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

Quality Assurance Protocols & Technical Specifications

Version 2.0

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CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Advantage and Prescription Drug Plan CAHPS® Survey

Quality Assurance Protocols & Technical Specifications V2.0

ACKNOWLEDGMENTS

MA & PDP CAHPS SURVEY
QUALITY ASSURANCE PROTOCOLS & TECHNICAL SPECIFICATIONS V2.0

TABLE OF CONTENTS

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TABLE OF CONTENTS

I. READER'S GUIDE

Purpose of the *Quality Assurance Protocols & Technical Specifications V2.0*

The *Quality Assurance Protocols & Technical Specifications V2.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS® 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 V2.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

Quality Assurance Protocols & Technical Specification V2.0 Content

The *Quality Assurance Protocols & Technical Specifications V2.0* 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 plan members for the MA & PDP CAHPS Survey and information about the process 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 and retention, and quality control guidelines.

Data Coding and Data Preparation

This section provides information about the process of preparing the data files for submission to the MA & PDP CAHPS Survey 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.

Discrepancy Reports
This section describes the process for notifying CMS of any discrepancies from the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

Appendices
The Appendices include the Minimum Business Requirements; Survey Vendor Authorization Form; Data Use Agreement Application Form; Survey Vendor Extranet User Agreement Form; Model Quality Assurance Plan; Interviewing Guidelines; Frequently Asked Questions for Customer Support; Instructions for Survey Vendors on Accessing the Data Warehouse; Sample File Record Layout; Survey File Record Layout; Discrepancy Report Form; List of Survey Items Applicable to All Respondents; List of Reportable Measures; English Mail Questionnaires; and English CATI Scripts.

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 Web site: www.ma-pdpcahps.org.

To Provide Comments or Ask Questions
For information and technical assistance, contact the MA & PDP CAHPS Project Team via email at: MA-PDPCAHPS@azqio.sdps.org 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), Medicare Advantage Preferred Provider Organization (MA PPO), and stand-alone Medicare Prescription Drug Plans (PDP) via the Medicare CAHPS Survey, a survey of beneficiaries who have been enrolled in their plans for six months or longer. Medicare CAHPS data collection and reporting takes 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, MA PPO, and PDP CAHPS survey 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, MA PPO, and PDP plans 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' ability to monitor the quality of care and performance of MA Only, MA-PD, MA PPO, and PDP contracts
- ➢ Measure the quality of care from the beneficiary's perspective for use in value based purchasing

About the Survey
The Medicare CAHPS Survey [hereafter referred to as the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey] includes four questionnaires: MA Only, MA-PD, MA PPO, and PDP. While the MA Only, MA-PD and MA PPO 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, Your Medicare Rights, 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 Medicare Rights, Your Prescription Drug Plan, and About You.

The *MA PPO questionnaire* includes the domains identified in the MA-PD questionnaire plus four additional questions related specifically to the sampled member's experience with finding a provider within the MA network of providers. This survey version is intended for all PPO enrollees.

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.

For scoring and reporting purposes, some questions are combined into the following 6 composite measures:
 - Getting Needed Care
 - Getting Care Quickly
 - Doctors Who Communicate Well
 - Health Plan Customer Service
 - Getting Needed Prescription Drugs (MA-PD, MA PPO and PDP)
 - Getting Information From the Plan About Prescription Drug Coverage and Cost (MA-PD, MA PPO and PDP)

In addition to the composite measures, the survey questionnaires include several "member overall" ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:
 - Overall Rating of Health Plan
 - Overall Rating of Care Received
 - Overall Rating of Personal Doctor
 - Overall Rating of Specialist
 - Overall Rating of Drug Plan (MA-PD, MA PPO and PDP)

The MA & PDP CAHPS Survey also includes the following single item measures:
 - Willingness to Recommend Plan for Drug Coverage (MA-PD, MA PPO and PDP)
 - Influenza Vaccination
 - Pneumonia Vaccination
 - Getting Medical Equipment

In 2012, the MA & PDP CAHPS Survey (MA Only, MA-PD, MA PPO) will include additional, potentially reportable measures:
 - A composite measure of Coordination of Care

> ➢ A stand alone item on satisfaction with Coordination of Care
> ➢ A stand alone item on visit notes

These measures are identified as potential reporting measures. A final decision about reporting these measures will be made in Fall 2012.

Please see Appendix M for the survey questions that comprise the measures described above.

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 a MA contract or PDP for six months or longer, and who live in the United States, Puerto Rico or the U.S. Virgin Islands. 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 2010, 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. For the 2012 MA & PDP CAHPS Survey administration, CMS requires all MA, PDP, Employer/Union Only Direct Contract Private Fee-for-Service, and Employer/Union Only Direct PDP contracts with 600 or more enrollees as of July 2011 to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. 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.

Public Reporting and Use of the 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 Web site (www.medicare.gov). The survey results are used by beneficiaries to assist in their selection of a 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 measures to manage the program; devise, implement and monitor quality improvement efforts; and make policy decisions. Starting in 2012, the CAHPS data are included in the star ratings for MA Quality Bonus Payments. CMS will continue to implement the Medicare CAHPS Survey for enrollees in FFS Medicare. The FFS Medicare plan CAHPS measures will also continue to be made available to the general public by CMS.

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, MA PPO, and PDP plans are allowed to notify beneficiaries that they may be asked to participate in the 2012 MA & PDP CAHPS Survey. However, certain types of promotional 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. Survey vendors, contracts or their agents are not allowed to:

➢ Ask any MA & PDP CAHPS Survey questions of beneficiaries four weeks prior to and during the 2012 Medicare CAHPS survey administration (generally anytime from January 1 to July 1, 2012 – This restriction does not apply to other CMS surveys)
➢ 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 for participation in the 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 protocol, timeline and description of the data submission tools through distribution of the *Quality Assurance Protocols & Technical Specifications V2.0* for the 2012 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 2012 MA & PD CAHPS Survey Web site: 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 plans

CMS also publicly reports measures from the MA & PDP CAHPS Survey as part of the plan ratings produced annually for the Medicare Plan Finder Web site. 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 Web site 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 Web site at: www.ma-pdpcahps.org.
- ➢ Authorize the survey vendor to submit MA & PDP CAHPS Survey data on their behalf by completing the Survey Vendor Authorization Form (see Appendix B)
- ➢ Preview MA & PDP CAHPS Survey results prior to public reporting

Survey Vendor Roles and Responsibilities

Survey vendors that participate in the 2012 MA & PDP CAHPS Survey agree to:

- ➢ Participate via webinar in the MA & PDP CAHPS Survey vendor training <u>and</u> successfully complete the Post Training Certification Exercise that will be conducted immediately at the conclusion of the mandatory 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 V2.0*
- ➢ Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA (see Appendix C). The DUA signed by each survey vendor restricts the use of data and any approved appended items. Survey vendors requesting to append data to the sample must submit to CMS a specific list of the administrative data items that are to be appended as well as an analytic plan for CMS approval. No data may be appended until the survey vendor receives written permission from CMS after the analytic plans and proposed appended items have been approved. Please note that no information derived from the resulting matched data analyses can release measures based on 10 or fewer sampled members.
- ➢ 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 V2.0*
- ➢ 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 Survey Data Warehouse in accordance with the data file specifications in the *Quality Assurance Protocols & Technical Specifications V2.0* by the data submission deadline established by CMS

> ➢ 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: 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 Plan Ratings produced annually for the Medicare Plan Finder tool. Starting in the calendar year 2012, the Plan Ratings form the basis for the MA Quality Bonus Payments.

Survey Vendor MA & PDP CAHPS Survey Training

Conditionally approved survey vendors that intend to administer the MA & PDP CAHPS Survey 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 and Telephone Survey Supervisor are required to participate in the training programs in their entirety. In addition, the survey vendor must successfully complete the Post Training Certification Exercise administered immediately upon completion of the mandatory training. It is also recommended that the survey vendor's Project Director, programmer, or the programmer's supervisor, attend the training, as well as any subcontractors, if applicable. 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 V2.0* and All Policy Updates

The *Quality Assurance Protocols and Technical Specifications V2.0* 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 web site: 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 V2.0.* 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 V2.0*. The Model QAP document (see Appendix E) 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
>> o Provide a detailed description of the process for updating beneficiary addresses and telephone numbers
> ➢ 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
➢ Copies of the MA & PDP CAHPS Survey materials used to field the survey

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 (screen shots) via email to MA-PDPCAHPS@azqio.sdps.org for review by the MA & PDP CAHPS Survey Project Team. Please monitor the *What's New* page on the project web site for the QAP submission date.

Become a Registered User of the MA & PDP CAHPS Survey Data Warehouse

Each approved survey vendor is required to designate a primary Data Administrator within their organization 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 Survey 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 Survey Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Survey 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 Survey Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator and Back-up Data Administrator roles. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Survey 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 Project Team by completing an Extranet User Agreement (found in Appendix D) and emailing it to the MA & PDP CAHPS Survey Data Coordination Team. Once the team has verified the information on the Extranet User Agreement 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 will be assigned a unique ID and password by the MA & PDP CAHPS Survey Data Coordination Team in order to access the MA & PDP CAHPS Survey Data Warehouse. The MA & PDP CAHPS Data Coordination Team will contact each survey vendor by telephone to communicate the password by speaking directly to the designated Data Administrator for the survey vendor. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. 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 Survey Data Warehouse. In addition, survey vendors must submit MA & PDP CAHPS Survey data to the MA & PDP CAHPS Survey 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 in order 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 2012 MA & PDP CAHPS Survey. A random sample of Medicare beneficiaries by MA Only, MA-PD, MA PPO, or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2012 by the CMS Office of Information Systems.

Sample Selection and Eligibility Criteria
Samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts (each identified by its name and five-digit contract number, including leading "H," "R," "E," or "S" letters) in effect on or before January 1, 2011. The sample size for each contract will include a minimum of 600 cases. MA contracts, with or without a PDP component, will survey approximately 800 cases. MA contracts with between 600 and 800 eligible enrollees will survey all eligible cases. Stand-alone PDP contracts will survey approximately 1,500 cases. Stand-alone PDPs with between 600 and 1,500 eligible enrollees will survey all eligible cases.

To be included in the random sample for the survey, beneficiaries have to be 18 years of age or older at the time of the sample draw and have been continuously enrolled in the plan for at least six months. Institutionalized beneficiaries are not eligible for selection, and if identified during data collection, will be excluded from the survey. Efforts are made by CMS to exclude beneficiaries who are known to be institutionalized at the time of the sample draw. All sampled members who are determined to be under 18 years of age, deceased or identified as being in the sample for another MA & PDP CAHPS Survey contract will be excluded (i.e., sampled members can only be in the survey for one type of contract).

In MA plans 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 a MA-PD contract must be sent the MA Only questionnaire. MA Only Beneficiaries enrolled in a MA PPO contract must be sent the MA PPO Questionnaire.*

OverSampling
CMS will allow oversampling for the 2012 MA & PDP CAHPS Survey administration. Oversampling can only occur at the contract level and only if there is sufficient eligible enrollee volume to support additional sample after the required MA & PDP CAHPS survey sample is drawn. Contracts are required to request an increase in sample size for their contract by November 7, 2011 (this was communicated prior to training).

Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS Survey 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 2012. 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 I.

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	1-4	1 = MA Only; 2 = MA-PD; 3 = MA PPO; 4 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
RESERVED	343	10	char	Reserved Field – blank filled

Retrieving the Sample File

Once the MA & PDP CAHPS Survey Data Coordination Team receives and prepares the 2012 sample, a sample file for each contract will be created and disaggregated by survey vendor (creating separate sample files for each survey vendor). The MA & PDP CAHPS Survey Data Coordination Team will then distribute these files to the appropriate survey vendors via the MA & PDP CAHPS Survey Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix H for detailed instructions for accessing the MA & PDP CAHPS Survey Data Warehouse and for downloading a file from this warehouse).

Note: Survey vendors must be authorized by their client contracts to obtain the 2012 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 an Extranet User Agreement before the survey vendor can obtain their sample files for the 2012 MA & PDP CAHPS Survey.

V. COMMUNICATIONS AND TECHNICAL SUPPORT

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

Information and Technical Assistance
For additional information and technical assistance, contact the *MA & PDP CAHPS Survey Project Team:*
 ➢ Email: MA-PDPCAHPS@azqio.sdps.org
 ➢ Toll free telephone: 1-877-735-8882

For additional information and technical assistance <u>related to the use of the MA & PDP CAHPS Survey Data Warehouse or data submission issues</u>, contact the *MA & PDP CAHPS Survey 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 Web site:
 ➢ 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 2012 MA & PDP CAHPS Survey consists of four different questionnaires: MA Only, MA-PD, MA PPO, 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. Some additional questions are included in the MA PPO questionnaire. The MA PPO questionnaire is the **only** survey version that should be sent to sampled PPO enrollees. These additional questions relate specifically to the experiences of enrollees with finding a provider within the MA network. The PDP questionnaire includes only questions about the prescription drug plan.

The standard protocol used in the administration of all four of the questionnaires for 2012 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. CATI surveys must be available to the sampled members in English and in Spanish. Survey vendors will have the option of offering the MA & PDP CAHPS Survey in Chinese.

2012 Data Collection Schedule

The basic tasks and timing for conducting the 2012 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
Plan request for contract-level oversample. (Request must be sent to MA-PDPCAHPS@azqio.sdps.org, must include total sample size requested and identify the contract number associated with the request.)	11/7/2011	-106 days
Vendors provide toll-free customer support telephone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2012 customer support must be provided to MA-PDPCAHPS@azqio.sdps.org. CMS will generate customized pre-notification letter for each vendor that includes the telephone number provided.)	12/1/2011	-82 days
Plan must submit survey vendor authorization form for survey vendor contracted to administer the 2012 MA & PDP CAHPS survey	01/6/2012	-46 days
Survey vendors must submit any supplemental questions (not previously approved for 2011 MA & PDP CAHPS survey administration) for approval	01/9/2012	-43 days
Contract level sample files will be available for vendors.	02/3/2012	-18 days

Data Collection Tasks

Survey Vendor Task	Date	Time Frame
Mail out a pre-notification letter to all sampled members 1 week before the first survey questionnaire mailing	02/21/2012	day 1
Customer support telephone center opens. (Toll-free telephone number required.)	02/22/2012	days 2-99
Mail-out of the first questionnaire with cover letter within one week of the pre-notification letter	02/27-2/29/2012	days 7-9
Mail-out of second mailing of questionnaire with cover letter to all non-respondents within <u>four</u> weeks after first mailing	03/26/2012-03/28/2012	days 35-37
Initiate telephone follow up by computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1ˢᵗ attempt must occur during this time.)	04/16/2012-04/23/2012	days 56-63
Conduct additional telephone attempts by CATI according to the following specifications: • Call attempts must occur in three different calendar weeks	04/24/2012-05/29/2012	days 64-99

Survey Vendor Task	Date	Time Frame
• Call attempts must be scheduled at different times of the day and on different days of the week • The 5th call attempt must occur at least 21 days after the 1st call attempt, if a 5th call attempt is necessary		
Submit interim data files to CMS (RAND). Survey vendors may begin to submit data on 05/8/2012 but <u>must</u> have all interim data submitted by 05/11/2012.	05/11/2012	days 81
Complete the telephone follow-up sequence	05/29/2012	days 99
Cutoff date for Returned Mail Surveys	05/29/2012	days 99
Customer Support Toll-free Line Closed	05/29/2012	days 99
Outbound Telephone Interviewing Ends	05/29/2012	days 99
Submit final data files to CMS approximately 2 weeks after close of data collection via the Data Submission Web site provided by the RAND Corporation. No files will be accepted after the submission deadline date.	06/12/2012	days 113

Description of the Questionnaires

The 2012 MA & PDP CAHPS Survey includes four questionnaires: MA Only, MA-PD, MA PPO, and PDP. While the MA Only, MA-PD and MA PPO 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 prescription drug plan.

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 four questionnaires. However, 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:

Questionnaire	*Core Questions*	*About You Questions*
MA	*1-52*	*53-75*
MA-PD	*1-70*	*71-91*
MA PPO	*1-74*	*75-95*
PDP	*1-23*	*24-44*

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, Your Medicare Rights, 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 Medicare Rights, Your Prescription Drug Plan, and About You.

The *MA PPO questionnaire* includes the domains identified in the MA-PD questionnaire plus four additional questions related specifically to the sampled member's experience with finding a provider within the MA network of providers.

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 plan 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.

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 2012 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 a Chinese translation of the MA & PDP CAHPS Survey questionnaires. The Chinese translation will be targeted to speakers of Cantonese. Survey vendors will be provided with all four MA & PDP CAHPS Survey questionnaires in English, Spanish and Chinese, 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, a survey vendor cannot change the wording of survey questions, the response categories or the order of questions. In addition, survey vendors cannot modify the wording of the pre-notification letter or the survey cover letters. Finally, 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 will permit the addition of supplemental survey questions that have been submitted to CMS for approval. These supplemental questions may be placed on the survey questionnaires as described later in this section.

Note: Each survey vendor must submit copies of their survey mailing materials (survey cover letters and questionnaires) for review by the MA & PDP CAHPS Survey Project Team as part of their QAP. 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. These materials are available on the MA & PDP CAHPS Survey Web site. 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 Chinese, if applicable, survey materials including questionnaires, pre-notification letters, and survey cover letters required for the administration of the survey, including sampled members who request the survey in a language other than the one they received (i.e., English, Spanish or optional Chinese).

Pre-notification Letter and Survey Cover Letters

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
  - ➢ The pre-notification letter contains the salutation "Dear Medicare Beneficiary"
  - ➢ The pre-notification letter will include the customer service telephone number provided in advance by the 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 include the signature of the CMS Privacy Officer
  - ➢ The pre-notification letter envelope must be marked "Return Service Requested" or "Address Service Requested" in order to update records for beneficiaries who have moved

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

  - ➢ The pre-notification letter must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 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-speakers, the survey vendor has the option of including an English-Chinese letter, instead of the English-Spanish 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 letters contain the salutation "Dear Medicare Beneficiary," however, the survey vendor has the option of personalizing the salutation to include the beneficiary's name
  - ➢ The cover letters for the first and second questionnaire mailings must be signed by a senior employee of the survey vendor
  - ➢ The survey cover letter shall be printed using the survey vendor logo, the MA or PDP plan logo (or the MA or PDP plan parent organization logo), or both; however, the return address must be that of the survey vendor ONLY
  - ➢ The survey cover letters must be printed using a font size equal to or larger than Times New Roman 11 or Arial 11 point font

➢ The cover letter for the first questionnaire mailing 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 Chinese, inclusion of Chinese text on the cover letter for the first questionnaire mailing inviting Chinese-speaking beneficiaries to call the survey vendor's toll free telephone number to request the Chinese translation of the questionnaire is optional.

➢ The envelope in which the questionnaire is mailed must be printed with the survey vendor's address as the return address. The envelope should be printed with the survey vendor logo, the MA or PDP plan logo (or the MA or PDP plan parent organization logo), or both

Questionnaire Formatting and Printing Specifications

Survey vendors must adhere to the following specifications in formatting and producing the mail MA & PD CAHPS Survey questionnaires:
➢ Full questionnaire titles including the year must be placed at the top of page one
➢ The contract and plan benefit name provided in the sample file will be printed on the back page of the survey. In addition, CMS is permitting survey vendors to include a list of Plan Benefit Names on the last page of the instrument(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 Organization Marketing Name.
Example:
You may also know your plan by one of the following;
  ABC Plan
  CDD Plan
  EFG Plan
➢ 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 beneficiary's name must not be printed on the questionnaire
➢ Response choices must be listed individually for each question, not presented in a matrix format. 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. A matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page is not allowed, since it has been shown that this format tends to produce inaccurate and incomplete responses.

➢ 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.)*
  o The OMB clearance statement and number may also appear on the cover letter
➢ All survey instructions must be written at the top of the first page of the questionnaire
➢ The survey vendor's return address must be added to the questionnaire in order to ensure that the questionnaire is returned to the correct address in the event the enclosed return envelope is misplaced by the beneficiary
➢ All questionnaires will be printed as booklets in black and white (survey vendors may opt to print the surveys in black and white with a highlight color)
➢ Windowed envelopes may be used as a quality measure to ensure that each sampled member's survey package was mailed to the address of record for that beneficiary
➢ 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
➢ A form tracking ID linked to the Unique Respondent Finder Number must be printed on the back page of each survey

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

➢ All questionnaires must be printed using a minimum font size equal to or larger than Arial 11 point

Optional 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 in order to ensure that they are easy to read, thus increasing the likelihood of receiving a completed survey:
➢ Two-column format
➢ 12 point font size
➢ Readable font such as Arial
➢ Wide margins (at least ¾ inches) so that the survey has sufficient white space to enhance readability
➢ Ovals instead of boxes may be used for response items

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

Supplemental Questions

For the 2012 MA & PDP CAHPS Survey, CMS may approve supplemental questions by MA & PDP plans. Contracts are permitted to add a reasonable number of supplemental questions to the 2012 MA & PDP CAHPS Survey provided they 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."*

The exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. However, contracts and survey vendors must avoid adding supplemental questions that:

➢ Pose a burden to the beneficiary (e.g., in number, length and complexity of questions or response sets)

➢ 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

Note: All supplemental questions must be submitted electronically no later than January 9, 2012 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval.

Survey vendors may consider the supplemental questions previously approved by CMS for the 2011 MA & PDP CAHPS Survey administration as approved for use in the 2012 MA & PDP CAHPS Survey administration provided there are no changes or modifications to these questions.

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 Survey 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 in order 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 back of 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 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]
- ➢ In order 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

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. If a beneficiary completes and returns more than one survey, the survey vendor must use only the first survey received.

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) in order 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 returned paper questionnaires or scanned images of paper questionnaires in a secure and environmentally controlled location for a minimum 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:
  o Fading, smearing, and misalignment of printed materials
  o Appropriate survey content, accurate address information, and proper postage of the survey packet
  o Assurance that all printed materials in a mailing envelope have the same unique identifier
- Initiate "seeded mailings" to designated project staff in order to check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing
- Perform address validation in order to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available

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 2012 administration of the MA & PDP CAHPS Survey. This phase requires the use of computer-assisted telephone interviewing (CATI).

Administering the telephone protocol of the MA & PDP CAHPS Survey prior to the specified timeline of the telephone component of the MA & PDP CAHPS Survey administration is not allowed. Survey vendors must <u>not</u> attempt to have a beneficiary complete a survey by phone when calling the support line <u>prior</u> to the telephone phase of survey administration.

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 pattern.

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.

Timing of the Telephone Phase of the Data Collection Protocol

Following the mail phase of the data collection protocol for the 2012 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 a blank or incomplete 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 survey by mail, survey vendors must follow-up by telephone in order to attempt to complete the survey over the telephone. Sampled members with an invalid or undeliverable mailing address for whom the 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. Survey vendors shall use a secondary source such as telephone matching services or software, directory assistance and other telephone directory applications to try to obtain a current telephone number for a sampled member. It is permissible for the survey vendor to request an entire member file from plans in order to obtain telephone numbers, as long as no information is provided to the plan identifying which members are in the sample.

Telephone Attempts

Survey vendors must attempt to reach each and every beneficiary in the sample. Repeated attempts must be made until the beneficiary is contacted, found ineligible, or five attempts have been made. After five attempts to contact the beneficiary by telephone have been made, no further attempts are to be made.

A telephone attempt is defined as an attempt to reach the respondent by telephone at different times of day, on different days of the week, and in different weeks over at least a 21-calendar day period. The 5th call attempt must occur at least 21 days after the first call attempt, if a 5th call attempt is necessary. In addition, a telephone attempt must meet the following criteria:

 - The telephone must ring at least six times with no answer
 - The interviewer reaches a household member and is told that the beneficiary is not available to come to the telephone. The interviewer will attempt to schedule a callback date/time.
 - The interview reaches the beneficiary but is asked to call back at a more convenient time
 - The interviewer gets a busy signal during each of three consecutive telephone attempts (if possible, the telephone attempts must be made approximately at 20 minute intervals)
 - The interviewer obtains an answering machine. The interviewer should then hang up the phone without leaving a message.

All sampled members must be called five times over at least a 21-calendar day period unless they are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a beneficiary is found to be ineligible for the survey, then the survey vendor must <u>not</u> continue to attempt to complete the survey by telephone. If a beneficiary is away for the duration of the data collection period or is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

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 Web site. 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 and Chinese 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 (English, Spanish and Chinese).

Note: Each survey vendor must submit copies of their CATI screen shots for review by the MA & PDP CAHPS Survey Project Team as part of their QAP. 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.

Interviewer Training

Interviewer training is essential to ensure that interviewers are following protocols and procedures and that survey data are collected accurately and efficiently. 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 nondirective probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. 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 in order to ensure that they are following established protocols and procedures. Each survey vendor must institute a telephone monitoring and evaluation program during the telephone component of the data collection protocol. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

➢ Survey vendors must randomly monitor a minimum of 10 percent of all interviews through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers and times of the day.

➢ If a survey vendor utilizes a subcontractor for telephone interviewing, the subcontractor must silently monitor a minimum of 10 percent of all interviews

➢ Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor's telephone interviews, 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, if necessary, replaced

Proxy Respondents

While beneficiaries are encouraged to respond directly to the mail or telephone questionnaires, not all elderly or disabled 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 must grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

Incentives

CMS does not allow MA and PDP plans or survey vendors to use incentives of any kind.

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).

Options for Spanish-speaking Sampled Members

Spanish language questionnaires must be made available to Spanish-speaking beneficiaries. Survey vendors shall mail a pre-notification letter to all sampled members residing in any of the 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands, 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.

All sampled members residing in Puerto Rico shall also receive the dual-language pre-notification letter, which will include the survey vendor's toll-free number they must call to obtain an English version of the MA & PDP CAHPS Survey. Otherwise, all sampled members residing in Puerto Rico shall be mailed a Spanish-language version of the MA & PDP CAHPS Survey on first mailing and subsequent mailings, if needed. Sampled members assigned to telephone follow-up who reside in Puerto Rico shall be called by a Spanish or bi-lingual (Spanish and English) interviewer, and CATI programmed in Spanish shall be conducted with these sampled members.

In addition to the above regarding Spanish-language survey materials, all first questionnaire cover letters shall contain Spanish text inviting Spanish-speaking members to call the survey vendor to request a Spanish version of the 2012 MA & PDP CAHPS Survey. For each sampled member who contacts the survey vendor to request a Spanish questionnaire, the remainder of the mail portion of the protocol will be conducted in Spanish regardless of their residence. For example, if a member contacts the survey vendor to request a Spanish questionnaire and does not complete and return the survey that is mailed to him/her, the sampled member will be mailed a second questionnaire (if necessary) in Spanish, and telephone follow-up, if needed, will be conducted using Spanish language CATI.

There are two new options for the 2012 survey administration:
  ➢ Contracts may provide vendors with a file of **all** enrolled beneficiaries that contains name, contact information, telephone number and an indicator that the beneficiary requires materials in Spanish or that Spanish is the beneficiary's preferred language. Based on the plan's beneficiary data, vendors may follow the procedures employed for

members residing in Puerto Rico for all sampled members identified as "requires Spanish-language materials" in the contract's data.

Note: At no time should the beneficiaries in the sample be identified to the plan.

➢ For contracts that contain a plurality of Spanish-speakers, but are unable to provide Spanish-language preference data for all enrolled beneficiaries, vendors may provide both an English- and Spanish-language questionnaire in the survey mailings (double stuffing).

Options for Chinese-speaking Sampled Members

Vendors are provided Chinese-language questionnaires and CATI scripts for use in surveying beneficiaries who require surveys in Chinese. There are three options for making Chinese-language materials available to sampled beneficiaries.

➢ Contracts may provide vendors with a file of **all** enrolled beneficiaries that contains name, contact information, telephone number, and an indicator that the beneficiary requires materials in Chinese or that Chinese is the beneficiary's preferred language. Based on the plan's beneficiary data, vendors may mail Chinese-language materials to all sampled members identified as "requires Chinese-language materials" in the contract's data. The pre-notification letter shall be provided in English and Chinese, and the questionnaire cover letters shall include English-language text providing instructions on calling the survey vendor to request an English-language survey.

Note: At no time should the beneficiaries in the sample be identified to the plan.

➢ For contracts that contain a plurality of Chinese-speakers, but are unable to provide Chinese-language preference data on all enrolled beneficiaries, vendors may provide both an English- and Chinese-language questionnaire in the survey mailings (double stuffing).
➢ For contracts that contain a minority of beneficiaries who require Chinese-language survey materials, but are unable to provide Chinese-language preference data on all enrolled beneficiaries, vendors shall include Chinese-language text on the questionnaire cover letters providing instruction on calling the survey vendor to request a Chinese-language survey.

Note that the Chinese-language surveys and CATI scripts are designed for use with Cantonese-speakers.

Timing of Plans' Data Collection Efforts

To avoid over-burdening beneficiaries, plans are strongly encouraged not to field other surveys of beneficiaries four weeks prior to or during the 2012 MA & PDP CAHPS Survey administration (anytime from January 1 to July 1, 2012), except for other CMS sponsored surveys (e.g., Medicare Health Outcomes Survey).

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 Survey 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 Survey Data Warehouse, the MA & PDP CAHPS Survey 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 Survey Data Warehouse, using PGP, formerly known as Pretty Good Privacy, (www.pgp.com) software. 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 vendor's Outbox. Similarly, the MA & PDP CAHPS Data Coordination Team will encrypt each survey vendor's sample files using a PGP Public Key, provided by the vendor's Data Administrator. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their Inbox. Data files submitted to the MA & PDP CAHPS Survey 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. 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 plan. No substitutions for valid data element values are acceptable.

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

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 is described 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, 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. Use code "8 – Not Applicable" if appropriate (e.g., survey language for a blank mail survey). 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 J.

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 completed or partially completed a survey. 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 "Missing" or "8 – 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 these questions, enter **all** of the categories that the beneficiary has selected. For any categories not selected, enter "0." If **no** categories are selected, enter "M – Missing/Don't Know" for all categories.

The file record layout for the Beneficiary Survey Data Section will vary according to the questionnaire that was administered. Appendix J also includes a description of the file layout for the Beneficiary Survey Data Section, 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 not required for "Final Survey Disposition" of anything other than a "10 – Completed survey" or "31 – Partially completed survey." However, if the Beneficiary Survey Data Section is included, then all fields must have a valid value.

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 in order 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/Don't Know"
- ➢ If a value is missing, code as "M – Missing/Don't Know." Survey vendors must not impute a response.
- ➢ When more than one response option is marked, code the value as "M – Missing/Don't Know"
    - o 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.

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 would ask the beneficiary to answer the questions as best as they can, thinking about the plan they were enrolled in during 2011.

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.
- ➢ If the screener question is left blank, code it as "M – Missing/Don't Know." Do not impute a response based on the beneficiary's answers to the dependent questions.

Dependent questions that are appropriately skipped should be coded as "8 – Not Applicable." In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response provided by the beneficiary. That is, survey vendors must not "clean" or correct skip pattern errors on surveys completed by a beneficiary.

Note: For telephone follow-up via CATI, skip patterns should be programmed into the electronic telephone interviewing system. Appropriately skipped dependent questions should be coded as "8 – Not Applicable." 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" for 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 J.

When submitting the interim data submission file, if the survey vendor has completed a survey or exhausted all attempts to do so, one of the Final Survey Disposition codes as found on page 40 of this manual should be submitted for the corresponding beneficiary survey. If any attempt to contact a beneficiary is planned after the interim submission (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/or Telephone Number for the Beneficiary" should be used.

Survey Completion Guidelines

A partially completed questionnaire includes response items answered for at least one reportable measure and *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 M for a list of the reportable measures and Appendix L for ATA items in each questionnaire.

Receipt of a completed survey obviates the need for additional mailings or telephone calls. Receipt of a partial complete does not. Mailings and calls after the receipt of a partial complete 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 partially completed survey.

