all of the cost of your prescription medicines?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q45 Do you have insurance that pays part or all of the cost of your prescription medicines? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	226-227	<p>1=Yes 2=No 3=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>46. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q46 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	228-229	1=Yes 2=No 3=My doctor did not prescribe any medicines for me in the last 6 months 98=Don't Know 99=Refused M=Missing
<p>47. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q47 In the last 6 months, did you receive any mail order medicines that you did not request? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	230-231	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout																						
		Field Position	Valid Values																					
<p>48. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>a. A heart attack?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Angina or coronary heart disease?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Hypertension or high blood pressure?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Cancer, <u>other than skin cancer</u>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Any kind of diabetes or high blood sugar?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>	f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q48 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>b. Angina or coronary heart disease (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	<p>232-233</p> <p>234-235</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<u>Yes</u>	<u>No</u>																						
a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>																						
b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>																						
c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>																						
d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>																						
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>																						
f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>																						

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>c. Hypertension or high blood pressure <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	236-237	<p>c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u> <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	238-239	<p>d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> also called chronic obstructive pulmonary disease <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	240-241	<p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
		242-243	<p>f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>49. Do you have serious difficulty walking or climbing stairs?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q49 Do you have serious difficulty walking or climbing stairs? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	244-245	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>50. Do you have difficulty dressing or bathing?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q50 Do you have difficulty dressing or bathing? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	246-247	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>51. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q51 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	248-249	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>52. Have you had a flu shot since July 1, 2021?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q52 Have you had a flu shot since July 1, 2021? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	250-251	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>53. 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.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q53 Have you ever had one or more pneumonia shots? <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> 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. <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	252-253	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>54. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all → If Not at all, Go to Question 56 4 <input type="checkbox"/> Don't know → If Don't know, Go to Question 56</p>	<p>Q54 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q56] 4 DON'T KNOW [GO TO Q56] 99 <REFUSED> [GO TO Q56] M [MISSING]</p>	254-255	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>55. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q55 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q56. CODE Q55 AS "88 - NOT APPLICABLE"</p> <p>Q55 In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 <i>(MAIL SURVEY ONLY)</i> 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	256-257	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>56. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less 2 <input type="checkbox"/> Some high school, but did not graduate 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college or 2-year degree 5 <input type="checkbox"/> 4-year college graduate 6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q56 What is the highest grade or level of school that you have completed? Would you say...</p> <p>1 8th grade or less, 2 Some high school, but did not graduate, 3 High school graduate or GED, 4 Some college or 2-year degree, 5 4-year college graduate, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	258-259	<p>1=8th grade or less 2=Some high school but did not graduate 3=High school graduate or GED 4=Some college or 2-year degree 5=4-year college graduate 6=More than 4-year college degree 98=Don't Know 99=Refused M=Missing</p>
<p>57. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino 2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q57 Are you of Hispanic or Latino origin or descent? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	260-261	<p>1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>58. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q58 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u></p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>262-263</p> <p>264-265</p> <p>266-267</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>60. Do you ever use the internet at home?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q60 Do you ever use the internet at home? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	274-275	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>61. 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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q61 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...</p> <p>1 Yes, or 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	276-277	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>62. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Thank you. Please return the completed survey in the postage paid envelope.</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q62 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 <DON'T KNOW> M [MISSING]</p>	278-279	1=Yes 2=No 98=Don't Know M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q63 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE</p> <p>READ THE QUESTIONS TO THE BENEFICIARY 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	<p>280-281</p> <p>282-283</p>	<p>Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p> <p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p> <p>HELPED IN SOME OTHER WAY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	<p>284-285</p> <p>286-287</p> <p>288-289</p>	<p>Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Translated the questions into my language 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>
	<p>[END] Those are all the questions I have. Thank you for taking part in this important interview.</p>		

Appendix H-2

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

Medicare Advantage Prescription Drug Plan (MA-PD) 2022 Beneficiary Response Section

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Appendix H-2

Medicare Advantage Prescription Drug Plan (MA-PD) 2022 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>1. Our records show that in 2021 your health services were covered by the plan named on the back page. Is that right?</p> <p>¹ <input type="checkbox"/> Yes →If Yes, Go to Question 3 ² <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2021 your health services were covered by the plan named [PLAN NAME]. Is that right? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES [GO TO Q3] 2 NO [GO TO Q2] 98 <DON'T KNOW> [GO TO Q2] 99 <REFUSED> [GO TO Q2] M [MISSING]</p>	90-91	1=Yes 2=No 98=Don't Know 99=Refused M=Missing	
<p>2. Please write below the name of the health plan you had in 2021 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2021? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	92-141	Text 88=Not Applicable 98=Don't Know 99=Refused M=Missing	

