

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

2024 Medicare Advantage Plan Survey Web Specifications ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to CMS home page <https://www.cms.gov>*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

Please type in the survey code that is printed on the letter you received, and click NEXT below.

Escriba el código de la encuesta que está impreso en la carta que recibió y haga clic NEXT de abajo.

Survey code from letter/Código de encuesta de la carta: _____

NEXT

[PROGRAMMING SPECIFICATION:

- *SAMPLE MEMBERS WHO ENTER URL FROM LETTER START WITH THIS SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY
Bienvenidos a la encuesta de su experiencia con medicare

This survey asks about you and your experience with your Medicare health plan.

Esta encuesta pregunta acerca de usted y su experiencia con su plan de salud recetadas de Medicare.

- Continue in English
- Continuar en español

NEXT

[PROGRAMMING SPECIFICATIONS:

- SAMPLE MEMBERS WHO CLICK ON URL/PIN FROM EMAIL START WITH THIS SCREEN*
- A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us.

- If you changed your Medicare plan for 2024, answer the questions thinking about your experiences in the last 6 months of 2023
- You will need about 16 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:

- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732 (1/31/2025)**. The time required to complete this information collection is estimated to average **15.2 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

Your 2023 Medicare Plan

1. Our records show that in 2023 your health services were covered by the plan named [MARKETNAME]. Is that right?

- Yes
 No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2023 Medicare Plan

2. Please enter below the name of the health plan you had in 2023 and complete the rest of the survey based on the experiences you had with that plan.

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
 No

BACK

NEXT

*[PROGRAMMING SPECIFICATION:
A RESPONSE OF "NO" AT 3 SKIPS TO 5]*

Your Health Care in the Last 6 Months

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Health Care in the Last 6 Months

5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Health Care in the Last 6 Months

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Health Care in the Last 6 Months

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NONE" AT 7 SKIPS TO 9]*

Your Health Care in the Last 6 Months

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

BACK

NEXT

Your Health Care in the Last 6 Months

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

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

BACK

NEXT

Your Health Care in the Last 6 Months

10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

11. A personal doctor is the one you would talk to 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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 11 SKIPS TO 27]*

Your Personal Doctor

12. In the last 6 months, how many times did you have any in-person, phone, or video visits with your personal doctor about your health?

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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NONE" AT 12 SKIPS TO 27]*

Your Personal Doctor

13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

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

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

BACK

NEXT

Your Personal Doctor

18. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

19. In the last 6 months, did your personal doctor order a blood test, x-ray, or other test for you?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 19 SKIPS TO 22]*

Your Personal Doctor

20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

21. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

22. In the last 6 months, did you take any prescription medicine?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 22 SKIPS TO 24]*

Your Personal Doctor

23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Personal Doctor

24. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 24 SKIPS TO 27]*

Your Personal Doctor

25. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 25 SKIPS TO 27]*

Your Personal Doctor

26. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

BACK

NEXT

Getting Health Care From Specialists

When you answer the next questions, include the care you got in person, by phone, or by video.

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- Yes
- No

BACK

NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATION:

- IF THE RESPONSE TO 27 IS "YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 28: Please include your personal doctor as you answer these questions about specialists.]*

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

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 28 SKIPS TO 33]*

Getting Health Care From Specialists

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Getting Health Care From Specialists

30. How many specialists have you talked to in the last 6 months?

- None
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NONE" AT 30 SKIPS TO 33]*

Getting Health Care From Specialists

31. We want to know your rating of the specialist you talked to 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

BACK

NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 11 IS "NO" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.*
- *IF RESPONSE TO 12 IS "NONE" STORE A VALUE OF "88" IN 32 AND SKIP TO 33.]*

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- My personal doctor is a specialist

BACK

NEXT

Your Health Plan

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

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 33 SKIPS TO 36]*

Your Health Plan

34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Health Plan

35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Health Plan

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

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 36 SKIPS TO 38]*

Your Health Plan

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

- Never
- Sometimes
- Usually
- Always

BACK

NEXT

Your Health Plan

38. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

BACK

NEXT

Your Health Plan

39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?

- Yes
- No
- I am not sure
- I do not have a co-pay
- I do not have a health condition
- I was offered a lower co-pay for another reason

BACK

NEXT

Your Health Plan

40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?

- Yes
- No
- I am not sure
- I do not have a health condition
- I was offered extra benefits for another reason

BACK

NEXT

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

BACK

NEXT

About You

42. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

BACK

NEXT

About You

43. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Korean
- Tagalog
- Vietnamese
- Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK

NEXT

About You

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

- Yes
- No

BACK

NEXT

About You

45. 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

BACK

NEXT

About You

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

- Yes
- No
- Don't know

BACK

NEXT

About You

47. 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

BACK

NEXT

About You

48. In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

| | Yes | No |
|------------------------------|-----------------------|-----------------------|
| a. Health condition | <input type="radio"/> | <input type="radio"/> |
| b. Disability | <input type="radio"/> | <input type="radio"/> |
| c. Age | <input type="radio"/> | <input type="radio"/> |
| d. Culture or religion | <input type="radio"/> | <input type="radio"/> |
| e. Language or accent | <input type="radio"/> | <input type="radio"/> |
| f. Race or ethnicity | <input type="radio"/> | <input type="radio"/> |
| g. Sex (female or male) | <input type="radio"/> | <input type="radio"/> |
| h. Sexual orientation | <input type="radio"/> | <input type="radio"/> |
| i. Gender or gender identity | <input type="radio"/> | <input type="radio"/> |
| j. Income | <input type="radio"/> | <input type="radio"/> |

BACK

NEXT

About You

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

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

BACK

NEXT

About You

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

- Yes
- No

BACK

NEXT

About You

51. Do you have difficulty dressing or bathing?

- Yes
- No

BACK

NEXT

About You

52. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

BACK

NEXT

About You

53. Have you had a flu shot since July 1, 2023?

- Yes
- No
- Don't know

BACK

NEXT

About You

54. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.

- Yes
- No
- Don't know

BACK

NEXT

About You

55. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all
- Don't know

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NOT AT ALL" AT 55 SKIPS TO 57*
- A RESPONSE OF "DON'T KNOW" AT 55 SKIPS TO 57]*

About You

[PROGRAMMING SPECIFICATION:

- IF RESPONSE TO 7 IS "NONE" STORE A VALUE OF "88" IN 56 AND SKIP TO 57.]*

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

- Never
- Sometimes
- Usually
- Always
- I had no in-person, phone, or video visits in the last 6 months

BACK

NEXT

About You

57. 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

BACK

NEXT

About You

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

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

BACK

NEXT

About You

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

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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- 59 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

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

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

BACK

NEXT

About You

61. Do you ever use the internet at home?

- Yes
- No

BACK

NEXT

About You

62. May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

- Yes
- No

BACK

NEXT

About You

63. Did someone help you complete this survey?

- Yes
- No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 63 SKIPS TO Thank You]*

About You

64. 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

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- 64 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:

- SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*