If more than one completed survey is received, the *first* received completed survey is submitted. If exactly one completed survey is received, the completed survey is submitted. If more than one partially completed survey is received but no completed survey is received, the *first* received partially completed survey is submitted. If exactly one partially completed survey is received but no completed survey is received, the partially completed survey is submitted.

When a beneficiary responds by returning a survey but did not answer one of the reportable measures and greater than 50% of the ATA items, 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 – Blank Survey Returned" in the final data file submitted to CMS via the RAND Extranet. Please note that all survey responses collected in this record are to be included in the file submission.

When calculating percent complete using Appendix L (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 1 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.

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, that is – "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.

- ➤ If a beneficiary is found to be ineligible or excluded after the sample is drawn, 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" or "31 – Partially completed survey" must contain the date the completed survey was received
- ➤ Surveys that received a "Final Survey Disposition" code of 11, 20, 22, 24, 32, 33, 34, 35, 40 (that is, any "Final Survey Disposition" code OTHER THAN 10 or 31) need not contain the date the completed survey was received

The following table provides details on the assignment of the "Final Survey Disposition" field.

Final Survey Disposition Codes

Final Disposition	Code	Description	Criteria
Completed survey	**10**	A complete includes response items answered for at least one reportable measure and ≥50% of the ATA items	A complete includes response items answered for at least one reportable measure and *greater than or equal to* 50% of the ATA items. Appropriately skipped questions do not count against the required 50 percent. 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 *less than* 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
Language barrier	**22**	Unable to complete the survey in English, Spanish or Chinese	Unable to complete the survey in either English, Spanish or Chinese
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 or telephone number
Blank Survey returned or Partially completed survey with no reportable item	**34**	Responded by mail, answered no questions or a partial complete with no reportable item answered and <50% of the ATA items	Responded by mail, answered no questions or a partial complete with no reportable items answered and *less than* 50% of the ATA items. There must be no evidence that the beneficiary is ineligible.
Bad address and/or Bad telephone number	**35**	Unable to obtain a viable address or telephone number for the beneficiary	Unable to obtain a viable address and/or telephone number
Excluded from survey	**40**	Was excluded from the survey process	Beneficiary is ineligible (see Sampling Section in this manual)

Assigning Bad Address and/or Bad Telephone Number Disposition Codes

The "Final Survey Disposition" "35 – Bad address and/or Bad telephone number" is assigned when the survey vendor has exhausted attempts to obtain a valid address and/or 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, <u>sufficient</u> 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, <u>insufficient</u> evidence that a beneficiary's address is not viable includes:
  - ➢ Address validation 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, <u>sufficient</u> 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
  - ➢ The telephone interviewer dials the beneficiary's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number

For the *telephone component* of survey administration, <u>insufficient</u> 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 Survey 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 Survey 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 Survey Data Coordination Team has developed a secure data warehouse hosted by the RAND Corporation. This data warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2012 MA & PDP CAHPS Survey and to submit survey data to CMS. Use of the MA & PDP CAHPS Survey 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 an interim data file by 11:59 PM Eastern Time on May 11, 2012 and the final survey data file by 11:59 PM Eastern Time on June 12, 2012. Submitting an interim data file will provide survey vendors an opportunity to test the data submission process before they have to submit the final data file and correct any data file errors/problems.

Note: Survey vendors may begin to submit interim data on May 8, 2012: however, the interim data file must be submitted by May 11, 2012.

Survey Vendor Authorization Process

MA and PDP contracts must submit documentation to the MA & PDP CAHPS Survey Data Coordination Team authorizing survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Upon receipt of the Survey Vendor Authorization Form (see Appendix B), the MA & PDP CAHPS Survey Data Coordination Team will confirm the authenticity of the authorizing entity verifying contact information at both the health provider and survey vendor level. Only then will the survey vendor be contacted and provided an account for the MA & PDP CAHPS Survey Data Warehouse.

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 Survey 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 Survey Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS Survey Data Coordination Team and the survey vendor regarding issues related to downloading or uploading files from the MA & PDP CAHPS Survey 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 Survey Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator role. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS Survey Data Warehouse account.

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 Survey Data Coordination Team by completing an Extranet User Agreement (see Appendix D) and emailing it to the MA & PDP CAHPS Survey Data Coordination Team. Once the MA & PDP CAHPS Survey Data Coordination Team has verified the information on the Extranet User Agreement and confirmed that a survey vendor has been authorized by one or more MA or PDP contracts to submit data on their behalf, the survey vendor will be assigned a unique ID and password for the data submission application (created by the MA & PDP CAHPS Data Coordination Team). The MA & PDP CAHPS Survey Data Coordination Team will contact each survey vendor by telephone to communicate the password by speaking directly to the designated Data Administrator for the survey vendor. The passwords will not be transmitted through email, Internet or other electronic methods and will not be left on voice mail. 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 on 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.submissionN.mmddyy.txt.pgp
>
> Where
> 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.
> 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
>
> Example: XYZResearch.submission1.05.12.11.txt.pgp

Please note:
   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 vendor received in the sample file (for the interim data submission, the record for a beneficiary for whom the vendor has not yet completed a survey should be coded with disposition code "33 – No response collected."

3. Survey vendors need to update their password to access the Data Warehouse prior to the interim data submission period. Survey vendors can send email to MA-PDPCAHPSTECHSUPPORT@rand.org if the survey vendor has any questions about how to do this or needs 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 Survey 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 7 characters in length and contain at least one character from 3 of the 5 classes of characters: uppercase letters, lowercase letters, digits, punctuation or symbols).

Organization of the MA & PDP CAHPS Survey Data Warehouse

Sample files and uploaded data files are stored in a secure data warehouse at the RAND Corporation. Each survey vendor will have its own folder in the MA & PDP CAHPS Survey Data Warehouse and will not be able to see, locate, or access another survey vendor's folder. From the survey vendor's view, the site will have an "Inbox" for uploading documents and an "Outbox" for downloading sample files and any other documents RAND may need to push out to the survey vendors. All upload and download activities will be logged for reporting to the MA & PDP CAHPS Survey Data Coordination Team and CMS.

File Encryption

All survey vendors will be required to adhere to file format specifications and to encrypt survey data files using PGP software (www.pgp.com) prior to submitting files to the MA & PDP CAHPS Survey 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 vendor's Outbox. Similarly, the MA & PGP CAHPS Data Coordination Team will encrypt each survey vendor's sample files using a PGP Public Key provided by the 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 Inbox. Vendors are cautioned to make certain they export only their Public Key before posting it to their Inbox. Do not share the associated private key.

The survey vendor-specific folder in the MA & PDP CAHPS Survey Data Warehouse will also have a "Quarantine" document library that is visible only to the MA & PDP CAHPS Survey Data Coordination Team. Any file uploaded to the survey vendor's Inbox that does not have the ".pgp" extension, indicating the prescribed PGP encryption, will be quarantined and automatically deleted. 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 Survey

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 Survey Data Warehouse

The data submission process that survey vendors will use to submit MA & PDP CAHPS Survey data includes the following steps:
1. The survey vendor's Data Administrator will use their Internet browser to request access to the MA & PDP CAHPS Survey Data Warehouse
2. The survey vendor's Data Administrator will be prompted for his/her user ID and a password
3. The survey vendor's Data Administrator will be presented with a page that has two links:
   a. One link is a utility that will allow them to change their password
   b. The second link accesses the survey vendor's MA & PDP CAHPS Survey folder in the Data Warehouse
4. The survey vendor's folder on the MA & PDP CAHPS Survey Data Warehouse will have the survey vendor's name at the top
5. There will be an Inbox and an Outbox
6. The Inbox will have a link labeled "Add new document" for adding survey data
7. The Outbox will allow the survey vendor to click on any file there and then save the file to their local computer

Note: A copy of the Instructions for Survey Vendors on Accessing the Data Warehouse can be found in Appendix H.

Data Auditing and Validation Checks

The MA & PDP CAHPS Survey 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 Survey Data Coordination Team involves conducting various data checks of the survey data submitted by survey vendors. The first check will be integrated into the MA & PDP CAHPS Survey Data Warehouse and involves testing for the appropriate file extension .pgp to indicate that a survey file has been encrypted. As described above, any file uploaded to the MA & PDP CAHPS Survey 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

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 vendor verification. Data files not received and accepted prior to 11:59 PM Eastern Time on the deadline date will not be included in the results that are publicly reported. Therefore, it is essential that data files submitted by survey vendors are accepted before the data submission deadline.

IX. DATA ANALYSIS AND PUBLIC REPORTING

Overview
This section describes the public reporting of the survey results in the Medicare & You Handbook and in the Medicare Plan Finder Web site (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 2012 MA & PDP CAHPS Survey will be available in the Fall of 2012.

Reporting
Public Reporting of 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 Web site (www.medicare.gov) each fall. 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.

The measures that were publicly reported in 2011 will be reported in 2012. Two additional measures may be reported in 2012 (referred to as potential reporting items in Chapter II of this manual). The 2012 MA & PDP CAHPS survey will include seven items that ask sampled beneficiaries about several aspects of experience with care coordination (six reports about care, and one satisfaction item). Some or all of the report items may be used to construct a coordination of care composite measure which may be publicly reported in 2012 (depending on the results of psychometric analyses). The 2012 survey will also include one item on experience with visit notes. This item may be publicly reported as a stand alone measure in 2012 (depending on the results of psychometric analyses). CMS and the MA & PDP CAHPS Team will inform the vendors once a decision about potential reporting items has been made.

Additional Reporting of Medicare CAHPS Data to Plans
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.

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 report more detail on the original scales of the items.

Measures That Will be Reported to Plans

The reports to plans include those measures that are reported to consumers, plus additional measures. MA & PDP CAHPS Survey results are reported to plans for six composites (and all items within each of the six composites), five global ratings and five individual items.

Global ratings:
  ➢ Overall Rating of Health Plan
  ➢ Overall Rating of Care Received
  ➢ Overall Rating of Personal Doctor
  ➢ Overall Rating of Specialist
  ➢ Overall Rating of Drug Plan (MA-PD, MA PPO and PDP)

Individual items:
  ➢ Willingness to Recommend Plan for Drug Coverage (MA-PD, MA PPO and PDP)
  ➢ Influenza Vaccination (includes all age groups)
  ➢ Pneumonia Vaccination (includes all age groups)
  ➢ Getting Medical Equipment

Composite measures:
  ➢ Getting Needed Care
  ➢ Getting Care Quickly
  ➢ Doctors Who Communicate Well
  ➢ Health Plan Customer Service
  ➢ Getting Needed Prescription Drugs (MA-PD, MA PPO and PDP)
  ➢ Getting Information From the Plan About Prescription Drug Coverage and Cost (MA-PD, MA PPO and PDP)

Two items new to the 2012 MA & PDP CAHPS Survey may be reported to plans as stand-alone measures, depending on the results of psychometric analyses: the coordination of care satisfaction item, and the item on experience with visit notes (both described above).

Note: The final analysis dataset will include all completed and partially completed questionnaires.

CMS Analysis of MA & PDP CAHPS Survey Data
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 one exception: 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.

Case-Mix Adjustment and Weighting
Certain respondent characteristics, such as age and 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 general, for example, individuals who are older, those with less education, and those in better overall and mental health provide more positive ratings and reports of care. The case-mix model used for analyzing MA & PDP CAHPS Survey data includes these four self-reported characteristics, together with indicators of Medicaid dual eligibility/eligibility for low-income subsidy status and information indicating whether another person helped the respondent complete the questionnaire. 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.[1]

Data from MA contracts are weighted to represent each contract's proportion of PD enrollees.

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 10 observations. When 10 or more observations are present but a measure's reliability is less than 75%, the mean score is italicized.[2] In 2011, some scores were suppressed from public report because of very low reliability (<60%); a similar criterion may be applied in 2012.

For consumer reporting via the Medicare & You Handbook and in the Medicare Plan Finder Web site, CMS uses a star rating system, assigning between one to five stars to a contract for a given 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. This difference (including whether the difference is statistically significant), the direction of the difference, and the statistical reliability of the estimate (based on the number of respondents) determines the number of stars assigned. Starting in Fall 2010, CMS set four star thresholds for all measures with a data history that are included in the Plan Ratings on www.medicare.gov. For CAHPS, a contract is assigned at least 4 stars if the contract's average case-mix adjusted CAHPS measure score exceeds a cutoff defined by the 60th percentile of the plan means in 2009 for the same measure.

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[1] Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.
[2] For measures for which more than 12% of all contracts with sample size of 10 or more had low reliability, only the 12% of contracts with lowest reliability are italicized.

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. The other contract is included in the report contract's market area for comparison if there is an overlap of at least 5 percent of the report contract's enrollment and vice-versa (the other contract must also have at least 5 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 plans 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 in order to provide plans with additional information that plans can use for quality improvement purposes as long as **cell sizes are not too small (less than 10)**. Survey vendors should ensure that plans recognize that these vendor analyses are not official survey results and should **only** be used for quality improvement purposes.

In addition, survey vendors will not be able to provide member-level datasets to their plans, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents. CMS is considering ways to provide de-identified individual level data to plans and will continue to provide data that plans can use for quality improvement purposes.

Analysis of Survey Data from Supplemental Items

As described in the Data Collection Protocol section of this manual, CMS will allow 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 <u>after</u> 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 <u>not</u> 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 plan. Analysis of supplemental questions is the responsibility of the survey vendors. Survey vendors may provide the survey results and data from supplemental items to plans, 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
In order 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 in order 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. 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 Survey Data Warehouse by survey vendors will be reviewed by the MA & PDP CAHPS Survey 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.

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 V2.0*. The following components must be addressed:
  o Organizational background and structure for project
  o Work plan for survey administration
  o Survey and data management system
    • Provide a detailed description of the process for updating beneficiary addresses and telephone numbers
  o Quality controls
  o Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  o Description of quality control activities
  o MA & PDP CAHPS Survey materials
➤ 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 sessions and will be posted on the MA & PDP CAHPS Survey Web site subsequent to training. A Model QAP can be found in Appendix E. 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 Web site at: www.ma-pdpcahps.org. Updated QAPs (for re-approved vendors or for 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.

Analysis of Submitted Data

The MA & PDP CAHPS Survey Data Coordination Team will review and analyze all survey data submitted in order 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 V2.0,* and those periodically posted on the MA & PDP CAHPS Survey Web site. Please monitor the MA & PDP CAHPS Survey Web site 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 V2.0.* 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, 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
> ➢ Adjustment to publicly reported scores, as needed
> ➢ Other sanctions as deemed appropriate by CMS

XI. DISCREPANCY REPORTS

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

The discrepancy process and the Discrepancy Report Form have been established for use by survey vendors to notify the MA & PDP CAHPS Survey Project Team of any discrepancies in following standard MA & PDP CAHPS Survey protocols. Survey vendors are required to notify the MA & PDP CAHPS Survey Project Team of any discrepancies or variations that have occurred during survey administration. Survey vendors **must** notify the MA & PDP CAHPS Survey Project Team as soon as the discrepancy is identified.

Discrepancy Report Process
On occasion, a survey vendor may identify discrepancies 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 discrepancies. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify discrepancies that require correction.

Survey vendors are required to complete and submit a Discrepancy Report to formally notify CMS as soon as possible after the discrepancy has been discovered. The Discrepancy Report Form (see Appendix K) must be submitted online via the MA & PDP CAHPS Survey Web site at: www.ma-pdpcahps.org. This report notifies the MA & PDP CAHPS Survey Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy. The plan's CMS contract number (Hxxxx, Rxxxx or Sxxxx) **must be included on the form**.

Discrepancy Report Review Process
The Discrepancy 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 discrepancy on publicly reported results will be assessed. Depending on the nature and extent of the discrepancy, 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
2012 Minimum Business Requirements

A survey vendor must meet <u>all</u> of the Survey Vendor Minimum Business Requirements listed below in order to apply to administer the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey.

1. Relevant Survey Experience
Demonstrated recent experience in fielding Mixed Mode surveys.

Criteria	Survey Vendor
Survey Experience	- Prior experience conducting surveys with the Medicare population - Prior experience administering CAHPS surveys - Prior experience conducting Mixed Mode (mail with telephone follow-up) within the most recent 2 year time period - Past performance
Number of Years in Business	Minimum of 3 years
Number of Years Conducting Surveys	Minimum of 2 years conducting large-scale Mixed Mode surveys (large scale mail surveys and capability to perform CATI system telephone interviews)
Experience with Multiple Survey Languages	Prior experience required in conducting survey administration in both English and Spanish. A survey vendor will have the option of electing to conduct the 2012 MA & PDP CAHPS Survey in Chinese.

2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires and conduct standardized telephone interviewing in a specified time frame.

Criteria	Survey Vendor
Personnel	• Designated Project Manager with previous Mixed Mode survey experience • Designated Telephone Survey Supervisor with previous survey call center experience • Programmer capable of processing data and preparing data files for electronic submission

System Resources	• System resources must meet CMS specifications and at a minimum include the following:
	  o Reproduction and mailing of the questionnaire
	  o Capacity for conducting telephone interviews using a computer-assisted telephone interviewing (CATI) system
	  o Data collection processing
	  o Production of computer files
	  o Anticipate and plan for on-site visits
	  o Electronic survey management system to track fielded surveys through the entire protocol
	  o A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy sample files that protects the confidentiality of patient response data and personal identifying information

Approved Use of Subcontractors	• CMS must approve subcontractors at the time of application (Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing)
Mixed Mode Administration	• Will be provided with the mail and telephone versions of the MA & PDP CAHPS survey in electronic form, text for pre-notification and cover letters • Responsible for printing and reproduction of survey materials in accordance with specifications provided • Follow MA & PDP CAHPS timeline • Use commercial software/resources to ensure that addresses and telephone numbers are accurate and correct for all the sample members • Health plans are not to know the names of the enrollees participating in the survey • If a survey vendor intends to administer the 2012 MA & PDP CAHPS Survey in Chinese, both the mail and telephone modes must be administered in Chinese

Data Submission	• Register with the RAND Corporation and follow data specifications and procedures in order to submit and receive encrypted data via the Internet • Data files must be encrypted for transmission in accordance with required specifications • Must be authorized by health plan prior to submission of data • Execute business associate agreement with health plans and receive annual authorization from health plans to collect data on their behalf and submit to CMS
Data Security	• Returned paper questionnaires must be stored in a secure and environmentally safe location • Firewalls and/or other mechanisms must be utilized to protect 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 • Required encryption protocols must be utilized for transmitting data files • Develop procedures for identifying and handling breaches of confidential data • Data custodian will be responsible for all data security for data collection as specified in the Data Use Agreement with CMS
Data Retention	• Retain all data files for a minimum of 3 years
Confidentiality	• QAP is required to contain content regarding confidentiality and disclosure that is HIPAA compliant • MA & PDP CAHPS data files (paper or electronic) must be stored securely and confidentially in accordance with specified requirements
Technical Assistance/Customer Support	• 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 • If administering the MA & PDP CAHPS Survey in Chinese, accommodate Chinese inquiries

3. Quality Control Procedures
Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor

Demonstrated Quality Control Procedures	• Set-up and document quality control procedures for all phases of survey implementation:
	  o Training
	  o Printing, mailing and recording receipt of surveys
	  o Telephone administration of survey (electronic telephone interviewing system)
	  o Coding, editing, or keying in survey data
	  o Preparing final person-level data files for submission
	  o All other functions and processes that affect the administration of the MA & PDP CAHPS survey
	• Develop and submit annual QAP by specified due date

Training Requirements	• Participate in and successfully complete Introduction Training via Webinar after confirmation of approved status • Participate in and successfully complete Update Training via Webinar as scheduled • Complete a training evaluation to assess survey vendor comprehension of MA & PDP CAHPS protocols
Training Participants	• Project Manager and Telephone Survey Supervisor at a minimum • Strongly recommend that the programmer and/or their supervisor also attend training

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	• 1 year subject to annual re-approval

Appendix B

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey 2012 Survey Vendor Authorization Form

MA and PDP contracts must authorize an approved MA & PDP CAHPS Survey vendor to submit data on their behalf for the 2012 administration of the MA & PDP CAHPS Survey.

In order to authorize a survey vendor, a contract representative must complete the MA & PDP CAHPS Survey Vendor Authorization Form and submit it to the RAND Corporation by January 6, 2012. The individual who completes this form for the MA or PDP contract will be considered the MA & PDP CAHPS Survey Administrator for that Contract. This form must be signed and dated in the presence of a notary public, notarized, and sent to the RAND Corporation.

If sent via U.S. Mail, send to:

      RAND Corporation
      ATTN: Julie Brown
      MA & PDP CAHPS Survey
      1776 Main Street
      PO BOX 2138
      Santa Monica, CA 90407-2138

If sent via Federal Express, UPS or other overnight delivery service, send to:

      RAND Corporation
      ATTN: Julie Brown
      1776 Main Street
      Santa Monica, CA 90401

      Phone: 310-393-0411

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey 2012 Survey Vendor Authorization Form

I, _____ (Print Contract Administrator's name), acknowledge and accept the role and all of the responsibilities of the MA & PDP CAHPS Survey Administrator for _____ (Print Name of Contract **and Contract Number**).

In this role I will be responsible for:

1) Designating another individual within the organization as the Back-up Administrator.
2) Authorizing a survey vendor to collect data for _____ (Print Name of Contract) as part of the 2012 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the contract.
3) Notifying CMS and RAND immediately if the contract de-authorizes a survey vendor.
4) Serving as the main point of contact with the MA & PDP CAHPS Project Team.
5) Notifying the MA & PDP CAHPS Project Team if my role as the MA & PDP CAHPS Survey Administrator for the Contract will no longer be valid and identifying my successor.

By signing this form, I authorize _____ (Print Survey Vendor Name) to collect data for the contract I represent as part of the 2012 MA & PDP CAHPS Survey and to submit data to CMS on behalf of the Contract.

Contract's Administrator First and Last Name: _____

Contract's Administrator Signature: _____

Title: _____

Phone Number: (_____)_____

Email Address: _____

Survey Vendor Name/Address: _____

_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____)_____

Notary Public Signature: _____

Stamp: _____

Notary Public Date: _____

Appendix C

**Medicare Advantage and Prescription Drug Plan
(MA & PDP) CAHPS® Survey
Data Use Agreement (DUA) Application Form**

INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235

(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.

- First paragraph, enter the Requestor's Organization Name.

- Section #1, enter the Requestor's Organization Name.

- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.

- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.

- Section #6, complete by entering the Study/Project's anticipated date of completion.

- Section #12 will be completed by the User.

- Section #16 is to be completed by Requestor.

- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.

- Section #18 will be completed by a CMS representative.

- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.

- Sections #20a AND 20b will be completed by a CMS representative.

- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

DATA USE AGREEMENT

DUA #

(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA CONTAINING INDIVIDUAL IDENTIFIERS)

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and _____ enter into this
(Requestor)
agreement to comply with the following specific paragraphs.

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and _____,
   (Requestor)
   hereinafter termed "User."

2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.

3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.

4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

Name of Study/Project

CMS Contract No. *(If applicable)*

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).

5. The following CMS data file(s) is/are covered under this Agreement.

File	Years(s)	System of Record

6. The parties mutually agree that the aforesaid files(s) (and/or any derivative file(s)), including those files that directly identify individuals or that directly identify bidding firms and/or such firms' proprietary, confidential or specific bidding information, and those files that can be used in concert with other information to identify individuals, may be retained by the User until _____ , hereinafter known as the "Retention Date." The User agrees to notify CMS within 30 days of the completion of the purpose specified in section 4 if the purpose is completed before the aforementioned retention date. Upon such notice or retention date, whichever occurs sooner, the User agrees to destroy such data. The User agrees to destroy and send written certification of the destruction of the files to CMS within 30 days. The User agrees not to retain CMS files or any parts thereof, after the aforementioned file(s) are destroyed unless the appropriate Systems Manager or the person designated in section 20 of this Agreement grants written authorization. The User acknowledges that the date is not contingent upon action by CMS.

The Agreement may be terminated by either party at any time for any reason upon 30 days written notice. Upon notice of termination by User, CMS will cease releasing data from the file(s) to the User under this Agreement and will notify the User to destroy such data file(s). Sections 3, 4, 6, 8, 9, 10, 11, 13, 14 and 15 shall survive termination of this Agreement.

7. The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it.The safeguards shall provide a level and scope of security that is not less than the level and scope of security requirements established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems **(http://www.whitehouse.gov/omb/circulars/a130/a130.html)** as well as Federal Information Processing Standard 200 entitled "Minimum Security Requirements for Federal Information and Information Systems" **(http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf);** and, Special Publication 800-53 "Recommended Security Controls for Federal Information Systems" **(http://csrc.nist.gov/ publications/nistpubs/800-53-Rev2/sp800-53-rev2-final.pdf)**. The User acknowledges that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable, bidder identifiable or deducible information derived from the file(s) specified in section 5 is prohibited. Further, the User agrees that the data must not be physically moved, transmitted or disclosed in any way from or by the site indicated in section 17 without written approval from CMS unless such movement, transmission or disclosure is required by a law.

8. The User agrees to grant access to the data to the authorized representatives of CMS or DHHS Office of the Inspector General at the site indicated in section 17 for the purpose of inspecting to confirm compliance with the terms of this agreement.

9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

   The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. **This policy stipulates that no cell (e.g. admittances, discharges, patients, services) 10 or less may be displayed.** Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries.

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.

11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.

12. The parties mutually agree that the following specified Attachments are part of this Agreement:

   _____

13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

   The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2580 or by e-mail notification at **cms_it_service_desk@cms.hhs.gov** within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding $10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than $5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of $1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.

15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.

16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

Name and Title of User *(typed or printed)*

Company/Organization

Street Address

City	State	ZIP Code
Office Telephone *(Include Area Code)*	E-Mail Address *(If applicable)*	
Signature	Date	

17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

Name of Custodian *(typed or printed)*

Company/Organization

Street Address

City	State	ZIP Code
Office Telephone *(Include Area Code)*	E-Mail Address *(If applicable)*	
Signature	Date	

18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) _____

19. On behalf of _____ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name	Title of Federal Representative	
Signature		Date
Office Telephone *(Include Area Code)*	E-Mail Address *(If applicable)*	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative *(typed or printed)*			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone *(Include Area Code)*	E-Mail Address *(If applicable)*		
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

Appendix D

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey
Survey Vendor Extranet User Agreement Form

Submit the completed Extranet User Agreement Form to the Data Coordination Team via email at MA-PDPCAHPSTECHSUPPORT@rand.org or Fax to (310) 451-6921.

In order to access the RAND Extranet, you must agree to the terms of its use. Please read the following agreement and sign and date it in the space provided. Also, select or write an identifying question and answer. Return the signed agreement to your RAND project coordinator (or whoever manages the extranet site you are wanting to access). **This is an electronic form enabled with a digital signature field, eliminating the need for printing or faxing the form.**

Extranet Usage Agreement

The RAND Corporation established an Extranet to facilitate collaboration with vendors, researchers from other organizations, and clients.   By using this site, you agree to abide by the terms and conditions below.

Use of Materials

RAND respects the intellectual property of others, and we ask that our visitors and clients do the same. You may post material on the RAND Extranet only if you own or control the rights thereto or have received all necessary consents.   You may copy, reproduce, and distribute material from the RAND Extranet only if you observe all restrictions connected to such material and keep intact all copyright and other proprietary notices on the material. Questions about usage should be directed to helpdesk@rand.org.

Security

You must observe all security features on the RAND Extranet and may not disable or bypass any security devices. You must hold your passwords in confidence and not permit anyone to use your RAND Extranet account without our prior written authorization. You may not use the RAND Extranet to gain unauthorized access to computers or other computer networks for malicious or destructive purposes (such as the development or transmission of computer viruses). You are responsible for all usage or activity on your RAND Extranet account, whether or not authorized by you.   If you suspect that your password is being used by others, report it to helpdesk@rand.org.

Links to Third-Party Sites

RAND's Extranet may contain links to other Web sites. RAND has no control over those other sites and is not responsible for their content, security, or ability to protect personal information. Links to other sites are provided only for convenience to users and do not constitute an endorsement by RAND.

Use of Communication Services

RAND's Extranet may contain bulletin boards, forums, communities, calendars, and other message or communication services. You may use these services only to post, send, and receive messages and material that are related to your work with RAND. You may not disclose or make public any materials or comments posted therein.   You may not publish, post, upload, distribute, or disseminate any inappropriate, profane, defamatory, infringing, obscene, indecent, or unlawful topic, name, material, or information.

Privacy Statement

RAND's Extranet follows the same privacy policy as RAND's external Web site, posted at:

http://www.rand.org/site_info/privacy.html

Modification of These Terms of Use

RAND reserves the right to change the terms and conditions under which the RAND Extranet is offered without prior notice.

Extranet Account Application Form

RAND Faculty Sponsor: _____

<div align="center">(Required)</div>

Project Name: _____

<div align="center">(Required)</div>

Please fill out the following fields to request an account:

Full Name: _____

<div align="center">(First Middle Last)</div>

Street Address: _____

City, State & Zip: _____

Country: _____ **Telephone:** _____

<div align="center">(if not U.S.)</div>

Email: _____ **Citizenship:** _____

Company: _____

<div align="center">(if applicable)</div>

Identifying question and answer: (Please answer at least one of the following):

In what city were you born? _____

What is your mother's maiden name? _____

What was the name of your Elementary School? _____

Create your own identifying question - _____

Answer to your question: _____

I have read the RAND Extranet Usage Agreement and agree to its terms.

Option A: Please **Create a Digital Signature ID** & digitally sign the document using **Adobe Reader**. (See following pages)
Option B: Otherwise, please **print and sign** this document then **scan or fax** the completed form to your RAND sponsor.

