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

2027 Prescription Drug 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 Medicare home page https://www.medicare.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

MEDICARE EXPERIENCE SURVEY

❍ **Welcome, continue in English**

❍ Bienvenidos continuar en español

❍ 歡迎 以中文繼續問卷調查

❍ 환영합니다 한국어로 계속하기

❍ Maligayang Pagdating Magpatuloy sa Tagalog

❍ Tiếp tục bằng tiếng Việt

NEXT / SIGUIENTE / 下一頁 / 다음 / SUSUNOD / TIẾP THEO

[PROGRAMMING SPECIFICATIONS:

- *ALL SAMPLE MEMBERS START AT THE LANGUAGE SELECTION SCREEN*
- *ONLY THE LANGUAGES OFFERED BY THE CONTRACT ARE DISPLAYED ON THIS SCREEN*
- *ENGLISH INSTRUCTIONS SHOULD BE IN BOLD*
- *INCLUDE A LINE BREAK BETWEEN EACH LANGUAGE*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY*
- *A RESPONSE OF "歡迎 以中文繼續問卷調查" AT THIS SCREEN SKIPS TO THE CHINESE VERSION OF THE SURVEY*
- *A RESPONSE OF "환영합니다 한국어로 계속하기" AT THIS SCREEN SKIPS TO THE KOREAN VERSION OF THE SURVEY*
- *A RESPONSE OF "Maligayang Pagdating Magpatuloy sa Tagalog" AT THIS SCREEN SKIPS TO THE TAGALOG VERSION OF THE SURVEY*
- *A RESPONSE OF "Tiếp tục bằng tiếng Việt" AT THIS SCREEN SKIPS TO THE VIETNAMESE VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

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

Survey code from letter:_____

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *ONLY SAMPLE MEMBERS WHO ENTER URL FROM LETTER RECEIVE THIS SCREEN*
- *SCREEN DISPLAYS SELECTED LANGUAGE FROM LANGUAGE SELECTION SCREEN]*

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 2027, answer the questions thinking about your experiences in the last 6 months of 2026
- You will need about 10 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 (expires 11/30/2027).** The time required to complete this information collection is estimated to average **10 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

Your 2026 Prescription Drug Plan

1. Our records show that in 2026 your prescriptions were covered by the Medicare prescription drug plan named [MARKETNAME]. Is that right?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2026 Prescription Drug Plan

2. Please enter below the name of the Medicare prescription drug plan you had in 2026 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 Prescription Drug Plan

3. 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?	○	○

BACK NEXT

Your Prescription Drug Plan

4. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ I did not use my prescription drug plan to get any medicines in the last 6 months

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Prescription Drug Plan

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Prescription Drug Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 7 SKIPS TO 9]*

Your Prescription Drug Plan

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Prescription Drug Plan

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

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

BACK NEXT

About You

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

12. 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

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

- ○ Yes
- ○ No

BACK NEXT

About You

14. 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

15. 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?	○	○

BACK NEXT

About You

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

- ○ Yes
- ○ No

BACK NEXT

About You

17. Do you have difficulty dressing or bathing?

- ○ Yes
- ○ No

BACK NEXT

About You

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

- ○ Yes
- ○ No

BACK NEXT

About You

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

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

BACK NEXT

About You

20. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *20 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

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

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

BACK NEXT

About You

22. Do you ever use the internet at home?

- ○ Yes
- ○ No

BACK NEXT

About You

23. 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

24. Did someone help you complete this survey?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

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

About You

25. 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:
- *25 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]*