

**Medicare Advantage and  
Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

***Quality Assurance  
Protocols & Technical  
Specifications***

**Version 9.0**

November 2018



# **Medicare Advantage and Prescription Drug Plan CAHPS<sup>®</sup> Survey**

## ***Quality Assurance Protocols & Technical Specifications V9.0***

### **ACKNOWLEDGMENTS**

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CMS is pleased to acknowledge the role of the Agency for Healthcare Research and Quality, its CAHPS grantees, and Westat in developing and testing the MA & PDP CAHPS Survey.



**MA & PDP CAHPS SURVEY**  
**QUALITY ASSURANCE PROTOCOLS & TECHNICAL SPECIFICATIONS V9.0**

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# I. READER'S GUIDE

## **Purpose of the *Quality Assurance Protocols & Technical Specifications V9.0***

The *Quality Assurance Protocols & Technical Specifications V9.0* for the Medicare Advantage & Prescription Drug Plan (MA & PDP) CAHPS<sup>®1</sup> 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 V9.0* for detailed information on the requirements, protocols, and procedures for the administration of the MA & PDP CAHPS Survey.

## **Quality Assurance Protocols & Technical Specifications V9.0 Content**

The *Quality Assurance Protocols & Technical Specifications V9.0* 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 contract members for the MA & PDP CAHPS Survey and information about the process that 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, data retention, and quality control guidelines.

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<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.



**Data Coding and Data Preparation**

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

**Event Reports**

This section describes the process for providing CMS with a report of any events or activities that impact vendor adherence to the standard MA & PDP CAHPS Survey protocols and specifications that may occur during the data collection process.

**Appendices**

- Minimum Business Requirements
- Data Use Agreement Application Form
- Survey Vendor Access to the MA & PDP CAHPS Data Warehouse
- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Telephone Surveys
- Frequently Asked Questions for Customer Support
- Instructions for Survey Vendors on Accessing the Data Warehouse
- Sample File Record Layout
- Survey File Record Layout
- Event Report Form
- Survey Items Applicable to All Respondents
- List of Reportable Measures
- English Cover Letters and Mail Questionnaires
- English CATI Instructions and CATI Scripts
- Guidance for Supplemental Questions
- Guidance on Appending Data

**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](http://www.ma-pdpcahps.org).

**To Provide Comments or Ask Questions**

For information and technical assistance, contact the MA & PDP CAHPS Survey Project Team via email at: [MA-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org) or by calling toll-free at: 1-877-735-8882.

To communicate with the Data Coordination Team, please email:

[MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

To communicate with CMS staff, please email: [MP-CAHPS@cms.hhs.gov](mailto: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) and Medicare Prescription Drug Plans (PDP) via the Medicare CAHPS Survey, a survey of beneficiaries who have been enrolled in their contracts continuously for six months or more. 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<sup>®</sup>) 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 and PDP CAHPS Surveys 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 and PDP contracts 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, and PDP contracts
- Measure the quality of care from the beneficiary's perspective for use in value based purchasing

### **New for 2019**

The Medicare CAHPS Survey (hereafter referred to as the Medicare Advantage and Prescription Drug Plan [MA & PDP] CAHPS Survey) will be offered in Korean. Use of the Korean language questionnaires is **optional** and shall be done at the request of the contract. When the Korean language questionnaires are used, they must be available for both mail and telephone administration. Plans should request Korean language survey administration for contracts that include a plurality of Korean-speaking or preferring members.

Other changes for 2019 include:

- Monitoring procedures for all languages must be in place at the start of the outbound CATI period
- Monitoring of recorded calls must be completed within three days of the recording. Any needed performance feedback must be delivered to interviewers no later than their next scheduled work shift after the review of the recording.
- Vendors must complete and submit an MA & PDP CAHPS Vendor Report of Outbound CATI. The Excel template for the report will be provided to survey vendors via email and the first report is due May 3, 2019. Vendors may be required to submit additional follow-up reports on a weekly basis during outbound CATI.
- Data Append requests must include the categories the data items would be classified into plus their associated counts (e.g., number of beneficiaries in a county, number of providers in a medical group, etc.)
- Survey vendors may print questionnaires on white paper (with or without a highlight color) or on colored paper. Use of colored paper must be limited to pastel hues; colors that may reduce readability, such as neon or dark colors, are prohibited.
- Clarification has been provided in the Data Coding and Data Preparation chapter to determine which final disposition code to select when two final disposition codes may apply

## About the Survey

The MA & PDP CAHPS Survey includes three questionnaires: MA-only, MA-PD and PDP. While the MA-only and MA-PD 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, 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 Prescription Drug Plan, and About You.

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 questions associated with the screener questions.

For scoring and reporting purposes, some questions are combined into the following composite measures:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well (reported to contracts – not reported to consumers)
- Customer Service
- Getting Needed Prescription Drugs (MA-PD and PDP)
- Care Coordination

In addition to the publicly reported composite measures listed above, the survey questionnaires include several publicly reported “member overall” ratings based on a 0-10 scale, where 0 is the lowest rating and 10 is the highest:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan (MA-PD and PDP)

The MA CAHPS Survey also includes the following single item measures, which are publicly reported:

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

*Note: Please see Appendix L for the survey questions that comprise the measures described above.*

Other measures reported to contracts include:

- Reminders to fill prescriptions
- Reminders to take medications

## **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 an MA contract or PDP for six months or more, 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 the previous year 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. Beginning with 2012 MA & PDP CAHPS Survey administration, CMS required all MA organizations, 1876 cost contracts and Part D sponsors with 600 or more enrollees as of July the previous year to contract with approved MA & PDP CAHPS Survey vendors to collect and report MA & PDP CAHPS Survey data. Medicare-Medicaid plans (MMP) began fielding the survey in 2015.

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. CMS will continue to implement the Medicare CAHPS Survey for enrollees in FFS Medicare.

### **Public Reporting and Use of the 2019 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](http://www.medicare.gov)). The survey results are used by beneficiaries to assist in their selection of an 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 use of measures to manage the program; devise, implement and monitor quality improvement efforts; and make policy decisions. Beginning in 2012, the CAHPS data have been included in the Star Ratings for MA Quality Bonus Payments. CMS will also continue to make the FFS Medicare CAHPS measures available to the general public.

## 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 and PDP contracts are allowed to notify beneficiaries that they may be asked to participate in the 2019 MA & PDP CAHPS Survey. If a contract chooses to notify beneficiaries that they may receive a survey, then all beneficiaries must be notified. Certain types of 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. For instance, survey vendors, contracts or their agents are not allowed to:

- 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 to prompt, influence or increase participation
- Show or provide the MA & PDP CAHPS Survey or cover letters to beneficiaries prior to the administration of the survey
- Indicate that the health or drug plan's goal is for all beneficiaries to rate them a "10," "Definitely yes" or "Always"

Survey vendors, contracts or their agents are strongly discouraged from:

- Fielding other surveys of beneficiaries four weeks prior to, during and four weeks after the 2019 Medicare CAHPS Survey administration (generally anytime from February 7 to June 28, 2019 – this guideline does not apply to other CMS-sponsored surveys)

*Note: Health plans are permitted to conduct focus groups during MA & PDP CAHPS Survey administration; however, the MA & PDP CAHPS Survey Project Team strongly discourages health plans from asking any questions contained in the MA & PDP CAHPS 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 protocols, sample files, timeline, and description of the data submission tools through distribution of the *Quality Assurance Protocols & Technical Specifications V9.0* for the 2019 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 MA & PD CAHPS Survey Web site: [www.ma-pdcahps.org](http://www.ma-pdcahps.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 Star 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](http://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-pdcahps.org](http://www.ma-pdcahps.org).
- Authorize the survey vendor to submit MA & PDP CAHPS Survey data on their behalf by completing the web-based survey vendor authorization process
- Preview MA & PDP CAHPS Survey results prior to public reporting

### **Survey Vendor Roles and Responsibilities**

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

- Participate via webinar in the MA & PDP CAHPS Survey vendor training **and** successfully complete the Post Training Quiz that will be conducted immediately at the conclusion of the 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 V9.0*
  - Returning survey vendors must submit a signed statement attesting that all data collected and submitted to CMS by survey vendor and all subcontractors engaged in survey activities are accurate and complete

- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample file and any other CMS data specified in the DUA (see Appendix B). Survey vendors must ensure that:
  - The DUA is updated in a timely manner any time there is a change in contact information and all contact information is accurate
  - Current DUAs are extended before their expiration date if necessary. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs which are expired.
  - Current DUAs are updated to include the 2019 survey administration data
  - A DUA Addendum is submitted for each subcontractor that views beneficiary-level data (e.g., name, address, telephone number)

*Note: A subcontractor that submitted a DUA Addendum for a previous survey administration period, and is already added to the survey vendor's DUA, is not required to submit a DUA Addendum for 2019 survey administration. The survey vendor should verify that all subcontractor contact information is correct.*

For more information, please visit the CMS DUA Web site: <https://go.cms.gov/privacy>.

The DUA signed by each survey vendor restricts the use of CMS data and any additional data items that a survey vendor may append to the sample file or beneficiary survey data. Note that any and all data that is appended to the sample file or beneficiary survey data for the purpose of providing reports or analysis for contract clients must be approved in advance. No data may be appended without advance written permission from CMS. **Survey vendors must submit all approval requests in advance via email to [MA-PDPCAHP@HCOIS.org](mailto:MA-PDPCAHP@HCOIS.org). The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), and a brief summary (approximately three to five sentences) of the proposed analysis. The descriptions of the data items to be appended must include sufficient detail for CMS to understand what identifier is being appended and the purpose of the analysis. Please do not use acronyms to describe identifiers and clearly denote all the categories that comprise the identifier (e.g., indicate the specific region categories if requesting to append "Region" to the survey data file, and include counts appropriate to the identifier, such as number of beneficiaries within a region, number of providers within a medical group, etc.). No data may be merged or appended without prior written approval from CMS.**

**Survey vendors must submit data append requests to the MA & PDP CAHPS Technical Assistance email ([MA-PDPCAHP@HCOIS.org](mailto:MA-PDPCAHP@HCOIS.org)) using the Excel template format included in Appendix P.** Submissions that do not use the required template will be returned. After the MA & PDP CAHPS Survey Project Team receives the requests for appending data, a confirmation email will be sent to the requesting survey vendor within two business days of the emailed submission request. If a confirmation email is not received within two business days, resubmit/resent the email or contact the Technical Assistance line to confirm receipt. See Appendix P for guidance on appending data and examples of requests that may be approved.

**Approvals to append data are for the current calendar year only. Data append requests must be submitted for approval each survey administration period.**

*Note: No information based on fewer than 11 sampled members can be released. This means that no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. No number smaller than 11 should appear in any material provided to your client. For example, **if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed**, even if 11 or more responses were received for the corresponding question as a whole. These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.*

- 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 V9.0*
- 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 Data Warehouse in accordance with the data file specifications in the *Quality Assurance Protocols & Technical Specifications V9.0* by the data submission deadline established by CMS
  - All returned surveys received up to three days prior to the Interim Data File submission due date must be processed and included in the Interim Data File submission
  - Survey vendors must submit a signed Attestation Statement with both the interim and final data submission files affirming the accuracy and completeness of the data files
- 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: In order for the MA & PDP CAHPS Survey Project Team to perform the required oversight activities, organizations that are approved to administer the MA & PDP CAHPS Survey must conduct all of their business operations within the United States. This requirement also applies to all staff and subcontractors.*

*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 Star Ratings produced annually for the Medicare Plan Finder tool.*

Approved survey vendors are required to maintain a minimum of one active MA & PDP CAHPS Survey client contract for at least one of two consecutive survey cycles. If a survey vendor does not have any client contracts for a period of two consecutive survey cycles, survey vendor's "approved" status for MA & PDP CAHPS Survey administration will be withdrawn.