Signature: _____

<div align="center">Option A (cont.): Please Save the form and Rename the PDF with the format:

FirstName LastName.pdf

And email the completed form back to your RAND sponsor</div>

Create a Digital Signature in Adobe Reader 9 (Windows)

Please check with your company's IT department before installing any software. RAND is not responsible for any errors that Adobe Reader may cause to your computer or network. You can download the latest version of Adobe Reader at their website: http://get.adobe.com/reader

Click on the Signature field to be signed to start the process

1. **Select**, "A new digital ID I want to create now"

Adobe Reader 8 users select, "Create a self-signed digital ID for use with Acrobat"
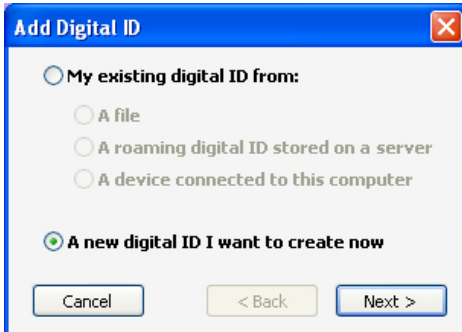
2. **Select**, "New PKCS#12 digital ID file"
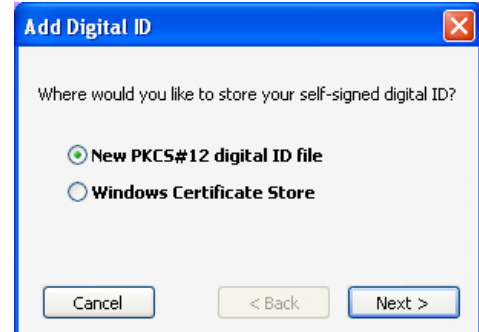
3. **Fill in** your information and leave the following settings
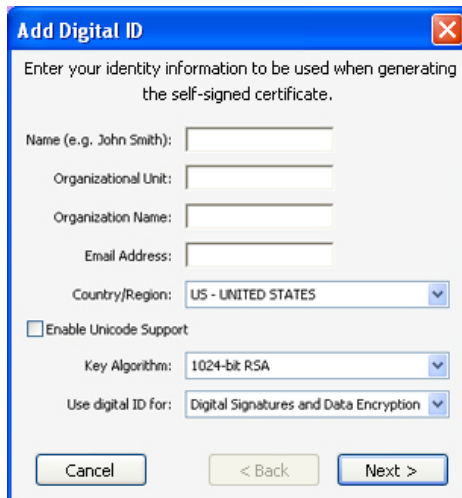
4. **Browse** for the location to save the digital ID file
    Enter a password to encrypt the file
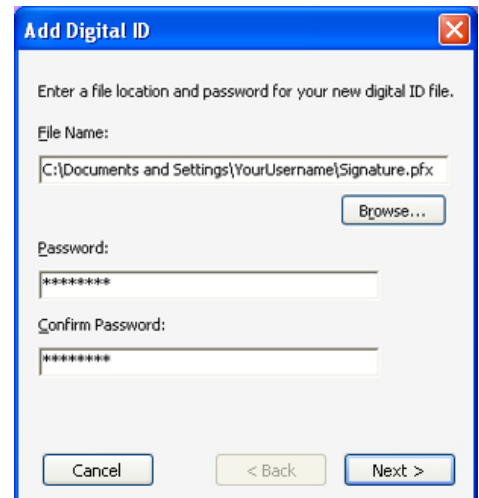
5. **Type in** your Password for the appropriate signature file and **Sign** the document
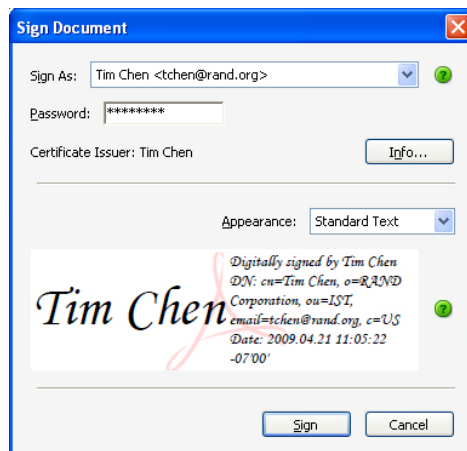
Create a Digital Signature in Adobe Reader 9 (Mac)

Please check with your company's IT department before installing any software. RAND is not responsible for any errors that Adobe Reader may cause to your computer or network. You can download the latest version of Adobe Reader at their website: http://get.adobe.com/reader

Start Adobe Reader in the Finder   [icon]   or:

Hold the **ctrl** key and **click** on the file, then select **Open with** => **Adobe Reader**

Click on the Signature field to be signed to start the process

2. Select, "A new digital ID I want to create now

Adobe Reader 8 users select, "Create a self-signed digital ID for use with Acrobat"
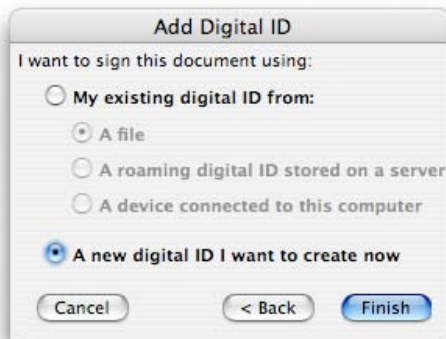
2. Fill in your information and
leave the following settings

3. Browse for the location to save the digital ID file
and **Enter** a password to encrypt the file
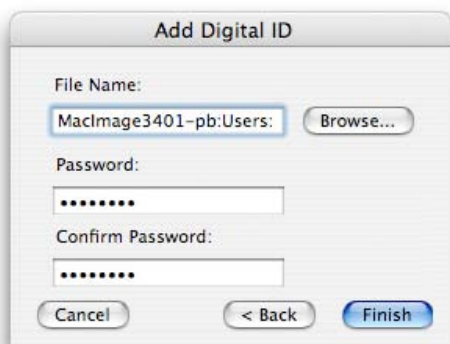
4. Type in your Password for your signature
and **Sign** the document
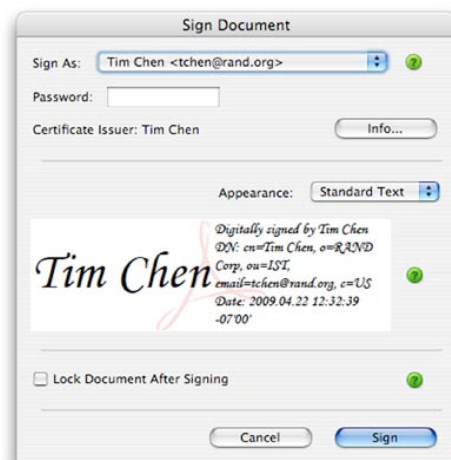
Appendix E

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. Revisions/Updates to prior year QAPs must be submitted in a "track change" version for ease of identifying changes.

Note: Survey vendors that do not have contracts to collect data need not submit a QAP. If, however, the survey vendor should obtain any clients, a QAP is required to be submitted prior to collecting data.

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. All survey materials (mail materials and screen shots of the telephone script in English and Spanish) 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.

The following sections below 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. Web site address
        5. Name of contact person, direct telephone number and email address

6. Total number of contracted Medicare Advantage (MA) Plans, Medicare Advantage and Prescription Drug (MA-PD) Plans, Medicare Advantage Preferred Provider Organization (MA PPO) Plans and Prescription Drug Plans (PDP)
7. Date of the QAP

B. Provide a table of 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 V2.0* manual. (Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.)
3. Provide a detailed description of the process for updating beneficiary addresses
4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings)
5. Provide a detailed description of the process for obtaining and updating telephone numbers, 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
6. Describe the process for conducting telephone interviews
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

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
   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
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

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. Provide the customer support telephone number
   3. Include a written transcript of the customer support telephone line voice mail message
   4. 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). NOTE: These items should be templates only and must not contain any Protected Health Information (PHI).

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.

IV. Required Submission of MA & PDP CAHPS Survey Materials

    A. Provide examples of the following items utilized in the administration of the MA & PDP CAHPS survey:
1. Copies of all survey materials including cover letters and questionnaires in English, Spanish, and Chinese if used
2. Copies of telephone scripts (screenshots) in English, Spanish, and Chinese if used.

Appendix F

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.
- Emphasize all words or phrases that are underlined, **bolded**, highlighted, or *italicized*.
- Words that appear in ALL CAPITAL LETTERS indicate instructions to the telephone interviewer and are not to be read to the respondent.
- Read all questions and response choices in the indicated order and exactly as they are worded.
- Read all transitional statements as they are worded and do not create your own transition statements.
- Ask every question specified. Never 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 survey questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving.

- Listen carefully to any questions the respondent might have and provide concise answers which may be 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.

Telephone Survey 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 survey introduction verbatim and in a confident manner.
- 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 survey 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" 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 minute 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)."
- 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 G

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 V2.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.

I. General Questions About the Survey

- **Who is conducting this survey?**

  I am an interviewer from [SURVEY VENDOR NAME]. [HEALTH 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 and use this data to provide information about the quality of

healthcare services to Medicare beneficiaries. 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 compares consumer evaluations 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 through the MA & PDP CAHPS Survey Technical Assistance telephone number at 1-877-735-8882 or by email at ma-pdpcahps@azqio.sdps.org.

- **How long will this take?**

  The MA surveys take about 20 minutes to complete. The PDP survey takes about 11 minutes to complete. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH PLAN-SPECIFIC QUESTIONS.*

- **What questions will be asked?**

  The survey questions are about your experiences receiving services from the health plan.

II. Concerns About Participating in the Survey

- **Why are you calling me? I don't have Medicare. I am a member of [HEALTH PLAN].**

  Your health 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 healthcare plans. Your participation is very important.

- **I have Medicare and I am not enrolled in [HEALTH PLAN]. I don't think I should be answering these questions.**

  If the beneficiary states they have Medicare then ask them to complete the questions based on their enrollment in Medicare.

- **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 PLAN]. The results of the survey will help Medicare understand the quality of healthcare services you are receiving.

- **I'm not interested.**

  [HEALTH PLAN] could really use your help. Your participation will assist in the improvement of healthcare 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 will take about 20 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 "NO":] 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 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 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 PLAN] provides and will also help other consumers make informed decisions when they choose a health 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 and 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 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 healthcare.

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

  Your doctor will not see your survey responses.

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

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

III. 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 telephone 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. If you do not return a completed survey by mail you will be contacted by telephone at a later date.

- **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, a "proxy" may complete the survey for you. A "proxy" is generally a family member or relative but it could also be a caregiver or a close friend. 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.

  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.

Appendix H

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

Instructions for Vendors-

Step-1 Login to RAND's Extranet http://extranet.rand.org/collaboration.

Welcome to the
RAND Extranet

| Username | | Please sign in to begin your secure session. |
| Password | | |

Sign In   Reset Password

Step-2 Enter username and password. Click on the checkbox "Remember password."

RAND EXTRANET

Authentication Required

The **web page** you are trying to access requires additional authentication.

Please enter your username and password for this web page.

Site: http://smspext1.randcorp.org/sites/extranetperform.....
Username:
Password:
Domain: RANDCORP
            ☐ Remember password

Continue   Cancel

Step-3 Click on the MA & PDP CAHPS Survey Data Warehouse Tool link.
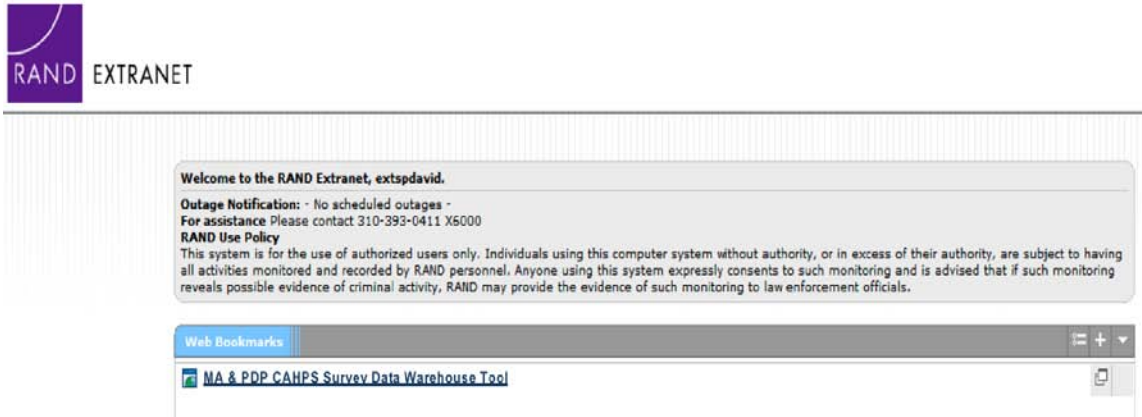
Step-4 Under Inbox click "Add new document" to upload a file.
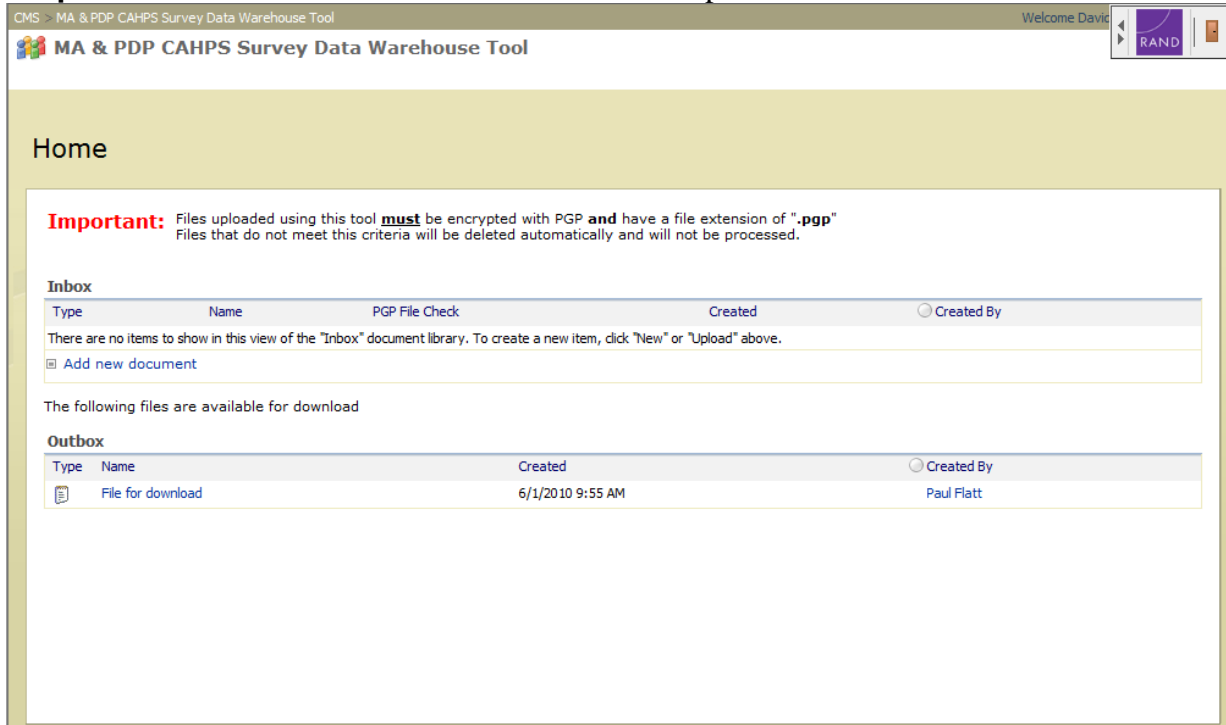
How to download a file

Step-1 Navigate to the file drop down menu, "Send To" and click "Download a Copy."
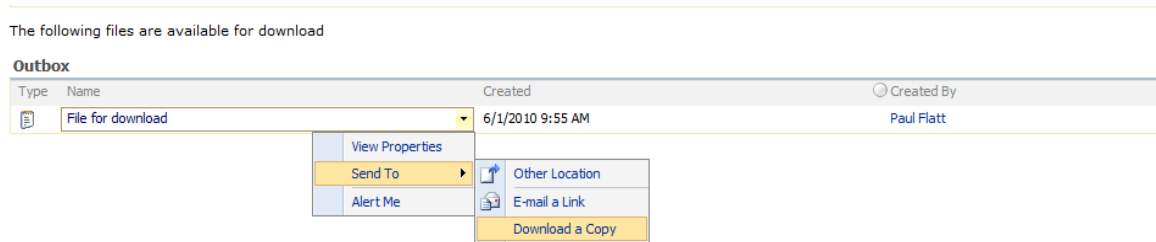
Step-2 Depending on your browser security settings you may see the following: Click "Save" to continue.
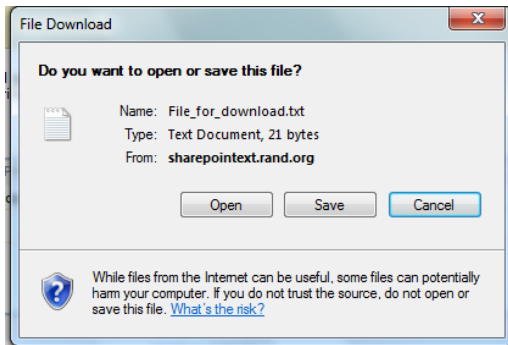
Step-3 Navigate to your destination and click "Save" to save.
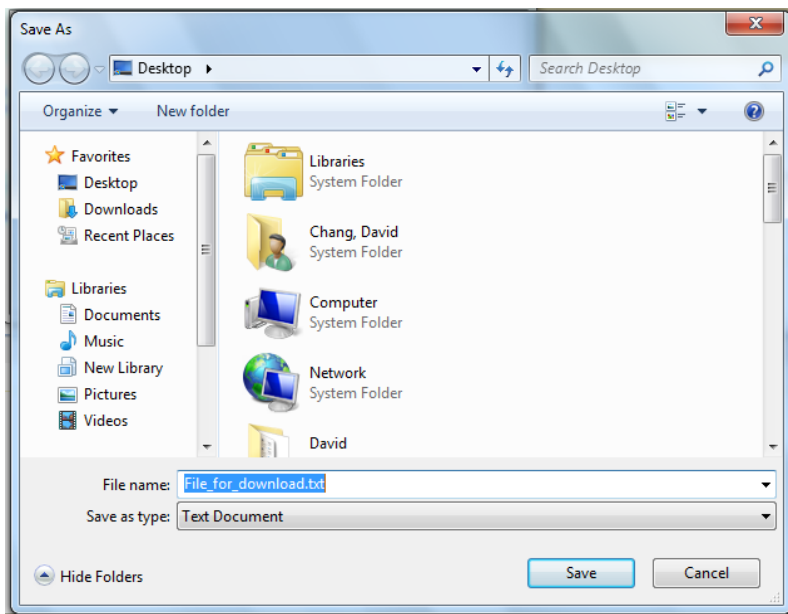
How to upload a data file

Note: Files uploaded using this data submission tool must be encrypted with PGP and a have a file extension of ".pgp." Files that do not meet these criteria will be quarantined and then deleted automatically. Unencrypted files will not be processed. Survey vendors will receive an email notifying them that their data submission was NOT successful and that they must re-submit their data file.

Step-1 Click "Add new document."

Inbox

Type	Name
There are no items to show in this vi	

⊟ Add new document
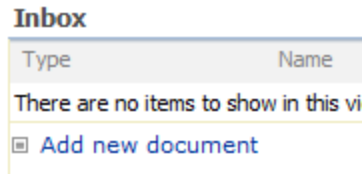
Step-2 The following will appear. Click on "Browse."

Name:

[   ] [Browse...]

Upload Multiple Files...

☑ Overwrite existing files

[OK]   [Cancel]
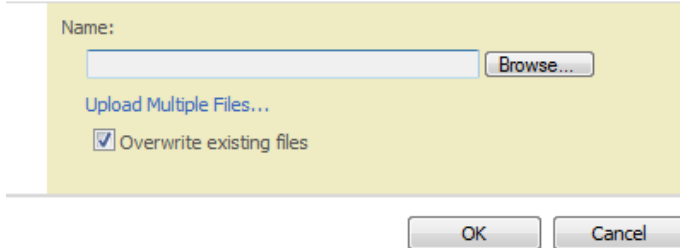
Step-3 The following will appear. Navigate to your file and select "Open."

File name: testpgpfile.pgp   ▼   All Files (*.*)   ▼

[Open] ▼   [Cancel]
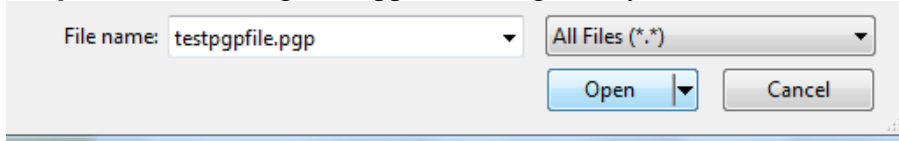
Step-4 If you have selected a file you will see the path of the file. Click "OK" to complete.

Note: If you have selected a file with invalid characters you will see the image below. Please rename your file and remove the invalid characters.

Step-5 If you have successfully uploaded your file you will see your file appear under Inbox. PGP file check column may display "In Progress." Refresh your page and if the file has the correct extension, the PGP File Check column will display "Completed."

Appendix I

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	1-4	1 = MA Only; 2 = MA PD; 3 = MA PPO; 4 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
RESERVE	343	10	Char	Reserve Field – blank filled

Appendix J
Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey Vendor Survey File Record Layout 2012 Survey Status Section

Data values must be right justified within each field.

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	1-4	1 = MA Only; 2 = MA PD; 3 = MA PPO; 4 = 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 Partially completed survey with not reportable item 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- 3, 8	Language survey was completed in: 1 = English; 2 = Spanish; 3= Chinese; 8 = Not applicable
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)

RAND Field Name	Field Contents	Starting Position in Record	Field Length	Valid Codes	Coding Notes
SUPP_ITEMS	Total Supplemental Items	77	2	Numeric	2 digit number indicating total number of supplemental items added by the plan.

Appendix J
Medicare Advantage Plan (MA Only)
2012 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right? ¹☐ Yes →**If Yes, Go to Question 3** ²☐ No	Q1 1 2 98 99 M	Our records show that in 2011 your health services were covered by the plan named **[Insert Plan Name Here].** Is that right? YES [GO TO Q3] NO [GO TO Q2] DON'T KNOW [GO TO Q2] REFUSED [GO TO Q2] [MISSING]	79-80	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)	Q2 8 98 99 M	What is the name of the health plan you had in 2011? Please complete the rest of the survey based on the experiences you had with that plan. (Please specify) [NOT APPLICABLE] DON'T KNOW REFUSED [MISSING]	81-130	Text 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? ¹☐ Yes ²☐ No →**If No, Go to Question 5**	Q3 1 2 98 99 M	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? YES NO [GO TO Q5] DON'T KNOW [GO TO Q5] REFUSED [GO TO Q5] [MISSING]	131-132	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	133-134	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? ¹☐ Yes ²☐ No→**If No, Go to Question 7**	Q5 In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? Would you say… 1 YES 2 NO [GO TO Q7] 98 DON'T KNOW [GO TO Q7] 99 REFUSED [GO TO Q7] M [MISSING]	135-136	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q6 In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	137-138	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? 0☐ None→**If None, Go to Question 9** 1☐ 1 2☐ 2 3☐ 3 4☐ 4 5☐ 5 to 9 6☐ 10 or more	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? 0 None [GO TO Q9] 1 1 2 2 3 3 4 4 5 5 to 9 6 10 or more 98 DON'T KNOW 99 REFUSED M [MISSING]	139-140	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q8　Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say… 1　Never 2　Sometimes 3　Usually 4　Always 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	141-142	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? ¹☐ Yes ²☐ No→**If No, Go to Question 12**	Q9　In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? 1　YES 2　NO　　　　　　　[GO TO Q12] 98　DON'T KNOW 99　REFUSED M　[MISSING]	143-144	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q10 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		145-146	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? ¹☐ Less than 1 hour ²☐ 1 to 3 hours ³☐ More than 3 hours but less than 6 hours ⁴☐ More Than 6 Hours ⁵☐ I did not ask for a return call ⁶☐ I did not get a return call ⁷☐ I was told to go to the ER	Q11 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? 1 LESS THAN 1 HOUR 2 1 HOUR to 3 HOURS 3 MORE THAN 3 HOURS BUT LESS THAN 6 4 MORE THAN 6 HOURS 5 I DID NOT ASK FOR A RETURN CALL 6 I DID NOT GET A RETURN CALL 7 I WAS TOLD TO GO TO THE ER 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	147-148	1=Less than 1 hour 2=1 hour to 3 hours 3=More than 3 hours but less than 6 4=More than 6 hours 5=I did not ask for a return call 6=I did not get a return call 7=I was told to go to the ER 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
12. 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? ☐ 0 - Worst health care possible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Best health care possible	Q12 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? 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]	149-150	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
13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? 1 ☐ Yes 2 ☐ No→**If No, Go to Question 15**	Q13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? 1 YES 2 NO [GO TO Q15] 98 DON'T KNOW 99 REFUSED M [MISSING]	151-152	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q14 In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	153-154	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
15. 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? ¹☐ Yes ²☐ No→**If No, Go to Question 33**	Q15 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? 1 YES 2 NO [GO TO Q33] 98 DON'T KNOW 99 REFUSED M [MISSING]	155-156	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? ⁰☐ None→**If None, Go to Question 33** ¹☐ 1 ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 to 9 ⁶☐ 10 or more	Q16　In the last 6 months, how many times did you visit your personal doctor to get care for yourself? 0　NONE　　　　　　[GO TO Q33] 1　1 2　2 3　3 4　4 5　5 TO 9 6　10 OR MORE 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	157-158	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing
17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q17　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 4　Always 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	159-160	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
18. In the last 6 months, how often did your personal doctor listen carefully to you? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q18 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	161-162	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
19. In the last 6 months, how often did your personal doctor show respect for what you had to say? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q19 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	163-164	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
20. In the last 6 months, how often did your personal doctor spend enough time with you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q20 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	165-166	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
21. 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	Q21 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 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	167-168	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**
22. 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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q22 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	169-170	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? ¹☐ Yes ²☐ No→**If No, Go to Question 26**	Q23 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 YES 2 NO [GO TO Q26] 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	171-172	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
24. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? 1 ☐ Never→**If Never, Go to Question 26** 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q24 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 Q26] 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	173-174	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q25 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	175-176	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
26. In the last 12 months, did you take any prescription medicine? ¹☐ Yes ²☐ No →**If No, Go to Question 28**	Q26 In the last 12 months, did you take any prescription medicine? 1 YES 2 NO [GO TO Q28] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q28] 99 REFUSED [GO TO Q28] M [MISSING]	177-178	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
27. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q27 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	179-180	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q28 In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]	181-182	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q29 In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]	183-184	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
30. 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? ¹☐ Yes, definitely ²☐ Yes, somewhat ³☐ No	Q30 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 3 No 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	185-186	1=Yes, definitely 2=Yes, somewhat 3=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? 1☐ Very dissatisfied 2☐ Somewhat dissatisfied 3☐ Neither dissatisfied nor satisfied 4☐ Somewhat satisfied 5☐ Very satisfied	Q31 How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	187-188	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing
32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? 1☐ Yes 2☐ No	Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	189-190	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? ¹☐ Yes ²☐ No →**If No, Go to Question 38**	Q33 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? 1 YES 2 NO [GO TO Q38] 98 DON'T KNOW [GO TO Q38] 99 REFUSED [GO TO Q38] M [MISSING]	191-192	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
34. In the last 6 months, how often was it easy to get appointments with specialists? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q34 In the last 6 months, how often was it easy to get appointments with specialists? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	193-194	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
35. How many specialists have you seen in the last 6 months? ⁰☐ None →**If None, Go to Question 38** ¹☐ 1 specialist ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 or more specialists	Q35 How many specialists have you seen in the last 6 months? 0 None [GO TO Q38] 1 1 specialist 2 2 3 3 4 4 5 5 or more specialists 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		195-196	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
36. 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	Q36　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 88　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	197-198	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**
37. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always 5☐ I do not have a personal doctor 6☐ I did not visit my personal doctor in the last 6 months	• IF Q15 IS ASSIGNED ANSWER "2 - NO" Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE" • IF Q16 IS ASSIGNED ANSWER "0 - NONE" Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE" Q37 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 *5 (MAIL SURVEY ONLY)* *6 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	199-200	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 8=Not applicable 98=Don't Know 99=Refused M=Missing
38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? 1☐ Yes 2☐ No **➔If No, Go to Question 40**	Q38 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? 1 YES 2 NO [GO TO Q40] 98 DON'T KNOW [GO TO Q40] 99 REFUSED [GO TO Q40] M [MISSING]	201-202	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q39	In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	203-204	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
40. In the last 6 months, did you try to get information or help from your health plan's customer service? 1☐ Yes 2☐ No →**If No, Go to Question 43**	Q40	In the last 6 months, did you try to get information or help from your health plan's customer service? 1 YES 2 NO [GO TO Q43] 98 DON'T KNOW [GO TO Q43] 99 REFUSED [GO TO Q43] M [MISSING]	205-206	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
41. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q41	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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	207-208	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
42. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q42	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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	209-210	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
43. In the last 6 months, did your health plan give you any forms to fill out? 1☐ Yes 2☐ No➜**If No, Go to Question 45**	Q43	In the last 6 months, did your health plan give you any forms to fill out? 1 YES 2 NO [GO TO Q45] 98 DON'T KNOW [GO TO Q45] 99 REFUSED [GO TO Q45] M [MISSING]	211-212	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
44. In the last 6 months, how often were the forms from your health plan easy to fill out? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q44 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	213-214	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
45. 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	Q45 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 98 DON'T KNOW 99 REFUSED M [MISSING]	215-216	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**
46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 49**	Q46 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? 1 YES 2 NO　　　　　　　[GO TO Q49] 98 DON'T KNOW　　　[GO TO Q49] 99 REFUSED　　　　　[GO TO Q49] M [MISSING]	217-218	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 49** ³ ☐ Don't know➔**If Don't know, Go to Question 49**	Q47 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? 1 YES 2 NO　　　　　　　[GO TO Q49] 8 [NOT APPLICABLE] 3 DON'T KNOW　　　[GO TO Q49] 99 REFUSED　　　　　[GO TO Q49] M [MISSING]	219-220	1=Yes 2=No 3=Don't Know 8=Not applicable 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
48. When you spoke to your health plan about the decision not to provide care or services, did they… Please mark one or more. ¹☐ Tell you that you can file an appeal ²☐ Offer to send you forms that you need in order to file an appeal ³☐ Suggest how to resolve your complaint ⁴☐ Listen to your complaint but did not help to resolve it ⁵☐ Discourage you from taking action ⁶☐ Do none of these things	Q48 When you spoke to your health plan about the decision not to provide care or services, did they… a. Tell you that you can file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* b. Offer to send you forms that you need in order to file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	221-222 223-224	a. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* c. Suggest how to resolve your complaint 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	225-226	c. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* d. Listen to your complaint but did not help to resolve it 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	227-228	d. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* e. Discourage you from taking action 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] PROGRAMMING SPECIFICATIONS: • IF 48 a, b, c, d, or e=yes (coded as 1), ITEM 48f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"	229-230	e. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* f. Do none of these things 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	231-232	f. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
49. In the last 6 months, have you called or written your health plan with a complaint or problem? ¹☐ Yes ²☐ No→**If No, Go to Question 53**	Q49 In the last 6 months, have you called or written your health plan with a complaint or problem? 1 YES 2 NO [GO TO Q53] 98 DON'T KNOW [GO TO Q53] 99 REFUSED [GO TO Q53] M [MISSING]	233-234	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? ¹☐ Very dissatisfied ²☐ Somewhat dissatisfied ³☐ Neither dissatisfied nor satisfied ⁴☐ Somewhat satisfied ⁵☐ Very satisfied	Q50 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	235-236	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
51. How long did it take for your health plan to settle your complaint? ¹☐ Same day ²☐ 1 week ³☐ 2 weeks ⁴☐ 3 weeks ⁵☐ 4 or more weeks ⁶☐ I am still waiting for it to be settled	Q51 How long did it take for your health plan to settle your complaint? 1 SAME DAY 2 1 WEEK 3 2 WEEKS 4 3 WEEKS 5 4 OR MORE WEEKS OR 6 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	237-238	1=Same day 2=1 week 3=2 weeks 4=3 weeks 5=4 or more weeks 6=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing
52. Was your complaint or problem settled to your satisfaction? ¹☐ Yes ²☐ No ³☐ I am still waiting for it to be settled	Q52 Was your complaint or problem settled to your satisfaction? 1 YES 2 NO 3 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	239-240	1=Yes 2=No 3=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
53. In general, how would you rate your overall health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q53 In general, how would you rate your overall health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	241-242	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
54. In general, how would you rate your overall <u>mental</u> health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q54 In general, how would you rate your overall <u>mental</u> health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	243-244	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
55. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? ¹☐ Yes ²☐ No→**If No, Go to Question 53**	Q55 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? 1 YES 2 NO [GO TO Q57] 98 DON'T KNOW [GO TO Q57] 99 REFUSED [GO TO Q57] M [MISSING]	245-246	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
56. Is this a condition or problem that has lasted for at least 3 months? 1 ☐ Yes 2 ☐ No	Q56 Is this a condition or problem that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	247-248	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
57. Do you now need or take medicine prescribed by a doctor? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 59**	Q57 Do you now need or take medicine prescribed by a doctor? 1 YES 2 NO [GO TO Q59] 98 DON'T KNOW [GO TO Q59] 99 REFUSED [GO TO Q59] M [MISSING]	249-250	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
58. Is this to treat a condition that has lasted for at least 3 months? 1 ☐ Yes 2 ☐ No	Q58 Is this to treat a condition that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	251-252	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
59. In the last 6 months, how often was it easy to get the medicines your doctor prescribed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ My doctor did not prescribe any medicines for me in the last 6 months.	Q59 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 5　MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS. 98　DON'T KNOW 99　REFUSED M　[MISSING]	253-254	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
60. Do you have insurance that pays part or all of the cost of your prescription medicines? ¹☐ Yes ²☐ No ³☐ Don't know	Q60 Do you have insurance that pays part or all of the cost of your prescription medicines? 1　YES 2　NO 3　DON'T KNOW 99　REFUSED M　[MISSING]	255-256	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
61. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? ¹☐ Yes ²☐ No ³☐ My doctor did not prescribe any medicines for me in the last 6 months.	Q61 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? 1　YES 2　NO 3　MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98　DON'T KNOW 99　REFUSED M　[MISSING]	257-258	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