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No → If No, Go to Question 5</p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> • 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 2021, 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 health care in the last 6 months, and the times you got health care in person, by phone or by video call.] <p>Q3 In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES 2 NO [GO TO Q5] 98 <DON'T KNOW> [GO TO Q5] 99 <REFUSED> [GO TO Q5] M [MISSING]</p>	142-143	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	144-145	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 7</p>	<p>Q5 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q7] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]</p>	146-147	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	148-149	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?</p> <p>0 <input type="checkbox"/> None → If None, Go to Question 9 1 <input type="checkbox"/> 1 time 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 to 9 6 <input type="checkbox"/> 10 or more times</p>	<p>Q7 In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself? Would you say...</p> <p>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]</p>	150-151	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	152-153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health care possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Best health care possible</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST HEALTH CARE POSSIBLE 1 2 3 4 5 6 7 8 9 10 - BEST HEALTH CARE POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	154-155	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing
<p>10. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	156-157	1=Never 2=Sometimes 3=Usually 4=Always 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>11. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No → If No, Go to Question 27</p>	<p>Now I'd like to ask you about your personal doctor.</p> <p>Q11 A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q27] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	158-159	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p>⁰ <input type="checkbox"/> None → If None, Go to Question 27 ¹ <input type="checkbox"/> 1 time ² <input type="checkbox"/> 2 ³ <input type="checkbox"/> 3 ⁴ <input type="checkbox"/> 4 ⁵ <input type="checkbox"/> 5 to 9 ⁶ <input type="checkbox"/> 10 or more times</p>	<p>Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...</p> <p>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]</p>	160-161	0=None 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 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	162-163	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>14. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	166-167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>16. In the last 6 months, how often did your personal doctor spend enough time with you?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	168-169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	170-171	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>18. In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q18 In the last 6 months, when you visited your personal doctor for a scheduled appointment how often did he or she have your medical records or other information about your care? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	172-173	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No→If No, Go to Question 22</p>	<p>Q19 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q22] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q22] 99 <REFUSED> [GO TO Q22] M [MISSING]</p>	174-175	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never → If Never, Go to Question 22</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, [GO TO Q22]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW> [GO TO Q22]</p> <p>99 <REFUSED> [GO TO Q22]</p> <p>M [MISSING]</p>	176-177	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	178-179	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. In the last 6 months, did you take any prescription medicine?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 24</p>	<p>Q22 In the last 6 months, did you take any prescription medicine? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q24] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q24] 99 <REFUSED> [GO TO Q24] M [MISSING]</p>	180-181	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	182-183	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No →If No, Go to Question 27</p>	<p>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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	184-185	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p>¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No →If No, Go to Question 27</p>	<p>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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q27] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q27] 99 <REFUSED> [GO TO Q27] M [MISSING]</p>	186-187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Yes, definitely 2 <input type="checkbox"/> Yes, somewhat 3 <input type="checkbox"/> No</p>	<p>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...</p> <p>1 Yes, definitely, 2 Yes, somewhat, or 3 No 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	188-189	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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 <u>personal doctor</u> a specialist?</p> <p>1 <input type="checkbox"/> Yes → If Yes, Please include your personal doctor as you answer these questions about specialists 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I do not have a personal doctor</p>	<p>Now I am going to ask some questions about getting health care from specialists.</p> <p>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? Would you say...</p> <p>1 Yes 2 No, or 3 I do not have a personal doctor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	190-191	1=Yes 2=No 3=I do not have a personal doctor 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>28. In the last 6 months, did you make any appointments to see a specialist?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 33 3 <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28)</p> <p>Please include your personal doctor as you answer these questions about specialists.</p> <p>Q28 In the last 6 months, did you make any appointments to see a specialist? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q33] 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME</p> <p>98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]</p>	192-193	1=Yes 2=No 3=Someone else made my specialist appointments for me 98=Don't Know 99=Refused M=Missing
<p>29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q29 In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always, 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	194-195	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
30. How many specialists have you seen in the last 6 months? <input type="checkbox"/> None → If None, Go to Question 33 <input type="checkbox"/> 1 specialist <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more specialists	Q30 How many specialists have you seen in the last 6 months? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 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]	196-197	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. We want to know your rating of the specialist you saw <u>most often</u> in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?</p> <p> <input type="checkbox"/> 0 - Worst specialist possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Best specialist possible </p>	<p>Q31 We want to know your rating of the specialist you saw <u>most often</u> in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST SPECIALIST POSSIBLE</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 - BEST SPECIALIST POSSIBLE</p> <p>88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	198-199	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I do not have a personal doctor 6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months 7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> • 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” <p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, 4 Always, or 5 (MAIL SURVEY ONLY) 6 (MAIL SURVEY ONLY) 7 My personal doctor is a specialist 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	200-201	1=Never 2=Sometimes 3=Usually 4=Always 5=I do not have a personal doctor 6=I did not visit my personal doctor in the last 6 months 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. In the last 6 months, did you get information or help from your health plan's customer service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 36</p>	<p>Now I am going to ask some questions about your health plan.</p> <p>Q33 In the last 6 months, did you get information or help from your health plan's customer service? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q36] 98 <DON'T KNOW> [GO TO Q36] 99 <REFUSED> [GO TO Q36] M [MISSING]</p>	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	204-205	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	206-207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 38</p>	<p>Q36 In the last 6 months, did your health plan give you any forms to fill out? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q38] 98 <DON'T KNOW> [GO TO Q38] 99 <REFUSED> [GO TO Q38] M [MISSING]</p>	208-209	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>37. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q37 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	210-211	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health plan possible <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 - Best health plan possible</p>	<p>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)</p> <p>0 - WORST HEALTH PLAN POSSIBLE 1 2 3 4 5 6 7 8 9 10 - BEST HEALTH PLAN POSSIBLE 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	212-213	0=Worst 1=1 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=Best 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I am not sure 4 <input type="checkbox"/> I do not have a co-pay 5 <input type="checkbox"/> I do not have a health condition 6 <input type="checkbox"/> I was offered a lower co-pay for another reason</p>	<p>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...</p> <p>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</p> <p>98 <DON'T KNOW> 99 <REFUSED> M MISSING</p>	214-215	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I am not sure 4 <input type="checkbox"/> I do not have a health condition 5 <input type="checkbox"/> I was offered extra benefits for another reason</p>	<p>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...</p> <p>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</p> <p>98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	216-217	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>41. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p style="text-align: center;"><u>Yes</u> <u>No</u></p> <p>a. To make sure you filled or refilled a prescription? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. To make sure you were taking medicine as directed? <input type="checkbox"/> <input type="checkbox"/></p>	<p>Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.</p> <p>Q41 In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p>a. To make sure you filled or refilled a prescription? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)</i></p> <p>b. To make sure you were taking medicine as directed? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	<p>218-219</p> <p>220-221</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, 4 Always, or 5 I did not use my prescription drug plan to get any medicines in the last 6 months</p> <p>98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	222-223	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to get any medicines in the last 6 months 98=Don't Know 99=Refused M=Missing
<p>43. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 45</p>	<p>Q43 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q45] 98 <DON'T KNOW> [GO TO Q45] 99 <REFUSED> [GO TO Q45] M [MISSING]</p>	224-225	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 <i>(MAIL SURVEY ONLY)</i> 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	226-227	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to fill a prescription in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>45. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → If No, Go to Question 47 3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail → Go to Question 47</p>	<p>Q45 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q47] 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q47] 98 <DON'T KNOW> [GO TO Q47] 99 <REFUSED> [GO TO Q47] M [MISSING]</p>	228-229	1=Yes 2=No 3=I am not sure if my drug plan offers prescriptions by mail 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months 6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 (MAIL SURVEY ONLY) 6 (MAIL SURVEY ONLY) 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	230-231	<p>1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to fill a prescription by mail in the last 6 months 6=I am not sure if my drug plan offers prescriptions by mail 88=Not Applicable 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	232-233	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>48. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q48 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	234-235	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>49. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Q49 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	236-237	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>50. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q50 In the last 6 months, did you spend one or more nights in a hospital? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	238-239	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>51. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>Q51 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	240-241	1=Yes 2=No 3=My doctor did not prescribe any medicines for me in the last 6 months 98=Don't Know 99=Refused M=Missing
<p>52. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q52 In the last 6 months, did you receive any mail order medicines that you did not request? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	242-243	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>53. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p style="text-align: center;">Yes No</p> <p>a. A heart attack? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Angina or coronary heart disease? <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Hypertension or high blood pressure? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Cancer, <u>other than skin cancer</u>? <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> <input type="checkbox"/></p>	<p>Q53 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>b. Angina or coronary heart disease? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>244-245</p> <p>246-247</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>c. Hypertension or high blood pressure? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	248-249	<p>c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>d. Cancer, <u>other than skin cancer</u>? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	250-251	<p>d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD? <i>(READ THE FOLLOWING ONLY IF NECESSARY) also called chronic obstructive pulmonary disease</i> <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	252-253	<p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	254-255	<p>f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>54. Do you have serious difficulty walking or climbing stairs?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q54 Do you have serious difficulty walking or climbing stairs? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	256-257	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>55. Do you have difficulty dressing or bathing?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q55 Do you have difficulty dressing or bathing? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	258-259	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>56. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q56 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	260-261	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>57. Have you had a flu shot since July 1, 2021?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q57 Have you had a flu shot since July 1, 2021? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	262-263	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>58. 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.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q58 Have you ever had one or more pneumonia shots? (<i>READ THE FOLLOWING ONLY IF NECESSARY</i>) 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. (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	264-265	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all →If Not at all, Go to Question 61 4 <input type="checkbox"/> Don't know →If Don't know, Go to Question 61</p>	<p>Q59 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q61] 4 DON'T KNOW [GO TO Q61] 99 <REFUSED> [GO TO Q61] M [MISSING]</p>	266-267	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing
<p>60. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q60 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q61. CODE Q60 AS "88 - NOT APPLICABLE"</p> <p>Q60 In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 <i>(MAIL SURVEY ONLY)</i> 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	268-269	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>61. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less 2 <input type="checkbox"/> Some high school, but did not graduate 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college or 2-year degree 5 <input type="checkbox"/> 4-year college graduate 6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q61 What is the highest grade or level of school that you have completed? Would you say...</p> <p>1 8th grade or less, 2 Some high school, but did not graduate, 3 High school graduate or GED, 4 Some college or 2-year degree, 5 4-year college graduate, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	270-271	<p>1=8th grade or less 2=Some high school, but did not graduate 3=High school graduate or GED 4=Some college or 2-year degree 5=4-year college graduate 6=More than 4-year college degree 98=Don't Know 99=Refused M=Missing</p>
<p>62. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino 2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q62 Are you of Hispanic or Latino origin or descent? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	272-273	<p>1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q63 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u></p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>274-275</p> <p>276-277</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	278-279	<p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>d. Are you Native Hawaiian or other Pacific Islander? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	280-281	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>e. Are you American Indian or Alaska Native? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	282-283	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>64. How many people live in your household now, including yourself?</p> <p>1 <input type="checkbox"/> 1 person 2 <input type="checkbox"/> 2 to 3 people 3 <input type="checkbox"/> 4 or more people</p>	<p>Q64 How many people live in your household now, including yourself? Would you say...</p> <p>1 1 person, 2 2 to 3 people, or 3 4 or more people 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	284-285	<p>1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing</p>
<p>65. Do you ever use the internet at home?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q65 Do you ever use the internet at home? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	286-287	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>66. 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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q66 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...</p> <p>1 Yes, or 2 No 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	288-289	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>67. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → If No, Thank you. Please return the completed survey in the postage paid envelope.</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q67 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES</p> <p>2 NO [GO TO END]</p> <p>98 <DON'T KNOW></p> <p>M [MISSING]</p>	290-291	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>68. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q68 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE</p> <p>READ THE QUESTIONS TO THE BENEFICIARY 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	<p>292-293</p> <p>294-295</p>	<p>Read the questions to me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Wrote down the answers I gave 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	296-297	<p>Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>
	<p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	298-299	<p>Translated the questions into my language 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>
	<p>HELPED IN SOME OTHER WAY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	300-301	<p>Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>
	<p>[END] Those are all the questions I have. Thank you for taking part in this important interview.</p>		