## Survey Vendor MA & PDP CAHPS Survey Training

CMS approval to administer the MA & PDP CAHPS Survey is contingent on a vendor's successful completion of training. Vendors 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, Telephone Survey Supervisor and Mail Survey Supervisor are required to participate in the training programs in their entirety. In addition, the survey vendor must successfully complete the Post Training Quiz administered immediately upon completion of the mandatory training. It is also recommended that the survey vendor's Project Director, and staff members who decrypt the sample file, perform sample file quality checks, program the CATI script, and prepare and submit the survey data file attend the training. If a subcontractor will be conducting any of the following functions, at least one representative from that subcontractor must attend training: inserting or survey packet preparation; processing of returned mail surveys; or conducting telephone interviews (CATI administration). 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 V9.0 and All Policy Updates

The *Quality Assurance Protocols & Technical Specifications V9.0* 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](http://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 V9.0*. 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 V9.0*. The Model QAP document (see Appendix D) 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
  - Include a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
  - Include a detailed description of the process for obtaining and updating beneficiary telephone numbers
  - Include a description of the process for monitoring telephone interviewers in English and Spanish and, if applicable, Chinese, Korean, and Vietnamese

- 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 (screenshots) via email to [MA-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org) for review by the MA & PDP CAHPS Survey Project Team. Please monitor the *Quality Assurance* page on the project web site for the QAP submission date.

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

Each approved survey vendor is required to designate a primary Data Administrator within their organization who is 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 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 Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS 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 Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator, Back-up Data Administrator and Project Manager roles. The new Data Administrator will be required to create a new password for the survey vendor's MA & PDP CAHPS 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 Survey Project Team by completing a Vendor Access to MA & PDP CAHPS Data Warehouse Form (found in Appendix C) and emailing it to the MA & PDP CAHPS Data Coordination Team. Once the Data Coordination Team has verified the information on the Vendor Access to MA & PDP CAHPS Data Warehouse Form 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's Data Administrator and Back-up Administrator will each receive an email invitation to the MA & PDP CAHPS Data Warehouse, which includes a request to establish a password. Each individual will access the warehouse using his or her unique login and password. 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 Data Warehouse. In addition, survey vendors must submit MA & PDP CAHPS Survey data to the MA & PDP CAHPS 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 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 2019 MA & PDP CAHPS Survey. A random sample of Medicare beneficiaries by MA-only, MA-PD or PDP contract will be pulled from the Integrated Data Repository (IDR) in January 2019 by CMS.

### Sample Selection and Eligibility Criteria

In January, samples for the MA & PDP CAHPS Survey will be selected for MA and PDP contracts' current enrollees (each contract is identified by its name and five-digit contract number, including leading letters "H," "R," "E," or "S"). These contracts include 1876 cost contracts and Medicare-Medicaid Plans. The target sample size varies by type of contract. MA contracts, with or without a PDP component, will survey approximately 800 cases. Those MA contracts with between 600 and 800 eligible enrollees will survey all eligible cases. PDP contracts will survey approximately 1,500 cases. Those PDPs with between 600 and 1,500 eligible enrollees will survey all eligible cases. All contracts with fewer than 600 eligible enrollees are not required to field the survey; if the number of eligible enrollees is between 450 and 599, a contract may field the survey on an optional basis. Contracts that choose to participate will have their scores reported and used in Star Ratings.

To be included in the MA & PDP CAHPS survey, contracts have to have a sufficient number of eligible beneficiaries continuously enrolled in that same contract for at least six months at the time of the sample draw in January. Continuous enrollment in the contract is determined using CMS monthly enrollment data. When a contract is listed in CMS' Health Plan Management System (HPMS) as a consolidation, merger, or novation between July of the prior year and January of the year when the CAHPS sample is drawn, the sampling frame for the surviving contract includes only enrollees whose members meet the 6-month continuous enrollment criteria within that same contract. If a contract member has any gaps in the CMS monthly enrollment data, he or she is excluded from the sample. Continuous enrollment is one of several eligibility criteria. Beneficiaries also had to be 18 years old or older at the time of the sample draw. Institutionalized beneficiaries are not eligible for selection and, if identified during data collection, are excluded from the analysis. All sampled members who are determined to be under 18 years of age; deceased; reside outside the United States, Puerto Rico, or U.S. Virgin Islands; 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). Additionally, CMS sample procedures prevent the selection of more than one enrollee per household.

In MA contracts 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 an MA-PD contract must be sent the MA-only questionnaire.*



### Do Not Survey List

Survey vendors may maintain a list of beneficiaries who have requested removal from contact for future surveys. Contracts may provide their “Do Not Survey” list to supplement survey vendor’s list. If a vendor uses a “Do Not Survey” list provided by a contract, the vendor must document the process used to place beneficiaries on the list. If a beneficiary named in the survey vendor (or contract client) “Do Not Survey” list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** begun, that beneficiary may be removed from the sample and assigned a Final Disposition Code of “40 – Excluded from survey.” If a beneficiary requests to be placed on a “Do Not Survey” list **after** data collection has begun, that beneficiary record should be assigned a Final Disposition Code of “32 – Refusal.”

### Oversampling

CMS will allow oversampling for the 2019 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 December 3, 2018.

*Note: If insufficient eligible enrollees are available to completely fill an oversample request, CMS attempts to fill the request up to the level of eligible beneficiaries.*

### Sample Preparation

The survey sample will be delivered by CMS to the MA & PDP CAHPS 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 2019. 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 H.

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 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

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
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	1-3	Survey Type code: indicating which survey version to administer: 1 = MA-only; 2 = MA-PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
LAND/MOBILE	353	1	L/M/U	L = Land line; M = Mobile; U = Unknown
SPANISH PREFERENCE	354	1	Y/N	“Y” Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	355	1	Y/N/U	Low Income Subsidy indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	356	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
MMP	357	1	Y/N	“Y” Indicates the contract is an MMP contract

## Retrieving the Sample File

Once the MA & PDP CAHPS Data Coordination Team receives and prepares the 2019 sample, a sample file for each contract will be created and disaggregated by survey vendor (creating a sample file for each survey vendor). The MA & PDP CAHPS Data Coordination Team will then distribute these files to the appropriate survey vendors via the MA & PDP CAHPS Data Warehouse. Survey vendors will download their sample files and undertake their data collection activities (see Appendix G for detailed instructions for accessing the MA & PDP CAHPS Data Warehouse and for downloading a file from this warehouse).

*Note: Survey vendors must be authorized by their client contracts to obtain the 2019 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 a Vendor Access to MA & PDP CAHPS Data Warehouse Form before the survey vendor can obtain their sample files for the 2019 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-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org)
- Toll-free telephone: 1-877-735-8882

For additional information and technical assistance **related to the use of the MA & PDP CAHPS Data Warehouse or data submission issues**, contact the MA & PDP CAHPS Data Coordination Team via email only at:

- [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto: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](http://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 2019 MA & PDP CAHPS Survey consists of three different questionnaires: MA-only, MA-PD 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. The PDP questionnaire includes only questions about the prescription drug plan.

The standard protocol used in the administration of all three of the questionnaires for 2019 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. Interviewers should be prepared to conduct the survey in English and Spanish, and, if applicable, Chinese, Korean, and/or Vietnamese.

*Note: As mentioned previously, if a contract provides a list containing individuals requesting not to be contacted for the survey, and data collection **has not been** initiated, the names on the list must be excluded from survey administration and any corresponding sample record should be coded as "40 – Excluded from Survey." If a contract provides a list containing individuals requesting not to be contacted for the survey, and data collection **has been** initiated, data collection should be suspended for the names on the list and any corresponding sample record should be code as "32 – Refusal."*

## 2019 Data Collection Schedule

The basic tasks and timing for conducting the 2019 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*

<b>Task</b>	<b>Date</b>	<b>Time Frame in Survey Field Period</b>
Survey vendors must complete and email a Vendor Access to MA & PDP CAHPS Data Warehouse Form to <a href="mailto:MA-PDPCAHPSTECHSUPPORT@rand.org">MA-PDPCAHPSTECHSUPPORT@rand.org</a>	11/15/2018	-112 days
Survey vendors must submit English mail survey materials and English MA-PD CATI screenshots to the MA & PDP CAHPS Survey Project Team via <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a>	11/27/2018	-100 days
Plan request for contract-level oversample (Authorized contract staff submit a web-based request in which they select the desired contract, enter the size of the requested oversample)	12/3/2018	-94 days
Survey vendors provide toll-free customer support telephone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2019 customer support must be provided to <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a> . CMS will generate customized pre-notification letter for each vendor that includes the telephone number provided at a later date.)	12/5/2018	-92 days
Plan must complete the web-based survey vendor authorization process to designate a survey vendor for each contract eligible for the 2019 MA & PDP CAHPS Survey	12/5/2018	-92 days
Survey vendors must submit any supplemental questions for approval	12/6/2018	-91 days
Survey vendors must submit Spanish (and Chinese, Korean, and Vietnamese, if applicable) mail survey materials to the MA & PDP CAHPS Survey Project Team via <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a>	12/18/2018	-79 days
Survey vendors must complete and submit a new DUA or update existing DUA to CMS and provide a confirmation to the MA & PDP CAHPS Technical Assistance email ( <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a> ). Subcontractors that see beneficiary-level data (e.g., name, address, telephone number) must also have a DUA Addendum in place with CMS.	1/3/2019	-63 days
Survey vendors must submit QAP to the MA & PDP CAHPS Survey Project Team via <a href="mailto:MA-PDPCAHP@HCQIS.org">MA-PDPCAHP@HCQIS.org</a>	1/8/2019	-58 days

*Data Collection Tasks*

<b>Survey Vendor Task</b>	<b>Date</b>	<b>Time Frame in Survey Field Period</b>
Vendors download 2019 sample file	2/14/2019	-21 days
Mail out a pre-notification letter to all sampled members one week before the first survey questionnaire mailing	3/7/2019	day 1
Customer support telephone center opens (Toll-free telephone number required)	3/8/2019	days 2 – 86
Mail-out of the first questionnaire with cover letter within one week of the pre-notification letter. Begin inbound CATI protocol.	3/13/2019 – 3/14/2019	days 7 – 8
Mail-out of second mailing of questionnaire with cover letter to all non-respondents within <u>four</u> weeks after first mailing	4/3/2019 – 4/4/2019	days 28 – 29
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey (First attempt must occur during this time)	4/24/2019 – 4/30/2019	days 49-55
Conduct additional telephone attempts by CATI according to the following specifications: <ul style="list-style-type: none"> <li>• Call attempts must occur in three different calendar weeks</li> <li>• Call attempts must be scheduled at different times of the day and on different days of the week</li> <li>• The 5th call attempt must occur no sooner than 21 days after the 1st call attempt, if a 5th call attempt is necessary</li> </ul>	5/1/2019 – 5/31/2019	days 56 – 86
Submit interim data files to CMS (RAND). Survey vendors may begin to submit data on 4/30/2019 but <b>must</b> have an interim data file submitted, and deemed to be fully correct and accepted, by 5/2/2019. No interim submission of MMP data is required.	4/30/2019 – 5/2/2019	days 55 – 57
Cutoff date for returned mail surveys	5/31/2019	day 86
Customer support toll-free line closes	5/31/2019	day 86
Outbound telephone interviewing ends	5/31/2019	day 86
Submit final MA & PDP CAHPS data files to CMS approximately two weeks after close of data collection via the Data Submission Web site provided by the RAND Corporation. Data can be submitted as early as 6/18/2019 but vendors <b>must</b> have a final data file submitted, and deemed to be fully correct and accepted, by 6/20/2019.	6/18/2019 – 6/20/2019	days 104-106
Vendors serving MMP contracts submit the data from the fixed set of national MMP supplemental items approximately three weeks after the close of data collection via the Data Submission Web site provided by the RAND Corporation. Data can be submitted as early as 6/25/2019 but vendors <b>must</b> have a final data file submitted, and deemed to be fully correct and accepted, by 6/27/2019.	6/25/2019 – 6/27/2019	days 111 – 113



## Description of the Questionnaires

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 three questionnaires. 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:

<i>Questionnaire</i>	<i>Core Questions</i>	<i>About You Questions</i>
<i>MA-only</i>	<i>1-40</i>	<i>41 - 63</i>
<i>MA-PD</i>	<i>1-47</i>	<i>48 - 68</i>
<i>PDP</i>	<i>1-9</i>	<i>10 - 26</i>

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, 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 Prescription Drug Plan, and About You.