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
62. Has a doctor <u>ever</u> told you that you had any of the following conditions? <u>Yes</u> <u>No</u> a. A heart attack? ☐ ☐ b. Angina or coronary heart disease? ☐ ☐ c. A stroke? ☐ ☐ d. Cancer, <u>other than skin cancer?</u> ☐ ☐ e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? ☐ ☐ f. Any kind of diabetes or high blood sugar? ☐ ☐	Q62 Has a doctor <u>ever</u> told you that you had any of the following conditions? a. A heart attack 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING] HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* b. Angina or coronary heart disease 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING] HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* c. A stroke 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	259-260 261-262 263-264	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* d. Cancer, <u>other than skin cancer</u> 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	265-266	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease) 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	267-268	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* f. Any kind of diabetes or high blood sugar 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	269-270	f. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
63. Have you had a flu shot since September 1, 2011? ¹☐ Yes ²☐ No ³☐ Don't know	Q63 Have you had a flu shot since September 1, 2011? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	271-272	1=Yes 2=No 3-Don't know 99=Refused M=Missing
64. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. ¹☐ Yes ²☐ No ³☐ Don't know	Q64 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	273-274	1=Yes 2=No 3=Don't know 99=Refused M=Missing
65. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? ¹☐ Every day ²☐ Some days ³☐ Not at all →**If Not at all, Go to Question 67** ⁴☐ Don't know →**If Don't know, Go to Question 67**	Q65 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q67] 4 DON'T KNOW [GO TO Q67] 99 REFUSED M [MISSING]	275-276	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**
66. 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? ¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always ⁵ ☐ I had no visits in the last 6 months	PROGRAMMING SPECIFICATIONS: • IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q66 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q67. CODE Q66 AS "8 - NOT APPLICABLE" Q66 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… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	277-278	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
67. What is your age? [1] 18 to 24 [2] 25 to 34 [3] 35 to 44 [4] 45 to 54 [5] 55 to 64 [6] 65 to 69 [7] 70 to 74 [8] 75 to 79 [9] 80 to 84 [10] 85 or older	Q67 What is your age? 1 18 to 24 2 25 to 34 3 35 to 44 4 45 to 54 5 55 to 64 6 65 to 69 7 70 to 74 8 75 to 79 9 80 to 84 10 85 or older 98 DON'T KNOW 99 REFUSED M [MISSING]	279-280	1=18 to 24 2=25 to 34 3=35 to 44 4=45 to 54 5=55 to 64 6=65 to 69 7=70 to 74 8=75 to 79 9=80 to 84 10=85 or older 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
68. Are you male or female? ¹☐ Male ²☐ Female	Q68 Are you male or female? 1 MALE 2 FEMALE 98 DON'T KNOW 99 REFUSED M [MISSING]	281-282	1=Male 2=Female 98=Don't Know 99=Refused M=Missing
69. What is the highest grade or level of school that you have completed? ¹☐ 8th grade or less ²☐ Some high school, but did not graduate ³☐ High school graduate or GED ⁴☐ Some college or 2-year degree ⁵☐ 4-year college graduate ⁶☐ More than 4-year college degree	Q69 What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 DON'T KNOW 99 REFUSED M [MISSING]	283-284	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
70. Are you of Hispanic or Latino origin or descent? ¹☐ Yes, Hispanic or Latino ²☐ No, not Hispanic or Latino	Q70 Are you of Hispanic or Latino origin or descent? 1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 DON'T KNOW 99 REFUSED M [MISSING]	285-286	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
71. What is your race? Please mark one or more. 1 ☐ White 2 ☐ Black or African-American 3 ☐ Asian 4 ☐ Native Hawaiian or other Pacific Islander 5 ☐ American Indian or Alaska Native	Q71 What is your race? Please answer yes to one or more. Are you… >>>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE<<< a. White 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	287-288	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* b. Black or African-American 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	289-290	b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* c. Asian 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	291-292	c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	ARE YOU *(READ ONLY IF NECESSARY)…* d. Native Hawaiian or other Pacific Islander 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	293-294	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* e. American Indian or Alaska Native 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	295-296	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
72. Did someone help you complete this survey? 1☐ Yes 2☐ No➔**If No, Go to Question 74**	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q72 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY 1 YES 2 NO [GO TO Q74] 98 DON'T KNOW	297-298	1=Yes 2=No 98=Don't know

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
73. How did that person help you? Please mark one or more. ¹☐ Read the questions to me ²☐ Wrote down the answers I gave ³☐ Answered the questions for me ⁴☐ Translated the questions into my language ⁵☐ Helped in some other way	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q73　HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? *PLEASE MARK ONE OR MORE* 1　READ THE QUESTIONS TO THE BENEFICIARY 2　RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 3　ANSWERED THE QUESTIONS FOR THE BENEFICIARY 4　TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 5　HELPED IN SOME OTHER WAY 98　DON'T KNOW	299-300	1=Read the questions to me 2=Wrote down the answers I gave 3=Answered the questions for me 4=Translated the questions into my language 5=Helped in some other way 98=Don't know
74. Do you live alone? ¹☐ Yes, I live alone ²☐ No, I live with others	Q74　Do you live alone? 1　YES, I LIVE ALONE 2　NO, I LIVE WITH OTHERS 98　DON'T KNOW 99　REFUSED M　[MISSING]	301-302	1=Yes, I live alone 2=No, I live with others 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
75. 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? 1 ☐ Yes 2 ☐ No	Q75 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? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	303-304	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right? ¹☐ Yes →**If Yes, Go to Question 3** ²☐ No	Q1 Our records show that in 2011 your health services were covered by **[INSERT PLAN NAME HERE].** Is that right? 1 YES [GO TO Q3] 2 NO [GO TO Q2] 98 DON'T KNOW [GO TO Q2] 99 REFUSED [GO TO Q2] M [MISSING]	79-80	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)	Q2 What is the name of the health plan you had in 2011? Please complete the rest of the survey based on the experiences you had with that plan. (Please specify) 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	81-130	Text 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? ¹☐ Yes ²☐ No →**If No, Go to Question 5**	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? 1 YES 2 NO [GO TO Q5] 98 DON'T KNOW [GO TO Q5] 99 REFUSED [GO TO Q5] M [MISSING]	131-132	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	133-134	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? ¹☐ Yes ²☐ No→**If No, Go to Question 7**	Q5 In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? 1 YES 2 NO [GO TO Q7] 98 DON'T KNOW [GO TO Q7] 99 REFUSED [GO TO Q7] M [MISSING]	135-136	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q6 In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	137-138	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? ⁰☐ None→**If None, Go to Question 9** ¹☐ 1 ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 to 9 ⁶☐ 10 or more	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? 0 None [GO TO Q9] 1 1 2 2 3 3 4 4 5 5 to 9 6 10 or more 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	139-140	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	141-142	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? ¹☐ Yes ²☐ No→**If No, Go to Question 12**	Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? 1 YES 2 NO [GO TO Q12] 98 DON'T KNOW [GO TO Q12] 99 REFUSED [GO TO Q12] M [MISSING]	143-144	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q10 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	145-146	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? ¹☐ Less than 1 hour ²☐ 1 to 3 hours ³☐ More than 3 hours but less than 6 hours ⁴☐ More than 6 hours ⁵☐ I did not ask for a return call ⁶☐ I did not get a return call ⁷☐ I was told to go to the ER	Q11 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? 1 LESS THAN 1 HOUR 2 1 TO 3 HOURS 3 MORE THAN 3 HOURS BUT LESS THAN 6 HOURS 4 MORE THAN 6 HOURS 5 I DID NOT ASK FOR A RETURN CALL 6 I DID NOT GET A RETURN CALL 7 I WAS TOLD TO GO TO THE EMERGENCY ROOM 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	147-148	1=Less than 1 hour 2=1 hour to 3 hours 3=More than 3 hours but less than 6 4=More than 6 hours 5=I did not ask for a return call 6=I did not get a return call 7=I was told to go to the ER 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
12. 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? ☐ 0 - Worst health care possible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Best health care possible	Q12 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? 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]	149-150	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
13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? ¹☐ Yes ²☐ No→**If No, Go to Question 15**	Q13 In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? 1 YES 2 NO [GO TO Q15] 98 DON'T KNOW [GO TO Q15] 99 REFUSED [GO TO Q15] M [MISSING]	151-152	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q14 In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	153-154	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
15. 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? ¹☐ Yes ²☐ No→**If No, Go to Question 33**	Q15 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? 1 YES 2 NO [GO TO Q33] 98 DON'T KNOW [GO TO Q33] 99 REFUSED [GO TO Q33] M [MISSING]	155-156	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? 0☐ None→**If None, Go to Question 33** 1☐ 1 2☐ 2 3☐ 3 4☐ 4 5☐ 5 to 9 6☐ 10 or more	Q16 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? 0 NONE [GO TO Q33] 1 1 2 2 3 3 4 4 5 5 TO 9 6 10 OR MORE 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	157-158	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing
17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q17 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	159-160	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
18. In the last 6 months, how often did your personal doctor listen carefully to you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q18 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	161-162	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
19. In the last 6 months, how often did your personal doctor show respect for what you had to say? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q19 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	163-164	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
20. In the last 6 months, how often did your personal doctor spend enough time with you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q20　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 4　Always 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	165-166	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
21. 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	Q21 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 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	167-168	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**
22. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q22 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	169-170	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 ☐ Yes 2 ☐ No→**If No, Go to Question 26**	Q23 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 YES 2 NO [GO TO Q26] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q26] 99 REFUSED [GO TO Q26] M [MISSING]	171-172	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
24. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? 1☐ Never→**If Never, Go to Question 26** 2☐ Sometimes 3☐ Usually 4☐ Always	Q24 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 Q26] 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	173-174	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q25 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	175-176	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
26. In the last 12 months, did you take any prescription medicine? ¹☐ Yes ²☐ No →**If No, Go to Question 28**	Q26 In the last 12 months, did you take any prescription medicine? 1 YES 2 NO [GO TO Q28] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q28] 99 REFUSED [GO TO Q28] M [MISSING]	177-178	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
27. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q27 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	179-180	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q28 In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]	181-182	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q29 In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]	183-184	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
30. In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? ¹☐ Yes, definitely ²☐ Yes, somewhat ³☐ No	Q30 In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say… 1 Yes, definitely 2 Yes, somewhat 3 No 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	185-186	1=Yes, definitely 2=Yes, somewhat 3=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? 1☐ Very dissatisfied 2☐ Somewhat dissatisfied 3☐ Neither dissatisfied nor satisfied 4☐ Somewhat satisfied 5☐ Very satisfied	Q31 How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	187-188	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing
32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? 1☐ Yes 2☐ No	Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	189-190	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? ¹☐ Yes ²☐ No →**If No, Go to Question 38**	Q33 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? 1 YES 2 NO [GO TO Q38] 98 DON'T KNOW [GO TO Q38] 99 REFUSED [GO TO Q38] M [MISSING]	191-192	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
34. In the last 6 months, how often was it easy to get appointments with specialists? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q34 In the last 6 months, how often was it easy to get appointments with specialists? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	193-194	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
35. How many specialists have you seen in the last 6 months? ⁰☐ None →**If None, Go to Question 38** ¹☐ 1 specialist ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 or more specialists	Q35 How many specialists have you seen in the last 6 months? 0 NONE [GO TO Q38] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	195-196	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
36. 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	Q36 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 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	197-198	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**
37. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I do not have a personal doctor ⁶☐ I did not visit my personal doctor in the last 6 months	PROGRAMMING SPECIFICATIONS: • IF Q15 IS ASSIGNED ANSWER "2 - NO" Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE" • IF Q16 IS ASSIGNED ANSWER "0 - NONE" Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE" Q37 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 5 *(MAIL SURVEY ONLY)* 6 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	199-200	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 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? ¹☐ Yes ²☐ No →**If No, Go to Question 40**	Q38 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? 1 YES 2 NO [GO TO Q40] 98 DON'T KNOW [GO TO Q40] 99 REFUSED [GO TO Q40] M [MISSING]	201-202	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q39 In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	203-204	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
40. In the last 6 months, did you try to get information or help from your health plan's customer service? ¹☐ Yes ²☐ No →**If No, Go to Question 43**	Q40 In the last 6 months, did you try to get information or help from your health plan's customer service? 1 YES 2 NO [GO TO Q43] 98 DON'T KNOW [GO TO Q43] 99 REFUSED [GO TO Q43] M [MISSING]	205-206	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
41. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q41 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		207-208	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
42. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q42 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		209-210	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
43. In the last 6 months, did your health plan give you any forms to fill out? ¹☐ Yes ²☐ No→**If No, Go to Question 45**	Q43 In the last 6 months, did your health plan give you any forms to fill out? 1 YES 2 NO [GO TO Q45] 98 DON'T KNOW [GO TO Q45] 99 REFUSED [GO TO Q45] M [MISSING]		211-212	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
44. In the last 6 months, how often were the forms from your health plan easy to fill out? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q44 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	213-214	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
45. 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	Q45 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 98 DON'T KNOW 99 REFUSED M [MISSING]	215-216	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**
46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 49**	Q46 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? 1 YES 2 NO　　　　　[GO TO Q49] 98 DON'T KNOW　[GO TO Q49] 99 REFUSED　　[GO TO Q49] M [MISSING]	217-218	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 49** ³ ☐ Don't know➔**If Don't know, Go to Question 49**	Q47 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? 1 YES 2 NO　　　　　[GO TO Q49] 3 DON'T KNOW　[GO TO Q49] 8 [NOT APPLICABLE] 99 REFUSED　　[GO TO Q49] M [MISSING]	219-220	1=Yes 2=No 3=Don't Know 8=Not applicable 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
48. When you spoke to your health plan about the decision not to provide care or services, did they… Please mark one or more. ¹☐ Tell you that you can file an appeal ²☐ Offer to send you forms that you need in order to file an appeal ³☐ Suggest how to resolve your complaint ⁴☐ Listen to your complaint but did not help to resolve it ⁵☐ Discourage you from taking action ⁶☐ Do none of these things	Q48 When you spoke to your health plan about the decision not to provide care or services, did they… a. Tell you that you can file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)*… b. Offer to send you forms that you need in order to file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	221-222 223-224	a. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
	c. Suggest how to resolve your complaint
	  1 YES
	  2 NO
	  8 [NOT APPLICABLE]
	  98 DON'T KNOW
	  99 REFUSED
	  M [MISSING]
		225-226	c.
			 1=Yes
			 2=No
			 8=Not applicable
			 98=Don't know
			 99=Refused
			 M=Missing

	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
	d. Listen to your complaint but did not help to resolve it
	  1 YES
	  2 NO
	  8 [NOT APPLICABLE]
	  98 DON'T KNOW
	  99 REFUSED
	  M [MISSING]
		227-228	d.
			 1=Yes
			 2=No
			 8=Not applicable
			 98=Don't know
			 99=Refused
			 M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN *YOU* SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*		
	e. Discourage you from taking action 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	229-230	e. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	PROGRAMMING SPECIFICATIONS: • IF 48 a, b, c, d, or e=yes (coded as 1), ITEM 48f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"		
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* f. Do none of these things 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	231-232	f. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
49. In the last 6 months, have you called or written your health plan with a complaint or problem? ¹☐ Yes ²☐ No➔**If No, Go to Question 53**	Q49 In the last 6 months, have you called or written your health plan with a complaint or problem? 1 YES 2 NO [GO TO Q53] 98 DON'T KNOW [GO TO Q53] 99 REFUSED [GO TO Q53] M [MISSING]	233-234	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? ¹☐ Very dissatisfied ²☐ Somewhat dissatisfied ³☐ Neither dissatisfied nor satisfied ⁴☐ Somewhat satisfied ⁵☐ Very satisfied	Q50 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	235-236	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
51. How long did it take for your health plan to settle your complaint? 1☐ Same day 2☐ 1 week 3☐ 2 weeks 4☐ 3 weeks 5☐ 4 or more weeks 6☐ I am still waiting for it to be settled	Q51 How long did it take for your health plan to settle your complaint? 1 SAME DAY 2 1 WEEK 3 2 WEEKS 4 3 WEEKS 5 4 OR MORE WEEKS OR 6 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	237-238	1=Same day 2=1 week 3=2 weeks 4=3 weeks 5=4 or more weeks 6=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing
52. Was your complaint or problem settled to your satisfaction? 1☐ Yes 2☐ No 3☐ I am still waiting for it to be settled	Q52 Was your complaint or problem settled to your satisfaction? 1 YES 2 NO 3 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	239-240	1=Yes 2=No 3=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
53. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service? ¹☐ Yes ²☐ No→**If No, Go to Question 56**	Q53 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service? 1 YES 2 NO [GO TO Q56] 98 DON'T KNOW [GO TO Q56] 99 REFUSED [GO TO Q56] M [MISSING]	241-242	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
54. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months →**Go to Question 56**	Q54 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	243-244	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
55. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q55 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	245-246	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
56. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1 ☐ Yes 2 ☐ No→**If No, Go to Question 58**	Q56 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1 YES 2 NO [GO TO Q58] 98 DON'T KNOW [GO TO Q58] 99 REFUSED [GO TO Q58] M [MISSING]	247-248	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
57. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always 5☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q57 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say… 1　Never 2　Sometimes 3　Usually 4　Always 5　*(MAIL SURVEY ONLY)* 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	249-250	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
58. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? 1☐ Yes 2☐ No →**If No, Go to Question 60**	Q58 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? 1　YES 2　NO　　　　　[GO TO Q60] 98　DON'T KNOW　[GO TO Q60] 99　REFUSED　　[GO TO Q60] M　[MISSING]	251-252	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
59. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q59 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	253-254	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
60. In the last 6 months, how many different prescription medicines did you fill or have refilled? ¹☐ None ²☐ 1 to 2 medicines ³☐ 3 to 5 medicines ⁴☐ 6 or more medicines	Q60 In the last 6 months, how many different prescription medicines did you fill or have refilled? 1 NONE 2 1 TO 2 MEDICINES 3 3 TO 5 MEDICINES 4 6 OR MORE MEDICINES 98 DON'T KNOW 99 REFUSED M [MISSING]	255-256	1=None 2=1 to 2 medicines 3=3 to 5 medicines 4=6 or more medicines 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
61. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? ¹☐ Yes ²☐ No→**If No, Go to Question 64**	Q61 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? 1 YES 2 NO [GO TO Q64] 98 DON'T KNOW [GO TO Q64] 99 REFUSED [GO TO Q64] M [MISSING]	257-258	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
62. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? ¹☐ Yes ²☐ No→**If No, Go to Question 64** ³☐ All my prescribed medicines are covered →**Go to Question 64**	Q62 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? 1 YES 2 NO [GO TO Q64] *3 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q64] 99 REFUSED [GO TO Q64] M [MISSING]	259-260	1=Yes 2=No 3=All my prescribed medicines are covered 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
63. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they… Please mark one or more. ¹☐ Tell you that you can file an appeal ²☐ Offer to send you forms that you need in order to file an appeal ³☐ Suggest how to resolve your complaint ⁴☐ Listen to your complaint but did not help to resolve it ⁵☐ Discourage you from taking action ⁶☐ Do none of the above ⁷☐ All my prescribed medicines were covered	Q63 When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they… a. Tell you that you can file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* b. Offer to send you forms that you need in order to file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	261-262 263-264	a. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* c. Suggest how to resolve your complaint 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	265-266	c. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* d. Listen to your complaint but did not help to resolve it 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	267-268	d. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
	
	e. Discourage you from taking action
	    1 YES
	    2 NO
	    8 [NOT APPLICABLE]
	    98 DON'T KNOW
	    99 REFUSED
	    M [MISSING]
	
	PROGRAMMING SPECIFICATIONS:
	• IF 63 a, b, c, d, or e=yes (coded as 1), ITEM 63f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"
	
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
	
	f. Do none of the above
	    1 YES
	    2 NO
	    8 [NOT APPLICABLE]
	    98 DON'T KNOW
	    99 REFUSED
	    M [MISSING]
		269-270
		
		271-272
			e.
			  1=Yes
			  2=No
			  8=Not applicable
			  98=Don't know
			  99=Refused
			  M=Missing
			
			f.
			  1=Yes
			  2=No
			  8=Not applicable
			  98=Don't know
			  99=Refused
			  M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	g. (MAIL SURVEY ONLY) FOR TELEPHONE MODE CODE AS "8 – Not Applicable"	273-274	g. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
64. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always 5☐ I did not use my prescription drug plan to get any medicines in the last 6 months	Q64 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 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]	275-276	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
65. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1☐ Yes 2☐ No➔**If No, Go to Question 67**	Q65 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 YES 2 NO [GO TO Q67] 98 DON'T KNOW [GO TO Q67] 99 REFUSED [GO TO Q67] M [MISSING]	277-278	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
66. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months	Q66 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 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	279-280	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 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
67. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 69** ³ ☐ I am not sure if my drug plan offers prescriptions by mail ➔**Go to Question 69**	Q67 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? 1 YES 2 NO [GO TO Q69] 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q69] 98 DON'T KNOW [GO TO Q69] 99 REFUSED [GO TO Q69] M [MISSING]	281-282	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
68. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? ¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always 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	Q68 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 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	283-284	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 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
69. 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	Q69 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 98 DON'T KNOW 99 REFUSED M [MISSING]	285-286	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**
70. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? ¹☐ Definitely yes ²☐ Somewhat yes ³☐ Somewhat no ⁴☐ Definitely no	Q70 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say… 1 Definitely yes 2 Somewhat yes 3 Somewhat no 4 Definitely no 98 DON'T KNOW 99 REFUSED M [MISSING]	287-288	1=Definitely yes 2=Somewhat yes 3=Somewhat no 4=Definitely no 98=Don't Know 99=Refused M=Missing
71. In general, how would you rate your overall health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q71 In general, how would you rate your overall health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	289-290	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
72. In general, how would you rate your overall <u>mental</u> health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q72 In general, how would you rate your overall <u>mental</u> health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	291-292	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
73. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? 1 ☐ Yes 2 ☐ No➔**If No, Go to Question 75**	Q73 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? 1 YES 2 NO [GO TO Q75] 98 DON'T KNOW [GO TO Q75] 99 REFUSED [GO TO Q75] M [MISSING]	293-294	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
74. Is this a condition or problem that has lasted for at least 3 months? 1 ☐ Yes 2 ☐ No	Q74 Is this a condition or problem that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	295-396	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
75. Do you now need or take medicine prescribed by a doctor? 1 ☐ Yes 2 ☐ No➔**If No, Go to Question 77**	Q75 Do you now need or take medicine prescribed by a doctor? 1 YES 2 NO [GO TO Q77] 98 DON'T KNOW [GO TO Q77] 99 REFUSED [GO TO Q77] M [MISSING]	297-298	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
76. Is this to treat a condition that has lasted for at least 3 months? ¹☐ Yes ²☐ No	Q76 Is this to treat a condition that has lasted for at least 3 months? 1　YES 2　NO 8　[NOT APPLICABLE] 98　DON'T KNOW 99　REFUSED M　[MISSING]	299-300	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
77. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? ¹☐ Yes ²☐ No ³☐ My doctor did not prescribe any medicines for me in the last 6 months	Q77 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? 1　YES 2　NO 3　MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98　DON'T KNOW 99　REFUSED M　[MISSING]	301-302	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
78. Has a doctor <u>ever</u> told you that you had any of the following conditions? 　　　　　　　　<u>Yes</u>　<u>No</u> a. A heart attack?　☐　☐ b. Angina or coronary heart disease?　☐　☐ c. A stroke?　☐　☐ d. Cancer, <u>other than skin cancer?</u>　☐　☐ e. Emphysema, asthma or COPD (chronic obstructive	Q78 Has a doctor <u>ever</u> told you that you had any of the following conditions? a.　A heart attack 1　YES 2　NO 98　DON'T KNOW 99　REFUSED M　[MISSING]	303-304	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
pulmonary disease)? f. Any kind of diabetes or high blood sugar? ☐ ☐	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* b. Angina or coronary heart disease 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	305-306	b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* c. A stroke 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	307-308	c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* d. Cancer, <u>other than skin cancer</u> 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	309-310	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease) 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	311-312	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* f. Any kind of diabetes or high blood sugar 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	313-314	f. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
79. Have you had a flu shot since September 1, 2011? 1☐ Yes 2☐ No 3☐ Don't know	Q79 Have you had a flu shot since September 1, 2011? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	315-316	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
80. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. ¹☐ Yes ²☐ No ³☐ Don't know	Q80 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	317-318	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
81. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? ¹☐ Every day ²☐ Some days ³☐ Not at all →**If Not at all, Go to Question 83** ⁴☐ Don't know →**If Don't know, Go to Question 83**	Q81 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q83] 4 DON'T KNOW [GO TO Q83] 99 REFUSED M [MISSING]	319-320	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**
82. 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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I had no visits in the last 6 months	PROGRAMMING SPECIFICATIONS: • IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q82 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q83. CODE Q82 AS "8 - NOT APPLICABLE" Q82 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… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	321-322	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
83. What is your age? [1] 18 to 24 [2] 25 to 34 [3] 35 to 44 [4] 45 to 54 [5] 55 to 64 [6] 65 to 69 [7] 70 to 74 [8] 75 to 79 [9] 80 to 84 [10] 85 or older	Q83 What is your age? 1 18 to 24 2 25 to 34 3 35 to 44 4 45 to 54 5 55 to 64 6 65 to 69 7 70 to 74 8 75 to 79 9 80 to 84 10 85 OR OLDER 98 DON'T KNOW 99 REFUSED M [MISSING]		323-324	1=18 to 24 2=25 to 34 3=35 to 44 4=45 to 54 5=55 to 64 6=65 to 69 7=70 to 74 8=75 to 79 9=80 to 84 10=85 OR OLDER 98=Don't Know 99=Refused M=Missing
84. Are you male or female? [1] Male [2] Female	Q84 Are you male or female? 1 MALE 2 FEMALE 98 DON'T KNOW 99 REFUSED M [MISSING]		325-326	1=Male 2=Female 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
85. What is the highest grade or level of school that you have completed? 1 ☐ 8th grade or less 2 ☐ Some high school, but did not graduate 3 ☐ High school graduate or GED 4 ☐ Some college or 2-year degree 5 ☐ 4-year college graduate 6 ☐ More than 4-year college degree	Q85 What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 DON'T KNOW 99 REFUSED M [MISSING]	327-328	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
86. Are you of Hispanic or Latino origin or descent? 1 ☐ Yes, Hispanic or Latino 2 ☐ No, not Hispanic or Latino	Q86 Are you of Hispanic or Latino origin or descent? 1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 DON'T KNOW 99 REFUSED M [MISSING]	329-330	1= Yes, Hispanic or Latino 2= No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
87. What is your race? Please mark one or more. 1 ☐ White 2 ☐ Black or African-American 3 ☐ Asian 4 ☐ Native Hawaiian or other Pacific Islander 5 ☐ American Indian or Alaska Native	Q87 What is your race? Please answer yes to one or more. Are you… >>>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE<<< a. White 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	331-332	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* b. Black or African-American 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	333-334	b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* c. Asian 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	335-336	c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	ARE YOU *(READ ONLY IF NECESSARY)…* d. Native Hawaiian or other Pacific Islander 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	337-338	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* e. American Indian or Alaska Native 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	339-340	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
88. Did someone help you complete this survey? [1] ☐ Yes [2] ☐ No →**If No, Go to Question 90**	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q88 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY 1 YES 2 NO [GO TO Q90] 98 DON'T KNOW	341-342	1=Yes 2=No 98=Don't Know