Appendix H-3

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

Prescription Drug Plan Survey (PDP) 2022 Beneficiary Response Section

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Appendix H-3

Prescription Drug Plan Survey (PDP) 2022 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that in 2021 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?</p> <p><input type="checkbox"/> Yes → If Yes, Go to Question 3</p> <p><input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2021 your prescriptions were covered by the Medicare prescription drug plan named [PD PLAN NAME]. Is that right? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES [GO TO Q3]</p> <p>2 NO [GO TO Q2]</p> <p>98 <DON'T KNOW> [GO TO Q2]</p> <p>99 <REFUSED> [GO TO Q2]</p> <p>M [MISSING]</p>	90-91	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>2. Please write below the name of the Medicare prescription drug plan you had in 2021 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the Medicare prescription drug plan you had in 2021? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	92-141	<p>Text</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>3. In the last 6 months, did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you:</p> <p style="text-align: center;"><u>Yes</u> <u>No</u></p> <p>a. To make sure you filled or refilled a prescription? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. To make sure you were taking medicine as directed? <input type="checkbox"/> <input type="checkbox"/></p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> • 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 2021, 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.] <p>Q3 In the last 6 months, did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you...</p> <p>a. To make sure you filled or refilled a prescription? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON’T KNOW> 99 <REFUSED> M [MISSING]</p>	142-143	<p>a. 1=Yes 2=No 98=Don’t Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)</i></p> <p>b. To make sure you were taking medicine as directed?</p> <p><i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	144-145	<p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, 4 Always, or 5 I did not use my prescription drug plan to get any medicines in the last 6 months</p> <p>98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	146-147	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to get any medicines in the last 6 months 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 7</p>	<p>Q5 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q7] 98 <DON'T KNOW> [GO TO Q7] 99 <REFUSED> [GO TO Q7] M [MISSING]</p>	148-149	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always 5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 5 (MAIL SURVEY ONLY) 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	150-151	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 9 3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail →Go to Question 9</p>	<p>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)</p> <p>1 YES 2 NO [GO TO Q9] 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q9] 98 <DON'T KNOW> [GO TO Q9] 99 <REFUSED> [GO TO Q9] M [MISSING]</p>	152-153	1=Yes 2=No 3=I am not sure if my drug plan offers prescriptions by mail 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>8. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p> <p>5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>5 (MAIL SURVEY ONLY)</p> <p>6 (MAIL SURVEY ONLY)</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	154-155	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>5=I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6=I am not sure if my drug plan offers prescriptions by mail</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	156-157	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q10 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	158-159	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>11. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>Q11 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	160-161	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>12. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q12 In the last 6 months, did you spend one or more nights in a hospital? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	162-163	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>13. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>Q13 In the last 6 months, did you delay or not fill a prescription because you felt that you could not afford it? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	164-165	<p>1=Yes 2=No 3=My doctor did not prescribe any medicines for me in the last 6 months 98=Don't Know 99=Refused M=Missing</p>
<p>14. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q14 In the last 6 months, did you receive any mail order medicines that you did not request? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 <REFUSED> M [MISSING]</p>	166-167	<p>1=Yes 2=No 3=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? <u>Yes</u> <u>No</u> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Angina or coronary heart disease? <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Hypertension or high blood pressure? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Cancer, <u>other than skin cancer</u>? <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> <input type="checkbox"/></p>	<p>Q15 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>b. Angina or coronary heart disease? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i> 1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	<p>168-169</p> <p>170-171</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>c. Hypertension or high blood pressure? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u>? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	172-173	<p>c.</p> <p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
		174-175	<p>d.</p> <p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD, <i>(READ THE FOLLOWING ONLY IF NECESSARY: also called chronic obstructive pulmonary disease)? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	176-177	<p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	178-179	<p>f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>16. Do you have serious difficulty walking or climbing stairs?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q16 Do you have serious difficulty walking or climbing stairs? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	180-181	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>17. Do you have difficulty dressing or bathing?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q17 Do you have difficulty dressing or bathing? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	182-183	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	184-185	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>19. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less</p> <p>2 <input type="checkbox"/> Some high school, but did not graduate</p> <p>3 <input type="checkbox"/> High school graduate or GED</p> <p>4 <input type="checkbox"/> Some college or 2-year degree</p> <p>5 <input type="checkbox"/> 4-year college graduate</p> <p>6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q19 What is the highest grade or level of school that you have completed? Would you say...</p> <p>1 8th grade or less,</p> <p>2 Some high school, but did not graduate,</p> <p>3 High school graduate or GED,</p> <p>4 Some college or 2-year degree,</p> <p>5 4-year college graduate, or</p> <p>6 More than 4-year college degree</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	186-187	<p>1=8th grade or less</p> <p>2=Some high school, but did not graduate</p> <p>3=High school graduate or GED</p> <p>4=Some college or 2-year degree</p> <p>5=4-year college graduate</p> <p>6=More than 4-year college degree</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>20. Are you of Hispanic or Latino origin or descent?</p> <p>¹ <input type="checkbox"/> Yes, Hispanic or Latino</p> <p>² <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q20 Are you of Hispanic or Latino origin or descent? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES, HISPANIC OR LATINO</p> <p>2 NO, NOT HISPANIC OR LATINO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	188-189	<p>1=Yes, Hispanic or Latino</p> <p>2=No, not Hispanic or Latino</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>21. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q21 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u></p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 <DON'T KNOW></p> <p>99 <REFUSED></p> <p>M [MISSING]</p>	<p>190-191</p> <p>192-193</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p>d. Are you Native Hawaiian or other Pacific Islander? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p> <p>e. Are you American Indian or Alaska Native? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	<p>194-195</p> <p>196-197</p> <p>198-199</p>	<p>c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>22. How many people live in your household now, including yourself?</p> <p>1 <input type="checkbox"/> 1 person 2 <input type="checkbox"/> 2 to 3 people 3 <input type="checkbox"/> 4 or more people</p>	<p>Q22 How many people live in your household now, including yourself? Would you say...</p> <p>1 1 person 2 2 to 3 people, or 3 4 or more people 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]</p>	<p>200-201</p>	<p>1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
23. Do you ever use the internet at home? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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]	202-203	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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]	204-205	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
25. Did someone help you complete this survey? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 BENEFICIARY COMPLETE THE SURVEY 1 YES 2 NO [GO TO END] 98 <DON'T KNOW> M [MISSING]	206-207	1=Yes 2=No 98=Don't Know M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>26. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me</p> <p><input type="checkbox"/> Wrote down the answers I gave</p> <p><input type="checkbox"/> Answered the questions for me</p> <p><input type="checkbox"/> Translated the questions into my language</p> <p><input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q26 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE</p> <p>READ THE QUESTIONS TO THE BENEFICIARY</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 <DON'T KNOW></p> <p>M [MISSING]</p>	<p>208-209</p> <p>210-211</p>	<p>Read the questions to me</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>M=Missing</p> <p>Wrote down the answers I gave</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't know</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	212-213	<p>Answered the questions for me</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	214-215	<p>Translated the questions into my language</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>HELPED IN SOME OTHER WAY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 <DON'T KNOW> M [MISSING]</p>	216-217	<p>Helped in some other way</p> <p>1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>[END] Those are all the questions I have. Thank you for taking part in this important interview.</p>		

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

This is a paper version of the on-line event report at www.ma-pdpcahps.org.

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 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.*

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: <input type="text"/>		
* Mailing Address 1: <input type="text"/>		
Mailing Address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP Code: <input type="text"/>

2. Survey Vendor Contact Person

* First Name, Last Name: <input type="text"/>	
Title: <input type="text"/>	
* (Area Code) Telephone Number: <input type="text"/>	(Area Code) Fax Number: <input type="text"/>
* Email Address: <input type="text"/>	

3. Date 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:

Add Contract Name and 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 beneficiaries 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

$36 + 3 = ?$

Please solve
equation above

Print Event Report

Submit

Appendix J-1

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

2022 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

2022 MA-Only Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at Dr.'s office/clinic	Q5
Number of visits for health care for self	Q7
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 to see 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
Spend one or more nights in a hospital	Q43
Easy to get medicines Dr. prescribed	Q44
Insurance that pays part or all cost of RX medicines	Q45
Delayed filling RX meds b/c could not afford it	Q46
Did you receive any mail order medicines that you did not request	Q47
Dr. said you had: Heart attack	Q48A*
Dr. said you had: Angina or coronary heart disease	Q48B*
Dr. said you had: Hypertension or high blood pressure	Q48C*
Dr. said you had: Cancer other than skin cancer	Q48D*
Dr. said you had: Emphysema, asthma or COPD	Q48E*
Dr. said you had: Diabetes or high blood sugar	Q48F*
Difficulty walking or climbing stairs	Q49