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 contract 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.

## Inbound CATI Protocol

MA & PDP CAHPS Survey administration requires all survey vendors to provide **inbound** Computer Assisted Telephone Interviewing (CATI) interviews during the mail component of the mixed mode data collection. If a sampled member calls the survey vendor customer support telephone number requesting to complete the survey by telephone, the survey vendor must have in place the means to conduct the MA & PDP CAHPS Survey by telephone. This will require that CATI data collection be operational for inbound requests at the start of the mail administration protocol time period (i.e., mailing of the first survey packet). Survey vendors must have procedures in place to conduct 10% monitoring of inbound telephone calls originating from the customer support line from the start of survey administration across all interviewers and all languages in which the survey is administered.

If an interviewer is not available at the time of the sampled member's inbound call, then the survey vendor is permitted to:

- Schedule an appointment to call the sampled member at the time requested by the sampled member
  - If the survey vendor calls at the scheduled time and receives no response, the survey vendor must make at least one additional attempt (on the next day at the same time) to contact the sampled member

If an MA & PDP CAHPS Survey is not completed as a result of the inbound CATI protocol, then the standard mail and telephone CATI protocols should be resumed and continued.

- Inbound CATI call attempts with an unsuccessful survey completion do not count toward the five call attempts of the telephone protocol

*Note: The CATI script includes introductory text for inbound calls from beneficiaries requesting to complete the survey.*

## 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 2019 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 Chinese, Korean, and Vietnamese translations of the MA & PDP CAHPS Survey questionnaires. The Chinese translation is appropriate for members who speak Cantonese or Mandarin.
- Survey vendors will be provided with MA & PDP CAHPS Survey questionnaires in all available languages (English, Spanish, Chinese, Korean, and Vietnamese), 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, survey vendors cannot change the wording of survey questions, the response categories or the order of questions
- Survey vendors cannot modify the wording of the pre-notification letter or the survey cover letters. Taglines or branding language added to cover letters at the request of a contract must be approved by CMS. CMS approval of taglines or branding text is required for each survey administration period.
- 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 permits the addition of supplemental survey questions that have been submitted to and approved by CMS. These supplemental questions may be placed on the survey questionnaires as described later in this section.

*Note: Each survey vendor that has been authorized by at least one plan (contract) to collect data must submit copies of their survey mailing materials (survey cover letters and questionnaires for all three survey types: MA-only, MA-PD and PDP) for review by the MA & PDP CAHPS Survey Project Team. Each survey vendor must also submit a copy of only the MA-PD CATI telephone scripts (screenshots) for review by the MA & PDP CAHPS Survey Project Team with an assurance that the MA-only and PDP versions will be in compliance with any corrections identified. 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. The questionnaires and cover letters 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 if applicable, Chinese, Korean, and/or Vietnamese survey materials including questionnaires, pre-notification letters, and survey cover letters required for the administration of the survey, including for sampled members who request the survey in a language other than the one they received (i.e., English, Spanish, or optional Chinese, Korean, and Vietnamese).

## 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

## Pre-notification Letter

- 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 survey 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 be dated March 7, 2019
- The pre-notification letter envelope must be marked “Return Service Requested” or “Change Service Requested” or “Address Service Requested” or “Electronic Service Requested” to update records for beneficiaries who have moved. In addition, the CMS logo must appear with the survey vendor’s return address.

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

- The pre-notification letter envelope and any outgoing questionnaire mailing envelopes **must not** be printed with any banners such as “Important Information Enclosed. Please Reply Immediately.” or messages such as “Important Information From the Centers for Medicare & Medicaid Services Enclosed.”

- 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, Korean, or Vietnamese-speakers, the survey vendor has the option of including an English-Chinese, English-Korean, or English-Vietnamese letter, instead of the English-Spanish letter

### **Cover 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 letter for the first questionnaire mailing must be dated March 14, 2019. The cover letter for the second questionnaire mailing must be dated April 4, 2019.
- 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 must be printed using the survey vendor logo, or the MA or PDP logo (or the MA or PDP 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 questionnaire mailings 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 one of the optional languages (Chinese, Korean, or Vietnamese), the cover letters may include text in that optional language inviting beneficiaries to call the survey vendor’s toll-free telephone number to request the survey translation.*

### **Envelopes**

- 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.
- Survey vendors have the option of placing the CMS logo on survey mailing envelopes

### **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 beneficiary’s name must not be printed on the questionnaire

- The first page of the questionnaire must include the survey instructions and the Office of Management and Budget (OMB) clearance statement, number and expiration date (4/30/21). (Note: OMB clearance statement, number and expiration date may be printed in 10 point font.)
  - The OMB statement, number and expiration date may also appear on the cover letter
- All survey instructions must be written at the top of the first page of the questionnaire
- 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 presentation of questions and response options (vertical vs. horizontal presentation of response options, use of matrix or grid format) cannot deviate from the format presented in the survey templates provided by the MA & PDP CAHPS Survey Project Team. That is, response choices must be listed individually for each question, not presented in a matrix format which simply lists the answer categories across the top of the page and the questions down the side of the page. 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. The only questions approved for presentation in a matrix or grid format are the required survey items listed below, and matrix formatted supplemental questions approved by CMS.
  - MA-only (Q48)
  - MA-PD (Q41, Q53)
  - PDP (Q3, Q15)
- The contract marketing name provided in the sample file must be printed on the back page of the survey. In addition, CMS permits survey vendors to include a list of Plan Benefit Names on the last page of the survey(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 contract marketing name. The contract number is not to be included on the last page of the survey instrument(s).

*Example:*

*Contract marketing name: XYZ Plan*

*You may also know your plan by one of the following:*

  - ABC Plan*
  - CDD Plan*
  - EFG Plan*
- A form tracking ID linked to the Unique Respondent Finder Number must be printed on the last page of each survey

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

- An identifier to differentiate between the first and second survey mailing must be included on each survey
- The survey vendor's return address for mail processing must be added to the back cover of the questionnaire and the bottom of the last page containing survey questions (may be the same page) 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 must be printed with black text. Survey vendors may print questionnaires on white paper (with or without a highlight color) or on colored paper.
  - Use of colored paper must be limited to pastel hues; colors that may reduce readability, such as neon or dark colors, are prohibited
- All questionnaires must be printed using a font size of Arial 11 point or larger
- 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

### 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 to ensure that they are easy to read, thus increasing the likelihood of receiving a completed survey:

- Placing a code on the mail survey is permitted to assist the survey vendor's customer service staff in identifying the survey type when assisting beneficiaries
- Two-column format
- 12 point font size
- Wide margins (at least  $\frac{3}{4}$  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 or subscript. Pre-codes should not be used on 0-10 responses.*

### Supplemental Questions

All supplemental questions for proposed use in the 2019 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval using the Excel template found in Appendix O. Submissions that do not use the required template must be resubmitted using the correct template. Questions for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by health plan). Contracts are permitted to add a maximum of 12 supplemental questions to the questionnaire. All supplemental questions must be submitted electronically no later than December 6, 2018 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval. After the MA & PDP CAHPS Survey Project Team receives the questions for consideration, a confirmation email will be sent to the survey vendor that will include the number of supplemental items and the date the items were received. The survey vendor must confirm the count of supplemental items and notify the MA & PDP CAHPS Survey Project Team of any discrepancies. If no confirmation email has been received by the survey vendor within two business days, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

*Note: Questions from the 2016 MA & PDP CAHPS survey versions that were deleted from the 2017 surveys are approved as supplemental questions and do not need to be submitted for approval. Any questions previously approved for 2018 survey administration are automatically approved and do not need to be resubmitted for 2019. Previously approved questions cannot be revised in any way. Questions denied for 2018 survey administration cannot be resubmitted in the same format; they must be revised to conform to supplemental question guidance.*

Within the cap of a maximum of 12 supplemental questions, the exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. Each response-item in a supplemental question containing multi-response items (e.g., questions a through e) will count as one question toward the maximum cap of 12 supplemental questions. (For example, a supplemental question with sections a through e will count as five questions toward the maximum cap of 12 supplemental questions.)

Contracts and survey vendors must avoid using supplemental questions that:

- Pose a burden to the beneficiary by presenting a complex (multi-part) question or providing more than 5 response options
- 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
- Ask respondent how to improve any score previously given
- Use the phrase "In the last 12 months" (must only refer to a six month retroactive period)
- Are deemed by CMS to be similar to any of the MA & PDP CAHPS Survey questions
- Are similar or duplicative of the Medicare Health Outcomes Survey (HOS) (questions related to fall, exercise, urine leakage)
- Reference Star Ratings (in the question or response options)
- Ask respondent about the need for plan staff or provider training to improve treatment or services
- Ask any question that is not related to experience of health care (is not a report or rating of care or access to care) nor promotes quality improvement action with regard to care
- Address dollar amounts that beneficiaries pay
- Ask respondent what their future intentions are
- Ask respondent to compare their health with other people
- Ask respondent for their opinion of written materials
- Ask respondent to identify the reason health care services may not have been received

As a resource for possible supplemental questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ Web site. These items have been thoroughly tested; however, please note that some of these items may not meet the protocols for MA & PDP CAHPS Survey supplemental items. In addition, the following three MA-PPO questions from the 2012 MA & PDP CAHPS Survey may be considered as supplemental questions.

- 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? (Response options of "Yes" or "No")
- In the last 6 months, did you try to find out if a doctor was part of your health plan's network? (Response options of "Yes" or "No")
- Was the information you found on whether a doctor was part of your health plan's network accurate? (Response options of "Yes" or "No" or "I did not find the information")

Placement of approved supplemental questions must 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."*
- Supplemental questions added to the mail questionnaire must also be added to the corresponding CATI version of the questionnaire

### 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 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 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 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 a 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)
- 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
- The use of windowed envelopes is permissible, provided no personal information – other than beneficiary name and address – is visible through the window

## 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. Information on how to process receipt of blank surveys and multiple surveys from a single beneficiary is located in the Data Coding and Data Preparation chapter.

