

Appendix N

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

2019 Medicare Advantage Prescription Drug Survey CATI Script

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<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] AND 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 2018 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 2018? 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 2018.

- 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.]

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, 2018?
(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 The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

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

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

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.