Item Description	Item Number
Difficulty dressing or bathing	Q50
Difficulty doing errands alone	Q51
Flu Shot last year	Q52
Ever had Pneumonia shot	Q53
Frequency of cigarette/tobacco use	Q54
Highest education level completed	Q56
Hispanic or Latino origin/descent	Q57
Race	Q58A-E*
Number living in household	Q59
Use of internet at home	Q60
Medicare Program follow up	Q61
Someone helped complete survey	Q62

* 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**

2022 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

2022 MA-PD Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Need care for illness/injury right away	Q3
Make appointment for care at Dr.'s office/clinic	Q5
Number of visits for health care for self	Q7
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 to see 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
Spend one or more nights in a hospital	Q50
Delayed filling RX meds b/c could not afford it	Q51

Item Description	Item Number
Did you receive any mail order medicines that you did not request	Q52
Dr. said you had: Heart attack	Q53A*
Dr. said you had: Angina or coronary heart disease	Q53B*
Dr. said you had: Hypertension or high blood pressure	Q53C*
Dr. said you had: Cancer other than skin cancer	Q53D*
Dr. said you had: Emphysema, asthma or COPD	Q53E*
Dr. said you had: Diabetes or high blood sugar	Q53F*
Difficulty walking or climbing stairs	Q54
Difficulty dressing or bathing	Q55
Difficulty doing errands alone	Q56
Flu Shot last year	Q57
Ever had Pneumonia shot	Q58
Frequency of cigarette/tobacco use	Q59
Highest education level completed	Q61
Hispanic or Latino origin/descent	Q62
Race	Q63A-E*
Number living in household	Q64
Use of internet at home	Q65
Medicare Program follow up	Q66
Someone helped complete survey	Q67

* 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**

2022 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

2022 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
Spend one or more nights in a hospital	Q12
Delayed filling RX meds b/c could not afford it	Q13
Did you receive any mail order medicines that you did not request	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*

Item Description	Item Number
Number living in household	Q22
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	<p>In the last 6 months, how often was it easy to get the care, tests or treatment you needed?</p> <p>MA-Only - #10 MA-PD - #10 PDP - N/A</p>
	<p>In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</p> <p>MA-Only - #29 MA-PD - #29 PDP - N/A</p>
Getting Appointments and Care Quickly	<p>In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?</p> <p>MA-Only - #4 MA-PD - #4 PDP - N/A</p>
	<p>In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as you needed?</p> <p>MA-Only - #6 MA-PD - #6 PDP - N/A</p>
	<p>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?</p> <p>MA-Only - #8 MA-PD - #8 PDP - N/A</p>
Doctors Who Communicate Well (reported to contracts – not reported to consumers)	<p>In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>MA-Only - #13 MA-PD - #13 PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>MA-Only - #14 MA-PD - #14 PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>MA-Only - #15 MA-PD - #15 PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor spend enough time with you?</p> <p>MA-Only - #16 MA-PD - #16 PDP - N/A</p>

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

Composite Measures	Survey Items Included in the Composite
Care Coordination	<p>In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?</p> <p>MA-Only - #18 MA-PD - #18 PDP - N/A</p>
	<p>In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?</p> <p>MA-Only - #20 MA-PD - #20 PDP - N/A</p>
	<p>In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them?</p> <p>MA-Only - #21 MA-PD - #21 PDP - N/A</p>
	<p>In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>MA-Only - #23 MA-PD - #23 PDP - N/A</p>
	<p>In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?</p> <p>MA-Only - #26 MA-PD - #26 PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?</p> <p>MA-Only - #32 MA-PD - #32 PDP - N/A</p>

Overall Ratings	Survey Item
Rating of Health Plan	<p>Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?</p> <p>MA-Only - #38 MA-PD - #38 PDP - N/A</p>
Rating of Health Care Quality	<p>Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?</p> <p>MA-Only - #9 MA-PD - #9 PDP - N/A</p>
Rating of Drug Plan	<p>Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?</p> <p>MA-Only - N/A MA-PD - #47 PDP - #9</p>
Stand Alone Items	Survey Item
Annual Flu Vaccine	<p>Have you had a flu shot since July 1, 2021?</p> <p>MA-Only - #52 MA-PD - #57 PDP - N/A</p>
Pneumonia Vaccine (not included in Star Ratings)	<p>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.</p> <p>MA-Only - #53 MA-PD - #58 PDP - N/A</p>

Appendix L-1

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

**2022 MA-Only and MA-PD Survey
*PRE-NOTIFICATION LETTER - English***

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Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



March 3, 2022

Dear FNAME LNAME:

In a few days, you'll get an important survey in the mail about your experiences with your Medicare health plan. **We hope you'll share your feedback and complete the survey when it arrives.** Your responses will help other people with Medicare choose a health plan.

Medicare uses answers from this survey to help rate plans and improve care. You can learn more and see plan ratings online at [medicare.gov/plan compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

Your voice matters. The survey will take just a few minutes, and your information is kept private by law. Participation in the survey is voluntary.

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,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez", with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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

**2022 Prescription Drug Plan Survey
*PRE-NOTIFICATION LETTER – English***

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Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



March 3, 2022

Dear FNAME LNAME:

In a few days, you'll get an important survey in the mail about your experiences with your Medicare drug plan. **We hope you'll share your feedback and complete the survey when it arrives.** Your responses will help other people with Medicare choose a drug plan.

Medicare uses answers from this survey to help rate plans and improve care. You can learn more and see plan ratings online at [medicare.gov/plan compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

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Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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Appendix L-3

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

**2022 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 8, 2022

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](https://www.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.

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Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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Appendix L-4

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

**2022 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 8, 2022

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](https://www.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,

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Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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-5

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

**2022 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 7, 2022

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,

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Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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Appendix L-6

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

**2022 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 7, 2022

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].

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Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

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Appendix L-7

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

2022 Medicare Advantage Plan Survey

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2022 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself 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 2022, answer the questions thinking about your experiences in the last 6 months of 2021.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [**→If No, Go to Question 3**]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
 No →If No, Go to Question 3

2. How long have you been wearing a hearing aid?

- Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
 No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732**. The time required to complete this information collection is estimated to average **15 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2021 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 2021 and complete the rest of the survey based on the experiences you had with that plan.
(Please print)

Your Health Care in the Last 6 Months

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

- Yes
 No →If No, Go to Question 5

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

- Never
 Sometimes
 Usually
 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- 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 go to a doctor's office or clinic to get health care for yourself?

- 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 see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No →If No, Go to Question 27

12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None →If None, Go to Question 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 visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

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 → If Never, Go to Question 22
- 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

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
- I do not have a personal doctor

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

- Yes
- No →If No, Go to Question 33
- Someone else made my specialist appointments for me

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

- Never
- Sometimes
- Usually
- Always

30. How many specialists have you seen 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 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

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 did not visit 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. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No

44. 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

45. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

46. 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

47. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. A heart attack? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar? | <input type="checkbox"/> | <input type="checkbox"/> |

49. Do you have serious difficulty walking or climbing stairs?

- Yes
 No

50. Do you have difficulty dressing or bathing?

- Yes
 No

51. 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

52. Have you had a flu shot since July 1, 2021?

- Yes
 No
 Don't know

53. 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

54. 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 56**
 Don't know → **If Don't know, Go to Question 56**

55. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

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

56. 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

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

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

58. 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

59. How many people live in your household now, including yourself?

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

60. Do you ever use the internet at home?

- Yes
- No

61. 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

62. Did someone help you complete this survey?

Yes

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

63. 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 L-8

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

2022 Medicare Advantage Prescription Drug Survey

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2022 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself 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 2022, answer the questions thinking about your experiences in the last 6 months of 2021.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [→If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
 No →If No, Go to Question 3

2. How long have you been wearing a hearing aid?

- Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
 No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732**. The time required to complete this information collection is estimated to average **15 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2021 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 2021 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

Your Health Care in the Last 6 Months

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

- Yes
 No →If No, Go to Question 5

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

- Never
 Sometimes
 Usually
 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- 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 go to a doctor's office or clinic to get health care for yourself?