## 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) 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:
  - Fading, smearing and misalignment of printed materials
  - Appropriate survey content, accurate address information and proper postage of the survey packet
  - Assurance that all printed materials in a mailing envelope have the same unique identifier
- Include, track and verify “seeded mailings.” Check for timeliness of delivery, accuracy of address and accuracy of the content of the mailing. It is strongly encouraged that recipients of the seeded mailing be MA & PDP CAHPS Survey vendor staff at an address other than the vendor’s business address. Documentation of seeded mailings should be maintained to include date of receipt and any quality checks conducted on the seeded mail packet.
- Perform address validation to check for missing or incorrect information
- Perform address updates using the NCOA or other Postal Service and commercial address databases when available
- Conduct timely data verification

*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 2019 administration of the MA & PDP CAHPS Survey. This phase requires the use of computer-assisted telephone interviewing (CATI). 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 patterns.

*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, as promulgated under the Telephone Consumer Protection Act (TCPA).*

*Note: Survey vendor must submit an Attestation form to document that it has met its compliance or legal department's TCPA requirements for dialing cell phones.*

*Note: Survey vendors may program the caller ID to display "on behalf of [Health Plan Name]," with the permission and compliance of the health plan's HIPAA/Privacy Officer. Survey vendors **must not** program the caller ID to display only "[Health Plan Name]."*

### **Timing of the Telephone Phase of the Data Collection Protocol**

Following the mail phase of the data collection protocol for the 2019 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 an incomplete or blank 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 or partially completed survey by mail, survey vendors must follow-up by telephone to attempt to complete the survey over the telephone. Sampled members with an invalid or undeliverable mailing address for whom the survey 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. All survey vendors must pursue telephone numbers for beneficiaries eligible for phone follow-up from at least two sources from the list below:

- Sample file from CMS
- Number look-up service for 100% of the sample file
- Directly from plan
  - A list of numbers for **all** Medicare plan members
  - Sample must not be shared with plan
  - Share no information with plan that might identify a beneficiary
- Directory web sites or applications for 100% of the sample
- Directory assistance

Survey vendors should use multiple telephone numbers for beneficiaries if available.

*Note: Survey vendors must describe the process for handling multiple phone numbers for a single beneficiary during the telephone protocol of data collection in their QAP.*

### **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 up to five attempts have been made. Survey vendors are permitted to dial up to five attempts for each available phone number. After five attempts (per available phone number, if applicable) 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 5<sup>th</sup> call attempt must occur no sooner than 21 days after the first call attempt, if a 5<sup>th</sup> call attempt is necessary. In addition, a telephone attempt is defined as:

- 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 interviewer 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/privacy manager. The interviewer should then hang up the phone without leaving a message.

*Note: If additional numbers are dialed (after the original number is determined to be disconnected, non-working or a wrong number), each additional number may receive up to five call attempts.*

All sampled members must be called five times over no fewer than 21-calendar days 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 **not** 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, Chinese, Korean, and Vietnamese 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.

*Note: Each survey vendor with clients must submit copies of their English MA-PD CATI screenshots for review by the MA & PDP CAHPS Survey Project Team. 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. To provide CMS with information on “in progress” response rates during outbound CATI, all vendors must complete and submit an MA & PDP CAHPS Vendor Report of Outbound CATI using the Excel template provided by the MA & PDP CAHPS Survey Project Team. Vendors may be asked to submit updated reports on a weekly basis during the outbound CATI window.

## 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 non-directive probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. During the course of the survey, use of **neutral** acknowledgment words (Thank you, I understand, I see, Yes Ma’am, Yes Sir, or Let me repeat the question/responses for you) is permitted. The occasional use of the beneficiary’s name during the course of the interview is also permitted. 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 to ensure that they are following established protocols and procedures. In addition to providing quality control, monitoring promotes identification of interviewers in need of retraining and communication of feedback to interviewers. Each survey vendor must institute a telephone monitoring and evaluation program that supports timely identification of interviewers in need of retraining, and timely communication of feedback to interviewers. The monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors and their subcontractors, if applicable, must share in the 10% monitoring of all dialing attempts using the electronic telephone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews; be conducted across all interviewers and all languages in which the survey is administered; and be performed on different days and times of the day.
- Survey vendors must conduct 10% monitoring of inbound telephone calls originating from the customer support line from the start of survey administration
- Monitoring procedures for all languages must be in place at the start of the outbound CATI period
- The 10% monitoring of interviews must be conducted in all languages offered by the survey vendor (i.e., if Chinese, Korean, or Vietnamese administration is offered, those languages must be monitored)
- Monitoring of recorded calls must be completed within three days of the recording. Any needed performance feedback must be delivered to interviewers no later than their next scheduled work shift after the review of the recording.
- Survey vendors must 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 replaced, if necessary

## Proxy Respondents

While beneficiaries are encouraged to respond directly to the mail or telephone questionnaires, not all 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 contracts or survey vendors to offer incentives of any kind to prompt, influence, or increase participation.

## 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).

## Administering the Survey in Other Languages

CMS provides the translations of MA & PDP CAHPS Surveys and supporting materials in Spanish, Chinese, Korean, and Vietnamese. Note the Chinese language survey is appropriate for members who speak Cantonese or Mandarin, but survey vendors must maintain an interviewer pool that meets the needs of their Chinese speaking beneficiaries, if known (may require interviewers that speak both Cantonese and Mandarin). Spanish language questionnaires must be made available to all Spanish-speaking members (both in mail and telephone administration). Use of the Chinese, Korean, and Vietnamese language questionnaires is **optional** and shall be done at the request of the contract. When the optional language questionnaires are used, they must be available for both mail and telephone administration. The procedures detailed below are to be used for members who reside in the 50 U.S. states, the District of Columbia, and the U.S. Virgin Islands. Procedures for members who reside in Puerto Rico are detailed separately.

Survey vendors may do any of the following at the request of the contract:

- Include instructions for requesting a Spanish language questionnaire with the pre-notification letter and all mailings of the English language questionnaire. Instructions must be written in Spanish.
- Include a Spanish language questionnaire in all mailings of the English language questionnaire (this is commonly referred to as “double stuffing”). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.
- Send a Spanish language questionnaire only in all mailings of the survey to members known to prefer Spanish. Those members can be identified using language preference data received from the plan or contained in the SPANISH PREFERENCE field in the sample data.
- Include instructions for requesting an optional language (Chinese, Korean, or Vietnamese) questionnaire with the pre-notification letter and all mailings of the English language questionnaire. Instructions must be written in the optional language.
- Include an optional language questionnaire in all mailings of the English language questionnaire (“double stuff” packets). Such packets may be sent to all enrollees within a contract, or to a subset of enrollees within a contract based on language preference data received from the plan.
- Send an optional language questionnaire only in all mailings of the survey to members known to prefer the optional language. Those members would be identified using language preference data received from the plan.

*Note: Survey vendors must describe the process for distributing the survey in Spanish and/or Chinese, Korean, or Vietnamese (if applicable) in their QAP.*

### **Mailing the Pre-Notification Letter**

If the plan has **not** requested use of any of the optional questionnaire translations, survey vendors must 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.

**If the plan has requested use of any of the optional questionnaire translations**, survey vendors must 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 the optional language 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 **and** the survey vendor's toll-free telephone number for sampled members to call to request the optional language survey. All such requests must be mailed within two days of the telephone request.

### **Additional Guidance for Administering the Optional Survey Translations**

Health plans and survey vendors should follow the additional guidance below:

- Plans should request Chinese, Korean, or Vietnamese language survey administration for contracts that include a plurality of Chinese, Korean, or Vietnamese-speaking or preferring members
- If a plan provides a survey vendor with language preference data, the data must include all plan members for whom data are available or applicable. Survey vendors cannot provide any plan with names or other identifying information of sampled members. Survey vendors should use name, address, city, and state to confirm a match with the plan's language preference data.
  - Survey vendors should perform reviews of the language preference files received from contracts to ensure data quality, such as checking that the data in the language field are consistent with other fields provided by the contract

### **Administering the Survey for Members Residing in Puerto Rico**

Sampled plan members residing in Puerto Rico must receive **Spanish questionnaires as the default language**. Survey vendors must mail a pre-notification letter that is in Spanish on one side and in English on the other side. The pre-notification letter will provide the survey vendor's toll-free telephone number for sampled members to call to request an English language survey.

At the request of the plan, survey vendors may:

- Include instructions for requesting an English language questionnaire with the pre-notification letter and all mailings of the Spanish language questionnaire. Instructions must be written in English.
- Include an English language questionnaire in all mailings of the Spanish language questionnaire ("double stuff" packets). Such packets may be sent to all enrollees within a contract or to a subset of enrollees within a contract based on language preference data received from the plan.



- Send an English language questionnaire only in all mailings of the survey to members known to prefer English. Those members would be identified using language preference data received from the plan.

Otherwise, all sampled members residing in Puerto Rico must be mailed a Spanish language questionnaire on the first and all subsequent mailings, if needed. Sampled members assigned to telephone follow-up who reside in Puerto Rico must be called by a Spanish or bi-lingual (Spanish and English) interviewer, and CATI programmed in Spanish must be conducted with these sampled members.

### **Timing of Plans' Data Collection Efforts**

To avoid over-burdening beneficiaries, survey vendors, contracts or their agents are strongly discouraged from fielding other surveys of beneficiaries four weeks prior to, during or four weeks after the 2019 MA & PDP CAHPS Survey administration (anytime from February 7 to June 28, 2019), 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 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 Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto: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 Data Warehouse using PGP software (PGP is now owned by Symantec but is still referred to as PGP and may be purchased at <http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>). 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 survey vendor's folder. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. Similarly, the MA & PDP CAHPS Data Coordination Team will encrypt each survey vendor's sample files using a PGP Public Key, provided by the survey vendor. Data files submitted to the MA & PDP CAHPS 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 contract. No substitutions for valid data element values are acceptable.

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

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 appears 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, Phone Attempts, Survey Mailing, 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 mode for a mail survey that was not returned AND no phone number was obtained). 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 I.

### 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 returned a survey or initiated a CATI session. 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 “M – Missing” or “88 – 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 the mail survey administration of the “race” question, enter all of the response categories that the respondent has selected. Where one or more race categories are marked and some of the race categories are left blank, code the categories left blank as “2” for “No.” If **no** categories are selected, enter “M – Missing” for all categories.
- For the CATI administration of the “race” question where the respondent answers “Yes” to one category, e.g., white, and refuses to answer the remaining response options, then this question would be coded 1, 99, 99, 99, 99. If the respondent answers “Yes” to one category, e.g., white, and answers “No” to all the remaining response options, then this question would be coded 1, 2, 2, 2, 2.

The file record layout for the Beneficiary Survey Data Section will vary according to the questionnaire that was administered. Appendix I also includes a description of the file layout of the Beneficiary Survey Data Section for each questionnaire type, 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 required for “Final Survey Disposition” of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Incomplete or blank survey returned.” The Beneficiary Survey Data Section is left blank for all other disposition codes.*

## 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 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”
- If a value is missing, code as “M – Missing.” Survey vendors must not impute a response.
- When more than one response option is marked, code the value as “M – Missing”
  - 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.