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
89. How did that person help you? Please mark one or more. 1 ☐ Read the questions to me 2 ☐ Wrote down the answers I gave 3 ☐ Answered the questions for me 4 ☐ Translated the questions into my language 5 ☐ Helped in some other way	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q89 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? *PLEASE MARK ONE OR MORE* 1 READ THE QUESTIONS TO THE BENEFICIARY 2 RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 3 ANSWERED THE QUESTIONS FOR THE BENEFICIARY 4 TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 5 HELPED IN SOME OTHER WAY 98 DON'T KNOW	343-344	1=Read the questions to me 2=Wrote down the answers I gave 3=Answered the questions for me 4=Translated the questions into my language 5=Helped in some other way 98=Don't Know
90. Do you live alone? 1 ☐ Yes, I live alone 2 ☐ No, I live with others	Q90 Do you live alone? 1 YES, I LIVE ALONE 2 NO, I LIVE WITH OTHERS 98 DON'T KNOW 99 REFUSED M [MISSING]	345-346	1=Yes, I live alone 2=No, I live with others 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
91. 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? ¹ ☐ Yes ² ☐ No	Q91 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? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	347-348	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix J
Medicare Advantage Preferred Provider Organization Plan (MA PPO)
2012 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
1. Our records show that in 2011 your health services were covered by the plan named on the back page. Is that right? ¹☐ Yes →**If Yes, Go to Question 3** ²☐ No	Q1	Our records show that in 2011 your health services were covered by **[INSERT PLAN NAME HERE].** Is that right? 1 YES [GO TO Q3] 2 NO [GO TO Q2] 98 DON'T KNOW [GO TO Q2] 99 REFUSED [GO TO Q2] M [MISSING]	79-80	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the health plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)	Q2	What is the name of the health plan you had in 2011? Please complete the rest of the survey based on the experiences you had with that plan. (Please specify) 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	81-130	Text 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? ¹☐ Yes ²☐ No →**If No, Go to Question 5**	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? 1 YES 2 NO [GO TO Q5] 98 DON'T KNOW [GO TO Q5] 99 REFUSED [GO TO Q5] M [MISSING]	131-132	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	133-134	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? ¹☐ Yes ²☐ No→**If No, Go to Question 7**	Q5 In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? 1 YES 2 NO [GO TO Q7] 98 DON'T KNOW [GO TO Q7] 99 REFUSED [GO TO Q7] M [MISSING]	135-136	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q6 In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	137-138	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
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? 0 ☐ None→**If No, Go to Question 9** 1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 to 9 6 ☐ 10 or more	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? 0 NONE [GO TO Q9] 1 1 2 2 3 3 4 4 5 5 TO 9 6 10 OR MORE 98 DON'T KNOW 99 REFUSED M [MISSING]	139-140	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q8 Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	141-142	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? ¹☐ Yes ²☐ No→**If No, Go to Question 12**	Q9 In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours? 1 YES 2 NO [GO TO Q12] 98 DON'T KNOW [GO TO Q12] 99 REFUSED [GO TO Q12] M [MISSING]	143-144	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q10 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	145-146	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? ¹☐ Less than 1 hour ²☐ 1 to 3 hours ³☐ More than 3 hours but less than 6 hours ⁴☐ More than 6 hours ⁵☐ I did not ask for a return call ⁶☐ I did not get a return call ⁷☐ I was told to go to the ER	Q11 In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back? 1 LESS THAN 1 HOUR 2 1 TO 3 HOURS 3 MORE THAN 3 HOURS BUT LESS THAN 6 HOURS 4 MORE THAN 6 HOURS 5 I DID NOT ASK FOR A RETURN CALL 6 I DID NOT GET A RETURN CALL 7 I WAS TOLD TO GO TO THE EMERGENCY ROOM 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		147-148	1=Less than 1 hour 2=1 to 3 hours 3=More than 3 hours but less than 6 4=More than 6 hours 5=I did not ask for a return call 6=I did not get a return call 7=I was told to go to the ER 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
12. 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? ☐ 0 - Worst health care possible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - Best health care possible	Q12 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? 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]	149-150	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
13. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? ¹☐ Yes ²☐ No→**If No, Go to Question 15**	Q13 In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment? 1 YES 2 NO [GO TO Q15] 98 DON'T KNOW [GO TO Q15] 99 REFUSED [GO TO Q15] M [MISSING]	151-152	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? ¹ ☐ Never ² ☐ Sometimes ³ ☐ Usually ⁴ ☐ Always	Q14 In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	153-154	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
15. 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? ¹ ☐ Yes ² ☐ No→**If No, Go to Question 33**	Q15 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? 1 YES 2 NO [GO TO Q33] 98 DON'T KNOW [GO TO Q33] 99 REFUSED [GO TO Q33] M [MISSING]	155-156	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? ⁰☐ None→**If None, Go to Question 33** ¹☐ 1 ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 to 9 ⁶☐ 10 or more	Q16 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? 0 NONE [GO TO Q33] 1 1 2 2 3 3 4 4 5 5 TO 9 6 10 OR MORE 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	157-158	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing
17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q17 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	159-160	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
18. In the last 6 months, how often did your personal doctor listen carefully to you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q18 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	161-162	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
19. In the last 6 months, how often did your personal doctor show respect for what you had to say? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q19 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	163-164	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
20. In the last 6 months, how often did your personal doctor spend enough time with you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q20 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	165-166	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
21. 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	Q21 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 88　　[NOT APPLICABLE] 98　　DON'T KNOW 99　　REFUSED M　　[MISSING]	167-168	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**
22. 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? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always	Q22 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	169-170	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 ☐ Yes 2 ☐ No→**If No, Go to Question 26**	Q23 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? 1 YES 2 NO [GO TO Q26] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q26] 99 REFUSED [GO TO Q26] M [MISSING]	171-172	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
24. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? ¹☐ Never→**If Never, Go to Question 26** ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q24 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 Q26] 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	173-174	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
25. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q25 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	175-176	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
26. In the last 12 months, did you take any prescription medicine? ¹☐ Yes ²☐ No →**If No, Go to Question 28**	Q26 In the last 12 months, did you take any prescription medicine? 1 YES 2 NO [GO TO Q28] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q28] 99 REFUSED [GO TO Q28] M [MISSING]	177-178	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
27. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q27 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	179-180	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
28. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q28 In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]	181-182	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
29. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? ¹☐ Yes ²☐ No →**If No, Go to Question 32**	Q29 In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services? 1 YES 2 NO [GO TO Q32] 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q32] 99 REFUSED [GO TO Q32] M [MISSING]		183-184	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
30. In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? ¹☐ Yes, definitely ²☐ Yes, somewhat ³☐ No	Q30 In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say… 1 Yes, definitely 2 Yes, somewhat 3 No 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		185-186	1=Yes, definitely 2=Yes, somewhat 3=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? ¹☐ Very dissatisfied ²☐ Somewhat dissatisfied ³☐ Neither dissatisfied nor satisfied ⁴☐ Somewhat satisfied ⁵☐ Very satisfied	Q31 How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	187-188	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing
32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? ¹☐ Yes ²☐ No	Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	189-190	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
33. 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? ¹☐ Yes ²☐ No	Q33. 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? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	191-192	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
34. In the last 6 months, did you try to find out if a doctor was part of your health plan's network? ¹☐ Yes ²☐ No	Q34. In the last 6 months, did you try to find out if a doctor was part of your health plan's network? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	193-194	1=YES 2=NO 98=Don't know 99=Refused M=Missing
35. Was the information you found on whether a doctor was part of your health plan's network accurate? ¹☐ Yes ²☐ No ³☐ I did not find the information	Q35 Was the information you found on whether a doctor was part of your health plan's network accurate? 1 YES 2 NO 3 I DID NOT FIND THE INFORMATION 98 DON'T KNOW 99 REFUSED M [MISSING]	195-196	1=Yes 2=No 3=I did not find the information 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? ¹☐ Yes ²☐ No →**If No, Go to Question 42**	Q36 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist? 1 YES 2 NO　　　　　[GO TO Q42] 98 DON'T KNOW　　[GO TO Q42] 99 REFUSED　　　[GO TO Q42] M [MISSING]	197-198	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
37. In the last 6 months, how often was it easy to get appointments with specialists? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q37 In the last 6 months, how often was it easy to get appointments with specialists? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	199-200	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
38. How many specialists have you seen in the last 6 months? ⁰☐ None →**If None, Go to Question 42** ¹☐ 1 specialist ²☐ 2 ³☐ 3 ⁴☐ 4 ⁵☐ 5 or more specialists	Q38 How many specialists have you seen in the last 6 months? 0 NONE [GO TO Q42] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	201-202	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
39. 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	Q39 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 88 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	203-204	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
40. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I do not have a personal doctor ⁶☐ I did not visit my personal doctor in the last 6 months	PROGRAMMING SPECIFICATIONS: • IF Q15 IS ASSIGNED ANSWER "2 - NO" Q40 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q41. CODE Q40 AS "8 - NOT APPLICABLE" • IF Q16 IS ASSIGNED ANSWER "0 - NONE" Q40 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q41. CODE Q40 AS "8 - NOT APPLICABLE" Q40 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 5 *(MAIL SURVEY ONLY)* 6 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	205-206	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 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
41. 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. In the last 6 months, did you visit any specialists who were <u>not</u> part of your health plan's network? ¹☐ Yes ²☐ No ³☐ Don't know	Q41 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. In the last 6 months, did you visit any specialists who were <u>not</u> part of your health plan's network? 1 YES 2 NO 3 DON'T KNOW 8 [NOT APPLICABLE] 99 REFUSE M [MISSING]	207-208	1=Yes 2=No 3=Don't know 8=Not applicable 99=Refused M=Missing
42. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? ¹☐ Yes ²☐ No **→If No, Go to Question 44**	Q42 In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan? 1 YES 2 NO [GO TO Q44] 98 DON'T KNOW [GO TO Q44] 99 REFUSED [GO TO Q44] M [MISSING]	209-210	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
43. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q43 In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	211-212	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
44. In the last 6 months, did you try to get information or help from your health plan's customer service? 1☐ Yes 2☐ No →**If No, Go to Question 47**	Q44 In the last 6 months, did you try to get information or help from your health plan's customer service? 1 YES 2 NO [GO TO Q47] 98 DON'T KNOW [GO TO Q47] 99 REFUSED [GO TO Q47] M [MISSING]	213-214	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
45. In the last 6 months, how often did your health plan's customer service give you the information or help you needed? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always	Q45 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	215-216	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
46. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q46 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	217-218	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing
47. In the last 6 months, did your health plan give you any forms to fill out? ¹☐ Yes ²☐ No➔**If No, Go to Question 49**	Q47 In the last 6 months, did your health plan give you any forms to fill out? 1 YES 2 NO [GO TO Q49] 98 DON'T KNOW [GO TO Q49] 99 REFUSED [GO TO Q49] M [MISSING]	219-220	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
48. In the last 6 months, how often were the forms from your health plan easy to fill out? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	Q48 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 4 Always 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	221-222	1=Never 2=Sometimes 3=Usually 4=Always 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
49. 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	Q49 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 98 DON'T KNOW 99 REFUSED M [MISSING]	223-224	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
50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? [1] ☐ Yes [2] ☐ No→**If No, Go to Question 53**	Q50 In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you? 1 YES 2 NO [GO TO Q53] 98 DON'T KNOW [GO TO Q53] 99 REFUSED [GO TO Q53] M [MISSING]	225-226	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? ¹ ☐ Yes ² ☐ No→**If No, Go to Question 53** ³ ☐ Don't know →**If Don't know, Go to Question 53**	Q51 In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services? 1 YES 2 NO [GO TO Q53] 3 DON'T KNOW [GO TO Q53] 8 [NOT APPLICABLE] 99 REFUSED [GO TO Q53] M [MISSING]	227-228	1=Yes 2=No 3=Don't know 8=Not applicable 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
52. When you spoke to your health plan about the decision not to provide care or services, did they… Please mark one or more. [1]☐ Tell you that you can file an appeal [2]☐ Offer to send you forms that you need in order to file an appeal [3]☐ Suggest how to resolve your complaint [4]☐ Listen to your complaint but did not help to resolve it [5]☐ Discourage you from taking action [6]☐ Do none of these things	Q52 When you spoke to your health plan about the decision not to provide care or services, did they… a. Tell you that you can file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* b. Offer to send you forms that you need in order to file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	229-230 231-232	a. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* c. Suggest how to resolve your complaint 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	233-234	c. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…* d. Listen to your complaint but did not help to resolve it 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	235-236	d. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*		

	e. Discourage you from taking action
	  1 YES
	  2 NO
	  8 [NOT APPLICABLE]
	  98 DON'T KNOW
	  99 REFUSED
	  M [MISSING]
		237-238	e.
			  1=Yes
			  2=No
			  8=Not applicable
			  98=Don't know
			  99=Refused
			  M=Missing

	PROGRAMMING SPECIFICATIONS: • IF 52 a, b, c, d, or e=yes (coded as 1), ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"		
	WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*		

	f. Do none of these things
	  1 YES
	  2 NO
	  8 [NOT APPLICABLE]
	  98 DON'T KNOW
	  99 REFUSED
	  M [MISSING]
		239-240	f.
			  1=Yes
			  2=No
			  8=Not applicable
			  98=Don't know
			  99=Refused
			  M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
53. In the last 6 months, have you called or written your health plan with a complaint or problem? ^{1} ☐ Yes ^{2} ☐ No→**If No, Go to Question 57**	Q53 In the last 6 months, have you called or written your health plan with a complaint or problem? 1 YES 2 NO [GO TO Q57] 98 DON'T KNOW [GO TO Q57] 99 REFUSED [GO TO Q57] M [MISSING]		241-242	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? ^{1} ☐ Very dissatisfied ^{2} ☐ Somewhat dissatisfied ^{3} ☐ Neither dissatisfied nor satisfied ^{4} ☐ Somewhat satisfied ^{5} ☐ Very satisfied	Q54 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		243-244	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing
55. How long did it take for your health plan to settle your complaint? ^{1} ☐ Same day ^{2} ☐ 1 week ^{3} ☐ 2 weeks ^{4} ☐ 3 weeks ^{5} ☐ 4 or more weeks ^{6} ☐ I am still waiting for it to be settled	Q55 How long did it take for your health plan to settle your complaint? 1 SAME DAY 2 1 WEEK 3 2 WEEKS 4 3 WEEKS 5 4 OR MORE WEEKS OR 6 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		245-246	1=Same day 2=1 week 3=2 weeks 4=3 weeks 5=4 or more weeks 6=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
56. Was your complaint or problem settled to your satisfaction? ¹☐ Yes ²☐ No ³☐ I am still waiting for it to be settled	Q56 Was your complaint or problem settled to your satisfaction? 1 YES 2 NO 3 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	247-248	1=Yes 2=No 3=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
57. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service? ¹☐ Yes ²☐ No→**If No, Go to Question 60**	Q57 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service? 1 YES 2 NO [GO TO Q60] 98 DON'T KNOW [GO TO Q60] 99 REFUSED [GO TO Q60] M [MISSING]	249-250	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months →**Go to Question 60**	Q58 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	251-252	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
59. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q59 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	253-254	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
60. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1 ☐ Yes 2 ☐ No→**If No, Go to Question 62**	Q60 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1 YES 2 NO [GO TO Q62] 98 DON'T KNOW [GO TO Q62] 99 REFUSED [GO TO Q62] M [MISSING]	255-256	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q61 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	257-258	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
62. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? ¹☐ Yes ²☐ No →**If No, Go to Question 64**	Q62 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? 1 YES 2 NO [GO TO Q64] 98 DON'T KNOW [GO TO Q64] 99 REFUSED [GO TO Q64] M [MISSING]	259-260	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q63 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	261-262	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try to get information or help from my prescription drug plan's customer service in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
64. In the last 6 months, how many different prescription medicines did you fill or have refilled? ¹☐ None ²☐ 1 to 2 medicines ³☐ 3 to 5 medicines ⁴☐ 6 or more medicines	Q64 In the last 6 months, how many different prescription medicines did you fill or have refilled? 1 NONE 2 1 TO 2 MEDICINES 3 3 TO 5 MEDICINES 4 6 OR MORE MEDICINES 98 DON'T KNOW 99 REFUSED M [MISSING]	263-264	1=None 2=1 to 2 medicines 3=3 to 5 medicines 4=6 or more medicines 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
65. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? ¹☐ Yes ²☐ No→**If No, Go to Question 68**	Q65 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? 1 YES 2 NO [GO TO Q68] 98 DON'T KNOW [GO TO Q68] 99 REFUSED [GO TO Q68] M [MISSING]	265-266	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
66. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? ¹☐ Yes ²☐ No→**If No, Go to Question 68** ³☐ All my prescribed medicines are covered →**Go to Question 68**	Q66 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? 1 YES 2 NO [GO TO Q68] *3 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q68] 99 REFUSED [GO TO Q68] M [MISSING]	267-268	1=Yes 2=No 3=All my prescribed medicines are covered 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

67. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…
 	
Please mark one or more.
 	
¹☐ Tell you that you can file an appeal
²☐ Offer to send you forms that you need in order to file an appeal
³☐ Suggest how to resolve your complaint
⁴☐ Listen to your complaint but did not help to resolve it
⁵☐ Discourage you from taking action
⁶☐ Do none of the above
⁷☐ All my prescribed medicines were covered
	Q67 When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…
	
	a. Tell you that you can file an appeal
	   1 YES
	   2 NO
	   8 [NOT APPLICABLE]
	   98 DON'T KNOW
	   99 REFUSED
	   M [MISSING]
	
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
	b. Offer to send you forms that you need in order to file an appeal
	   1 YES
	   2 NO
	   8 [NOT APPLICABLE]
	   98 DON'T KNOW
	   99 REFUSED
	   M [MISSING]
		269-270
		
		271-272
			a.
			1=Yes
			2=No
			8=Not applicable
			98=Don't know
			99=Refused
			M=Missing
			
			b.
			1=Yes
			2=No
			8=Not applicable
			98=Don't know
			99=Refused
			M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
	
	 c. Suggest how to resolve your complaint
	   1 YES
	   2 NO
	   8 [NOT APPLICABLE]
	   98 DON'T KNOW
	   99 REFUSED
	   M [MISSING]
		273-274	c.
			 1=Yes
			 2=No
			 8=Not applicable
			 98=Don't know
			 99=Refused
			 M=Missing

	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
	
	 d. Listen to your complaint but did not help to resolve it
	   1 YES
	   2 NO
	   8 [NOT APPLICABLE]
	   98 DON'T KNOW
	   99 REFUSED
	   M [MISSING]
		275-276	d.
			
			 1=Yes
			 2=No
			 8=Not applicable
			 98=Don't know
			 99=Refused
			 M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* e. Discourage you from taking action 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING] PROGRAMMING SPECIFICATIONS: • IF 67 a, b, c, d, or e=yes (coded as 1), ITEM 67f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"	277-278	e. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* f. Do none of the above 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	279-280	f. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	g. *(MAIL SURVEY ONLY)* *FOR TELEPHONE MODE CODE AS "8 – Not Applicable"*	281-282	g. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
68. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not use my prescription drug plan to get any medicines in the last 6 months	Q68 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 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]	283-284	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
69. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? ¹☐ Yes ²☐ No➔**If No, Go to Question 71**	Q69 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 YES 2 NO [GO TO Q71] 98 DON'T KNOW [GO TO Q71] 99 REFUSED [GO TO Q71] M [MISSING]	285-286	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
70. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months	Q70 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 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	287-288	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 8=Not applicable 98=Don't Know 99=Refused M=Missing
71. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? ¹☐ Yes ²☐ No➔**If No, Go to Question 73** ³☐ I am not sure if my drug plan offers prescriptions by mail ➔**Go to Question 73**	Q71 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? 1 YES 2 NO [GO TO Q73] 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q73] 98 DON'T KNOW 99 REFUSED M [MISSING]	289-290	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**
72. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always 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	Q72 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 4 Always 5 *(MAIL SURVEY ONLY)* 6 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	291-292	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 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
73. 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	Q73 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 98 DON'T KNOW 99 REFUSED M [MISSING]	293-294	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**
74. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? 1☐ Definitely yes 2☐ Somewhat yes 3☐ Somewhat no 4☐ Definitely no	Q74 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say… 1 Definitely yes 2 Somewhat yes 3 Somewhat no 4 Definitely no 98 DON'T KNOW 99 REFUSED M [MISSING]	295-296	1=Definitely yes 2=Somewhat yes 3=Somewhat no 4=Definitely no 98=Don't Know 99=Refused M=Missing
75. In general, how would you rate your overall health? 1☐ Excellent 2☐ Very good 3☐ Good 4☐ Fair 5☐ Poor	Q75 In general, how would you rate your overall health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	297-298	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
76. In general, how would you rate your overall <u>mental</u> health? 1☐ Excellent 2☐ Very good 3☐ Good 4☐ Fair 5☐ Poor	Q76 In general, how would you rate your overall <u>mental</u> health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M [MISSING]	299-300	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**
77. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 79**	Q77 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? 1 YES 2 NO [GO TO Q79] 98 DON'T KNOW [GO TO Q79] 99 REFUSED [GO TO Q79] M [MISSING]		301-302	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
78. Is this a condition or problem that has lasted for at least 3 months? ¹ ☐ Yes ² ☐ No	Q78 Is this a condition or problem that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]		303-304	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
79. Do you now need or take medicine prescribed by a doctor? ¹ ☐ Yes ² ☐ No➔**If No, Go to Question 81**	Q79 Do you now need or take medicine prescribed by a doctor? 1 YES 2 NO [GO TO Q81] 98 DON'T KNOW [GO TO Q81] 99 REFUSED [GO TO Q81] M [MISSING]		305-306	1=Yes 2=No 98–Don't Know 99–Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

80. Is this to treat a condition that has lasted for at least 3 months?
 	
  ¹☐ Yes
  ²☐ No
	Q80 Is this to treat a condition that has lasted for at least 3 months?
	1 YES
	2 NO
	8 [NOT APPLICABLE]
	98 DON'T KNOW
	99 REFUSED
	M [MISSING]
		307-308	1=Yes
			2=No
			8=Not applicable
			98=Don't Know
			99=Refused
			M=Missing

81. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?
 	
  ¹☐ Yes
  ²☐ No
  ³☐ My doctor did not prescribe any medicines for me in the last 6 months
	Q81 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?
	1 YES
	2 NO
	3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS
	98 DON'T KNOW
	99 REFUSED
	M [MISSING]
		309-310	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

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

82. Has a doctor <u>ever</u> told you that you had any of the following conditions?
 	
                Yes No
 a. A heart attack? ☐ ☐
 b. Angina or coronary heart disease? ☐ ☐
 c. A stroke? ☐ ☐
 d. Cancer, <u>other than skin cancer?</u> ☐ ☐
 e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?
                      ☐ ☐
 f. Any kind of diabetes or high blood sugar? ☐ ☐
	Q82 Has a doctor <u>ever</u> told you that you had any of the following conditions?
	
	 a. A heart attack
	 1 YES
	 2 NO
	 98 DON'T KNOW
	 99 REFUSED
	 M [MISSING]
	
	 HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
	 b. Angina or coronary heart disease
	 1 YES
	 2 NO
	 98 DON'T KNOW
	 99 REFUSED
	 M [MISSING]
	
	 HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
	 c. A stroke
	 1 YES
	 2 NO
	 98 DON'T KNOW
	 99 REFUSED
	 M [MISSING]
		311-312
		
		313-314
		
		315-316
			a.
			 1=Yes
			 2=No
			 98=Don't know
			 99=Refused
			 M=Missing
			
			b.
			 1=Yes
			 2=No
			 98=Don't know
			 99=Refused
			 M=Missing
			
			c.
			 1=Yes
			 2=No
			 98=Don't know
			 99=Refused
			 M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* d. Cancer, <u>other than skin cancer</u> 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	317-318	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease) 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	319-320	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* f. Any kind of diabetes or high blood sugar 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	321-322	f. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
83. Have you had a flu shot since September 1, 2011? 1☐ Yes 2☐ No 3☐ Don't know	Q83 Have you had a flu shot since September 1, 2011? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	323-324	1=Yes 2=No 3=Don't know 99=Refused M=Missing
84. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. 1☐ Yes 2☐ No 3☐ Don't know	Q84 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M [MISSING]	325-326	1=Yes 2=No 3=Don't know 99=Refused M=Missing
85. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1☐ Every day 2☐ Some days 3☐ Not at all →**If Not at all, Go to Question 87** 4☐ Don't know →**If Don't know, Go to Question 87**	Q85 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q87] 4 DON'T KNOW [GO TO Q87] 99 REFUSED M [MISSING]	327-328	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**
86. 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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I had no visits in the last 6 months	PROGRAMMING SPECIFICATIONS: • IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q86 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q87. CODE Q86 AS "8 - NOT APPLICABLE" Q86 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… 1 Never 2 Sometimes 3 Usually 4 Always *5 (MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M [MISSING]	329-330	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 8=Not applicable 98=Don't Know 99=Refused M=Missing
87. What is your age? ¹☐ 18 to 24 ²☐ 25 to 34 ³☐ 35 to 44 ⁴☐ 45 to 54 ⁵☐ 55 to 64 ⁶☐ 65 to 69 ⁷☐ 70 to 74 ⁸☐ 75 to 79 ⁹☐ 80 to 84 ¹⁰☐ 85 or older	Q87 What is your age? 1 18 to 24 2 25 to 34 3 35 to 44 4 45 to 54 5 55 to 64 6 65 to 69 7 70 to 74 8 75 to 79 9 80 to 84 10 85 OR OLDER 98 DON'T KNOW 99 REFUSED M [MISSING]	331-332	1=18 to 24 2=25 to 34 3=35 to 44 4=45 to 54 5=55 to 64 6=65 to 69 7=70 to 74 8=75 to 79 9=80 to 84 10=85 or older 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**

88. Are you male or female?
 	
  ¹☐ Male
  ²☐ Female
	Q88 Are you male or female?
	1 MALE
	2 FEMALE
	98 DON'T KNOW
	99 REFUSED
	M [MISSING]
		333-334	1=Male
			2=Female
			98=Don't Know
			99=Refused
			M=Missing

89. What is the highest grade or level of school that you have completed? ¹☐ 8th grade or less ²☐ Some high school, but did not graduate ³☐ High school graduate or GED ⁴☐ Some college or 2-year degree ⁵☐ 4-year college graduate ⁶☐ More than 4-year college degree	Q89 What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school graduate or GED 4 Some college or 2-year degree 5 4-year college graduate 6 More than 4-year college degree 98 DON'T KNOW 99 REFUSED M [MISSING]	335-336	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

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
90. Are you of Hispanic or Latino origin or descent? 1 ☐ Yes, Hispanic or Latino 2 ☐ No, not Hispanic or Latino	Q90 Are you of Hispanic or Latino origin or descent? 1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 DON'T KNOW 99 REFUSED M [MISSING]	337-338	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing
91. What is your race? Please mark one or more. 1 ☐ White 2 ☐ Black or African-American 3 ☐ Asian 4 ☐ Native Hawaiian or other Pacific Islander 5 ☐ American Indian or Alaska Native	Q91 What is your race? Please answer yes to one or more. Are you… PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE a. White 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING] ARE YOU *(READ ONLY IF NECESSARY)…* b. Black or African-American 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	339-340 341-342	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	ARE YOU *(READ ONLY IF NECESSARY)…* c. Asian 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	343-344	c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* d. Native Hawaiian or other Pacific Islander 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	345-346	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* e. American Indian or Alaska Native 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	347-348	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
92. Did someone help you complete this survey? ¹ ☐ Yes ² ☐ No →**If No, Go to Question 94**	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q92 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY 1 YES 2 NO [GO TO Q94] 98 DON'T KNOW	349-350	1=Yes 2=No 98=Don't Know

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
93. How did that person help you? Please mark one or more. 1 ☐ Read the questions to me 2 ☐ Wrote down the answers I gave 3 ☐ Answered the questions for me 4 ☐ Translated the questions into my language 5 ☐ Helped in some other way	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q93 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? *PLEASE MARK ONE OR MORE* 1 READ THE QUESTIONS TO THE BENEFICIARY 2 RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 3 ANSWERED THE QUESTIONS FOR THE BENEFICIARY 4 TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 5 HELPED IN SOME OTHER WAY 98 DON'T KNOW	351-352	1=Read the questions to me 2=Wrote down the answers I gave 3=Answered the questions for me 4=Translated the questions into my language 5=Helped in some other way 98=Don't Know
94. Do you live alone? 1 ☐ Yes, I live alone 2 ☐ No, I live with others	Q94 Do you live alone? 1 YES, I LIVE ALONE 2 NO, I LIVE WITH OTHERS 98 DON'T KNOW 99 REFUSED M [MISSING]	353-354	1=Yes, I live alone 2=No, I live with others 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
95. 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? ¹ ☐ Yes ² ☐ No	Q95 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? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M [MISSING]	355-356	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix J
Prescription Drug Plan Survey (PDP)
2012 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
1. Our records show that in 2011 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right? ¹☐ Yes →**If Yes, Go to Question 3** ²☐ No	Q1 Our records show that in 2011 your prescriptions were covered by the Medicare prescription drug plan called **[Insert Plan Name Here].** Is that right? 1 YES [GO TO Q3] 2 NO [GO TO Q2] 98 DON'T KNOW [GO TO Q2] 99 REFUSED [GO TO Q2] M MISSING	79-80	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
2. Please write below the name of the Medicare prescription drug plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)	Q2 What is the name of the Medicare prescription drug plan you had in 2011? Please complete the rest of the survey based on the experiences you had with that plan. (Please specify) 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	81-130	Text 8=Not applicable 98=Don't Know 99=Refused M=Missing
3. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service? ¹☐ Yes ²☐ No →**If No, Go to Question 6**	Q3 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service? 1 YES 2 NO [GO TO Q6] 98 DON'T KNOW [GO TO Q6] 99 REFUSED [GO TO Q6] M MISSING	131-132	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
4. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months. [GO TO Q6]	Q4 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q6] 99 REFUSED [GO TO Q6] M MISSING	133-134	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? 1☐ Never 2☐ Sometimes 3☐ Usually 4☐ Always 5☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q5 In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	135-136	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try 8=Not applicable 98=Don't Know 99=Refused M=Missing
6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1☐ Yes 2☐ No →**If No, Go to Question 8**	Q6 In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered? 1 YES 2 NO [GO TO Q8] 98 DON'T KNOW [GO TO Q8] 99 REFUSED [GO TO Q8] M MISSING	137-138	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
7. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q7 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	139-140	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not try 8=Not applicable 98=Don't Know 99=Refused M=Missing
8. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? 1 ☐ Yes 2 ☐ No →**If No, Go to Question 10**	Q8 In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? 1 YES 2 NO [GO TO Q10] 98 DON'T KNOW [GO TO Q10] 99 REFUSED [GO TO Q10] M MISSING	141-142	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
9. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months	Q9 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Would you say… 1 Never 2 Sometimes 3 Usually 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	143-144	1=Never 2=Sometimes 3=Usually 4=Always 5= I did not try 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
10. In the last 6 months, how many different prescription medicines did you fill or have refilled? ¹☐ None ²☐ 1 to 2 medicines ³☐ 3 to 5 medicines ⁴☐ 6 or more medicines	Q10 In the last 6 months, how many different prescription medicines did you fill or have refilled? 1 NONE 2 1 TO 2 MEDICINES 3 3 TO 5 MEDICINES 4 6 OR MORE MEDICINES 98 DON'T KNOW 99 REFUSED M MISSING	145-146	1=None 2=1 to 2 medicines 3=3 to 5 medicines 4 = 6 or more medicines 98=Don't Know 99=Refused M=Missing
11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? ¹☐ Yes ²☐ No →**If No, Go to Question 17**	Q11 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? 1 YES 2 NO [GO TO Q17] 98 DON'T KNOW [GO TO Q17] 99 REFUSED [GO TO Q17] M MISSING	147-148	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? ¹☐ Yes ²☐ No →**If No, Go to Question 17** ³☐ All my prescribed medicines are covered →**Go to Question 17**	Q12 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? 1 YES 2 NO [GO TO Q17] 3 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW [GO TO Q17] 99 REFUSED [GO TO Q17] M MISSING	149-150	1=Yes 2=No 3=All medicines are covered 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they… Please mark one or more. ¹☐ Tell you that you can file an appeal ²☐ Offer to send you forms that you need in order to file an appeal ³☐ Suggest how to resolve your complaint ⁴☐ Listen to your complaint but did not help to resolve it ⁵☐ Discourage you from taking action ⁶☐ Do none of the above ⁷☐ All my prescribed medicines were covered	Q13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they a. Tell you that you can file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* b. Offer to send you forms that you need in order to file an appeal 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	151-152 153-154	a. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* c. Suggest how to resolve your complaint 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	155-156	c. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* d. Listen to your complaint but did not help to resolve it 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	157-158	d. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* e. Discourage you from taking action 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING PROGRAMMING SPECIFICATIONS: • IF 13 a, b, c, d, or e=yes (coded as 1), ITEM f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO" WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…* f. Do none of the above 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	159-160 161-162	e. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing f. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	g. (MAIL SURVEY ONLY) FOR TELEPHONE MODE CODE AS "8 – Not Applicable"	163-164	g. 1=Yes 2=No 8=Not applicable 98=Don't know 99=Refused M=Missing
14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint? ¹☐ Very dissatisfied ²☐ Somewhat dissatisfied ³☐ Neither dissatisfied nor satisfied ⁴☐ Somewhat satisfied ⁵☐ Very satisfied	Q14 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint? Would you say… 1 Very dissatisfied 2 Somewhat dissatisfied 3 Neither dissatisfied nor satisfied 4 Somewhat satisfied 5 Very satisfied 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	165-166	1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither dissatisfied nor satisfied 4=Somewhat satisfied 5=Very satisfied 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
15. How long did it take for your plan to settle your complaint? ¹☐ Same day ²☐ 1 week ³☐ 2 weeks ⁴☐ 3 weeks ⁵☐ 4 or more weeks ⁶☐ I am still waiting for it to be settled	Q15 How long did it take for your plan to settle your complaint? 1 SAME DAY 2 1 WEEK 3 2 WEEKS 4 3 WEEKS 5 4 OR MORE WEEKS OR 6 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	167-168	1=Same day 2=1 week 3=2 weeks 4=3 weeks 5=4 or more weeks 6=I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing
16. Was your complaint or problem settled to your satisfaction? ¹☐ Yes ²☐ No ³☐ I am still waiting for it to be settled	Q16 Was your complaint or problem settled to your satisfaction? 1 YES 2 NO 3 I AM STILL WAITING FOR IT TO BE SETTLED 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	169-170	1=Yes 2=No 3= I am still waiting for it to be settled 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
17. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 5 ☐ I did not use my prescription drug plan to get any medicines in the last 6 months	Q17 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 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	171-172	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan 98=Don't Know 99=Refused M=Missing
18. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 ☐ Yes 2 ☐ No → **If No, Go to Question 20**	Q18 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? 1 YES 2 NO [GO TO Q20] 98 DON'T KNOW [GO TO Q20] 99 REFUSED [GO TO Q20] M MISSING	173-174	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
19. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months	Q19 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 4 Always 5 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING		175-176	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan 8=Not applicable 98=Don't Know 99=Refused M=Missing
20. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? ¹☐ Yes ²☐ No →If No, **Go to Question 22** ³☐ I am not sure if my drug plan offers prescriptions by mail →**Go to Question 22**	Q20 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? 1 YES 2 NO [GO TO Q22] 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q22] 98 DON'T KNOW [GO TO Q22] 99 REFUSED [GO TO Q22] M MISSING		177-178	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**
21. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always 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	Q21 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 4 Always 5 *(MAIL SURVEY ONLY)* 6 *(MAIL SURVEY ONLY)* 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	179-180	1=Never 2=Sometimes 3=Usually 4=Always 5=I did not use my prescription drug plan by mail 6=I am not sure if my drug plan offers prescriptions by mail 8=Not applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
22. 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	Q22 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 98 DON'T KNOW 99 REFUSED M MISSING	181-182	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**
23. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? ¹☐ Definitely yes ²☐ Somewhat yes ³☐ Somewhat no ⁴☐ Definitely no	Q23 Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say… 1 Definitely yes 2 Somewhat yes 3 Somewhat no 4 Definitely no 98 DON'T KNOW 99 REFUSED M MISSING	183-184	1=Definitely yes 2=Somewhat yes 3=Somewhat no 4=Definitely no 98=Don't Know 99=Refused M=Missing
24. In general, how would you rate your overall health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q24 In general, how would you rate your overall health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M MISSING	185-186	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
25. In general, how would you rate your overall <u>mental</u> health? ¹☐ Excellent ²☐ Very good ³☐ Good ⁴☐ Fair ⁵☐ Poor	Q25 In general, how would you rate your overall <u>mental</u> health? Would you say… 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DON'T KNOW 99 REFUSED M MISSING	187-188	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**
26. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? ¹☐ Yes ²☐ No →**If No, Go to Question 28**	Q26 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? 1 YES 2 NO [GO TO Q28] 98 DON'T KNOW [GO TO Q28] 99 REFUSED [GO TO Q28] M MISSING	189-190	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
27. Is this a condition or problem that has lasted for at least 3 months? ¹☐ Yes ²☐ No	Q27 Is this a condition or problem that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	191-192	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
28. Do you now need or take medicine prescribed by a doctor? ¹☐ Yes ²☐ No →**If No, Go to Question 30**	Q28 Do you now need or take medicine prescribed by a doctor? 1 YES 2 NO [GO TO Q30] 98 DON'T KNOW [GO TO Q30] 99 REFUSED [GO TO Q30] M MISSING	193-194	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
29. Is this to treat a condition that has lasted for at least 3 months? ¹☐ Yes ²☐ No	Q29 Is this to treat a condition that has lasted for at least 3 months? 1 YES 2 NO 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	195-196	1=Yes 2=No 8=Not applicable 98=Don't Know 99=Refused M=Missing
30. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? ¹☐ Yes ²☐ No ³☐ My doctor did not prescribe any medicines for me in the last 6 months	Q30 In the last 6 months, did you delay or not fill a prescription because you felt that you could not afford it? 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	197-198	1=Yes 2=No 3=My doctor did not prescribe any medicines 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
31. Has a doctor <u>ever</u> told you that you had any of the following conditions? Yes No a. A heart attack? ☐ ☐ b. Angina or coronary heart disease? ☐ ☐ c. A stroke? ☐ ☐ d. Cancer, <u>other than skin cancer?</u> ☐ ☐ e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? ☐ ☐ f. Any kind of diabetes or high blood sugar? ☐ ☐	Q31 Has a doctor <u>ever</u> told you that you had any of the following conditions? a. A heart attack 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* b. Angina or coronary heart disease 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* c. A stroke 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	199-200 201-202 203-204	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* d. Cancer, <u>other than skin cancer</u> 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	205-206	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* e. Emphysema, asthma or COPD, also called chronic obstructive pulmonary disease 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	207-208	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…* f. Any kind of diabetes or high blood sugar 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	209-210	f. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
32. Have you had a flu shot since September 1, 2011? ¹☐ Yes ²☐ No ³☐ Don't know	Q32 Have you had a flu shot since September 1, 2011? 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M MISSING	211-212	1=Yes 2=No 3=Don't know 99=Refused M=Missing
33. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. ¹☐ Yes ²☐ No ³☐ Don't know	Q33 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. 1 YES 2 NO 3 DON'T KNOW 99 REFUSED M MISSING	213-214	1=Yes 2=No 3=Don't know 99=Refused M=Missing
34. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? ¹☐ Every day ²☐ Some days ³☐ Not at all →**If Not at all, Go to Question 36** ⁴☐ Don't know →**If Don't know, Go to Question 36**	Q34 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? 1 EVERY DAY 2 SOME DAYS 3 NOT AT ALL [GO TO Q36] 4 DON'T KNOW [GO TO Q36] 99 REFUSED [GO TO Q36] M MISSING	215-216	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
35. 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? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always ⁵☐ I had no visits in the last 6 months	Q35 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… 1 Never 2 Sometimes 3 Usually 4 Always 5 I HAD NO VISITS IN THE LAST 6 MONTHS 8 [NOT APPLICABLE] 98 DON'T KNOW 99 REFUSED M MISSING	217-218	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits 8=Not applicable 98=Don't Know 99=Refused M=Missing
36. What is your age? ¹☐ 18 to 24 ²☐ 25 to 34 ³☐ 35 to 44 ⁴☐ 45 to 54 ⁵☐ 55 to 64 ⁶☐ 65 to 69 ⁷☐ 70 to 74 ⁸☐ 75 to 79 ⁹☐ 80 to 84 ¹⁰☐ 85 or older	Q36 What is your age? 1 18 TO 24 2 25 TO 34 3 35 TO 44 4 45 TO 54 5 55 TO 64 6 65 TO 69 7 70 TO 74 8 75 TO 79 9 80 TO 84 10 85 OR OLDER 98 DON'T KNOW 99 REFUSED M MISSING	219-220	1=18 to 24 2=25 to 34 3=35 to 44 4=45 to 54 5=55 to 64 6=65 to 69 7=70 to 74 8=75 to 79 9=80 to 84 10=85 or older 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications		File Layout	
			Field Position	**Valid Values**
37. Are you male or female? ¹☐ Male ²☐ Female	Q37 1 2 98 99 M	Are you male or female? MALE FEMALE DON'T KNOW REFUSED MISSING	221-222	1=Male 2=Female 98=Don't Know 99=Refused M=Missing
38. What is the highest grade or level of school that you have completed? ¹☐ 8th grade or less ²☐ Some high school, but did not graduate ³☐ High school graduate or GED ⁴☐ Some college or 2-year degree ⁵☐ 4-year college graduate ⁶☐ More than 4-year college degree	Q38 1 2 3 4 5 6 98 99 M	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 DON'T KNOW REFUSED MISSING	223-224	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