- 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 see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No →If No, Go to Question 27

12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None →If None, Go to Question 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 visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

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 →If Never, Go to Question 22
- 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

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
 I do not have a personal doctor

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

- Yes
 No → If No, Go to Question 33
 Someone else made my specialist appointments for me

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

- Never
 Sometimes
 Usually
 Always

30. How many specialists have you seen 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 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

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 did not visit 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:

	<u>Yes</u>	<u>No</u>
a. To make sure you filled or refilled a prescription?	<input type="checkbox"/>	<input type="checkbox"/>
b. To make sure you were taking medicine as directed?	<input type="checkbox"/>	<input type="checkbox"/>

- 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
 I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

- 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
 I am not sure if my drug plan offers prescriptions by mail
→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
 I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
 I am not sure if my drug plan offers prescriptions by mail

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. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No

51. 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

52. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. A heart attack? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar? | <input type="checkbox"/> | <input type="checkbox"/> |

54. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

55. Do you have difficulty dressing or bathing?

- Yes
- No

56. 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

57. Have you had a flu shot since July 1, 2021?

- Yes
- No
- Don't know

58. 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

59. 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 61**
- Don't know → **If Don't know, Go to Question 61**

60. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

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

61. 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

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

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

63. 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

64. How many people live in your household now, including yourself?

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

65. Do you ever use the internet at home?

- Yes
- No

66. 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

67. Did someone help you complete this survey?

- Yes
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

68. 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 L-9

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

2022 Prescription Drug Plan Survey

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2022 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself 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 2022, answer the questions thinking about your experiences in the last 6 months of 2021.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [→If No, Go to Question 3]. See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
 No →If No, Go to Question 3

2. How long have you been wearing a hearing aid?

- Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
 No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732**. 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 2021 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 2021 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:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. To make sure you filled or refilled a prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To make sure you were taking medicine as directed? | <input type="checkbox"/> | <input type="checkbox"/> |

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
 I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

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
 I am not sure if my drug plan offers prescriptions by mail
→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
 - I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
 - I am not sure if my drug plan offers prescriptions by mail

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. In the last 6 months, did you spend one or more nights in a hospital?
- Yes
 - No
13. 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
14. In the last 6 months, did you receive any mail order medicines that you did not request?
- Yes
 - No
 - Don't know

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

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. A heart attack? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Angina or coronary heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hypertension or high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cancer, <u>other than skin cancer</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any kind of diabetes or high blood sugar? | <input type="checkbox"/> | <input type="checkbox"/> |

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.

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

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 L-10

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

**2022 MA-Only and MA-PD Survey
*PRE-NOTIFICATION LETTER - Spanish***

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Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



3 de marzo de 2022

Estimado/a FNAME LNAME:

En unos cuantos días, recibirá por correo una encuesta importante sobre sus experiencias con su plan de salud de Medicare. **Esperamos que usted nos dé sus comentarios y complete la encuesta cuando llegue.** Sus respuestas ayudarán a otras personas con Medicare a elegir un plan de salud.

Medicare usa respuestas de esta encuesta para ayudar a calificar los planes y mejorar la atención. Usted puede aprender más y ver las calificaciones de los planes en el sitio web [medicare.gov/plan compare](https://www.medicare.gov/plan-compare) y en el manual “Medicare y Usted”.

Su voz importa. El completar la encuesta sólo tomará unos minutos, y su información se mantiene privada bajo la ley. El participar en la encuesta es voluntario.

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,

A handwritten signature in black ink, appearing to read 'Amy Larrick Chavez-Valdez', with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-11

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

**2022 Prescription Drug Plan Survey
*PRE-NOTIFICATION LETTER – Spanish***

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Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C1-25-05
Baltimore, Maryland 21244-1850



3 de marzo de 2022

Estimado/a FNAME LNAME:

En unos cuantos días, recibirá por correo una encuesta importante sobre sus experiencias con su plan de medicinas de Medicare. **Esperamos que usted nos dé sus comentarios y complete la encuesta cuando llegue.** Sus respuestas ayudarán a otras personas con Medicare a elegir un plan de medicinas.

Medicare usa respuestas de esta encuesta para ayudar a calificar los planes y mejorar la atención. 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 tomará unos minutos, y su información se mantiene privada bajo la ley. El participar en la encuesta es voluntario.

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,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez", with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-12

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

**2022 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]



8 de marzo de 2022

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](https://www.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 prepago. 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,

A handwritten signature in black ink, appearing to read 'Amy Larrick Chavez-Valdez', with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-13

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

**2022 Prescription Drug Plan Survey
*INITIAL COVER LETTER – Spanish***

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



8 de marzo de 2022

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](https://www.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 prepago. 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,

A handwritten signature in black ink, appearing to read "Amy Larrick Chavez-Valdez", with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-14

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

**2022 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]



7 de abril de 2022

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 tuyas 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,

A handwritten signature in black ink, appearing to read 'Amy Larrick Chavez-Valdez', with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-15

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

**2022 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]



7 de abril de 2022

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 tuyas 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 prepago.

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,

A handwritten signature in black ink, appearing to read 'Amy Larrick Chavez-Valdez', with a long horizontal line extending to the right.

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Appendix L-16

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

2022 Medicare Advantage Plan Survey - *Spanish*

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Encuesta 2022 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 2022, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2021.
- Conteste todas las preguntas marcando una "X" en el cuadrado 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 los ejemplos 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**. El tiempo necesario para completar estos formularios está estimado en un promedio de **15 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 2021 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 2021 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

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?

- 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 un chequeo o una consulta regular en un consultorio médico o en una clínica?

- 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 fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo?

- 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. El doctor personal es aquél a quien usted va si necesita un chequeo, si quiere consejos sobre un 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 fue a ver a su doctor personal para recibir atención médica para usted mismo?

- 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 visitó a 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 → **Si Contestó “Nunca”, pase a la pregunta 22**
 - 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

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
 No tengo un doctor personal

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

- Sí
 No → **Si contestó “No”, pase a la pregunta 33**
 Otra persona me hizo las citas con 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

30. ¿A cuántos especialistas ha visto 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 al que fue 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 visitado a 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. En los últimos 6 meses, ¿pasó una noche o más en el hospital?

- Sí
- No

44. 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

45. ¿Tiene seguro que pague parte o todo el costo de sus medicinas recetadas?

- Sí
- No
- No sé

46. 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

47. En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?

- Sí
- No
- No sé

48. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?

- | | <u>Sí</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. ¿Un ataque al corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Angina o enfermedad de las arterias del corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. ¿Presión arterial alta o la hipertensión? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Cáncer, <u>aparte de cáncer de la piel</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre? | <input type="checkbox"/> | <input type="checkbox"/> |

49. ¿Tiene muchas dificultades para caminar o subir escaleras?

- Sí
- No

50. ¿Tiene dificultades para vestirse o bañarse?

- Sí
- No

51. 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

52. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2021?

- Sí
- No
- No sé

53. ¿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

54. ¿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 56
- No sé → Si contestó “No Sé”, pase a la pregunta 56

55. 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 los últimos 6 meses

56. ¿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

57. ¿Es usted de ascendencia u origen hispano o latino?

- Sí, hispano o latino
- No, ni hispano ni latino

58. ¿A qué raza pertenece? Por favor marque una o más.

- Blanca
- Negra o afroamericana
- Asiática
- Nativo de Hawái o de otras islas del Pacífico
- Indígena americano o nativo de Alaska

59. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- 1 persona
- 2 a 3 personas
- 4 personas o más

60. ¿A veces usa usted el internet en su hogar?

- Sí
- No

61. ¿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

62. ¿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.**

63. ¿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 L-17

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

**2022 Medicare Advantage Prescription Drug Survey -
*Spanish***

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Encuesta 2022 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 2022, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2021.
- Conteste todas las preguntas marcando una "X" en el cuadrado 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 los ejemplos 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**. El tiempo necesario para completar estos formularios está estimado en un promedio de **15 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 2021 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 2021 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

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?

- 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 un chequeo o una consulta regular en un consultorio médico o en una clínica?

- 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 fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo?

- 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. El doctor personal es aquél a quien usted va si necesita un chequeo, si quiere consejos sobre un 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 fue a ver a su doctor personal para recibir atención médica para usted mismo?