Survey vendors must ensure scanning and key entry staff are trained on and understand decision rules to ensure uniformity in data coding.

### 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 should ask the beneficiary to answer the questions as best as they can, thinking about the plan they were enrolled in during 2018.

When a respondent breaks off the interview and subsequent questions are not asked, then “M – Missing” would be used to code all unanswered questions.

### Survey Skip Patterns

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.
- Respondents should skip items only when they actually choose a response that causes a skip. If a screener question is left blank, it does not trigger a skip. An error in the skip pattern will occur if a respondent left a screener question missing then skipped subsequent dependent questions. Counting dependent questions when there is no direct evidence that a skip has been triggered is preferable to inferring a respondent’s intentions based on an unanswered question.

- For mail questionnaire skip patterns
  - If the screener question is left blank, code it as “M – Missing.” In this scenario, code any unanswered dependent questions as “M – Missing.” Do not impute responses based on how the beneficiary answers questions.
    - In instances where the beneficiary made an error in the skip pattern, dependent questions are coded with the response provided by the beneficiary in the data submission files. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. However, these questions are not counted toward the number of “applicable to all” (ATA) or summary measure items in the calculation to determine a complete or partially complete survey.
  - Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
- For CATI questionnaire skip patterns
  - In instances where the beneficiary answers “I don’t know” or refuses to answer the screener question, code response options of “98 – Don’t Know” or “99 – Refused” respectively
  - When answer options of “98 – Don’t Know” or “99 – Refused” are used for coding screener questions, the skip pattern should be programmed into the CATI system. The resulting associated dependent questions should be coded as “88 – Not Applicable.”
  - Appropriately skipped dependent questions should be coded as “88 – Not Applicable”

*Note: For telephone follow-up via CATI, skip patterns should be programmed into the electronic telephone interviewing system. 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 – 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 I.

When the survey vendor has completed a survey or exhausted all attempts to do so, one of the Final Survey Disposition codes, listed later in this chapter, should be used in the file that is 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 Telephone Number for the Beneficiary” should be used.

## Survey Completion Guidelines

An incomplete questionnaire contains no responses for any reportable measure. A partially completed questionnaire includes response items answered for at least one reportable measure **and** for *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 L for a list of the reportable measures and Appendix K for ATA items in each questionnaire.

Once a completed or a partially completed survey is received, the case is finalized and additional mailings or telephone calls are not conducted. If a blank or incomplete survey is received, the case is not finalized and additional mailings and telephone calls are conducted. Mailings and calls after the receipt of a blank or incomplete mail survey 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 incomplete or blank survey.

If a beneficiary returns only one mail survey with responses, that survey is submitted. If a beneficiary returns two mail surveys with responses, use the following guidelines:

- If both surveys meet the criteria for a complete (code 10), submit the survey received first
- If both surveys meet the criteria for a partial complete (code 31), submit the survey received first
- If one survey meets the criteria for a complete (code 10) and the other meets the criteria for a partial complete (code 31), submit the complete survey

When a beneficiary responds by returning a survey but did not answer any of the reportable measures, 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 – Incomplete or blank survey returned” in the final data file submitted to CMS via the MA & PDP CAHPS Data Warehouse. Please note that any survey responses collected in this record are to be included in the file submission.

When calculating percent complete using Appendix K (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. When counting reportable measures, responses to dependent questions that should have been skipped are not counted toward the count of reportable items or ATA. In addition, when a question response option is coded “98 – Don’t Know” or “99 – Refused,” the response is treated as though it is a missing answer and not counted toward the “Reportable Measure” or “Survey Item Applicable to All Respondents.” A screener question left blank does not trigger a skip so subsequent responses to dependent questions should be included in the count of reportable items.

## 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, i.e., “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 from the **Final Survey Disposition Codes** table that follows, using these guidelines:

- If a beneficiary responds, completes or attempts to complete the survey, or returns a blank survey, assign an appropriate code of 10, 31 or 34
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from 22, 24, 32, or 33, describing the reason
- If no viable contact information can be obtained for the beneficiary, assign code 35
- If a beneficiary is found to be institutionalized, assign code 11; if the beneficiary is deceased, assign code 20
  - For the purposes of MA & PDP CAHPS survey administration, the disposition code of “institutionalized” should be applied to individuals who do not reside in a household, group quarters or group home. Specifically, “institutionalized” living arrangements reflect non-household facilities and include correctional institutions, mental hospitals, skilled nursing facilities, chronic disease hospitals, homes for the aged, and other similar institutional living situations. Institutions are distinct from group quarters and group homes. Group quarters and group homes are non-institutional living arrangements for groups of individuals not living in conventional housing units, or groups of individuals living in conventional housing units containing 10 or more unrelated persons. Group homes may or may not have a resident living in charge of the home. Examples of group quarters and group homes include military barracks, fraternity and sorority houses, rooming houses, staff quarters in a hospital or school, halfway houses, community-based group homes for individuals with disabilities, and other similar group living situations.
- If a beneficiary named in either the survey vendor’s or plan’s “Do Not Survey” list appears in the sample drawn by CMS for MA & PDP CAHPS Survey administration and data collection **has not** been initiated, that beneficiary may be removed from the sample and assigned a “Final Disposition Code” of “40 – Excluded from survey”
- If a beneficiary is found to be ineligible or excluded after the sample is drawn for any other reason, 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,” “31 – Partially completed survey,” or “34 – Incomplete or blank survey returned” must contain the date the survey was received, the mode of survey administration, and the language in which the survey was administered

- Surveys that received a “Final Survey Disposition” code of 11, 20, 22, 24, 32, 33, 35, 40 (that is, any “Final Survey Disposition” code OTHER THAN 10, 31, or 34) need not contain the date the completed survey was received
- In cases when two disposition codes may be equally applicable, the hierarchy for determining the appropriate code is built into the disposition code values, and the final disposition code with the lowest number should be used. For example:
  - An incomplete or blank survey (code 34) is returned by mail and the beneficiary is also identified as being institutionalized (code 11). In this example, the final reported disposition code should be 11.
  - The vendor determines that a beneficiary resides in an institution (code 11) and due to a stroke is physically unable to respond to the survey (code 24). The final reported disposition code should be 11.
  - A partially complete survey (code 31) is returned by mail; however, the survey was received after the record went to CATI for follow-up and the CATI attempt resulted in a disposition of language barrier (code 22). The final reported disposition should be 22.

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

**Final Survey Disposition Codes**

<b>Final Disposition</b>	<b>Code</b>	<b>Description</b>	<b>Criteria</b>
Completed survey	<b>10</b>	A complete includes response items answered for at least one reportable measure and $\geq 50\%$ of the ATA items	A complete includes response items answered for at least one reportable measure and <i>greater than or equal to 50%</i> of the ATA items. There must be no evidence that the beneficiary is ineligible.
Partially completed survey	<b>31</b>	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 <i>less than 50%</i> of the ATA items. There must be no evidence that the beneficiary is ineligible.
Institutionalized	<b>11</b>	Institutionalized	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.)
Deceased	<b>20</b>	Deceased	Deceased at the time of survey administration
Language barrier	<b>22</b>	Unable to complete the survey in English, Spanish, Chinese, Korean, or Vietnamese	Unable to complete the survey in English, Spanish, Chinese, Korean, or Vietnamese
Mentally or physically unable to respond	<b>24</b>	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



Final Disposition	Code	Description	Criteria
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 and telephone number
Incomplete or blank survey returned	34	Responded by mail or initiated CATI, no reportable items answered	Responded by mail or CATI, no reportable items answered. There must be no evidence that the beneficiary is ineligible.
Bad address and bad telephone number	35	Unable to obtain a viable address and telephone number for the beneficiary	Unable to obtain a viable address and telephone number
Excluded from survey	40	Was excluded from the survey process prior to start of data collection because beneficiary is ineligible or beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list	Beneficiary was determined to be ineligible prior to the start of data collection (see Sampling Section in this manual) OR beneficiary appears on either the survey vendor's or plan's "Do Not Survey" list and data collection was not initiated

### Assigning Bad Address and Bad Telephone Number Disposition Code

The "Final Survey Disposition" "35 – Bad address and Bad telephone number" is assigned when the survey vendor has exhausted attempts to obtain a valid address **and** 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, **sufficient** 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, **insufficient** evidence that a beneficiary's address is not viable includes:

- Address 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, **sufficient** 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 from directory assistance or other attempted tracking methods
- The telephone interviewer dials the beneficiary's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number and other attempts to obtain the correct telephone number are not successful

For the *telephone component* of survey administration, **insufficient** 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 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 Data Warehouse, the MA & PDP CAHPS Data Coordination Team can be reached by sending an email message to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org).

### Data Submission Process

The MA & PDP CAHPS 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 2019 MA & PDP CAHPS Survey and to submit survey data to CMS. Use of the MA & PDP CAHPS 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 9:59 PM Eastern Time on May 2, 2019 and the final survey data file by 9:59 PM Eastern Time on June 20, 2019. **All surveys returned by 3 days prior to the interim data submission due date must be scanned, the data verified and included in the interim file.** 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.

#### Notes:

1. Survey vendors may begin to submit interim data on April 30, 2019. Vendors are encouraged to submit interim data on the first day of the submission window to assure a successful file submission by May 2, 2019.
2. Survey vendors **must** submit a complete and up-to-date interim data file as CMS conducts preliminary analysis with the submitted information. Analysis of the interim data files is used for early identification of issues in the data collection process that can impact contract star ratings.

### Survey Vendor Authorization Process

MA and PDP **contracts** must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. Since the 2016 survey, the vendor authorization process has been a web-based process. The web-based survey vendor authorization process confirms the authenticity of the authorizing entity and dates and timestamps the vendor selection made by the authorized contract staff member. Only survey vendors authorized by one or more contracts will be contacted and provided an account for the MA & PDP CAHPS Data Warehouse.

*Note: After completion of the survey vendor authorization process, no further action is required by the contract. RAND Corporation communicates to CMS which contracts/plans have authorized a survey vendor to administer the MA & PDP CAHPS Survey on their behalf. RAND Corporation communicates to each vendor an initial and final list of the contracts that have authorized that vendor.*

## **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 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 Data Warehouse. The Data Administrator will be designated as the main point of contact between the MA & PDP CAHPS 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 Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator, Back-up Data Administrator, and Project Manager roles. The new Data Administrator will be required to obtain a login and password for access to the survey vendor's MA & PDP CAHPS Data Warehouse folder.

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 Data Coordination Team by completing a Vendor Access to MA & PDP CAHPS Data Warehouse Form (see Appendix C) and emailing it to the MA & PDP CAHPS Data Coordination Team. Each person must provide a separate email address that will be used by them to login to the MA & PDP CAHPS Data Warehouse. Once the MA & PDP CAHPS Data Coordination Team has verified the information on the Vendor Access to MA & PDP CAHPS Data Warehouse Form and confirmed that a survey vendor has been authorized by one or more MA or PDP contracts to submit data on their behalf, each registered survey vendor representative will be granted access to the MA & PDP CAHPS Data Warehouse. Each authorized survey vendor representative will receive an automated email containing a hyperlink that will direct them to the Warehouse where they will receive additional instruction on completing the authentication process. 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 or 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.mmddyy.N.txt.pgp

Where

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

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.

