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 enrollees to answer survey questions in a particular way. Please refer to the "Program Requirements" section of the Quality Assurance Protocols & Technical Specifications V17.0 for more information on communicating with enrollees about the MA & PDP CAHPS Survey.

Note: Survey vendors should follow their own standard procedures for handling information provided by an enrollee either by web, mail, or by phone that may suggest an enrollee's health or well-being is at risk.

I. General Questions About the Survey

- **Who is conducting this survey?**

  I am an interviewer from [SURVEY VENDOR NAME]. [HEALTH OR DRUG PLAN] has asked our organization to help conduct this survey, which is designed to obtain feedback from their enrollees.

- **Who is sponsoring this survey?**

  The survey is sponsored by the Centers for Medicare & Medicaid Services (CMS). CMS is a federal agency and is part of the Department of Health and Human Services. This is part of an effort to hear from you about the care you are receiving. Responses to the survey are used to improve Medicare services and will help other people with Medicare choose a health plan.

- **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?**

  This survey collects information about important aspects of your experience with healthcare and prescription drug plan services through Medicare. Medicare uses these data to provide information about the quality of the services you and other Medicare enrollees receive. That information can help other people when they are deciding which Medicare option is best for them.

- **How will the data be used?**

  The data from the survey compare consumer experiences 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 website (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, at 1-800-MEDICARE.

- **How long will this take?**

  The Medicare surveys take about 10 to 15 minutes to complete. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH OR DRUG PLAN-SPECIFIC QUESTIONS.*

- **What questions will be asked?**

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

- **Should I consider healthcare received by telephone or video call?**

  Yes. Please answer each question thinking about the times you got health care either in-person, by phone, or by video call.

- **I have already mailed the survey back. / I already completed the survey online.**

  Our records indicate we don't have a survey on file from you, and our records are updated regularly. Your responses are very important, and we want to make sure we share your feedback with CMS. We would appreciate it if you could complete this survey now over the phone.

- **I just completed another survey. Do I need to complete this one?**

  The Centers for Medicare & Medicaid Services, a federal agency within the Department of Health and Human Services, conducts multiple surveys with Medicare enrollees, such as the Medicare Health Outcomes Survey or Provider Experience Survey. You may have completed one of these other CMS surveys. This is a different survey, and important aspects of your experience with healthcare and prescription drug plan services are collected through this survey. We would appreciate it if you could complete this survey now over the phone.

- **I do not speak [language] well. Could you send me a survey in [language]?**

  Currently, the MA&PDP CAHPS Survey is not offered in [language]. We have made a note of your request, which will be communicated to the Centers for Medicare & Medicaid Services for consideration for future surveys. Thank you for your time.

II. Concerns About Participating in the Survey

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

  Your 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 health and prescription drug plans. Your participation is very important.

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

  Please answer the questions based on your experience with Medicare. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other enrollees receive. Your participation is very important.

- **I changed Medicare plans. I no longer belong to [HEALTH OR DRUG PLAN]. I don't think I should be answering these questions.**

  If you changed your Medicare plan for 2027, please answer the questions based on your experience with Medicare in the last six months of 2026. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other enrollees receive. Your participation is very important.

- **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 enrollees within your plan.

- **How did you get my email/phone number?**

  Medicare and your health plan provide the contact information for all randomly selected enrollees.

- **I do not participate in surveys.**

  I understand. However, I hope you will consider participating. This is a very important study for [HEALTH OR DRUG PLAN]. The results of the survey will help Medicare understand the quality of health care and prescription drug services you are receiving.

- **I'm not interested.**

  [HEALTH OR DRUG PLAN] could really use your help. Your participation will assist in the improvement of health care and prescription drug services for other enrollees.

- **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 may take about 15 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 [ENROLLEE SPECIFY] so that the call does not use any of my cell phone minutes?**

  Yes, we can call you back at [ENROLLEE SPECIFY].

  [IF THE CALL BACK CANNOT BE MADE AT THE ENROLLEE'S SPECIFIED TIME] 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 OR DRUG 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 or drug 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 OR DRUG PLAN] provides and will also help other consumers make informed decisions when they choose a health or drug plan.

- **Will I get junk mail/spam if I answer this survey?**

  No, you will not get any junk mail or spam emails as a result of participating in this survey. Names, phone numbers, emails, 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 online, through mailings, or through 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 & 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 OR DRUG 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 health and drug care.

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

  Your doctor will not see your survey responses.

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

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

- **I have VA coverage. I don't think this survey applies to me.**

  Although you have VA coverage, CMS records indicate that you are also enrolled in (HEALTH PLAN). Even if you don't use this health plan, the information you provide by answering the survey will give CMS information that is important to assuring quality care for people with Medicare.

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 or enter your name or address in the web survey. Each survey has been assigned an identification number that allows us to keep track of which enrollees have returned a completed questionnaire.

- **Survey Vendor receives an inbound call prior to the start of the inbound CATI 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 / by email]. 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. After you receive the survey [in the mail / by email], you may call back to complete the survey by telephone. If you do not return a completed survey by mail or online, you will be contacted by telephone at a later date.

- **AFTER SECOND SURVEY MAILING: Can you mail me another survey?**

  Sorry, we're not able to mail another survey at this time. Your responses are very important and we want to make sure we share your feedback with CMS. We would appreciate it if you could complete this survey now over the phone.

- **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, you may have someone complete the survey for you, or give you help to complete it. 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. It is usually a family member or relative, but it could also be a caregiver or a close friend.

CONDUCTING A PROXY INTERVIEW

While enrollees 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 enrollee. The interviewer must obtain the enrollee's permission to have a proxy respondent assist him/her. If the interviewer is unable to speak to the enrollee directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **There was no section on the online/mail survey to write comments about my health plan. Can I leave my comments with you?**

  Unfortunately, our system is not set-up to record comments about a health plan. If you have any additional comments you would like to share regarding your health plan, please call 1-800-MEDICARE and speak with a representative.