- 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 visitó a 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 → Si Contestó “Nunca”, pase a la pregunta 22
- 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

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
- No tengo un doctor personal

28. En los últimos 6 meses, ¿hizo alguna cita con un especialista?

- Sí
- No → Si contestó “No”, pase a la pregunta 33
- Otra persona me hizo las citas con 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

30. ¿A cuántos especialistas ha visto 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 al que fue 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 visitado a 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:

- | | <u>Sí</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Para asegurar que usted consiguió o renovó una receta? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Para asegurar que usted estaba tomando las medicinas según lo recetado? | <input type="checkbox"/> | <input type="checkbox"/> |

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
- No usé mi plan de medicinas recetadas para conseguir una medicina recetada en una farmacia en los últimos 6 meses

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
- No estoy seguro si mi plan de medicinas recetadas ofrece medicinas recetadas por correo → 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
- No usé mi plan de medicinas recetadas para conseguir una medicina recetada por correo en los últimos 6 meses
- No estoy seguro si mi plan de medicinas recetadas ofrece medicinas recetadas por correo

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. En los últimos 6 meses, ¿pasó una noche o más en el hospital?
- Sí
 No
51. 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
52. En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?
- Sí
 No
 No sé

53. ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?
- | | Sí | No |
|--|--------------------------|--------------------------|
| a. ¿Un ataque al corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Angina o enfermedad de las arterias del corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Presión arterial alta o la hipertensión? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Cáncer, <u>aparte de cáncer de la piel</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre? | <input type="checkbox"/> | <input type="checkbox"/> |
54. ¿Tiene muchas dificultades para caminar o subir escaleras?
- Sí
 No
55. ¿Tiene dificultades para vestirse o bañarse?
- Sí
 No
56. 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

57. ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2021?
- Sí
 No
 No sé
58. ¿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
59. ¿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 61**
 No sé → **Si contestó “No Sé”, pase a la pregunta 61**
60. 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 los últimos 6 meses
61. ¿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
62. ¿Es usted de ascendencia u origen hispano o latino?
- Sí, hispano o latino
 No, ni hispano ni latino
63. ¿A qué raza pertenece? Por favor marque una o más.
- Blanca
 Negra o afroamericana
 Asiática
 Nativo de Hawái o de otras islas del Pacífico
 Indígena americano o nativo de Alaska
64. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?
- 1 persona
 2 a 3 personas
 4 personas o más

65. ¿A veces usa usted el internet en su hogar?

- Sí
- No

66. ¿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

67. ¿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.**

68. ¿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 L-18

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

2022 Prescription Drug Plan Survey - *Spanish*

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Encuesta 2022 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 2022, conteste las preguntas pensando en las experiencias que tuvo en los últimos 6 meses del 2021.
- Conteste todas las preguntas marcando una "X" en el cuadrado 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 los ejemplos 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**. 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 2021 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 2021 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:

- | | <u>Sí</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Para asegurar que usted consiguió o renovó una receta? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Para asegurar que usted estaba tomando las medicinas según lo recetado? | <input type="checkbox"/> | <input type="checkbox"/> |

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
- No usé mi plan de medicinas recetadas para conseguir una medicina recetada en una farmacia en los últimos 6 meses

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
- No estoy seguro si mi plan de medicinas recetadas ofrece medicinas recetadas por correo → 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
- No usé mi plan de medicinas recetadas para conseguir una medicina recetada por correo en los últimos 6 meses
- No estoy seguro si mi plan de medicinas recetadas ofrece medicinas recetadas por correo

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.** En los últimos 6 meses, ¿pasó una noche o más en el hospital?
- Sí
 No
- 13.** 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
- 14.** En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?
- Sí
 No
 No sé

- 15.** ¿Alguna vez le ha dicho un doctor que tenía alguna de las siguientes enfermedades?
- | | <u>Sí</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. ¿Un ataque al corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ¿Angina o enfermedad de las arterias del corazón? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ¿Presión arterial alta o la hipertensión? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ¿Cáncer, <u>aparte de cáncer de la piel</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica, una enfermedad crónica de los pulmones)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ¿Cualquier tipo de diabetes o azúcar alta en la sangre? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.

- Blanca
- Negra o afroamericana
- Asiática
- Nativo de Hawái o de otras islas del Pacífico
- Indígena americano o nativo de Alaska

22. ¿Cuántas personas viven en su hogar actualmente, incluyendo a usted?

- 1 persona
- 2 a 3 personas
- 4 personas o más

23. ¿A veces 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 M

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

Instructions and CATI Scripts

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Appendix M

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 V12.0*). 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 beneficiary 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: underlined, 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 beneficiaries
 - 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 a beneficiary answers “No” to a screener question, the program should skip and go to the next screener question. The dependent questions between the screener questions must then be coded as “8-NOT APPLICABLE.” Coding may be done automatically by the telephone interviewing system or later during data preparation.
- When a response to a screener question is not obtained (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” In this case, the telephone interviewing system should be programmed to skip the dependent question(s) and go to the next screener question. Coding may be done automatically by the telephone interviewing system or later during data preparation.
- Survey vendors may not underline or use bold letters to emphasize words or questions **other than** what is **already** included in the final version of the questionnaires provided by CMS
- Please note that the telephone script contains two questions from the questionnaires that ask about receiving assistance (proxy respondent). The questions “Did someone help you complete this survey?” and “How did that person help you?” are to be completed by the interviewer based on the respondent’s (or proxy’s) role during the interview.
 - These two questions about proxy respondents may be placed after the END screen
- In the event that a beneficiary is unable to complete the interview himself/herself, a proxy interview may be conducted provided the telephone interviewer is able to identify a suitable proxy respondent (someone who knows the beneficiary well and is able to answer health related questions about the beneficiary accurately). However, the telephone interviewer must obtain the beneficiary’s permission to have a proxy respondent assist them with the interview or complete the interview for them. If the interviewer is unable to speak to the beneficiary directly in order to identify a proxy respondent and obtain his/her permission to do the interview for them, they must **not** proceed with the interview. The CATI introductory script

includes a script for identifying and obtaining consent to complete a proxy interview, as well as a reminder for the proxy respondent to answer the survey questions about the beneficiary.

- To ensure that proxy respondents answer survey questions about the beneficiary, all proxy survey questions must be reworded to reference the selected beneficiary (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 beneficiary.

EXAMPLES:

Q03 In the last 6 months, did [SAMPLED MEMBER NAME] have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Q36 How many specialists has [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: underlined, or **bolded**, or **highlighted**, or IN UPPER CASE LETTERING, or *italicized* must be emphasized by the interviewer
- Interviewers must follow basic interviewing conventions such as:
 - Conducting the interview in a neutral and unbiased fashion
 - Probing for complete answers in a neutral and professional manner
 - 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 a beneficiary 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 beneficiary 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 beneficiary'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 M-1

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

**2022 Medicare Advantage Plan Survey
CATI Script**

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

2022 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 BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

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

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-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 BENEFICIARY'S NAME]?

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

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [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 BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

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

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

[INTRO3 – Request for Proxy]

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

[INTRO3 Q1]

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

- 1 YES → [GO TO INTRO3 Q2]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]

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

- 1 YES → [GO TO INTRO3 Q3] OR [GO TO PROXY_INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3] Is this person available to talk to us now?

1 YES → [GO TO PROXY_INTRO 1]

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

[PROXY_INTRO 1]

Hello, this is [INTERVIEWER NAME] calling on behalf of [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLED MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] 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 [BENEFICIARY NAME]?

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

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

RESUME2

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

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

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2021 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 2021? 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 2021, 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 health care 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 you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q5]

98 <DON'T KNOW> [GO TO Q5]

99 <REFUSED> [GO TO Q5]

M [MISSING]

Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you 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 appointments for a check-up or routine care at a doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q7]

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

99 <REFUSED> [GO TO Q7]

M [MISSING]

Q6 In the last 6 months, 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 go to a doctor's office or clinic to get health care for yourself? 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 see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO 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 visit your personal doctor to get care for yourself? 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 visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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, [GO TO Q22]
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q22]
- 99 <REFUSED> [GO TO Q22]
- 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.

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? Would you say...

1 Yes,

2 No, or

3 I do not have a personal doctor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28)

Please include your personal doctor as you answer these questions about specialists.

Q28 In the last 6 months, did you make any appointments to see a specialist?
(PROBE IF NEEDED: "A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q33]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME

- 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 to see 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 seen 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 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST SPECIALIST POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST SPECIALIST POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF 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 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]

- Q44 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]
- Q45 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]
- Q46 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]
- Q47 In the last 6 months, did you receive any mail order medicines that you did not request?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
 - 2 NO
 - 3 DON'T KNOW
- 99 <REFUSED>
M [MISSING]

Q48 Has a doctor ever told you that you had any of the following conditions?

a. A heart attack?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

- f. Any kind of diabetes or high blood sugar?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q49 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]

- Q50 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]

Q51 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]

Q52 Have you had a flu shot since July 1, 2021?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

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

- 99 <REFUSED>
- M [MISSING]

Q53 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]

Q54 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 Q56]
- 4 DON'T KNOW [GO TO Q56]

- 99 <REFUSED> [GO TO Q56]
- M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q55 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q56. CODE Q55 AS "88 - NOT APPLICABLE"]

Q55 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]

Q56 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]

Q57 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]

Q58 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

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

a. White?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

b. Are you Black or African-American?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

c. Are you Asian?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

d. Are you Native Hawaiian or other Pacific Islander?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q59 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]

Q60 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]

Q61 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>

Q62 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

1 YES

2 NO [GO TO END]

98 <DON'T KNOW>

M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.> [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

Q63 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

8 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

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

Appendix M-2

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

2022 Medicare Advantage Prescription Drug Survey CATI Script

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

2022 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 BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

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

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-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 BENEFICIARY'S NAME]?