Example: XYZResearch.043019.1.txt.pgp

*Notes:*

- 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 survey vendor received in the sample file (for the interim data submission, the record for a beneficiary for whom the survey vendor has not yet completed a survey should be coded with disposition code “33 – No response collected.”)*
- 3. Survey vendors may need to update their password to access the Data Warehouse prior to the interim data submission period. Survey vendors can send an email to [MDPCAHPSTECHSUPPORT@rand.org](mailto:MDPCAHPSTECHSUPPORT@rand.org) with any questions about how to do this or to request 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 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 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 Data Warehouse and will not be able to see, locate, or access another survey vendor’s folder.

## **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](http://www.pgp.com)) prior to submitting files to the MA & PDP CAHPS 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 survey vendor’s folder. Similarly, the MA & PDP CAHPS Data Coordination Team will encrypt each survey vendor’s sample files using a PGP Public Key provided by the survey 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 folder. Survey vendors are cautioned to make certain they

export only their Public Key before posting it to their folder. Do **not** share the associated private key.

Any file uploaded to the survey vendor's folder 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 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 Data Warehouse

The data submission process that survey vendors will use to submit MA & PDP CAHPS Survey data includes the following steps:

1. Data Administrators new to the MA & PDP CAHPS project will receive an email from the RAND Corporation ([RANDkiteworks@rand.org](mailto:RANDkiteworks@rand.org)) with a link to the MA & PDP CAHPS Data Warehouse. This email link will allow the Data Administrator to activate his/her login to the MA & PDP CAHPS Data Warehouse.
2. The survey vendor's Data Administrator will be prompted for his/her user ID and a password
3. On the first login only, the survey vendor's Data Administrator will be presented with a page to change his/her password
4. Once the password has been updated, the survey vendor Data Administrator will be transferred to the File Manager tab of the MA & PDP CAHPS Data Warehouse
5. Selecting the workspace name link in the File Manager tab will allow the user to Download and Add Files, as well as Delete files

The Back-up Data Administrator will also receive an email invitation to the Warehouse and must complete the steps above to validate his/her login.

*Notes:*

1. *Logins and passwords are person-specific and may not be shared*
2. *A copy of the Instructions for Survey Vendors on Accessing the Data Warehouse can be found in Appendix G*

## Data Auditing and Validation Checks

The MA & PDP CAHPS 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 Data Coordination Team involves conducting various data checks of the survey data submitted by survey vendors. The first check involves testing for the appropriate ".pgp" file extension to indicate that a survey file has been encrypted. As described above, any file uploaded to the MA & PDP CAHPS 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
- Appropriate Survey Disposition Codes

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 survey vendor verification. Data files not received and accepted prior to 9:59 PM Eastern Time on the deadline date may not be included in the results that are publicly reported. Therefore, it is recommended that survey vendors submit data files early in the submission window to assure files are accepted and pass all data checks before the data submission deadline.





## IX. DATA ANALYSIS AND PUBLIC REPORTING

### Overview

This section describes the public reporting of the 2019 survey results in the Medicare & You Handbook, in the Medicare Plan Finder Web site ([www.medicare.gov](http://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 2018 MA & PDP CAHPS Survey will be available in the Fall of 2019.

### Reporting

#### Public Reporting of 2019 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](http://www.medicare.gov)) each fall. The survey data can also be found on CMS' Web site at <https://go.cms.gov/partcanddstarratings>. 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.

#### Additional Reporting of 2019 Medicare CAHPS Data to Plans

Official CAHPS preview reports will be emailed to Medicare Compliance Officers in late August 2019. 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. Official CAHPS plan reports will be mailed (on a CD) to Medicare Compliance Officers in late Fall 2019.

In addition to the global ratings, individual items and composite measures, the reports to plans include a response rate for the plan. The response rate reported to plans includes all surveys used in analysis divided by the total eligible sample. If survey vendors want to replicate this response rate for the purposes of internal client reporting, CMS recommends the following as a close approximation of that rate: include completed (code 10) and partially completed (code 31) surveys in the numerator, divided by the denominator of total sample minus all ineligible beneficiaries. Ineligible beneficiaries include sample cases with a final disposition of Institutionalized (code 11), Deceased (code 20), Mentally or Physically Unable to Respond (code 24), and Excluded From Survey (code 40).

When calculating the response rate, code 34 (incomplete or blank survey returned) is **not** included in the numerator, but **is** included in the total sample component of the denominator.

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](http://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 give more detail on the original scales of the items.

### **2019 Measures That Will be Publicly Reported**

The reports to plans include those measures that are reported to consumers, plus additional measures. The measures that are publicly reported to consumers can be found in the Medicare Plan Finder at [www.Medicare.gov](http://www.Medicare.gov) or are included in the display measures found at [www.cms.gov](http://www.cms.gov). These publicly reported MA & PDP CAHPS Survey measures include seven composites, three global ratings and two individual items, as well as eight other measures reported to contracts.

Composite measures:

- Getting Needed Care (MA)
- Getting Appointments and Care Quickly (MA)
- Customer Service (MA)
- Care Coordination (MA)
- Doctors Who Communicate Well (MA - reported to contracts – not reported to consumers)
- Getting Needed Prescription Drugs (MA-PD and PDP)

Global ratings:

- Rating of Health Plan (MA)
- Rating of Health Care Quality (MA)
- Rating of Drug Plan (MA-PD and PDP)

Individual items (MA):

- Annual Flu Vaccine
- Pneumonia Vaccine (reported to contracts – not reported to consumers)

Other measures reported to contracts:

- Reminders to fill prescriptions
- Reminders to take medications

*Note: These items are not included in Appendix L, List of Reportable Measures, as they are not part of the calculation of reportable measures used to assign survey status.*

## CMS Analysis of 2019 MA & PDP CAHPS Survey Data

### Final Analysis Dataset

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

### 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 two exceptions: Getting Needed Prescription Drugs and Care Coordination. 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.

### Care Coordination Composite Scoring

The Care Coordination Composite measure is comprised of 6 survey items.

	Response Options
Item 1: Personal MD had medical records or other info about care	Never (1) Sometimes (2) Usually (3) Always (4)
Item 2: How often talk about Rx medications	Never (1) Sometimes (2) Usually (3) Always (4)
Item 3: MD informed about care from specialists	Never (1) Sometimes (2) Usually (3) Always (4)
Item 4: Get needed help to manage care	No (2) Yes, somewhat (3) Yes, definitely (4)
Item 5: MD office follow-up to give test results*	Never (1) Sometimes (2) Usually (3) Always (4)
Item 6: Got test results as soon as needed**	Never (1) Sometimes (2) Usually (3) Always (4)

*\*Note that those answering item 5 as Never (1) are asked to skip item 6*

*\*\*If item 5 is answered as Never (1), then item 6 assumes a value of Never (1) regardless of whether item 6 was skipped or how it was answered. Items 5 and 6 are averaged to generate a single item score.*

Item 4 (help to manage care) has a 3-level Yes/No scale and the other items in the composite have a 4-level Never/Always scale. The 0-100 composite reflects the weighted average of all 6 measures.

All 6 measures are translated to a 0-100 range based on their original response scale (2-4 for item 4, 1-4 for all other measures).

The general formula for converting items from their original response scale to the 0-100 scale is: (score on original scale - minimum possible on original scale \* 100 / (maximum possible on original scale - minimum possible on original scale).

To score the composite, the weighted average of 6 scores is calculated:

- The score for items 1-4, each with a weight of 1, and
- The score for item 5, with a weight of ½, and
- The score for item 6, recoded if applicable, with a weight of ½

### **Data Cleaning Prior to Case-Mix Adjustment**

A forward-cleaning approach is used for editing and cleaning survey data. This approach uses responses to the “screeener” (or gate) items to control how subsequent items within the questionnaire are treated, such as setting responses to a missing value or retaining the original response. Under this forward data cleaning approach, screener items that were initially unanswered are **not** updated or back-filled based on responses to subsequent items.

Data are cleaned using the following forward-cleaning conventions and guidelines:

- Survey items that contain multiple responses (double-grid) when only one response is allowed are set to “M – Missing”
- If a screener question is blank, but there are data in the dependent questions, those data are used in analysis and the screener is recorded as “M – Missing”
- If the response to a screener question is valid, but the respondent violates the skip instruction by answering dependent questions that should have been skipped, the response to the screener question is retained and the responses for the dependent questions are set to “M – Missing” (with one exception for Care Coordination composite, items 5 and 6, as referenced above)
- Embedded screener questions (a skip pattern within a skip pattern) are treated in the same way as a primary screener question. The embedded skip pattern is evaluated first, followed by the primary skip pattern.

Special missing value codes are assigned to recoded questionnaire variables to indicate the type of missing data.

## Case-Mix Adjustment and Weighting

Certain respondent characteristics, such as 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 preview reports and public reporting.

In general, for example, individuals with less education and those who report better general and mental health provide more positive ratings and reports of care. The case-mix model used for analyzing MA & PDP CAHPS Survey data includes the following variables:

- Education
- Self-reported general health status
- Self-reported mental health status
- Proxy assistance or completion of the survey form
- Dual eligibility\*
- Low income subsidy\*
- Age\*
- **Asian (Chinese, Korean, and Vietnamese)** language survey completion

*\* Note: CMS Administrative Data*

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.<sup>2</sup>

In some MA contracts for which a low proportion of members are enrolled in the Part D benefit, MA-PD beneficiaries are sampled at a higher rate than MA-only beneficiaries to increase the accuracy of Part D measures. For Part C measures for these contracts, lower weights are assigned to the MA-PD cases and higher weights to the MA-only cases to account for this difference in sampling rates. For the applicable contracts, these weights are necessary to reproduce official scores on Part C measures.

The following three components are needed for case-mix adjustment at the contract level:

- Weighted contract means for each case-mix variable
- Weighted national means for each case-mix variable
- Individual-level coefficients for each case-mix variable

Vendors have the data to calculate the first component. CMS now supplies the second and third components annually.

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<sup>2</sup> Consequently, the national mean of contract means for any rating or report is unchanged by case-mix adjustment.

*Note: Each of these components is based only on respondents who answered the corresponding CAHPS items.*

The formula used to calculate a case-mix adjusted score is as follows: Adjusted Score = Raw Score – Net Adjustment. The net adjustment is the sum of a series of products. Each product is, for a single case-mix adjusted variable, calculated as follows: (Contract Mean – National Mean) \* Coefficient.

To illustrate how the contract mean for a given case-mix variable is calculated, consider the case of age range. The table below displays age data for a hypothetical contract with 7 respondents. Seven indicator (0 or 1) age variables are created for each of the 6 age range groups. The age 70-74 category is not shown because it serves as the reference category.

Survey ID	Actual age at time of finalizing survey	Age 64 and under	Age 65-69	Age 75-79	Age 80-84	Age 85 and older
1	65	0	1	0	0	0
2	57	1	0	0	0	0
3	82	0	0	0	1	0
4	71	0	0	0	0	0
5	88	0	0	0	0	1
6	36	1	0	0	0	0
7	66	0	1	0	0	0

For this contract, the mean of each of the 5 age range variables is calculated as follows:

$$H_{\leq 64} = (0+1+0+0+0+1+0) / 7 = 2/7 = 0.29$$

$$H_{65-69} = (1+0+0+0+0+0+1) / 7 = 2/7 = 0.29$$

$$H_{75-79} = (0+0+0+0+0+0+0) / 7 = 0/7 = 0.00$$

$$H_{80-84} = (0+0+1+0+0+0+0) / 7 = 1/7 = 0.14$$

$$H_{85+} = (0+1+0+0+0+0+0) / 7 = 1/7 = 0.14$$

Case-mix adjustment is performed by CMS contractors. The case-mix coefficients are re-estimated each year based on data CMS receives. Case-mix coefficients appear each year in the plan reports, and the coefficients are also available in the Part C and D Star Ratings Technical Notes.