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
39. Are you of Hispanic or Latino origin or descent? ¹☐ Yes, Hispanic or Latino ²☐ No, not Hispanic or Latino	Q39 Are you of Hispanic or Latino origin or descent? 1 YES, HISPANIC OR LATINO 2 NO, NOT HISPANIC OR LATINO 98 DON'T KNOW 99 REFUSED M MISSING	225-226	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino 98=Don't Know 99=Refused M=Missing
40. What is your race? Please mark one or more. ¹☐ White ²☐ Black or African-American ³☐ Asian ⁴☐ Native Hawaiian or other Pacific Islander ⁵☐ American Indian or Alaska Native	Q40 What is your race? Please answer yes to one or more. Are you... >>>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE<<< a. White 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING ARE YOU *(READ ONLY IF NECESSARY)…* b. Black or African-American 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	227-228 229-230	a. 1=Yes 2=No 98=Don't know 99=Refused M=Missing b. 1=Yes 2=No 98=Don't know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	**Valid Values**
	ARE YOU *(READ ONLY IF NECESSARY)…* c. Asian 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	231-232	c. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* d. Native Hawaiian or other Pacific Islander 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	233-234	d. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
	ARE YOU *(READ ONLY IF NECESSARY)…* e. American Indian or Alaska Native 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	235-236	e. 1=Yes 2=No 98=Don't know 99=Refused M=Missing
41. Did someone help you complete this survey? ¹☐ Yes ²☐ No →**If No, Go to Question 43**	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q41 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY 1 YES 2 NO→**If No, Go to Question 43** 98 DON'T KNOW	237-238	1=Yes 2=No 98=Don't know

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
42. How did that person help you? Please mark one or more. 1☐ Read the questions to me 2☐ Wrote down the answers I gave 3☐ Answered the questions for me 4☐ Translated the questions into my language 5☐ Helped in some other way	(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER) Q42 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? *PLEASE MARK ONE OR MORE* 1 READ THE QUESTIONS TO THE BENEFICIARY 2 RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER 3 ANSWERED THE QUESTIONS FOR THE BENEFICIARY 4 TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE 5 HELPED IN SOME OTHER WAY 98 DON'T KNOW	239-240	1=Read the questions to me 2=Wrote down the answers I gave 3=Answered the questions for me 4=Translated the questions into my language 5=Helped in some other way 98=Don't know
43. Do you live alone? 1☐ Yes, I live alone 2☐ No, I live with others	Q43 Do you live alone? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	241-242	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
44. 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? ¹☐ Yes ²☐ No	Q44 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? 1 YES 2 NO 98 DON'T KNOW 99 REFUSED M MISSING	243-244	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Appendix K

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

This form must be submitted online at www.ma-pdpcahps.org. *All required sections are indicated with an asterisk (*). The required information regarding the affected plans must be provided in Section II in order to submit the MA & PDP CAHPS Survey Discrepancy Report.*

Date Submitted: *(Autopopulate)*   Form ID: *(Autopopulate)*

I. GENERAL INFORMATION

1. Survey Vendor Organization Information

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

2. Survey Vendor Contact Person

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

II. LIST ALL PLAN NAMES AND CONTRACT NUMBERS IMPACTED BY THIS DISCREPANCY REPORT

* Plan Name: [   ]   * CMS Contract Number: [   ]

[Add Plan and CMS Contract Number]

Plan Name	CMS Contract Number
No data to display	

≡

III. DISCREPANCY INFORMATION

Please complete items 1 through 4 below in detail

1. * Description of discrepancy and how it was discovered

2. * Affected timeframe for each plan listed (e.g., xx/xx/xxxx – xx/xx/xxxx)

3. * For each plan listed provide:

    1. Plan Number
    2. Number of total eligible members
    3. Total sampled members
    4. Number of sampled members affected by the discrepancy

4. * Description of corrective action to be taken to address discrepancy along with proposed timeline

5. Additional information not provided above which will help the
   MA & PDP CAHPS Survey Project Team understand the discrepancy

   [text area field]

[Print Discrepancy Report]   [Submit Form]

Appendix L

Medicare Advantage and Prescription Drug Plan
(MA & PDP) CAHPS® Survey
2012 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
Phone Dr.'s office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Try to make appts to see specialist	Q33
Try to get care/test/treatment through plan	Q38
Try to get information/help through plan	Q40
Plan give forms to fill out	Q43
Rate Health Plan	Q45
Needed care or services that plan decided not to provide	Q46
Called or wrote with a complaint or problem	Q49
Rate General Health	Q53
Rate Mental Health	Q54
Seen MD >3 times for same condition	Q55
Take meds prescribed by Dr.	Q57
Easy to get medicines Dr. prescribed	Q59
Insurance that pays part or all cost of RX medicines	Q60
Delayed filling RX meds b/c could not afford it	Q61
Dr. said you had: Heart attack	Q62A
Dr. said you had: Angina or coronary heart disease	Q62B
Dr. said you had: Stroke	Q62C

Dr. said you had: Cancer other than skin cancer	Q62D
Dr. said you had: Emphysema, asthma or COPD	Q62E
Dr. said you had: Diabetes or high blood sugar	Q62F
Flu Shot last year	Q63
Ever had Pneumonia shot	Q64
How much smoke now	Q65
Age category	Q67
Gender	Q68
Highest education level completed	Q69
Hispanic or Latino origin/descent	Q70
Race White	Q71A
Race Black	Q71B
Race Asian	Q71C
Race Native HI/Other Pac Isle	Q71D
Race Native Amer/AK Native	Q71E
Someone help complete survey	Q72
Live Alone	Q74
Contact again	Q75

Appendix L

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey
2012 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 doctor's office/clinic	Q5
Number of visits for health care for self	Q7
Phone Dr.'s office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Try to make appts to see specialist	Q33
Try to get care/test/treatment through plan	Q38
Try to get information/help through plan's customer service	Q40
Plan give forms to fill out	Q43
Rate Health Plan	Q45
Needed care or services that plan decided not to provide	Q46
Called or wrote with a complaint or problem	Q49
Try to get information/help through prescription drug plan's (PDP) customer service	Q53
Try to get information from PDP about which prescription meds covered	Q56
Try to get information from PDP about how much would have to pay for prescription meds	Q58
How many different prescription meds fill/refill	Q60
Dr. prescribe a medicine that PDP did not cover	Q61

Easy to use PDP to get meds prescribed by Dr.	Q64
Use PDP to fill a prescription at local pharmacy	Q65
Ever use PDP to fill prescription by mail	Q67
Rate PDP	Q69
Recommend PDP to others	Q70
Rate General Health	Q71
Rate Mental Health	Q72
Seen MD > 3 times for same condition	Q73
Take meds prescribed by Dr.	Q75
Delayed filling RX meds b/c could not afford it	Q77
Dr. said you had: Heart attack	Q78A
Dr. said you had: Angina or coronary heart disease	Q78B
Dr. said you had: Stroke	Q78C
Dr. said you had: Cancer other than skin cancer	Q78D
Dr. said you had: Emphysema, asthma or COPD	Q78E
Dr. said you had: Diabetes or high blood sugar	Q78F
Flu Shot last year	Q79
Ever had Pneumonia shot	Q80
How much smoke now	Q81
Age category	Q83
Gender	Q84
Highest education level completed	Q85
Hispanic or Latino origin/descent	Q86
Race White	Q87A
Race Black	Q87B
Race Asian	Q87C
Race Native HI/Other Pac Isle	Q87D
Race Native Amer/AK Native	Q87E
Someone help complete survey	Q88
Live Alone	Q90
Contact again	Q91

Appendix L

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey
2012 MA PPO 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
Phone Dr.'s office with medical question after regular office hrs	Q9
Rate Health Care	Q12
Health problem for which needed special equipment	Q13
Have a personal MD	Q15
Health plan network have enough Drs.	Q33
Try to find out if Dr. part of health plan network	Q34
Was info on Dr. being part of network accurate	Q35
Try to make appts to see specialist	Q36
Try to get care/test/treatment through plan	Q42
Try to get information/help through plan's customer service	Q44
Plan give forms to fill out	Q47
Rate Health Plan	Q49
Needed care or services that plan decided not to provide	Q50
Called or wrote with a complaint or problem	Q53
Try to get information/help through prescription drug plan's (PDP) customer service	Q57
Try to get information from PDP about which prescription meds covered	Q60
Try to get information from PDP about how much would have to pay for prescription meds	Q62
How many different prescription meds fill/refill	Q64

Dr. prescribe a medicine that PDP did not cover	Q65
Easy to use PDP to get meds prescribed by Dr.	Q68
Use PDP to fill a prescription at local pharmacy	Q69
Ever use PDP to fill prescription by mail	Q71
Rate PDP	Q73
Recommend PDP to others	Q74
Rate General Health	Q75
Rate Mental Health	Q76
Seen MD > 3 times for same condition	Q77
Take meds prescribed by Dr.	Q79
Delayed filling RX meds b/c could not afford it	Q81
Dr. said you had: Heart attack	Q82A
Dr. said you had: Angina or coronary heart disease	Q82B
Dr. said you had: Stroke	Q82C
Dr. said you had: Cancer other than skin cancer	Q82D
Dr. said you had: Emphysema, asthma or COPD	Q82E
Dr. said you had: Diabetes or high blood sugar	Q82F
Flu Shot last year	Q83
Ever had Pneumonia shot	Q84
How much smoke now	Q85
Age category	Q87
Gender	Q88
Highest education level completed	Q89
Hispanic or Latino origin/descent	Q90
Race White	Q91A
Race Black	Q91B
Race Asian	Q91C
Race Native HI/Other Pac Isle	Q91D
Race Native Amer/AK Native	Q91E
Someone help complete survey	Q92
Live Alone	Q94
Contact again	Q95

Appendix L

Medicare Advantage and Prescription Drug Plan
(MA & PDP) CAHPS® Survey
2012 PDP Survey
Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Try to get information/help trough prescription drug plan's (PDP) customer service	Q3
Try to get information from PDP about which prescription meds covered	Q6
Try to get information from PDP about how much would have to pay for prescription meds	Q8
How many different prescription meds fill/refill	Q10
Dr. prescribe a medicine that PDP did not cover	Q11
Easy to use PDP to get meds prescribed by Dr.	Q17
Use PDP to fill a prescription at local pharmacy	Q18
Ever use PDP to fill prescription by mail	Q20
Rate PDP	Q22
Recommend PDP to others	Q23
Rate General Health	Q24
Rate Mental Health	Q25
Seen MD > 3 times for same condition	Q26
Take meds prescribed by Dr.	Q28
Delayed filling RX meds b/c could not afford it	Q30
Dr. said you had: Heart attack	Q31A
Dr. said you had: Angina or coronary heart disease	Q31B
Dr. said you had: Stroke	Q31C
Dr. said you had: Cancer other than skin cancer	Q31D
Dr. said you had: Emphysema, asthma or COPD	Q31E
Dr. said you had: Diabetes or high blood sugar	Q31F
Flu Shot last year	Q32
Ever had Pneumonia shot	Q33
How much smoke now	Q34

Age category	Q36
Gender	Q37
Highest education level completed	Q38
Hispanic or Latino origin/descent	Q39
Race White	Q40A
Race Black	Q40B
Race Asian	Q40C
Race Native HI/Other Pac Isle	Q40D
Race Native Amer/AK Native	Q40E
Someone help complete survey	Q41
Live Alone	Q43
Contact again	Q44

Appendix M

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Survey
List of Reportable Measures

Composite Measures	Survey Items Included in the Composite
Getting Needed Care	In the last 6 months, how often was it easy to get appointments with specialists? MA Only - #34 MA-PD - #34 MA PPO - #37 PDP - N/A
	In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? MA Only - #39 MA-PD - #39 MA PPO - #43 PDP - N/A
Getting Care Quickly	In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed? MA Only - #4 MA-PD - #4 MA PPO - #4 PDP - N/A
	In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? MA Only - #6 MA-PD - #6 MA PPO - #6 PDP - N/A
	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? MA Only - #8 MA-PD - #8 MA PPO - #8 PDP - N/A
Doctors Who Communicate Well	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? MA Only - #17 MA-PD - #17 MA PPO - #17 PDP - N/A
	In the last 6 months, how often did your personal doctor listen carefully to you? MA Only - #18 MA-PD - #18 MA PPO - #18 PDP - N/A
	In the last 6 months, how often did your personal doctor show respect for what you had to say? MA Only - #19 MA-PD - #19 MA PPO - #19 PDP - N/A
	In the last 6 months, how often did your personal doctor spend enough time with you? MA Only - #20 MA-PD - #20 MA PPO - #20 PDP - N/A

Composite Measures	Survey Items Included in the Composite
Health Plan Customer Service	In the last 6 months, how often did your health plan's customer service give you the information or help you needed? MA Only - #41 MA-PD - #41 MA PPO - #45 PDP - N/A
	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? MA Only - #42 MA-PD - #42 MA PPO - #46 PDP - N/A
	In the last 6 months, how often were the forms from your health plan easy to fill out? MA Only - #44 MA-PD - #44 MA PPO - #48 PDP - N/A
Getting Needed Prescription Drugs	In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? MA Only - N/A MA-PD - #64 MA PPO - #68 PDP - #17
	In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? MA Only - N/A MA-PD - #66 MA PPO - #70 PDP - #19
	In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? MA Only - N/A MA-PD - #68 MA PPO - #72 PDP - #21
Getting Information From the Plan About Prescription Drug Coverage and Cost	In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? MA Only - N/A MA-PD - #54 MA PPO - #58 PDP - #4
	In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? MA Only - N/A MA-PD - #55 MA PPO - #59 PDP - #5
	In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? MA Only - N/A MA-PD - #57 MA PPO - #61 PDP - #7
	In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? MA Only - N/A MA-PD - #59 MA PPO - #63 PDP - #9

Composite Measures	Survey Items Included in the Composite
Coordination of Care*	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? MA Only - #22 MA-PD - #22 MA PPO - #22 PDP - N/A
	When your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? MA Only - #24 MA-PD - #24 MA PPO - #24 PDP - N/A
	When your personal doctor ordered a blood test, x-ray or other test for you how often did you get those results as soon as you needed them? MA Only - #25 MA-PD - #25 MA PPO - #25 PDP - N/A
	How often did you and your personal doctor talk about all the prescription medicines you were taking? MA Only - #27 MA-PD - #27 MA PPO - #27 PDP - N/A
	Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? MA Only - #30 MA-PD - #30 MA PPO - #30 PDP - N/A
	How often did your personal doctor seem informed and up-to-date about the care you got from specialists? MA Only - #37 MA-PD - #37 MA PPO - #40 PDP - N/A

* Indicates potential reporting measure

Overall Ratings	Survey Item
Overall Rating of Health Plan	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan? MA Only - #45 MA-PD - #45 MA PPO - #49 PDP - N/A
Overall Rating of Care Received	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? MA Only - #12 MA-PD - #12 MA PPO - #12 PDP - N/A
Overall Rating of Personal Doctor	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? MA Only - #21 MA-PD - #21 MA PPO - #21 PDP - N/A
Overall Rating of Specialist	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? MA Only - #36 MA-PD - #36 MA PPO - #39 PDP - N/A
Overall Rating of Drug Coverage	Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan? MA Only - N/A MA-PD - #69 MA PPO - #73 PDP - #22
Stand Alone Items	**Survey Item**
Willingness to Recommend Plan for Drug Coverage	Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? MA Only - N/A MA-PD - #70 MA PPO - #74 PDP - #23
Influenza Vaccination	Have you had a flu shot since September 1, 2010? MA Only - #63 MA-PD - #79 MA PPO - #83 PDP - #32
Pneumonia Shot	Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine. MA Only - #64 MA-PD - #80 MA PPO - #84 PDP - #33
Getting Medical Equipment	In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? MA Only - #14 MA-PD - #14 MA PPO - #14 PDP - N/A
Satisfaction with Help to Coordinate Care*	How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? MA Only - #31 MA-PD - #31 MA PPO - #31 PDP - N/A

Centers for Medicare & Medicaid Services
MA & PDP Quality Assurance Protocols & Technical Specifications V2.0

Visit Notes*	Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?
	MA Only - #32 MA-PD - #32 MA PPO - #32 PDP - N/A

* Indicates potential reporting measure

Appendix N

Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS® Surveys and Cover Letters

2012 Medicare Advantage Plan, Medicare Advantage Prescription Drug Plan, Medicare Advantage Preferred Provider Organization Plan Survey
INTIAL COVER LETTER- English

[THE HEADING ABOVE IS NOT TO BE INCLUDED ON THE LETTER SENT TO PLAN MEMBERS]

[SURVEY VENDOR LOGO]   [PLAN LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your health plan serve you better.

If you changed your Medicare plan for 2012, please answer the questions in the survey thinking about your experiences in the last six months of 2011. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

If you have any questions about the survey, please call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you in advance for your participation.

       Sincerely,

       Signature
       [SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.

[SURVEY VENDOR LOGO]   [PLAN LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 11 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2012, please answer the questions in the survey thinking about your experiences in the last six months of 2011. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices.

If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXX-XXXX, Monday through Friday, between xx:xx a.m. and xx:xx p.m.

Thank you in advance for your participation.

                Sincerely,

                Signature
                [SENIOR OFFICIAL OF SURVEY VENDOR]

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis a [VENDOR DESIGNATE] de [SURVEY VENDOR NAME] al 1-xxx- xxx-xxxx de lunes a viernes entre XX:XX a.m. y XX:XX p.m.

2012 Medicare Advantage Plan, Medicare Advantage Prescription Drug Plan, Medicare Advantage Preferred Provider Organization Plan Survey
2ND MAILING COVER LETTER - English

[SURVEY VENDOR LOGO]   [PLAN LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it, from doctors that you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program and your Medicare health plan.

CMS is conducting a survey of people in Medicare health plans to learn more about the health care and services you receive. Your name was selected at random by CMS from among the enrollees in your health plan. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your health plan serve you better.

If you changed your Medicare plan for 2012, please answer the questions in the survey thinking about your experiences in the last six months of 2011. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices about their health plan, so we hope you will choose to help us.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. If you have already sent the survey back, thank you for completing the survey. If you have any questions about the survey, please do not hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you for your help with this important survey.

        Sincerely,

        Signature
        [SENIOR OFFICIAL OF SURVEY VENDOR]

[SURVEY VENDOR LOGO]   [PLAN LOGO ONLY NO ADDRESS]
[SURVEY VENDOR ADDRESS]

Dear Medicare Beneficiary:

As a person with Medicare, you deserve to get the highest quality medical care when you need it. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program and its responsibility is to ensure that you get high quality care at a reasonable price. One of the ways CMS can fulfill that responsibility is to find out directly from you about the care you are currently receiving under the Medicare program.

CMS is conducting a survey of people with Medicare who are enrolled in a Medicare prescription drug plan to learn more about the services you receive through your plan. Your name was selected at random by CMS from among the enrollees in your plan. We would greatly appreciate it if you would take the time, about 11 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people with Medicare selected for this survey. This is your opportunity to help CMS and your prescription drug plan serve you better.

If you changed your Medicare prescription drug plan for 2012, please answer the questions in the survey thinking about your experiences in the last six months of 2011. All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and [SURVEY VENDOR NAME]. **You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicare benefits in any way.** However, your knowledge and experiences will help other people with Medicare make more informed choices, so we hope you will choose to help us.

We recently mailed this same survey to you, but we haven't received it back from you. Learning about your experiences is very important to us. If you have already sent the survey back, thank you for completing the survey. If you have any questions about the survey, please don't hesitate to call [VENDOR DESIGNATE] with [SURVEY VENDOR NAME] toll-free at 1-XXX-XXXX, Monday through Friday, between XX:XX a.m. and XX:XX p.m.

Thank you for your help with this important survey.

        Sincerely,

        Signature
        [SENIOR OFFICIAL OF SURVEY VENDOR]

"Medicare Satisfaction Survey"
2012 Medicare Advantage Plan Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. 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].

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ No **→If No, Go to Question 3**

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

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

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

☒ Yes
☐ No

1. Our records show that in 2011 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 2011 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 <u>needed care right away</u> 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 <u>needed care right away</u>, how often did you get care as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

   ☐ Yes
   ☐ No →**If No, Go to Question 7**

6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

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?

   ☐ None →**If None, Go to Question 9**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more

2

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. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- [ ] Yes
- [ ] No →**If No, Go to Question 12**

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- [ ] Less than 1 hour
- [ ] 1 to 3 hours
- [ ] More than 3 hours but less than 6 hours
- [ ] More than 6 hours
- [ ] I did not ask for a return call
- [ ] I did not get a return call
- [ ] I was told to go to the Emergency Room

12. 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?

- [ ] 0   Worst health care possible
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10 Best health care possible

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

- [ ] Yes
- [ ] No →**If No, Go to Question 15**

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

Your Personal Doctor

15. 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 33**

16. 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 33**
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more

17. 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

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

4

21. 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

22. 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

23. 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 26**

24. 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 26**
- [ ] Sometimes
- [ ] Usually
- [ ] Always

25. 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

26. In the last 12 months, did you take any prescription medicine?

- [ ] Yes
- [ ] No →**If No, go to Question 28**

27. 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

28. 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 32**

29. 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 32**

30. 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?

☐ Yes, definitely
☐ Yes, somewhat
☐ No

31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months?

☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Somewhat satisfied
☐ Very satisfied

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

☐ Yes
☐ No

Getting Health Care From Specialists

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

☐ Yes
☐ No → **If No, Go to Question 38**

34. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

35. How many specialists have you seen in the last 6 months?

☐ None → **If None, Go to Question 38**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

36. 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

37. 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

Your Health Plan

38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- [ ] Yes
- [ ] No →**If No, Go to Question 40**

39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Yes
- [ ] No →**If No, Go to Question 43**

41. 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

42. 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

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

- [ ] Yes
- [ ] No →**If No, Go to Question 45**

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

45. 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

Your Medicare Rights

46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

☐ Yes
☐ No →**If No, Go to Question 49**

47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

☐ Yes
☐ No →**If No, Go to Question 49**
☐ Don't know →**If Don't know, Go to Question 49**

48. When you spoke to your health plan about the decision not to provide care or services, did they…

Please mark one or more.

☐ Tell you that you can file an appeal
☐ Offer to send you forms that you need in order to file an appeal
☐ Suggest how to resolve your complaint
☐ Listen to your complaint but did not help to resolve it
☐ Discourage you from taking action
☐ Do none of these things

49. In the last 6 months, have you called or written your health plan with a complaint or problem?

☐ Yes
☐ No →**If No, Go to Question 53**

50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- [ ] Very dissatisfied
- [ ] Somewhat dissatisfied
- [ ] Neither dissatisfied nor satisfied
- [ ] Somewhat satisfied
- [ ] Very satisfied

51. How long did it take for your health plan to settle your complaint?

- [ ] Same day
- [ ] 1 week
- [ ] 2 weeks
- [ ] 3 weeks
- [ ] 4 or more weeks
- [ ] I am still waiting for it to be settled

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

- [ ] Yes
- [ ] No
- [ ] I am still waiting for it to be settled

About You

---

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

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

54. In general, how would you rate your overall <u>mental</u> health?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

55. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- [ ] Yes
- [ ] No **→If No, Go to Question 57**

56. Is this a condition or problem that has lasted for at least 3 months?

- [ ] Yes
- [ ] No

57. Do you now need or take medicine prescribed by a doctor?

- [ ] Yes
- [ ] No **→If No, Go to Question 59**

58. Is this to treat a condition that has lasted for at least 3 months?

- [ ] Yes
- [ ] No

59. 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

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

☐ Yes
☐ No
☐ Don't know

61. 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

62. Has a doctor <u>ever</u> told you that you had any of the following conditions?

		Yes	No
a.	A heart attack?	☐	☐
b.	Angina or coronary heart disease?	☐	☐
c.	A stroke?	☐	☐
d.	Cancer, <u>other than skin cancer</u>?	☐	☐
e.	Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f.	Any kind of diabetes or high blood sugar?	☐	☐

63. Have you had a flu shot since September 1, 2011?

☐ Yes
☐ No
☐ Don't know

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

☐ Yes
☐ No
☐ Don't know

65. 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 67**
- [ ] Don't know → **If Don't know, Go to Question 67**

66. 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?

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

67. What is your age?

- [ ] 18 to 24
- [ ] 25 to 34
- [ ] 35 to 44
- [ ] 45 to 54
- [ ] 55 to 64
- [ ] 65 to 69
- [ ] 70 to 74
- [ ] 75 to 79
- [ ] 80 to 84
- [ ] 85 or older

68. Are you male or female?

- [ ] Male
- [ ] Female

69. 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

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

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

71. 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

72. Did someone help you complete this survey?

- [ ] Yes
- [ ] No → **If No, Go to Question 74**

73. 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

74. Do you live alone?

☐ Yes, I live alone
☐ No, I live with others

75. 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?

☐ Yes
☐ No

Thank you.

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

[SURVEY VENDOR ADDRESS]

Contract Name:_____

"Medicare Satisfaction Survey"
2012 Medicare Advantage Prescription Drug Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. 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].

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒   Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[→If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ No **→If No, Go to Question 3**

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

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

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

☒ Yes
☐ No

1. Our records show that in 2011 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 2011 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 <u>needed care right away</u> 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 <u>needed care right away</u>, how often did you get care as soon as you thought you needed?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

    ☐ Yes
    ☐ No **→If No, Go to Question 7**

6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

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?

    ☐ None **→If None, Go to Question 9**
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5 to 9
    ☐ 10 or more

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. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- [ ] Yes
- [ ] No →**If No, Go to Question 12**

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- [ ] Less than 1 hour
- [ ] 1 to 3 hours
- [ ] More than 3 hours but less than 6 hours
- [ ] More than 6 hours
- [ ] I did not ask for a return call
- [ ] I did not get a return call
- [ ] I was told to go to the Emergency Room

12. 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

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

☐ Yes
☐ No →**If No, Go to Question 15**

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

Your Personal Doctor

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15. 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 33**

16. 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 33**
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more

17. 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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

21. 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

22. 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

23. 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 26**

24. 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 26**
- ☐ Sometimes
- ☐ Usually
- ☐ Always

25. 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

26. In the last 12 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No **→ If No, go to Question 28**

27. 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

28. 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 32**

29. 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 32**

30. 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

31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months?

☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Somewhat satisfied
☐ Very satisfied

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

☐ Yes
☐ No

Getting Health Care From Specialists

---

33. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

☐ Yes
☐ No → **If No, Go to Question 38**

34. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

35. How many specialists have you seen in the last 6 months?

☐ None → **If None, Go to Question 38**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

36. 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

37. 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

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Your Health Plan

---

38. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- [ ] Yes
- [ ] No →**If No, Go to Question 40**

39. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Yes
- [ ] No →**If No, Go to Question 43**

41. 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

42. 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

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

- [ ] Yes
- [ ] No →**If No, Go to Question 45**

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

45. 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

Your Medicare Rights

46. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

☐ Yes
☐ No →**If No, Go to Question 49**

47. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

☐ Yes
☐ No →**If No, Go to Question 49**
☐ Don't know →**If Don't Know, Go to Question 49**

48. When you spoke to your health plan about the decision not to provide care or services, did they…

Please mark one or more.

☐ Tell you that you can file an appeal
☐ Offer to send you forms that you need in order to file an appeal
☐ Suggest how to resolve your complaint
☐ Listen to your complaint but did not help to resolve it
☐ Discourage you from taking action
☐ Do none of these things

49. In the last 6 months, have you called or written your health plan with a complaint or problem?

☐ Yes
☐ No →**If No, Go to Question 53**

8

50. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- [ ] Very dissatisfied
- [ ] Somewhat dissatisfied
- [ ] Neither dissatisfied nor satisfied
- [ ] Somewhat satisfied
- [ ] Very satisfied

51. How long did it take for your health plan to settle your complaint?

- [ ] Same day
- [ ] 1 week
- [ ] 2 weeks
- [ ] 3 weeks
- [ ] 4 or more weeks
- [ ] I am still waiting for it to be settled

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

- [ ] Yes
- [ ] No
- [ ] I am still waiting for it to be settled

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.

53. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?

- [ ] Yes
- [ ] No →**If No, Go to Question 56**

54. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] I did not try to get information or help from my prescription drug plan's customer service in the last 6 months →**Go to Question 56**

55. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

56. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- [ ] Yes
- [ ] No →**If No, Go to Question 58**

57. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

58. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- [ ] Yes
- [ ] No →**If No, Go to Question 60**

59. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

60. In the last 6 months, how many different prescription medicines did you fill or have refilled?

- [ ] None
- [ ] 1 to 2 medicines
- [ ] 3 to 5 medicines
- [ ] 6 or more medicines

61. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- [ ] Yes
- [ ] No →**If No, Go to Question 64**

62. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

☐ Yes
☐ No →**If No, Go to Question 64**
☐ All my prescribed medicines are covered →**Go to Question 64**

63. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

Please mark one or more.

☐ Tell you that you can file an appeal
☐ Offer to send you forms that you need in order to file an appeal
☐ Suggest how to resolve your complaint
☐ Listen to your complaint but did not help to resolve it
☐ Discourage you from taking action
☐ Do none of the above
☐ All my prescribed medicines were covered

64. 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

65. 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 67**

66. 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

67. 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 69**
- [ ] I am not sure if my drug plan offers prescriptions by mail
    →**Go to Question 69**

68. 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

69. 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

70. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- [ ] Definitely yes
- [ ] Somewhat yes
- [ ] Somewhat no
- [ ] Definitely no

About You

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

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

72. In general, how would you rate your overall <u>mental</u> health?

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

73. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No **➔If No, Go to Question 75**

74. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

75. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No **➔If No, Go to Question 77**

76. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

77. 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

78. Has a doctor <u>ever</u> told you that you had any of the following conditions?

	Yes	No
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. A stroke?	☐	☐
d. Cancer, <u>other than skin cancer</u>?	☐	☐
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

79. Have you had a flu shot since September 1, 2011?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

☐ Yes
☐ No
☐ Don't know

81. 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 83**
☐ Don't know →**If Don't know, Go to Question 83**

82. 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?

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

83. What is your age?

☐ 18 to 24
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 to 64
☐ 65 to 69
☐ 70 to 74
☐ 75 to 79
☐ 80 to 84
☐ 85 or older

84. Are you male or female?

☐ Male
☐ Female

85. 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

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

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

87. 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

88. Did someone help you complete this survey?

- ☐ Yes
- ☐ No **→If No, Go to Question 90**

89. 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

90. Do you live alone?

- ☐ Yes, I live alone
- ☐ No, I live with others

91. 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?

- ☐ Yes
- ☐ No

Thank you.

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

[SURVEY VENDOR ADDRESS]

Contract Name: _____

"Medicare Satisfaction Survey"
2012 Medicare Advantage Preferred Provider Organization Plan Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. 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].

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒   Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[➔If No, Go to Question 3].** See the example below:

EXAMPLE

1. **Do you wear a hearing aid now?**
   ☐ Yes
   ☒ No ➔**If No, Go to Question 3**

2. **How long have you been wearing a hearing aid?**
   ☐ Less than one year
   ☐ 1 to 3 years
   ☐ More than 3 years
   ☐ I don't wear a hearing aid

3. **In the last 6 months, did you have any headaches?**
   ☒ Yes
   ☐ No

1. Our records show that in 2011 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 2011 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 <u>needed care right away</u> 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 <u>needed care right away</u>, how often did you get care as soon as you thought you needed?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

5. In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

    ☐ Yes
    ☐ No →**If No, Go to Question 7**

6. In the last 6 months, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

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?

    ☐ None →**If None, Go to Question 9**
    ☐ 1
    ☐ 2
    ☐ 3
    ☐ 4
    ☐ 5 to 9
    ☐ 10 or more

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?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

9. In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?

    ☐ Yes
    ☐ No →**If No, Go to Question 12**

2

10. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

11. In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?

- [ ] Less than 1 hour
- [ ] 1 to 3 hours
- [ ] More than 3 hours but less than 6 hours
- [ ] More than 6 hours
- [ ] I did not ask for a return call
- [ ] I did not get a return call
- [ ] I was told to go to the Emergency Room

12. 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

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

- [ ] Yes
- [ ] No →**If No, Go to Question 15**

14. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

Your Personal Doctor

15. 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 33**

16. 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 33**
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more

17. 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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. 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

22. 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

23. 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 26**

24. 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 26**
☐ Sometimes
☐ Usually
☐ Always

25. 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

26. In the last 12 months, did you take any prescription medicine?

☐ Yes
☐ No → **If No, go to Question 28**

27. 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

28. 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 32**

29. 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 32**

30. 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

31. How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months?

☐ Very dissatisfied
☐ Somewhat dissatisfied
☐ Neither dissatisfied nor satisfied
☐ Somewhat satisfied
☐ Very satisfied

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

☐ Yes
☐ No

33. 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?

☐ Yes
☐ No

34. In the last 6 months, did you try to find out if a doctor was part of your health plan's network?

☐ Yes
☐ No

35. Was the information you found on whether a doctor was part of your health plan's network accurate?

☐ Yes
☐ No
☐ I did not find the information

Getting Health Care From Specialists

36. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

☐ Yes
☐ No **→If No, Go to Question 42**

37. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

38. How many specialists have you seen in the last 6 months?

☐ None **→If None, Go to Question 42**
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

39. 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

40. 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

41. 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. In the last 6 months, did you visit any specialists who were <u>not</u> part of your health plan's network?

- [ ] Yes
- [ ] No
- [ ] I don't know

Your Health Plan

---

42. In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?

- [ ] Yes
- [ ] No **→If No, Go to Question 44**

43. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Yes
- [ ] No **→If No, Go to Question 47**

45. 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

46. 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

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

☐ Yes
☐ No **➔If No, Go to Question 49**

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

49. 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

Your Medicare Rights

50. In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?

☐ Yes
☐ No **➔If No, Go to Question 53**

51. In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?

☐ Yes
☐ No **➔If No, Go to Question 53**
☐ Don't know **➔If Don't Know, Go to Question 53**

52. When you spoke to your health plan about the decision not to provide care or services, did they…

Please mark one or more.

- [ ] Tell you that you can file an appeal
- [ ] Offer to send you forms that you need in order to file an appeal
- [ ] Suggest how to resolve your complaint
- [ ] Listen to your complaint but did not help to resolve it
- [ ] Discourage you from taking action
- [ ] Do none of these things

53. In the last 6 months, have you called or written your health plan with a complaint or problem?

- [ ] Yes
- [ ] No **→If No, Go to Question 57**

54. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint?

- [ ] Very dissatisfied
- [ ] Somewhat dissatisfied
- [ ] Neither dissatisfied nor satisfied
- [ ] Somewhat satisfied
- [ ] Very satisfied

55. How long did it take for your health plan to settle your complaint?

- [ ] Same day
- [ ] 1 week
- [ ] 2 weeks
- [ ] 3 weeks
- [ ] 4 or more weeks
- [ ] I am still waiting for it to be settled

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

- [ ] Yes
- [ ] No
- [ ] I am still waiting for it to be settled

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.

57. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?

- [ ] Yes
- [ ] No **→If No, Go to Question 60**

58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always
- [ ] I did not try to get information or help from my prescription drug plan's customer service in the last 6 months **→Go to Question 60**

59. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

60. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

- ☐ Yes
- ☐ No →**If No, Go to Question 62**

61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

62. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

- ☐ Yes
- ☐ No →**If No, Go to Question 64**

63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

64. In the last 6 months, how many different prescription medicines did you fill or have refilled?

- ☐ None
- ☐ 1 to 2 medicines
- ☐ 3 to 5 medicines
- ☐ 6 or more medicines

65. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

- ☐ Yes
- ☐ No →**If No, Go to Question 68**

66. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

☐ Yes
☐ No ➔**If No, Go to Question 68**
☐ All my prescribed medicines are covered ➔**Go to Question 68**

67. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

Please mark one or more.

☐ Tell you that you can file an appeal
☐ Offer to send you forms that you need in order to file an appeal
☐ Suggest how to resolve your complaint
☐ Listen to your complaint but did not help to resolve it
☐ Discourage you from taking action
☐ Do none of the above
☐ All my prescribed medicines were covered

68. 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

69. 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 71**

70. 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

71. 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 73**
☐ I am not sure if my drug plan offers prescriptions by mail ➔**Go to Question 73**

72. 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

73. 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

74. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

About You

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

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

76. In general, how would you rate your overall <u>mental</u> health?

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

77. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No →**If No, Go to Question 79**

78. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

79. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No →**If No, Go to Question 81**

80. Is this to treat a condition that has lasted for at least 3 months?

☐ Yes
☐ No

81. 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

82. Has a doctor <u>ever</u> told you that you had any of the following conditions?

	<u>Yes</u>	<u>No</u>
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. A stroke?	☐	☐
d. Cancer, <u>other than skin cancer</u>?	☐	☐
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

83. Have you had a flu shot since September 1, 2011?

☐ Yes
☐ No
☐ Don't know

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

☐ Yes
☐ No
☐ Don't know

85. 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 87**
☐ Don't know →**If Don't know, Go to Question 87**

86. 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?

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

87. What is your age?

☐ 18 to 24
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 to 64
☐ 65 to 69
☐ 70 to 74
☐ 75 to 79
☐ 80 to 84
☐ 85 or older

88. Are you male or female?

☐ Male
☐ Female

89. 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

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

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

91. 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

92. Did someone help you complete this survey?

☐ Yes
☐ No → **If No, Go to Question 94**

93. 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

94. Do you live alone?

☐ Yes, I live alone
☐ No, I live with others

95. 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?

☐ Yes
☐ No

Thank you.

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

[SURVEY VENDOR ADDRESS]

Contract Name: _____

"Medicare Satisfaction Survey"
2012 Prescription Drug Plan Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. 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].

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:

  ☒ Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: **[➔If No, Go to Question 3].** See the example below:

EXAMPLE

1. Do you wear a hearing aid now?

☐ Yes
☒ No **➔If No, Go to Question 3**

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

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

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

☒ Yes
☐ No

1. Our records show that in 2011 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 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

   _____

3. You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?

   ☐ Yes
   ☐ No →**If No, Go to Question 6**

4. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always
   ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months. →**If did not try, Go to Question 6**

5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always
   ☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?

   ☐ Yes
   ☐ No →**If No, Go to Question 8**

2

7. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

8. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?

☐ Yes
☐ No →**If No, Go to Question 10**

9. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not try to get information or help from my prescription drug plan's customer service in the last 6 months

10. In the last 6 months, how many different prescription medicines did you fill or have refilled?

☐ None
☐ 1 to 2 medicines
☐ 3 to 5 medicines
☐ 6 or more medicines

11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?

☐ Yes
☐ No →**If No, Go to Question 17**

12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

☐ Yes
☐ No →**If No, Go to Question 17**
☐ All my prescribed medicines are covered →**Go to Question 17**

3

13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

Please mark one or more.

- [ ] Tell you that you can file an appeal
- [ ] Offer to send you forms that you need in order to file an appeal
- [ ] Suggest how to resolve your complaint
- [ ] Listen to your complaint but did not help to resolve it
- [ ] Discourage you from taking action
- [ ] Do none of the above
- [ ] All my prescribed medicines were covered

14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?

- [ ] Very dissatisfied
- [ ] Somewhat dissatisfied
- [ ] Neither dissatisfied nor satisfied
- [ ] Somewhat satisfied
- [ ] Very satisfied

15. How long did it take for your plan to settle your complaint?

- [ ] Same day
- [ ] 1 week
- [ ] 2 weeks
- [ ] 3 weeks
- [ ] 4 or more weeks
- [ ] I am still waiting for it to be settled

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

- [ ] Yes
- [ ] No
- [ ] I am still waiting for it to be settled

17. 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

18. 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 20**

19. 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

20. 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 22**
- [ ] I am not sure if my drug plan offers prescriptions by mail **→Go to Question 22**

21. 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

22. 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

23. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?

- [ ] Definitely yes
- [ ] Somewhat yes
- [ ] Somewhat no
- [ ] Definitely no

About You

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

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

25. In general, how would you rate your overall <u>mental</u> health?

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

26. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No **→If No, Go to Question 28**

27. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

28. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No **→If No, Go to Question 30**

29. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

30. 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

31. Has a doctor <u>ever</u> told you that you had any of the following conditions?

	<u>Yes</u>	<u>No</u>
a. A heart attack?	☐	☐
b. Angina or coronary heart disease?	☐	☐
c. A stroke?	☐	☐
d. Cancer, <u>other than skin cancer</u>?	☐	☐
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f. Any kind of diabetes or high blood sugar?	☐	☐

32. Have you had a flu shot since September 1, 2011?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

34. 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 36**
- [ ] Don't know →**If Don't know, Go to Question 36**

35. 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?

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

36. What is your age?

- [ ] 18 to 24
- [ ] 25 to 34
- [ ] 35 to 44
- [ ] 45 to 54
- [ ] 55 to 64
- [ ] 65 to 69
- [ ] 70 to 74
- [ ] 75 to 79
- [ ] 80 to 84
- [ ] 85 or older

37. Are you male or female?

- [ ] Male
- [ ] Female

38. 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

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

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

40. 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

41. Did someone help you complete this survey?

- [ ] Yes
- [ ] No →**If No, Go to Question 43**

42. 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

43. Do you live alone?

☐ Yes, I live alone
☐ No, I live with others

44. 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?

☐ Yes
☐ No

Thank you.

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

[SURVEY VENDOR ADDRESS]

Contract Name: _____

Appendix O

2012 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 Medicare Advantage Plan Survey, the Medicare Advantage Prescription Drug Plan Survey, the Medicare Advantage Prescription Drug Preferred Provider Organization Survey, and the Prescription Drug Plan 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.
- 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 V2.0*). 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.
- All text that appears in lowercase letters <u>must</u> 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 in UPPERCASE letters must <u>not</u> be read out loud.
- Text that is <u>underlined</u> must be emphasized.
- Characters in < > must not be read.
- [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.
- Except for questions where a respondent can select more than one response option, such as race, when more than one response option is marked, code as "M-MISSING/DON'T KNOW."

- Some items can and should be skipped by certain beneficiaries
  - Dependent questions that are appropriately skipped should be coded as "8-NOT APPLICABLE"
  - Screener questions that are left blank should be coded as "M-MISSING/DON'T KNOW"
- 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, the screener question and any questions in the skip pattern should be coded as "M-MISSING/DON'T KNOW." 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.
- 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:

EXAMPLES:

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

Q35 How many specialists has [SAMPLE MEMBER NAME] seen in the last 6 months?

Now I am going to ask you some questions about [SAMPLE MEMBER NAME]'s health.

Q53 In general, how would [SAMPLE MEMBER NAME]'s 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.
- Interviewer instructions appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS] and should not be read aloud.
- Text in UPPERCASE LETTERS should <u>not</u> be read aloud unless necessary.
- "Don't Know" and "Refused" answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in lowercase letters.
- Text that is <u>underlined</u> should be emphasized by the interviewer.
- Interviewers should not emphasize text that is <u>not</u> underlined.
- 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;
  - Reading all questions, transition phrases, and response options exactly as written;
  - Reading <u>all</u> 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;

- 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.

"Medicare Satisfaction Survey"
2012 Medicare Advantage Plan Survey CATI Script

THE PURPOSE OF THE INTRO1 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 SAMPLE 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   Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

      1 YES   ➔ Go to INTRO 2
      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]

      <u>IF</u> ASKED WHO IS CALLING:
      This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

INTRO2   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 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 [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 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

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

        1 YES   ➜ REFER TO FAQs
        2 NO   ➜ [CONTINUE]
        3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL]
                      ➜ Go to TERMINATE Screen

INTRO3   IF SPEAKING TO THE BENEFICIARY: 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 YOU ARE 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, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE 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 ➜CONTINUE 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 ➜CONTINUE TO INTRO3 Q3
        2   NO   ➜THANK THE RESPONDENT AND TERMINATE THE INTERVIEW

INTRO3 Q3
IF NECESSARY: 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 [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] health plan and [SAMPLE MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLE 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 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

PROXY_INTRO 1 Q1
Do you have any questions about this survey that I can answer for you at this time?

1   YES   ➜REFER TO FAQs ANSWER QUESTIONS THEN MOVE ON TO PROXY_INTRO 2
2   NO   ➜GO TO PROXY_INTRO 2
3   NO DOESN'T WANT TO PARTICIPATE [REFUSAL]
       ➜ Go to TERMINATE Screen

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

Q1   Our records show that in 2011 your health services were covered by the plan
      named **[Insert Plan Name Here].**
      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 2011? Please
      complete the rest of the survey based on the experiences you had with that plan.
      (Please specify)
      [Insert Plan Name Here]

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Now I'd like 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 <u>needed care
      right away</u> 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 <u>needed care right away</u>, how often did you get care
      as soon as you thought you needed? Would you say…
      1   Never
      2   Sometimes
      3   Usually
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q5   In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic? Would you say…
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, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

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?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   None   [GO TO Q9]
1   1
2   2
3   3
4   4
5   5 to 9
6   10 or more

98   DON'T KNOW
99   REFUSED
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 <u>within 15 minutes</u> of your appointment time? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW

99   REFUSED
M   [MISSING]

Q9   In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u> regular office hours?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q12]

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q10   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q11   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours, how long did it take for someone to call you back?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   LESS THAN 1 HOUR
2   1 HOUR TO 3 HOURS
3   MORE THAN 3 HOURS BUT LESS THAN 6 HOURS
4   MORE THAN 6 HOURS
5   I DID NOT ASK FOR A RETURN CALL
6   I DID NOT GET A RETURN CALL
7   I WAS TOLD TO GO TO THE EMERGENCY ROOM

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q12   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?
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]

Q13   In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q15]

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q14   In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I'd like to ask you about your personal doctor.

Q15 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?
     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO   [GO TO Q33]

     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

Q16 In the last 6 months, how many times did you visit your personal doctor to get care
     for yourself?
     READ RESPONSE OPTIONS ONLY IF NECESSARY
     0   NONE   [GO TO Q33]
     1   1
     2   2
     3   3
     4   4
     5   5 TO 9
     6   10 OR MORE

     8   [NOT APPLICABLE]
     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

Q17 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
     4   Always

     8   [NOT APPLICABLE]
     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

Q18 In the last 6 months, how often did your personal doctor listen carefully to you?
     Would you say…
     1   Never
     2   Sometimes
     3   Usually
     4   Always

     8   [NOT APPLICABLE]

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q19   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q20   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q21   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]

Q22 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q23 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 Q26]

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q24 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 Q26]
2 Sometimes
3 Usually
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q25 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q26 In the last 12 months, did you take any prescription medicine?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q28]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q28]
99   REFUSED   [GO TO Q28]
M   [MISSING]

Q27 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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q28 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 Q32]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q32]
99   REFUSED   [GO TO Q32]
M   [MISSING]

Q29 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 Q32]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q32]
99   REFUSED   [GO TO Q32]
M   [MISSING]

Q30   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
       3   No

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q31   How satisfied are you with the help you got from your personal doctor's office to
       manage your care among these different providers and services in the last 6
       months? Would you say…
       1   Very dissatisfied
       2   Somewhat dissatisfied
       3   Neither dissatisfied nor satisfied
       4   Somewhat satisfied
       5   Very satisfied

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q32   Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes
       may be available on paper, on a website or by e-mail. In the last 6 months, did
       anyone in your personal doctor's office offer you visit notes?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Now I am going to ask some questions about getting health care from specialists.

Q33   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors,
       and other doctors who specialize in one area of health care. In the last 6 months,
       did you try to make any appointments to see a specialist?
       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]

Q34   In the last 6 months, how often was it easy to get appointments with specialists? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q35   How many specialists have you seen in the last 6 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   None   [GO TO Q38]
1   1 specialist
2   2
3   3
4   4
5   5 or more specialists

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q36   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 Q15 IS ASSIGNED ANSWER "2 - NO" QUESTION Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE"
- IF Q16 IS ASSIGNED ANSWER "0 - NONE" QUESTION Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE"

Q37   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

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health plan.

Q38   In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q40]

98   DON'T KNOW   [GO TO Q40]
99   REFUSED   [GO TO Q40]
M   [MISSING]

Q39   In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q40   In the last 6 months, did you try to get information or help from your health plan's customer service?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q43]

      98   DON'T KNOW   [GO TO Q43]
      99   REFUSED   [GO TO Q43]
      M   [MISSING]

Q41   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
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q42   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
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q43   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 Q45]

      98   DON'T KNOW   [GO TO Q45]
      99   REFUSED   [GO TO Q45]
      M   [MISSING]

Q44   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
       4   Always

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q45   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]

Now I am going to ask some questions about your Medicare rights.

Q46   In the last 6 months, was there a time when you believed you needed care or
       services that your health plan decided not to give you?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO   [GO TO Q49]

       98   DON'T KNOW   [GO TO Q49]
       99   REFUSED   [GO TO Q49]
       M   [MISSING]

Q47   In the last 6 months, have you ever asked anyone at your health plan to reconsider
      a decision not to provide or pay for health care or services?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q49]
      3   DON'T KNOW   [GO TO Q49]

      8   [NOT APPLICABLE]
      99   REFUSED   [GO TO Q49]
      M   [MISSING]

Q48   When you spoke to your health plan about the decision not to provide care or
      services, did they…

   a. Tell you that you can file an appeal?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

      WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO
      PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
   b. Offer to send you forms that you need in order to file an appeal?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

      WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO
      PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
   c. Suggest how to resolve your complaint?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]

98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF 48 a, b, c, d, or e=yes (coded as 1), ITEM 48f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

f. Do none of these things?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q49 In the last 6 months, have you called or written your health plan with a complaint or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q53]

98   DON'T KNOW   [GO TO Q53]
99   REFUSED   [GO TO Q53]
M   [MISSING]

Q50 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say…
1   Very dissatisfied
2   Somewhat dissatisfied
3   Neither dissatisfied nor satisfied
4   Somewhat satisfied
5   Very satisfied

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q51 How long did it take for your health plan to settle your complaint?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   SAME DAY
2   1 WEEK
3   2 WEEKS
4   3 WEEKS
5   4 OR MORE WEEKS OR
6   I AM STILL WAITING FOR IT TO BE SETTLED

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q52 Was your complaint or problem settled to your satisfaction?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   I AM STILL WAITING FOR IT TO BE SETTLED

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health.

Q53 In general, how would you rate your overall health? Would you say…
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

98 DON'T KNOW
99 REFUSED
M [MISSING]

Q54 In general, how would you rate your overall <u>mental</u> health? Would you say…
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

98 DON'T KNOW
99 REFUSED
M [MISSING]

Q55 In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO   [GO TO Q57]

98 DON'T KNOW   [GO TO Q57]
99 REFUSED   [GO TO Q57]
M [MISSING]

Q56 Is this a condition or problem that has lasted for at least 3 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q57 Do you now need or take medicine prescribed by a doctor?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO   [GO TO Q59]

98   DON'T KNOW   [GO TO Q59]
        99   REFUSED   [GO TO Q59]
        M   [MISSING]

Q58   Is this to treat a condition that has lasted for at least 3 months?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q59   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
        5   MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE
                LAST 6 MONTHS

        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q60   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]

Q61   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]

Q62   Has a doctor <u>ever</u> told you that you had any of the following conditions?
  a.   A heart attack?

     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO

     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

     HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
  b.   Angina or coronary heart disease?

     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO

     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

     HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
  c.   A stroke?

     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO

     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

     HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
  d.   Cancer, <u>other than skin cancer?</u>

     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO

     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

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]

Q63   Have you had a flu shot since September 1, 2011?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

99   REFUSED
M   [MISSING]

Q64   Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from 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]

Q65   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 Q67]
      4   DON'T KNOW   [GO TO Q67]

      99   REFUSED
      M   [MISSING]

PROGRAMMING SPECIFICATIONS:
   •   IF Q7 IS ASSIGNED ANSWER "0 - NONE" QUESTION Q66 SHOULD BE
       SKIPPED. THE NEXT APPROPRIATE ITEM IS Q67. CODE Q66 AS "8 - NOT
       APPLICABLE"

Q66   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…
      1   Never
      2   Sometimes
      3   Usually
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q67   What is your age?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   18 to 24
      2   25 to 34
      3   35 to 44
      4   45 to 54
      5   55 to 64
      6   65 to 69
      7   70 to 74
      8   75 to 79
      9   80 to 84
      10   85 or older

      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q68   Are you male or female?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   MALE
      2   FEMALE

98 DON'T KNOW
99 REFUSED
M [MISSING]

Q69 What is the highest grade or level of school that you have completed?
READ RESPONSE OPTIONS ONLY IF NECESSARY
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]

Q70 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]

Q71 What is your race? Please answer yes to one or more. 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]

ARE YOU *(READ ONLY IF NECESSARY)…*
b. Black or African-American?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO

98 DON'T KNOW

99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
c. Asian?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
d. Native Hawaiian or other Pacific Islander?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
e. American Indian or Alaska Native?

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)
Q72   DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY
1   YES
2   NO   [GO TO Q74]

98   DON'T KNOW

(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER)

Q73   HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?
       PLEASE MARK ONE OR MORE
       1   READ THE QUESTIONS TO THE BENEFICIARY
       2   RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE
               INTERVIEWER
       3   ANSWERED THE QUESTIONS FOR THE BENEFICIARY
       4   TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE
       5   HELPED IN SOME OTHER WAY

       98   DON'T KNOW

Q74   Do you live alone?
       1   YES, I LIVE ALONE
       2   NO, I LIVE WITH OTHERS

       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q75   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]

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

"Medicare Satisfaction Survey"
2012 Medicare Advantage Prescription Drug Survey CATI Script

THE PURPOSE OF THE INTRO1 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 SAMPLE 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   Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?
      1   YES   ➔ Go to INTRO 2
      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]

      <u>IF</u> ASKED WHO IS CALLING:
      This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

INTRO2   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 healthcare 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 25 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

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

>1 YES ➜ REFER TO FAQs
>2 NO ➜ [CONTINUE]
>3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] ➜ Go to TERMINATE Screen

INTRO3 IF SPEAKING TO THE BENEFICIARY: 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 IDENTIFY A PROXY RESPONDENT AND OBTAIN THE BENEFICIARY'S PERMISSION, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE 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 ➜CONTINUE 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 ➜CONTINUE TO INTRO3 Q3
>2 NO ➜THANK THE RESPONDENT AND TERMINATE THE INTERVIEW

INTRO3 Q3
IF NECESSARY: 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 [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE 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..

[SAMPLE 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 25 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

PROXY_INTRO 1 Q1
Do you have any questions about this survey that I can answer for you at this time?

1   YES   ➔REFER TO FAQs ANSWER QUESTIONS THEN MOVE ON TO PROXY_INTRO 2
2   NO   ➔GO TO PROXY_INTRO 2
3   NO DOESN'T WANT TO PARTICIPATE [REFUSAL]
              ➔ Go to TERMINATE Screen

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

Q1   Our records show that in 2011 your health services were covered by
[INSERT PLAN NAME HERE]. 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 2011? Please complete the rest of the survey based on the experiences you had with that plan.
(Please specify) ENTER PLAN NAME _____

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health in the last 6 months.

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
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 <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q5   In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health 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, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

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?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   None   [GO TO Q9]
1   1
2   2
3   3
4   4
5   5 to 9
6   10 or more

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
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 <u>within 15 minutes</u> of your appointment time? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q9   In the last 6 months, did you phone a doctor's office or clinic with a medical question <u>after</u>
        regular office hours?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO   [GO TO Q12]

        98   DON'T KNOW   [GO TO Q12]
        99   REFUSED   [GO TO Q12]
        M   [MISSING]

Q10   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours,
        how often did you get an answer to your medical question as soon as you needed?
        Would you say…
        1   Never
        2   Sometimes
        3   Usually
        4   Always

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q11   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office hours,
        how long did it take for someone to call you back?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   LESS THAN 1 HOUR
        2   1 TO 3 HOURS
        3   MORE THAN 3 HOURS BUT LESS THAN 6 HOURS
        4   MORE THAN 6 HOURS
        5   I DID NOT ASK FOR A RETURN CALL
        6   I DID NOT GET A RETURN CALL
        7   I WAS TOLD TO GO TO THE EMERGENCY ROOM

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q12   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]

Q13   In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q15]

98   DON'T KNOW   [GO TO Q15]
99   REFUSED   [GO TO Q15]
M   [MISSING]

Q14   In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your Personal Doctor.

Q15   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?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q33]

98   DON'T KNOW   [GO TO Q33]
99   REFUSED   [GO TO Q33]
M   [MISSING]

Q16   In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   NONE   [GO TO Q33]
1   1
2   2
3   3
4   4
5   5 TO 9
6   10 OR MORE

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q17   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q18   In the last 6 months, how often did your personal doctor listen carefully to you? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q19   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q20   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q21   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]

Q22   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q23   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 Q26]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q26]
99   REFUSED   [GO TO Q26]
M   [MISSING]

Q24   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 Q26]
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q25   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW

99   REFUSED
M   [MISSING]

Q26   In the last 12 months, did you take any prescription medicine?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q28]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q28]
99   REFUSED   [GO TO Q28]
M   [MISSING]

Q27   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q28   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 Q32]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q32]
99   REFUSED   [GO TO Q32]
M   [MISSING]

Q29   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 Q32]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q32]
99   REFUSED   [GO TO Q32]
M   [MISSING]

Q30   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
3   No

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q31   How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? Would you say…
1   Very dissatisfied
2   Somewhat dissatisfied
3   Neither dissatisfied nor satisfied
4   Somewhat satisfied
5   Very satisfied

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q32   Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about getting care from a specialist.