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

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [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 BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

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

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

[INTRO3

Request for Proxy]

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

[INTRO3 Q1]

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

- 1 YES → [GO TO INTRO3 Q2]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]

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

- 1 YES → [GO TO INTRO3 Q3] OR [GO TO PROXY INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3] Is this person available to talk to us now?

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

[PROXY_INTRO 1]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLED MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] 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 [BENEFICIARY NAME]?

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

- | | | |
|---|---------------|--------------------------|
| 1 | YES | [GO TO RESUME2] |
| 2 | NO, 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 [BENEFICIARY NAME]?

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

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2021 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 2021? 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 2021, 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 health care 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 you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q5]

98 <DON'T KNOW> [GO TO Q5]

99 <REFUSED> [GO TO Q5]

M [MISSING]

Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you 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 appointments for a check-up or routine care at a doctor's office or clinic?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

Q6 In the last 6 months, 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 go to a doctor's office or clinic to get health care for yourself? 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 see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO 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 visit your personal doctor to get care for yourself? 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 visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

Would you say...

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

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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, [GO TO Q22]

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q22]

99 <REFUSED> [GO TO Q22]

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.

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? Would you say...

1 Yes,

2 No, or

3 I do not have a personal doctor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28)

Please include your personal doctor as you answer these questions about specialists.

Q28 In the last 6 months, did you make any appointments to see a specialist?
(PROBE IF NEEDED: "A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q33]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME

- 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 to see 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 seen 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 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST SPECIALIST POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST SPECIALIST POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF 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]
- 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [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 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]
- Q51 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]
- Q52 In the last 6 months, did you receive any mail order medicines that you did not request?
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
 - 2 NO
 - 3 DON'T KNOW
- 99 <REFUSED>
 M [MISSING]

Q53 Has a doctor ever told you that you had any of the following conditions?

a. A heart attack?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

- f. Any kind of diabetes or high blood sugar?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q54 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]

- Q55 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]

Q56 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]

Q57 Have you had a flu shot since July 1, 2021?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

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

- 99 <REFUSED>
- M [MISSING]

Q58 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]

Q59 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 Q61]
- 4 DON'T KNOW [GO TO Q61]

- 99 <REFUSED> [GO TO Q61]
- M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q60 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q61. CODE Q60 AS "88 - NOT APPLICABLE"]

Q60 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]

Q61 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]

Q62 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]

Q63 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

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

a. White?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

b. Are you Black or African-American?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

c. Are you Asian?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

d. Are you Native Hawaiian or other Pacific Islander?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

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

- 1 YES
- 2 NO

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

Q64 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]

Q65 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]

Q66 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>

Q67 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

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

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

Q68 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

- 1 YES
- 2 NO

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

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

- 1 YES
- 2 NO

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

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

- 1 YES
- 2 NO

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

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

- 1 YES
- 2 NO

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

<HELPED IN SOME OTHER WAY>

- 1 YES
- 2 NO

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

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

Appendix M-3

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

2022 Prescription Drug Plan Survey CATI Script

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

2022 Prescription Drug Plan Survey CATI Script

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

[INTRO1-OUT]

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

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

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

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

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

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

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

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

[INTRO1-IN]

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

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

[INTRO2-OUT]

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

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

[INTRO2-IN]

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

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

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

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

(OPTIONAL QUESTION)

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

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

[INTRO3 – Request for Proxy]

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

[INTRO3 Q1]

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

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

[INTRO3 Q2]

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

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

[INTRO3 Q3]

Is this person available to talk to us now?

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

[PROXY_INTRO 1]

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

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

[PROXY_INTRO 2]

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

[INTERVIEWER: → GO TO Q1]

CALL BACK TO RESUME A SURVEY

RESUME1

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

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

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

RESUME2

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

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

MONITOR

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

<START INTERVIEW>

Q1 Our records show that in 2021 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 2021? 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 2021, and the times you got health care in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months, and the times you got health care in person, by phone or by video call.]

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

a. To make sure you filled or refilled a prescription?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

- b. To make sure you were taking medicine as directed?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO

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

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

1 Never,
2 Sometimes,
3 Usually,
4 Always, or
5 I did not use my prescription drug plan to get any medicines in the last 6 months

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES
2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]
99 <REFUSED> [GO TO Q7]
M [MISSING]

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

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

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

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

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

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

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

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE

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

10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE

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

Now I am going to ask some questions about you.

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

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

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

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

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

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

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

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

99 <REFUSED>
M [MISSING]

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

a. A heart attack?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

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

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

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

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

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

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

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

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

f. Any kind of diabetes or high blood sugar?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

- 1 YES
- 2 NO

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

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

- 1 YES
- 2 NO

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

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

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

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

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

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

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

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

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

a. White?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

b. Are you Black or African-American?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

c. Are you Asian?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

d. Are you Native Hawaiian or other Pacific Islander?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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

- 1 YES
- 2 NO

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

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

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

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

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

- 1 YES
- 2 NO

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

Q24 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care? 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 BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

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

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

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

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

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

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

Appendix M-4

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

**2022 Medicare Advantage Plan Survey
CATI Script - *Spanish***

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

2022 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 BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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

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

[INTRO2-OUT]

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 BENEFICIARY AND IT APPEARS THE BENEFICIARY 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 si 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 BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE BENEFICIARY'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 BENEFICIARY 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 beneficiarios 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 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 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 [BENEFICIARY'S NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [BENEFICIARY 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 [BENEFICIARY 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 2021 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 2021? 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 la atención médica que recibió en los últimos 6 meses. Por favor piense en el plan en el que estaba inscrito/a en el 2021 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 la atención médica que recibió en los últimos 6 meses y en las veces que recibió atención médica 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 en una clínica, en una sala de emergencia o en un consultorio médico?

(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 un chequeo o una consulta regular en un consultorio médico o en una clínica?

(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 fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo/a? ¿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 El doctor personal es aquél a quien usted va si necesita un chequeo, si quiere consejos sobre un problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

(PROBE IF NEEDED: “¿HAY UN DOCTOR A QUIEN USTED VA NORMALMENTE SI SE ENFERMA O LASTIMA, NECESITA UN CHEQUEO, O SI QUIERE CONSEJOS SOBRE UN PROBLEMA DE SALUD?”)

(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 fue a ver a su doctor personal para recibir atención médica para usted mismo/a? ¿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 visitó a 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, [GO TO Q22]
- 2 A veces,
- 3 La mayoría de las veces, o
- 4 Siempre?

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q22]
- 99 <REFUSED> [GO TO Q22]
- 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.

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? ¿Diría que...

- 1 Sí,
- 2 No, o
- 3 No tengo un doctor personal?

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING 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]
- 3 OTRA PERSONA ME HIZO LAS CITAS CON ESPECIALISTAS

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 ¿A cuántos especialistas ha visto 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 al que fue 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 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 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]
- Q44 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]
- Q45 ¿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]

Q46 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]

Q47 En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SÍ
- 2 NO
- 3 NO SÉ

99 <REFUSED>

M [MISSING]

Q48 ¿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]

- Q49 ¿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]
- Q50 ¿Tiene dificultades para vestirse o bañarse?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 SÍ
 - 2 NO
- 98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]
- Q51 Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo/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]
- Q52 ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2021?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 SÍ
 - 2 NO
 - 3 NO SÉ
- 99 <REFUSED>
M [MISSING]

Q53 ¿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]

Q54 ¿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 Q56]
- 4 NO SÉ [GO TO Q56]

99 <REFUSED> [GO TO Q56]

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER “0 - NONE” Q55 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q56. CODE Q55 AS “88 - NOT APPLICABLE”]

Q55 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]

- Q56 ¿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]

- Q57 ¿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]

- Q58 Cuándo 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. Blanco/a?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 SÍ
 - 2 NO
- 98 <DON'T KNOW>
99 <REFUSED>
M [MISSING]
- b. ¿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]

- c. ¿Es usted asiático/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 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]

- Q59 ¿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]

- Q60 ¿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]

Q61 ¿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>

Q62 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

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

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

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

Q63 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?

<READ THE QUESTIONS TO THE BENEFICIARY>

- 1 YES
- 2 NO

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

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

- 1 YES
- 2 NO

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

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

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 M-5

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

2022 Medicare Advantage Prescription Drug Survey CATI Script - *Spanish*

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

2022 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 BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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

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

[INTRO2-OUT]

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 BENEFICIARY AND IT APPEARS THE BENEFICIARY 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 si mismo/a, usted puede tener a un miembro de la familia o una amistad cercana ayudarlo 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 BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE BENEFICIARY'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 BENEFICIARY 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 beneficiarios 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 [BENEFICIARY NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [BENEFICIARY 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 [BENEFICIARY 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 2021 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 2021? 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 la atención médica que recibió en los últimos 6 meses. Por favor piense en el plan en el que estaba inscrito/a en el 2021 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 la atención médica que recibió en los últimos 6 meses y en las veces que recibió atención médica 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 en una clínica, en una sala de emergencia o en un consultorio médico?

