2027 Medicare Experience 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> and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to [Survey Vendor].

- If you changed your Medicare plan for 2027, answer the questions thinking about your experiences in the last 6 months of 2026.
- 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

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 **0938-0732 (expires 11/30/2027)**. The time required to complete this information collection is estimated to average **15 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

1. Our records show that in 2026 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 2026 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

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 →**If No, Go to Question 5**

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

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

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

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

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

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

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you 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

8. 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

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

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

Your Personal Doctor

10. 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 →**If No, Go to Question 26**

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

- ☐ None →**If None, Go to Question 26**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

12. 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

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

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

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

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

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

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

16. 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

17. 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

18. 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 21**

19. 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

20. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 23**

22. 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

23. 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 26**

24. 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 26**

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

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

Getting Health Care From Specialists

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

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

- ☐ Yes →**If Yes, Please include your personal doctor as you answer these questions about specialists**
- ☐ No

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

- ☐ Yes
- ☐ No → **If No, Go to Question 32**

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

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

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

- ☐ None →**If None, Go to Question 32**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

30. 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

31. 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 have not talked with my personal doctor in the last 6 months
- ☐ My personal doctor is a specialist

Your Health Plan

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

- ☐ Yes
- ☐ No →**If No, Go to Question 35**

33. 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

34. 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

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

- ☐ Yes
- ☐ No →**If No, Go to Question 37**

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

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

37. 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 Prescription Drug Plan

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

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

	Yes	No
a. To make sure you filled or refilled a prescription?.....	☐	☐
b. To make sure you were taking medicine as directed?.....	☐	☐

39. 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

40. 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 42**

41. 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

42. 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 44**

43. 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

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

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

About You

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

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

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

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

47. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Some other language
  ↓
  Please print:_____

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

- ☐ Yes
- ☐ No

49. 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

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

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

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

☐ Yes
☐ No

52. Do you have difficulty dressing or bathing?

☐ Yes
☐ No

53. 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

54. Have you had a flu shot since July 1, 2026?

☐ Yes
☐ No
☐ Don't know

55. 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

56. What is the highest grade or level of school that you have completed?

☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Some college or 2-year degree
☐ 4-year college graduate
☐ More than 4-year college degree

57. What is your race or ethnicity? Please mark one or more.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

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

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

59. Do you ever use the internet at home?

- ☐ Yes
- ☐ No

60. 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

61. Did someone help you complete this survey?

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

62. How did that person help you? Please mark one or more.

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

Thank you.

Please return the completed survey in the postage-paid envelope.
[SURVEY VENDOR RETURN ADDRESS FOR MAIL PROCESSING]

Contract Name:_____

[OPTIONAL]
You may also know your plan by the following name(s):