Q33   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?
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]

Q34   In the last 6 months, how often was it easy to get appointments with specialists? Would
       you say…
       1   Never
       2   Sometimes
       3   Usually
       4   Always

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q35   How many specialists have you seen in the last 6 months?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       0   NONE   [GO TO Q38]
       1   1 SPECIALIST
       2   2
       3   3
       4   4
       5   5 OR MORE SPECIALISTS

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q36   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 Q15 IS ASSIGNED ANSWER "2 - NO" QUESTION Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE"
- IF Q16 IS ASSIGNED ANSWER "0 - NONE" QUESTION Q37 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q38. CODE Q37 AS "8 - NOT APPLICABLE"

Q37   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

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health plan.

Q38   In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q40]

98   DON'T KNOW   [GO TO Q40]
99   REFUSED   [GO TO Q40]
M   [MISSING]

Q39   In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q40 In the last 6 months, did you try to get information or help from your health plan's customer service?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q43]

98   DON'T KNOW   [GO TO Q43]
99   REFUSED   [GO TO Q43]
M   [MISSING]

Q41 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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q42 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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q43 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 Q45]

98   DON'T KNOW   [GO TO Q45]
99   REFUSED   [GO TO Q45]
M   [MISSING]

Q44 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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q45   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]

Now I am going to ask some questions about your Medicare Rights.

Q46   In the last 6 months, was there a time when you believed you needed care or services that your health plan decided not to give you?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q49]

98   DON'T KNOW   [GO TO Q49]
99   REFUSED   [GO TO Q49]
M   [MISSING]

Q47   In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q49]
3   DON'T KNOW   [GO TO Q49]

8   [NOT APPLICABLE]
99   REFUSED   [GO TO Q49]
M   [MISSING]

Q48 When you spoke to your health plan about the decision not to provide care or services, did they…

    a. Tell you that you can file an appeal?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
    b. Offer to send you forms that you need in order to file an appeal?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
    c. Suggest how to resolve your complaint?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF 48 a, b, c, d, or e=yes (coded as 1), ITEM 48f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

f. Do none of these things?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q49   In the last 6 months, have you called or written your health plan with a complaint or
      problem?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q53]

      98   DON'T KNOW   [GO TO Q53]
      99   REFUSED   [GO TO Q53]
      M   [MISSING]

Q50   Thinking about the complaint process, regardless of whether you agree or disagree with
      the final outcome, how satisfied are you with how your health plan handled your
      complaint? Would you say…
      1   Very dissatisfied
      2   Somewhat dissatisfied
      3   Neither dissatisfied nor satisfied
      4   Somewhat satisfied
      5   Very satisfied

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q51   How long did it take for your health plan to settle your complaint?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   SAME DAY
      2   1 WEEK
      3   2 WEEKS
      4   3 WEEKS
      5   4 OR MORE WEEKS OR
      6   I AM STILL WAITING FOR IT TO BE SETTLED

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q52   Was your complaint or problem settled to your satisfaction?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO
      3   I AM STILL WAITING FOR IT TO BE SETTLED

      8   [NOT APPLICABLE]
      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.

Q53   You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q56]

      98   DON'T KNOW   [GO TO Q56]
      99   REFUSED   [GO TO Q56]
      M   [MISSING]

Q54   In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say…
      1   Never
      2   Sometimes
      3   Usually
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q55   In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say…
      1   Never
      2   Sometimes
      3   Usually
      4   Always

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q56   In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q58]

      98   DON'T KNOW   [GO TO Q58]
      99   REFUSED   [GO TO Q58]
      M   [MISSING]

Q57   In the last 6 months, how often did your prescription drug plan's customer service give
       you all the information you needed about which prescription medicines were covered?
       Would you say…
       1   Never
       2   Sometimes
       3   Usually
       4   Always

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q58   In the last 6 months, did you try to get information from your prescription drug plan about
       how much you would have to pay for your prescription medicines?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO   [GO TO Q60]

       98   DON'T KNOW   [GO TO Q60]
       99   REFUSED   [GO TO Q60]
       M   [MISSING]

Q59   In the last 6 months, how often did your prescription drug plan's customer service give
       you all the information you needed about how much you would have to pay for your
       prescription medicine? Would you say…
       1   Never
       2   Sometimes
       3   Usually
       4   Always

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q60   In the last 6 months, how many different prescription medicines did you fill or have
       refilled?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   NONE
       2   1 TO 2 MEDICINES
       3   3 TO 5 MEDICINES
       4   6 OR MORE MEDICINES

       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q61   In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q64]

98   DON'T KNOW   [GO TO Q64]
99   REFUSED   [GO TO Q64]
M   [MISSING]

Q62   When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q64]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q64]
99   REFUSED   [GO TO Q64]
M   [MISSING]

Q63   When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

   a. Tell you that you can file an appeal?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

      WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
   b. Offer to send you forms that you need in order to file an appeal?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

c. Suggest how to resolve your complaint?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF 63 a, b, c, d, or e=yes (coded as 1), ITEM 63f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"

    WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*
    f. Do none of the above?

    READ RESPONSE OPTIONS ONLY IF NECESSARY
    1   YES
    2   NO

    8   [NOT APPLICABLE]
    98   DON'T KNOW
    99   REFUSED
    M   [MISSING]

Q64   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
    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]

Q65   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 Q67]

    98   DON'T KNOW   [GO TO Q67]
    99   REFUSED   [GO TO Q67]
    M   [MISSING]

Q66   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
    4   Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q67 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 Q69]
3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL
         [GO TO Q69]

98 DON'T KNOW   [GO TO Q69]
99 REFUSED   [GO TO Q69]
M [MISSING]

Q68 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q69 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]

Q70   Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say…
1   Definitely yes
2   Somewhat yes
3   Somewhat no
4   Definitely no

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about you.

Q71   In general, how would you rate your overall health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q72   In general, how would you rate your overall <u>mental</u> health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q73   In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q75]

98   DON'T KNOW   [GO TO Q75]
99   REFUSED   [GO TO Q75]
M   [MISSING]

Q74   Is this a condition or problem that has lasted for at least 3 months?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q75   Do you now need or take medicine prescribed by a doctor?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO   [GO TO Q77]

      98   DON'T KNOW   [GO TO Q77]
      99   REFUSED   [GO TO Q77]
      M   [MISSING]

Q76   Is this to treat a condition that has lasted for at least 3 months?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

Q77   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]

Q78   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]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

b. Angina or coronary heart disease?

READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

c. A stroke?

READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

d. Cancer, <u>other than skin cancer?</u>

READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?

READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

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]

Q79   Have you had a flu shot since September 1, 2011?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

99   REFUSED
M   [MISSING]

Q80   Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from 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]

Q81   Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
1   EVERY DAY
2   SOME DAYS
3   NOT AT ALL   [GO TO Q83]
4   DON'T KNOW   [GO TO Q83]

99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q82 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q83. CODE Q82 AS "8 - NOT APPLICABLE"

Q82   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…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q83   What is your age?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   18 to 24
2   25 to 34
3   35 to 44
4   45 to 54
5   55 to 64
6   65 to 69
7   70 to 74
8   75 to 79
9   80 to 84
10   85 OR OLDER

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q84   Are you male or female?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   MALE
2   FEMALE

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q85   What is the highest grade or level of school that you have completed?
READ RESPONSE OPTIONS ONLY IF NECESSARY
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]

Q86   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]

Q87   What is your race? Please answer yes to one or more. 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]

ARE YOU *(READ ONLY IF NECESSARY)…*

b. Black or African-American?

READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES

2   NO

98   DON'T KNOW

99   REFUSED

M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
c. Asian?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
d. Native Hawaiian or other Pacific Islander?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
e. American Indian or Alaska Native?

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)
Q88   DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY
      1   YES
      2   NO   [GO TO Q90]

      98   DON'T KNOW

(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER)
Q89 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?
      PLEASE MARK ONE OR MORE
      1   READ THE QUESTIONS TO THE BENEFICIARY
      2   RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER
      3   ANSWERED THE QUESTIONS FOR THE BENEFICIARY

4   TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE
5   HELPED IN SOME OTHER WAY

98   DON'T KNOW

Q90   Do you live alone?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES, I LIVE ALONE
2   NO, I LIVE WITH OTHERS

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q91   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]

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

"Medicare Satisfaction Survey"
2012 Medicare Advantage Preferred Provider Organization Plan Survey CATI Script

THE PURPOSE OF THE INTRO1 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 SAMPLE 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   Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?
       1   YES   ➔ Go to INTRO 2
       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 INTRO 3]

       <u>IF</u> ASKED WHO IS CALLING:
       This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

INTRO2   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 healthcare 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 25 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

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

      1   YES   ➔ REFER TO FAQs
      2   NO   ➔ [CONTINUE]
      3   NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] ➔ Go to TERMINATE Screen

INTRO3   IF SPEAKING TO THE BENEFICIARY: 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 IDENTIFY A PROXY RESPONDENT AND OBTIAN THE BENEFICIARY'S PERMISSION, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE TO INTRO3 Q1

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

    1   YES ➔CONTINUE 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 ➔CONTINUE TO INTRO3 Q3
    2   NO   ➔THANK THE RESPONDENT AND TERMINATE THE INTERVIEW

INTRO3 Q3
IF NECESSARY: 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. [SAMPLE 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.

[SAMPLE 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 25 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

PROXY_INTRO 1 Q1
Do you have any questions about this survey that I can answer for you at this time?

1   YES   ➜REFER TO FAQ's ANSWER QUESTIONS THEN MOVE
                 ON TO PROXY_INTRO 2
2   NO   ➜GO TO PROXY_INTRO 2
3   NO DOESN'T WANT TO PARTICIPATE [REFUSAL]
                 ➜ Go to TERMINATE Screen

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

Q1   Our records show that in 2011 your health services were covered by **[INSERT PLAN NAME HERE].** 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 2011? Please complete the rest of the survey based on the experiences you had with that plan.
(Please specify) ENTER PLAN NAME _____

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health care in the last 6 month.

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
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 <u>needed care right away</u>, how often did you get care as soon as you thought you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q5   In the last 6 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health 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, <u>not</u> counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

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?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   NONE   [GO TO Q9]
1   1
2   2
3   3
4   4
5   5 TO 9
6   10 OR MORE

98   DON'T KNOW
99   REFUSED
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 <u>within 15 minutes</u> of your appointment time? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]

98   DON'T KNOW
            99   REFUSED
            M   [MISSING]

Q9   In the last 6 months, did you phone a doctor's office or clinic with a medical question
        <u>after</u> regular office hours?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO   [GO TO Q12]
        98   DON'T KNOW   [GO TO Q12]
        99   REFUSED   [GO TO Q12]
        M   [MISSING]

Q10   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office
        hours, how often did you get an answer to your medical question as soon as you
        needed? Would you say…
        1   Never
        2   Sometimes
        3   Usually
        4   Always

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q11   In the last 6 months, when you phoned a doctor's office or clinic <u>after</u> regular office
        hours, how long did it take for someone to call you back?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   LESS THAN 1 HOUR
        2   1 TO 3 HOURS
        3   MORE THAN 3 HOURS BUT LESS THAN 6 HOURS
        4   MORE THAN 6 HOURS
        5   I DID NOT ASK FOR A RETURN CALL
        6   I DID NOT GET A RETURN CALL
        7   I WAS TOLD TO GO TO THE EMERGENCY ROOM

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q12   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]

Q13   In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q15]

98   DON'T KNOW   [GO TO Q15]
99   REFUSED   [GO TO Q15]
M   [MISSING]

Q14   In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your Personal Doctor.

Q15   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?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q33]

98   DON'T KNOW   [GO TO Q33]
99   REFUSED   [GO TO Q33]
M   [MISSING]

Q16   In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   NONE   [GO TO Q33]
1   1
2   2
3   3
4   4
5   5 to 9
6   10 OR MORE

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q17   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q18   In the last 6 months, how often did your personal doctor listen carefully to you? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q19 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q20 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q21 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]

Q22   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q23   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 Q26]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q26]
99   REFUSED   [GO TO Q26]
M   [MISSING]

Q24   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 Q26]
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q25   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
        4   Always

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q26   In the last 12 months, did you take any prescription medicine?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO   [GO TO Q28]

        8   [NOT APPLICABLE]
        98   DON'T KNOW   [GO TO Q28]
        99   REFUSED   [GO TO Q28]
        M   [MISSING]

Q27   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
        4   Always

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q28   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 Q32]

        8   [NOT APPLICABLE]
        98   DON'T KNOW   [GO TO Q32]
        99   REFUSED   [GO TO Q32]
        M   [MISSING]

Q29 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 Q32]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q32]
99   REFUSED   [GO TO Q32]
M   [MISSING]

Q30 In the last 6 months, did you <u>get the help you needed</u> from your personal doctor's office to manage your care among these different providers and services? Would you say…
1   Yes, definitely
2   Yes, somewhat
3   No

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q31 How satisfied are you with the help you got from your personal doctor's office to manage your care among these different providers and services in the last 6 months? Would you say…
1   Very dissatisfied
2   Somewhat dissatisfied
3   Neither dissatisfied nor satisfied
4   Somewhat satisfied
5   Very satisfied

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q32 Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
8   [NOT APPLICABLE]

98   DON'T KNOW
99   REFUSED

M   [MISSING]

Q33   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?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q34   In the last 6 months, did you try to find out if a doctor was part of your health plan's network?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q35   Was the information you found on whether a doctor was part of your health plan's network accurate?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   I DID NOT FIND THE INFORMATION

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about health care from specialists.

Q36   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q42]

98   DON'T KNOW   [GO TO Q42]
99   REFUSED   [GO TO Q42]

M   [MISSING]

Q37   In the last 6 months, how often was it easy to get appointments with specialists?
Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q38   How many specialists have you seen in the last 6 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
0   NONE   [GO TO Q42]
1   1 SPECIALIST
2   2
3   3
4   4
5   5 OR MORE SPECIALISTS

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q39   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 Q15 IS ASSIGNED ANSWER "2 - NO" Q40 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q41. CODE Q40 AS "8 - NOT APPLICABLE"
- IF Q16 IS ASSIGNED ANSWER "0 - NONE" Q40 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q41. CODE Q40 AS "8 - NOT APPLICABLE"

Q40   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

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q41   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. In the last 6 months, did you visit any specialists who were not part of your health plan's network?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

8   [NOT APPLICABLE]
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health plan.

Q42   In the last 6 months, did you try to get any kind of care, tests or treatment through your health plan?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q44]

98   DON'T KNOW   [GO TO Q44]
99   REFUSED   [GO TO Q44]
M   [MISSING]

Q43 In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? Would you say…
1 Never
2 Sometimes
3 Usually
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q44 In the last 6 months, did you try to get information or help from your health plan's customer service?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO [GO TO Q47]

98 DON'T KNOW [GO TO Q47]
99 REFUSED [GO TO Q47]
M [MISSING]

Q45 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
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q46 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say…
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 Never
2 Sometimes
3 Usually
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q47   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 Q49]

       98   DON'T KNOW   [GO TO Q49]
       99   REFUSED   [GO TO Q49]
       M   [MISSING]

Q48   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
       4   Always

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q49   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]

Now I am going to ask some questions about your Medicare Rights.

Q50   In the last 6 months, was there a time when you believed you needed care or services
       that your health plan decided not to give you?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES

2   NO   [GO TO Q53]

98   DON'T KNOW   [GO TO Q53]
99   REFUSED   [GO TO Q53]
M   [MISSING]

Q51   In the last 6 months, have you ever asked anyone at your health plan to reconsider a decision not to provide or pay for health care or services?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q53]
3   DON'T KNOW   [GO TO Q53]

8   [NOT APPLICABLE]
99   REFUSED   [GO TO Q53]
M   [MISSING]

Q52   When you spoke to your health plan about the decision not to provide care or services, did they…

   a.   Tell you that you can file an appeal?

        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

        WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
   b.   Offer to send you forms that you need in order to file an appeal?

        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   YES
        2   NO

        8   [NOT APPLICABLE]
        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

c. Suggest how to resolve your complaint?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*

e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:

- IF 52 a, b, c, d, or e=yes (coded as 1), ITEM 52f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"

    WHEN YOU SPOKE TO YOUR HEALTH PLAN ABOUT THE DECISION NOT TO PROVIDE CARE OR SERVICES, DID THEY *(READ ONLY IF NECESSARY)…*
  f. Do none of these things?

    READ RESPONSE OPTIONS ONLY IF NECESSARY
    1   YES
    2   NO

    8   [NOT APPLICABLE]
    98   DON'T KNOW
    99   REFUSED
    M   [MISSING]

Q53   In the last 6 months, have you called or written your health plan with a complaint or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q57]

98   DON'T KNOW   [GO TO Q57]
99   REFUSED   [GO TO Q57]
M   [MISSING]

Q54   Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your health plan handled your complaint? Would you say…
1   Very dissatisfied
2   Somewhat dissatisfied
3   Neither dissatisfied nor satisfied
4   Somewhat satisfied
5   Very satisfied

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q55   How long did it take for your health plan to settle your complaint?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   SAME DAY
2   1 WEEK
3   2 WEEKS
4   3 WEEKS
5   4 OR MORE WEEKS OR

6   I AM STILL WAITING FOR IT TO BE SETTLED

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q56 Was your complaint or problem settled to your satisfaction?
     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO
     3   I AM STILL WAITING FOR IT TO BE SETTLED

     8   [NOT APPLICABLE]
     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.

Q57 You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescriptions from your prescription drug plan's customer service?
     READ RESPONSE OPTIONS ONLY IF NECESSARY
     1   YES
     2   NO   [GO TO Q60]

     98   DON'T KNOW   [GO TO Q60]
     99   REFUSED   [GO TO Q60]
     M   [MISSING]

Q58 In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say…
     1   Never
     2   Sometimes
     3   Usually
     4   Always

     8   [NOT APPLICABLE]
     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

Q59   In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say…
   1   Never
   2   Sometimes
   3   Usually
   4   Always

   8   [NOT APPLICABLE]
   98   DON'T KNOW
   99   REFUSED
   M   [MISSING]

Q60   In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?
   READ RESPONSE OPTIONS ONLY IF NECESSARY
   1   YES
   2   NO   [GO TO Q62]

   98   DON'T KNOW   [GO TO Q62]
   99   REFUSED   [GO TO Q62]
   M   [MISSING]

Q61   In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say…
   1   Never
   2   Sometimes
   3   Usually
   4   Always

   8   [NOT APPLICABLE]
   98   DON'T KNOW
   99   REFUSED
   M   [MISSING]

Q62   In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?
   READ RESPONSE OPTIONS ONLY IF NECESSARY
   1   YES
   2   NO   [GO TO Q64]

   98   DON'T KNOW   [GO TO Q64]
   99   REFUSED   [GO TO Q64]
   M   [MISSING]

Q63 In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Would you say…
1 Never
2 Sometimes
3 Usually
4 Always

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q64 In the last 6 months, how many different prescription medicines did you fill or have refilled?
1 NONE
2 1 TO 2 MEDICINES
3 3 TO 5 MEDICINES
4 6 OR MORE MEDICINES

98 DON'T KNOW
99 REFUSED
M [MISSING]

Q65 In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO   [GO TO Q68]

98 DON'T KNOW   [GO TO Q68]
99 REFUSED   [GO TO Q68]
M [MISSING]

Q66 When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO   [GO TO Q68]

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q67 When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

    a. Tell you that you can file an appeal?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

    b. Offer to send you forms that you need in order to file an appeal?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

    c. Suggest how to resolve your complaint?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE
DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY
IF NECESSARY)…*
d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE
DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY
IF NECESSARY)…*
e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF 67 a, b, c, d, or e=yes (coded as 1), ITEM 67f SHOULD BE SKIPPED. CODE ITEM
  f AS "2 - NO"

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE
DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY
IF NECESSARY)…*
f. Do none of the above?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q68   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
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]

Q69   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 Q71]

98   DON'T KNOW   [GO TO Q71]
99   REFUSED   [GO TO Q71]
M   [MISSING]

Q70   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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q71   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 Q73]
3   I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL
                                                                               [GO TO Q73]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q72   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
   4   Always

   8   [NOT APPLICABLE]
   98   DON'T KNOW
   99   REFUSED
   M   [MISSING]

Q73   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]

Q74   Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say…
   1   Definitely yes
   2   Somewhat yes
   3   Somewhat no
   4   Definitely no

   98   DON'T KNOW
   99   REFUSED
   M   [MISSING]

Now I am going to ask some questions about you.

Q75   In general, how would you rate your overall health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q76   In general, how would you rate your overall <u>mental</u> health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q77   In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q79]

98   DON'T KNOW   [GO TO Q79]
99   REFUSED   [GO TO Q79]
M   [MISSING]

Q78   Is this a condition or problem that has lasted for at least 3 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q79   Do you now need or take medicine prescribed by a doctor?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO   [GO TO Q81]

       98   DON'T KNOW   [GO TO Q81]
       99   REFUSED   [GO TO Q81]
       M   [MISSING]

Q80   Is this to treat a condition that has lasted for at least 3 months?
       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       8   [NOT APPLICABLE]
       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

Q81   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]

Q82   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]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

b. Angina or coronary heart disease?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

c. A stroke?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

d. Cancer, <u>other than skin cancer?</u>

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

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]

Q83 Have you had a flu shot since September 1, 2011?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

99   REFUSED
M   [MISSING]

Q84 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from 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]

Q85 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 Q87]
4   DON'T KNOW   [GO TO Q87]

99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q86 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q87. CODE Q86 AS "8 - NOT APPLICABLE"

Q86 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
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q87 What is your age?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   18 to 24
2   25 to 34
3   35 to 44
4   45 to 54
5   55 to 64
6   65 to 69
7   70 to 74
8   75 to 79
9   80 to 84
10   85 OR OLDER

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q88 Are you male or female?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   MALE
2   FEMALE

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q89 What is the highest grade or level of school that you have completed?
1   8th grade or less
2   Some high school, but did not graduate
3   High school graduate or GED
4   Some college or 2-year degree

5   4-year college graduate

6   More than 4-year college degree

98   DON'T KNOW

99   REFUSED

M   [MISSING]

Q90   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]

Q91   What is your race? Please answer yes to one or more. 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]

      ARE YOU *(READ ONLY IF NECESSARY)…*

b. Black or African-American?

      READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES

2   NO

98   DON'T KNOW

99   REFUSED

M   [MISSING]

      ARE YOU *(READ ONLY IF NECESSARY)…*

c. Asian?

      READ RESPONSE OPTIONS ONLY IF NECESSARY

1   YES

2   NO

```
98      DON'T KNOW
99      REFUSED
M       [MISSING]
```

ARE YOU *(READ ONLY IF NECESSARY)…*
  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]
```

ARE YOU *(READ ONLY IF NECESSARY)…*
  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]
```

(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER)
Q92   DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY
```
1       YES
2       NO                                      [GO TO Q94]

98      DON'T KNOW
```

(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER)
Q93   HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?
        PLEASE MARK ONE OR MORE
```
1       READ THE QUESTIONS TO THE BENEFICIARY
2       RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE
        INTERVIEWER
3       ANSWERED THE QUESTIONS FOR THE BENEFICIARY
4       TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE
5       HELPED IN SOME OTHER WAY

98      DON'T KNOW
```

Q94   Do you live alone?
          1   YES, I LIVE ALONE
          2   NO, I LIVE WITH OTHERS

          98   DON'T KNOW
          99   REFUSED
          M   [MISSING]

Q95   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]

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

"Medicare Satisfaction Survey"
2012 Prescription Drug Plan Survey CATI Script

THE PURPOSE OF THE INTRO1 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 SAMPLE 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   Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

        1 YES   ➔ Go to INTRO 2
        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 INTRO 3]<<<

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

INTRO2   Hello, this is [INTERVIEWER NAME] calling on behalf of [PDP 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 [PDP 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 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

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

     1   YES   ➔ REFER TO FAQs
     2   NO   ➔ [CONTINUE]
     3   NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] ➔ Go to TERMINATE Screen

INTRO3   IF SPEAKING TO THE BENEFICIARY: 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 YOU ARE UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDEN AND OBTAIN HIS/HER PERMISSION TO DO THE INTEVIEW FOR THEM, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE 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   ➔CONTINUE 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   ➔CONTINUE TO INTRO 3 Q3
     2   NO   ➔THANK THE RESPONDENT AND TERMINATE THE INTERVIEW

INTRO3 Q3
IF NECESSARY: 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 [PDP PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLE 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.

[SAMPLE 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 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

PROXY_INTRO 1 Q1
Do you have any questions about this survey that I can answer for you at this time?

1   YES   ➔REFER TO FAQs ANSWER QUESTIONS THEN MOVE ON TO PROXY_INTRO 2
2   NO   ➔GO TO PROXY_INTRO 2
3   NO DOESN'T WANT TO PARTICIPATE [REFUSAL]
           ➔ Go to TERMINATE Screen

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

Q1   Our records show that in 2011 your prescriptions were covered by the Medicare prescription drug plan called **[Insert Plan Name Here].**
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 2011? Please complete the rest of the survey based on the experiences you had with that plan.
(Please specify)
[Insert Plan Name Here]

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q3   You contact customer service to get information about what is covered and how to use a drug plan. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q6]

98   DON'T KNOW   [GO TO Q6]
99   REFUSED   [GO TO Q6]
M   [MISSING]

Q4   In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q6]
99   REFUSED   [GO TO Q6]
M   [MISSING]

Q5   In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q6   In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q8]

98   DON'T KNOW   [GO TO Q8]
99   REFUSED   [GO TO Q8]
M   [MISSING]

Q7   In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q8   In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q10]

98   DON'T KNOW   [GO TO Q10]
99   REFUSED   [GO TO Q10]
M   [MISSING]

Q9   In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Would you say…
1   Never
2   Sometimes
3   Usually
4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q10   In the last 6 months, how many different prescription medicines did you fill or have refilled?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   NONE
2   1 TO 2 MEDICINES
3   3 TO 5 MEDICINES
4   6 OR MORE MEDICINES

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q11   In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q17]

98   DON'T KNOW   [GO TO Q17]
99   REFUSED   [GO TO Q17]
M   [MISSING]

Q12   When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q17]

8   [NOT APPLICABLE]
98   DON'T KNOW   [GO TO Q17]
99   REFUSED   [GO TO Q17]
M   [MISSING]

Q13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they…

   a. Tell you that you can file an appeal?
      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

      WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE
      DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY
      IF NECESSARY)…*
   b. Offer to send you forms that you need in order to file an appeal?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

      WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE
      DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY
      IF NECESSARY)…*
   c. Suggest how to resolve your complaint?

      READ RESPONSE OPTIONS ONLY IF NECESSARY
      1   YES
      2   NO

      8   [NOT APPLICABLE]
      98   DON'T KNOW
      99   REFUSED
      M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

d. Listen to your complaint but did not help to resolve it?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

e. Discourage you from taking action?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

PROGRAMMING SPECIFICATIONS:
- IF 13 a, b, c, d, or e=YES (coded as 1), ITEM f SHOULD BE SKIPPED. CODE ITEM f AS "2 - NO"

WHEN YOU CONTACTED YOUR PRESCRIPTION DRUG PLAN ABOUT THE DECISION NOT TO COVER A PRESCRIPTION MEDICINE DID THEY *(READ ONLY IF NECESSARY)…*

f. Do none of the above?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q14 Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint? Would you say…
1 Very dissatisfied
2 Somewhat dissatisfied
3 Neither dissatisfied nor satisfied
4 Somewhat satisfied
5 Very satisfied

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q15 How long did it take for your plan to settle your complaint?
1 SAME DAY
2 1 WEEK
3 2 WEEKS
4 3 WEEKS
5 4 OR MORE WEEKS OR
6 I AM STILL WAITING FOR IT TO BE SETTLED

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q16 Was your complaint or problem settled to your satisfaction?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1 YES
2 NO
3 I AM STILL WAITING FOR IT TO BE SETTLED

8 [NOT APPLICABLE]
98 DON'T KNOW
99 REFUSED
M [MISSING]

Q17 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

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]

Q18 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 Q20]

     98   DON'T KNOW   [GO TO Q20]
     99   REFUSED   [GO TO Q20]
     M   [MISSING]

Q19 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
     4   Always

     8   [NOT APPLICABLE]
     98   DON'T KNOW
     99   REFUSED
     M   [MISSING]

Q20 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 Q22]
     3   I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL
                               [GO TO Q22]

     98   DON'T KNOW   [GO TO Q22]
     99   REFUSED   [GO TO Q22]
     M   [MISSING]

Q21 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

4   Always

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q22   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

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q23   Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Would you say…
1   Definitely yes
2   Somewhat yes
3   Somewhat no
4   Definitely no

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Now I am going to ask some questions about your health.

Q24   In general, how would you rate your overall health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q25   In general, how would you rate your overall <u>mental</u> health? Would you say…
1   Excellent
2   Very good
3   Good
4   Fair
5   Poor

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q26   In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q28]

98   DON'T KNOW   [GO TO Q28]
99   REFUSED   [GO TO Q28]
M   [MISSING]

Q27   Is this a condition or problem that has lasted for at least 3 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q28   Do you now need or take medicine prescribed by a doctor?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO   [GO TO Q30]

98   DON'T KNOW   [GO TO Q30]
99   REFUSED   [GO TO Q30]
M   [MISSING]

Q29 Is this to treat a condition that has lasted for at least 3 months?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q30 In the last 6 months, did you delay or not fill a prescription because you felt that 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]

Q31 Has a doctor <u>ever</u> told you that you had any of the following conditions?
   a. A heart attack?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*
   b. Angina or coronary heart disease?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

c. A stroke?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

d. Cancer, <u>other than skin cancer?</u>

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

e. Emphysema, asthma or COPD, also called chronic obstructive pulmonary disease?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD *(READ ONLY IF NECESSARY)…*

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]

Q32   Have you had a flu shot since September 1, 2011?
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

99   REFUSED
M   [MISSING]

Q33   Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO
3   DON'T KNOW

99   REFUSED
M   [MISSING]

Q34   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 Q36]
4   DON'T KNOW   [GO TO Q36]

99   REFUSED   [GO TO Q36]
M   [MISSING]

Q35   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…
1   Never
2   Sometimes

3   Usually
4   Always
5   I HAD NO VISITS IN THE LAST 6 MONTHS

8   [NOT APPLICABLE]
98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q36   What is your age?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   18 TO 24
        2   25 TO 34
        3   35 TO 44
        4   45 TO 54
        5   55 TO 64
        6   65 TO 69
        7   70 TO 74
        8   75 TO 79
        9   80 TO 84
        10   85 OR older

        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q37   Are you male or female?
        READ RESPONSE OPTIONS ONLY IF NECESSARY
        1   MALE
        2   FEMALE

        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q38   What is the highest grade or level of school that you have completed?
        1   8th grade or less
        2   Some high school, but did not graduate
        3   High school graduate or GED
        4   Some college or 2-year degree
        5   4-year college graduate
        6   More than 4-year college degree

        98   DON'T KNOW
        99   REFUSED
        M   [MISSING]

Q39   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]

Q40   What is your race? Please answer yes to one or more. 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]

       ARE YOU *(READ ONLY IF NECESSARY)…*
   b. Black or African-American?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

       ARE YOU *(READ ONLY IF NECESSARY)…*
   c. Asian?

       READ RESPONSE OPTIONS ONLY IF NECESSARY
       1   YES
       2   NO

       98   DON'T KNOW
       99   REFUSED
       M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
d. Native Hawaiian or other Pacific Islander?

READ RESPONSE OPTIONS ONLY IF NECESSARY
1   YES
2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

ARE YOU *(READ ONLY IF NECESSARY)…*
e. American Indian or Alaska Native?

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)
Q41   DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY
      1   YES
      2   NO   [GO TO Q43]

      98   DON'T KNOW

(THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER)
Q42   HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?
      PLEASE MARK ONE OR MORE
      1   READ THE QUESTIONS TO THE BENEFICIARY
      2   RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE
            INTERVIEWER
      3   ANSWERED THE QUESTIONS FOR THE BENEFICIARY
      4   TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE
      5   HELPED IN SOME OTHER WAY

      98   DON'T KNOW

Q43   Do you live alone?
      1   YES
      2   NO

98   DON'T KNOW
99   REFUSED
M   [MISSING]

Q44   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]

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