(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 un chequeo o una consulta regular en un consultorio médico o en una clínica? ¿Diría que...
(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 fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo/a? ¿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 El doctor personal es aquél a quien usted va si necesita un chequeo, si quiere consejos sobre un problema de salud, o si se enferma o lastima. ¿Tiene usted un doctor personal?

(PROBE IF NEEDED: “¿HAY UN DOCTOR A QUIEN USTED VA NORMALMENTE SI SE ENFERMA O LASTIMA, NECESITA UN CHEQUEO, O SI QUIERE CONSEJOS SOBRE UN PROBLEMA DE SALUD?”)

(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 fue a ver a su doctor personal para recibir atención médica para usted mismo/a? ¿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 visitó a 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, [GO TO Q22]
 - 2 A veces,
 - 3 La mayoría de las veces, o
 - 4 Siempre?
- 88 [NOT APPLICABLE]
 - 98 <DON'T KNOW> [GO TO Q22]
 - 99 <REFUSED> [GO TO Q22]
 - 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.

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? ¿Diría que...

- 1 SÍ,
- 2 No, o
- 3 No tengo un doctor personal?

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

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING 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]
- 3 OTRA PERSONA ME HIZO LAS CITAS CON ESPECIALISTAS

- 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 ¿A cuántos especialistas ha visto 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 al que fue 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]
 - 3 NO ESTOY SEGURO SI MI PLAN DE MEDICINAS RECETADAS OFRECE MEDICINAS RECETADAS POR CORREO [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 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]
- Q51 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]
- Q52 En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 SÍ
 - 2 NO
 - 3 NO SÉ
- 99 <REFUSED>
 M [MISSING]

Q53 ¿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]

- Q54 ¿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]

- Q55 ¿Tiene dificultades para vestirse o bañarse?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q56 ¿Debido a una condición física, mental o emocional, ¿tiene dificultades para hacer los recados sólo/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]

Q57 ¿Se ha vacunado contra la gripe o influenza (*flu*) desde el 1ro de julio, 2021?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SÍ
- 2 NO
- 3 NO SÉ

99 <REFUSED>

M [MISSING]

Q58 ¿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]

Q59 ¿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 Q61]
- 4 NO SÉ [GO TO Q61]

99 <REFUSED> [GO TO Q61]

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q60 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q61. CODE Q60 AS "88 - NOT APPLICABLE"]

Q60 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]

Q61 ¿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]

Q62 ¿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]

Q63 Cuándo 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. Blanco/a?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 SÍ
2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

b. ¿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]

c. ¿Es usted asiático/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 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]

Q64 ¿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]

Q65 ¿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]

Q66 ¿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>

Q67 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

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

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

Q68 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

- 1 YES
- 2 NO

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

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

- 1 YES
- 2 NO

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

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

- 1 YES
- 2 NO

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

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

- 1 YES
- 2 NO

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

<HELPED IN SOME OTHER WAY>

- 1 YES
- 2 NO

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

[END] Estas son todas las preguntas que tengo. Gracias por tomar parte en esta entrevista importante.

Appendix M-6

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

**2022 Prescription Drug Plan Survey
CATI Script - *Spanish***

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

2022 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 BENEFICIARY'S NAME]?

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

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

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

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

Soy [INTERVIEWER NAME] y estoy llamando de [SURVEY VENDOR NAME]. Me gustaría hablar con [BENEFICIARY'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 BENEFICIARY'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 BENEFICIARY AND IT APPEARS THE BENEFICIARY 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 si 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 BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN THE BENEFICIARY'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 BENEFICIARY 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 beneficiarios 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 [BENEFICIARY NAME]?

(IF NEEDED:) Estoy llamando de parte de los Centros de Servicios de Medicare y Medicaid para terminar una entrevista con [BENEFICIARY 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 [BENEFICIARY 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 2021 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 2021? 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 2021 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 en 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]
 - 3 NO ESTOY SEGURO SI MI PLAN DE MEDICINAS RECETADAS OFRECE MEDICINAS RECETADAS POR CORREO [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 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]

Q13 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]

Q14 En los últimos 6 meses, ¿recibió medicinas recetadas por correo que no solicitó?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 SÍ
- 2 NO
- 3 NO SÉ

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 sólo/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. Blanco/a?
 (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 SÍ
 - 2 NO
- 98 <DON'T KNOW>
 99 <REFUSED>
 M [MISSING]

- b. ¿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]

c. ¿Es usted asiático/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 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]

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 BENEFICIARY COMPLETE THE SURVEY

1 YES
2 NO [GO TO END]

98 <DON'T KNOW>
M [MISSING]

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

Q26 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES
2 NO

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

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES
2 NO

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

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

- 1 YES
- 2 NO

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

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

- 1 YES
- 2 NO

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

<HELPED IN SOME OTHER WAY>

- 1 YES
- 2 NO

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

[END] Estas son todas las preguntas que tengo. Gracias por tomar parte en esta entrevista importante.

Appendix N

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

Guidance on Supplemental Questions

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Appendix N

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

Guidance on Supplemental Questions

Overview

All supplemental questions for proposed use in the 2022 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval. For the 2022 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 2, 2021 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-PDPCAHP@hsag.com) using the Excel template format included at the end of Appendix N. 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 2021 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 2021 survey administration are considered automatically approved and should not be resubmitted. If the contract elects to use any of the questions approved for 2021 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:

<p>Similar content to MA & PDP CAHPS Survey</p> <ul style="list-style-type: none"> • 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?
<p>May affect responses to the MA & PDP CAHPS Survey</p> <ul style="list-style-type: none"> • 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?
<p>Similar to other CMS surveys (e.g., HOS)</p> <ul style="list-style-type: none"> • 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?
<p>Questions that do not focus on experience with health care</p> <ul style="list-style-type: none"> • 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?
<p>Asks respondents to identify the reason health care services may not have been received</p> <ul style="list-style-type: none"> • 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?
<p>Asks about future intentions for plan membership</p> <ul style="list-style-type: none"> • How likely are you to re-enroll with your health plan? • Do you intend to switch health or prescription drug plans in the future?
<p>Asks opinion on written communications</p> <ul style="list-style-type: none"> • 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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• What is your social security number?
Response could be used to identify a beneficiary
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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:
<u>Supplemental questions may not:</u> <ul style="list-style-type: none">• Pose a burden to the beneficiary 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)

**2022 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 O

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

Guidance on Appending Data

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Appendix O

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 beneficiaries. Any and all data that is appended to the sample file or beneficiary 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-PDPCAHP@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 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 beneficiaries, 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-PDPCAHP@hsag.com) using the Excel template format included at the end of Appendix O. 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 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 beneficiary 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 beneficiary, 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 beneficiaries per Region. Data append requests should include counts of beneficiaries or providers as appropriate to the requested identifiers (e.g., number of beneficiaries in a county, number of providers in a medical group, etc.) It should be **clearly noted** whether the count refers to beneficiaries 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 beneficiary 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 beneficiaries (deductible, co-pay, etc.)
- Specific health condition/chronic conditions (diabetes, disabled, mental health disorders, etc.)
- Merges of customer support calls or beneficiary contacts with specific plan program (members who called call center, members who contacted/visited a disease management center)
- Beneficiary ID (memberID, SubscriberID, 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.)

**2022 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 Beneficiaries in Same Order as Category	Count of Providers in Same Order as Category (if applicable)	Contract Name/Number	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	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	Client will analyze differences in experience of care between dual eligible members vs those not dual eligible.	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	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	Client will analyze differences in experience of care among different provider groups.	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 P

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

Vendor Report of Outbound CATI

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Appendix P

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

Vendor Report of Outbound CATI

Overview

To ensure that all beneficiaries 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-PDPCAHP@hsag.com) using the Excel template included at the end of Appendix P. 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 61 in the Data Analysis and Public Reporting chapter of the QAP&TS V12.0, 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 beneficiaries. Ineligible beneficiaries include sample cases with a final disposition of Institutionalized (code 11), Deceased (code 20), Mentally or Physically Unable to Respond (code 24), and Excluded From Survey (code 40).

When calculating the response rate, code 34 (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 V12.0 (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.

2022 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 ineligible):	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

2022 MA & PDP CAHPS Survey 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 ineligible):			
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.