## 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 11 observations. These non-reportable scores do not affect Star Ratings. When 11 or more observations are present but a measure's interunit reliability is less than 75%, the mean score is italicized.<sup>3</sup> Starting in 2011, scores with very low interunit reliability (<60%) were suppressed from public reporting and do not affect Star Ratings.

Interunit reliability (which is related to Spearman-Brown reliability) is calculated for each contract's score for each measure. This 0-1 measure indicates how well the score for a single contract is measured and how well it distinguishes its performance from that of other contracts. Interunit reliability is calculated using the following formula:  $R = 1 - V / (V + t^2)$ , where  $V$  is the variance of the estimate of the measure for that contract, and  $t^2$  is the between-contract model variance of the means (estimated from a linear random-effects model).

The following table describes the rules used to determine Star Ratings (1 to 5 stars). The particular Star Rating a contract receives for a given measure depends in part on where the score lies in the distribution of all scores for that measure. Specific percentile cutoffs are applied (the 15<sup>th</sup>, 30<sup>th</sup>, 60<sup>th</sup>, and 80<sup>th</sup> percentiles). Star assignment also depends on whether the score is statistically significantly different from the national average score (at the  $p < .05$  level), and whether interunit reliability is low. The comparison of a contract's score to percentiles is based on rounded scores on the 0-100 scale, while the significance tests and test of 1 standard error (SE) difference are based on exact scores.

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<sup>3</sup> For measures for which more than 12% of all contracts with sample size of 11 or more had low reliability, only the 12% of contracts with lowest reliability are italicized.



## CAHPS Star Assignment Rules

Criteria for Assigning Star Ratings	
1	A contract is assigned one star if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is lower than the 15th percentile; AND (b) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) below the 15th percentile.
2	A contract is assigned two stars if it does not meet the one-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is lower than the 30th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is lower than the 15th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly lower than the national average CAHPS measure score and below the 60th percentile.
3	A contract is assigned three stars if it meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 30th percentile and lower than the 60th percentile, AND it is not statistically significantly different from the national average CAHPS measure score; OR (b) its average CAHPS measure score is at or above the 15th percentile and lower than the 30th percentile, AND the reliability is low, AND the score is not statistically significantly lower than the national average CAHPS measure score; OR (c) its average CAHPS measure score is at or above the 60th percentile and lower than the 80th percentile, AND the reliability is low, AND the score is not statistically significantly higher than the national average CAHPS measure score.
4	A contract is assigned four stars if it does not meet the five-star criteria and meets at least one of these three criteria: (a) its average CAHPS measure score is at or above the 60th percentile and the measure does not have low reliability; OR (b) its average CAHPS measure score is at or above the 80th percentile and the measure has low reliability; OR (c) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score and above the 30th percentile.
5	A contract is assigned five stars if both criteria (a) and (b) are met plus at least one of criteria (c) and (d): (a) its average CAHPS measure score is at or above the 80th percentile; AND (b) its average CAHPS measure score is statistically significantly higher than the national average CAHPS measure score; (c) the reliability is not low; OR (d) its average CAHPS measure score is more than one standard error (SE) above the 80th percentile.

*Note: Questions regarding Star Ratings calculations should be directed to [MP-CAHPS@cms.hhs.gov](mailto:MP-CAHPS@cms.hhs.gov).*

The following table presents an alternative description of the same star assignment system. Scores are initially classified into “base groups” based on where they lie in the distribution. The numbers in the color-coded section refer to the Star Rating; color coding is used to differentiate each of the five star levels.

Illustration of the 2019 CAHPS Star Assignment Rules:

Mean Score	Base Group	Signif. below avg., low reliability	Signif. below avg., not low reliability	Not signif. diff. from avg., low reliability	Not signif. diff. from avg., not low reliability	Signif. above avg., low reliability	Signif. above avg., not low reliability
< 15 <sup>th</sup> percentile by > 1 SE	1	1	1	2	2	2	2
< 15 <sup>th</sup> percentile by ≤ 1 SE		2	1	2	2	2	2
≥ 15 <sup>th</sup> to < 30 <sup>th</sup> percentile	2	2	2	3	2	3	2
≥ 30 <sup>th</sup> to < 60 <sup>th</sup> percentile	3	2	2	3	3	4	4
≥ 60 <sup>th</sup> to < 80 <sup>th</sup> percentile	4	3	4	3	4	4	4
≥ 80 <sup>th</sup> percentile by ≤ 1 SE	5	4	4	4	4	4	5
≥ 80 <sup>th</sup> percentile by > 1 SE		4	4	4	4	5	5

*Notes: If reliability is very low (<0.60), the contract does not receive a Star Rating. Low reliability scores are defined as those with at least 11 respondents and reliability ≥0.60 but <0.75 and also in the lowest 12% of contracts ordered by reliability. The SE is considered when the measure score is below the 15<sup>th</sup> percentile (in base group 1), significantly below average, and has low reliability: in this case, 1 star is assigned if and only if the measure score is at least 1 SE below the unrounded base group 1/2 cut point. Similarly, the SE is considered when the measure score is at or above the 80<sup>th</sup> percentile (in base group 5), significantly above average, and has low reliability: in this case, 5 stars are assigned if and only if the measure score is at least 1 SE above the unrounded base group 4/5 cut point.*

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 CAHPS 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. The CAHPS measures are case-mix adjusted to take into account differences in the characteristics of enrollees across contracts that may potentially impact survey responses.

The percentile cut points for base groups are defined by current-year distribution of case-mix adjusted contract means. Percentile cut points are rounded to the nearest integer on the 0-100 reporting scale, and each base group includes those contracts whose mean score is at or above the lower limit and below the upper limit. The number of stars assigned is determined by the position of the contract mean score relative to percentile cutoffs from the distribution of mean scores from all contracts (which determines the base group), statistical significance of the difference of the contract mean from the national mean along with the direction of the difference, the statistical reliability of the estimate (based on the ratio of sampling variation for each contract mean to between-contract variation), and the standard error of the mean score. All statistical tests, including comparisons involving standard errors, are computed using unrounded scores.

CAHPS reliability calculation details are provided in the document, "[Instructions for Analyzing Data from CAHPS® Surveys: Using the CAHPS Analysis Program Version 4.1.](#)"

### 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. Another 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 contracts 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 to provide contracts with additional information that contracts can use for quality improvement purposes as long as **the vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations.** No cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files or other reporting mechanisms. Intervention or follow-up with low scoring individuals is not permitted. Survey vendors should ensure that contracts recognize that these survey vendor analyses are **not** official survey results and should **only** be used for quality improvement purposes. Survey vendors may provide contracts with preliminary survey data that the survey vendor develops specifically for the contract. As a result, the survey vendor scores may differ slightly from the official CMS results. When providing contracts with preliminary survey data, survey vendors must communicate to contracts that the survey vendor scores are **not** the official CMS scores. **All reports provided to the contracts must include a statement on each page that vendor results are unofficial and are for the contract's internal quality improvement purposes only, whether paper or electronic report format. The statement must be printed in a minimum 14-point font size.**

In addition, survey vendors will not be able to provide member-level datasets to their contracts, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents. For example, survey vendors may **not** provide contracts with names of beneficiaries selected for the survey, or provide contracts their full beneficiary file with names of sampled beneficiaries removed.

As detailed in the CMS Data Use Agreement, no data involving cells, including cross-tabulated cells, with sample sizes less than 11 may be shared with contracts under any circumstances. Failure to adhere to the CMS Data Use Agreement violates requirements of the Privacy Act, the Privacy Rule and CMS data release policies, and may be considered a breach or violation of data safeguarding. Please visit [cms.gov/privacy](https://www.cms.gov/privacy) to learn more about CMS privacy policies and data safeguarding.

*Note: These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.*

### **Analysis of Survey Data from Supplemental Items**

As described in the Data Collection Protocol section of this manual, CMS allows 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 **after** 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 **not** 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 contract. Analysis of supplemental questions is the responsibility of the survey vendors. Survey vendors may provide the survey results and data from supplemental items to contracts, 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

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 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. A description of the results from previous survey administration quality control activities and any corrective action plan(s) implemented is also required as part of the revised QAP. 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 Data Warehouse by survey vendors will be reviewed by the MA & PDP CAHPS 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 V9.0*. The following components must be addressed:
  - Organizational background and structure for project
  - Work plan for survey administration
  - Survey and data management system
    - Provide a detailed description of the process for updating beneficiary addresses and telephone numbers
    - Provide a description of the process for monitoring telephone interviewers in English, Spanish, and optional languages (Chinese, Korean, or Vietnamese), if applicable
  - Quality controls
  - Confidentiality, privacy and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA)
  - Description of quality control activities; to include a description of the results from previous survey administration quality control activities and any corrective action plan(s) implemented
  - MA & PDP CAHPS Survey materials
  - Client report template
- 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 session and will be posted on the MA & PDP CAHPS Survey Web site subsequent to training. A Model QAP can be found in Appendix D. 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-](http://www.ma-)

[pdpcahps.org](http://pdpcahps.org). Updated QAPs (for re-approved survey vendors or for survey 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.

*Note: Depending on the issues identified during the QAP and survey material review, survey vendors may be required to submit a revised QAP and survey materials for review and approval. Vendors remain responsible for meeting all deadlines regardless of when the project team provides the outcome notification for revised submissions.*

### **Analysis of Submitted Data**

The MA & PDP CAHPS Data Coordination Team will review and analyze all survey data submitted 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 V9.0*, 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 V9.0*. 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, timely submission of Event Reports (if applicable), 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. EVENT REPORTS

### Overview

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

The event report process and the Event Report Form have been established for use by survey vendors to notify the MA & PDP CAHPS Survey Project Team of any events that affect vendors in following standard MA & PDP CAHPS Survey protocols, including the data collection schedule. Survey vendors are required to notify the MA & PDP CAHPS Survey Project Team of any events, deviations from the QAP&TS, or other variations that occur during survey administration. Survey vendors **must** notify the MA & PDP CAHPS Survey Project Team as soon as the event or variation is identified. **The Event Report Form must be submitted within one business day of the survey vendor becoming aware of an event, regardless of whether the root cause, scope of issue or a resolution has been identified.** The date the event was discovered must be clearly identified on the form. If the survey vendor is unsure if an Event Report should be submitted, an email describing the occurrence should immediately be sent to the project team at [MA-PDPCAHPS@hcqis.org](mailto:MA-PDPCAHPS@hcqis.org) to request a determination.

### Event Report Process

On occasion, a survey vendor may identify deviations 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 events. In its oversight role, the MA & PDP CAHPS Survey Project Team may also identify issues that require correction.

Examples of events that should be reported include, but are not limited to:

- Survey vendor misses any of the required dates as outlined in the Data Collection Schedule
- Survey vendor experiences any problems with printing surveys with correct contract names, missing survey questions, wrong contract type, etc.
- Survey vendor experiences any problems with correct coding of the MA & PDP CAHPS script and/or skip pattern programming logic

Survey vendors are required to complete and submit an Event Report to formally notify CMS within one business day after the event has been discovered. The web-based Event Report Form (see Appendix J) must be submitted via the MA & PDP CAHPS Survey Web site at: [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). This report notifies the MA & PDP CAHPS Survey Project Team of the nature, timing, cause, and extent of the event or deviation, as well as the proposed correction and timeline to make corrections, to the extent this information is immediately available. If all the required information is not immediately available, survey vendors must submit an initial Event Report alerting CMS of the issue. **Submitting an initial Event Report in a timely manner is critical, as CMS may need to make a change or adjustment in survey protocols to correct for an error or event.** Subsequent to the initial report, vendors may submit an updated Event Report, within one week of submitting the original Event Report, with the remaining required

information. The relevant CMS contract number(s) (Hxxxx, Rxxxx, or Sxxxx) **must be included on the form**. Survey vendors risk loss of approval status if events are not reported to CMS in accordance with the guidelines presented in the *Quality Assurance Protocols & Technical Specifications V9.0*.

### **Event Report Review Process**

The Event 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 event on publicly reported results will be assessed. Depending on the nature and extent of the event, CMS may require the vendor to take an immediate and specific action (such as remailing survey materials, or adjusting the survey administration timeline). Additionally, 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<sup>®</sup> Survey**

**2019 Minimum Business Requirements**

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2019 Minimum Business Requirements

A survey vendor must meet **all** 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<sup>®</sup> Survey. Organizations that are approved to administer the MA & PDP CAHPS Survey must conduct all of their business operations within the United States so the MA & PDP CAHPS Survey Project Team can perform the required oversight activities.

Any organization that performs key survey administration functions on behalf of an MA & PDP CAHPS Survey vendor that requires receipt of an electronic file containing beneficiary-level personally identifiable information (PII) shall be referred to hereafter as a “subcontractor.” All Minimum Business Requirements also apply to all staff and subcontractors.

### 1. Relevant Survey Experience

Demonstrated recent experience in fielding Mixed Mode surveys.

Criteria	Survey Vendor
Survey Experience	<ul style="list-style-type: none"> <li>• Prior experience (minimum of 3 years) conducting surveys with the Medicare population</li> <li>• Prior experience (minimum of 3 years) administering CAHPS surveys within the most recent 5-year time period</li> <li>• Prior experience (minimum of 3 years) conducting large-scale Mixed Mode surveys (i.e., mail survey administration followed by survey administration via computer assisted telephone interview (CATI) follow-up of non-respondents) within the most recent 2-year time period</li> <li>• If applicable, poor past performance on CMS beneficiary surveys will be considered as vendors failing to meet minimum business requirements. For example:               <ul style="list-style-type: none"> <li>○ Not adhering to the timeline and/or procedures for survey administration</li> <li>○ Not adhering to Event Report procedures and corrective actions</li> </ul> </li> </ul>
Number of Years in Business	<ul style="list-style-type: none"> <li>• Minimum of 4 years</li> </ul>
Experience with Multiple Survey Languages	<ul style="list-style-type: none"> <li>• Prior experience conducting surveys in both English and Spanish. A survey vendor will have the option of electing to conduct the MA &amp; PDP CAHPS Survey in Chinese, Korean and Vietnamese.</li> </ul>

## 2. Organizational Survey Capacity

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

Criteria	Survey Vendor
Personnel	<ul style="list-style-type: none"> <li>• Designated Project Manager with a minimum of 3 years relevant Mixed Mode (mail survey administration followed by CATI administration with non-respondents) survey experience</li> <li>• Designated Mail Survey Supervisor with minimum 1 year previous survey call center experience</li> <li>• Designated Telephone Survey Supervisor with minimum 1 year previous survey call center experience</li> <li>• Designated Lead or Primary Programmer with minimum 1 year previous experience processing survey data and preparing data files for electronic submission</li> </ul>
System Resources	<ul style="list-style-type: none"> <li>• System resources must meet CMS specifications and at a minimum include the following:               <ul style="list-style-type: none"> <li>○ Physical facilities and electronic equipment and software for secure data collection processing and reporting</li> <li>○ Production of computer files</li> <li>○ Anticipate and plan for on-site visits</li> <li>○ Electronic survey management system to track fielded surveys through the entire protocol that protects the confidentiality of personally identifiable information and survey data received from beneficiaries (e.g., password protections, firewalls, data encryption software, personnel access limitation procedures, and virus and spyware protection)</li> <li>○ A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires and hardcopy sample files that protects the confidentiality of beneficiary response data and personally identifiable information</li> </ul> </li> </ul>
Approved Use of Subcontractors	<ul style="list-style-type: none"> <li>• Subcontractors must meet the criteria outlined for the survey administration activities the subcontractors will be performing. Subcontractors will be assessed at the time of application and must be approved by CMS</li> </ul>

Criteria	Survey Vendor
Mixed Mode Administration	<ul style="list-style-type: none"> <li>• Responsible for reproduction, printing, and mailing of survey materials in accordance with specifications provided</li> <li>• Capacity for conducting telephone interviews using a CATI system</li> <li>• Follow MA &amp; PDP CAHPS Survey timeline</li> <li>• Use commercial software/resources to ensure that addresses and telephone numbers are accurate and correct for all sample members</li> <li>• If a survey vendor intends to administer the MA &amp; PDP CAHPS Survey in Chinese, Korean and/or Vietnamese, both the mail and telephone modes must be administered in these languages</li> <li>• Survey vendor must have the capacity to maintain an interviewer pool that meets the needs of beneficiaries in all languages in which the survey is administered</li> <li>• Survey vendor must have the capacity to conduct accurate monitoring of interviewers in all languages in which the survey is administered</li> <li>• Mail Survey administration and telephone interviews are not to be conducted from a residence, nor from a virtual office</li> </ul>
Data Submission	<ul style="list-style-type: none"> <li>• Register with the RAND Corporation for access to the MA &amp; PDP CAHPS Data Warehouse and follow data specifications and procedures in order to submit and receive encrypted data via the Internet</li> <li>• Must be authorized by health or drug plan prior to submission of data</li> <li>• Execute business associate agreement with health or drug plans and receive annual authorization from health plans to collect data on their behalf and submit to CMS</li> </ul>

Criteria	Survey Vendor
Data Security and Confidentiality	<ul style="list-style-type: none"> <li>• Returned paper questionnaires must be stored in a secure and environmentally safe location</li> <li>• Firewalls and/or other mechanisms must be utilized to protect electronic files</li> <li>• Electronic security via implementation of access levels and passwords must be instituted</li> <li>• Daily data back-up procedures that adequately safeguard system data must be implemented</li> <li>• Required encryption protocols must be utilized for transmitting data files. CMS-defined personally identifiable information (PII) must be transmitted securely (e.g., encrypted file via email, data portal, or SFTP).</li> <li>• Develop procedures for identifying and handling breaches of confidential data</li> <li>• Ensure Data Use Agreement (DUA) with CMS is kept up to date and that all DUA requirements are followed, including cell size suppression rules</li> <li>• Develop and implement confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection. <ul style="list-style-type: none"> <li>○ Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed more than a three-year period.</li> </ul> </li> <li>• HIPAA compliant procedures</li> <li>• Vendors must not share identifying information about beneficiaries in the survey sample with health or drug plans</li> <li>• Vendors must receive approval from CMS to append any additional data to the sample file</li> </ul>
Data Retention	<ul style="list-style-type: none"> <li>• Retain all data files for a minimum of 3 years, including sample information. Retention of data will require renewal of the CMS Data Use Agreement (DUA).</li> </ul>
Technical Assistance/Customer Support	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Accommodate both Spanish and English inquiries</li> <li>• Accommodate Chinese, Korean and/or Vietnamese inquiries if administering the MA &amp; PDP CAHPS Survey in these optional languages</li> </ul>



### 3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data.

Criteria	Survey Vendor
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> <li>• Set-up, conduct, and document quality control procedures for all phases of survey implementation:               <ul style="list-style-type: none"> <li>○ Monitoring of subcontractor(s) if applicable</li> <li>○ Training</li> <li>○ Printing, mailing, and recording receipt of surveys</li> <li>○ Telephone administration and monitoring of survey (electronic telephone interviewing system) in all languages in which the survey is administered</li> <li>○ Coding, editing, or keying in survey data</li> <li>○ Preparing final person-level data files for submission</li> <li>○ All other functions and processes that affect the administration of the MA &amp; PDP CAHPS Survey</li> </ul> </li> <li>• Develop and submit annual Quality Assurance Plan by specified due date</li> <li>• Submit an Event Report to CMS within one business day of becoming aware of an event in survey administration</li> </ul>
Training Requirements	<ul style="list-style-type: none"> <li>• After conditional approval, participate in and successfully complete MA &amp; PDP CAHPS training webinar(s) for new and continuing vendors</li> <li>• Complete a training evaluation to assess comprehension of MA &amp; PDP CAHPS Survey protocols</li> <li>• Participate in any refresher training session of webinars</li> </ul>
Training Participants	<ul style="list-style-type: none"> <li>• Project Manager, Mail Survey Supervisor, and Telephone Survey Supervisor at a minimum</li> <li>• Project staff member(s) responsible for the following functions are also recommended to attend training:               <ul style="list-style-type: none"> <li>○ Decrypting the sample file and performing sample file quality checks</li> <li>○ Programming the CATI script</li> <li>○ Preparing and submitting the survey data file</li> </ul> </li> <li>• If a subcontractor will be conducting any of the functions below, at least one representative from that subcontractor organization must attend training:               <ul style="list-style-type: none"> <li>○ Inserting or survey packet preparation</li> <li>○ Processing of returned mail surveys</li> <li>○ Conducting telephone interviews (CATI administration)</li> </ul> </li> </ul>

#### 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	<ul style="list-style-type: none"><li>• 1 year subject to annual re-approval</li><li>• Approved survey vendors will be required to maintain at least one active MA &amp; PDP CAHPS Survey client for a minimum one of two consecutive survey administration periods</li></ul>

## **Appendix B**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Data Use Agreement (DUA) Application Form**

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

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### (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 agreement to comply with the following specific paragraphs. (Requestor)

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 \_\_\_\_\_, hereinafter termed "User." (Requestor)
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).



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:

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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](mailto: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.

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

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Company/Organization

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Street Address

City	State	ZIP Code
Office Telephone <i>(Include Area Code)</i>		E-Mail Address <i>(If applicable)</i>
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.

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Name of Custodian *(typed or printed)*

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Company/Organization

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Street Address

City	State	ZIP Code
Office Telephone <i>(Include Area Code)</i>		E-Mail Address <i>(If applicable)</i>
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

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. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.

## DATA USE AGREEMENT UPDATE TO EXISTING DATA USE AGREEMENT

EXISTING DUA #

### AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA

This agreement is needed as part of the review of your data request to ensure compliance with the requirements of the Privacy Act, and must be completed prior to the release or use of specified data files.

1. Requestor Organization

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2. Name of Study/Project

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CMS Contract Number *(if applicable)*

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3. The following additional CMS data files(s) are being requested under this Agreement.

File	Year(s)	System of Record <i>(to be completed by CMS Staff)</i>

4. On behalf of the user the undersigned individual hereby attests that he or she is authorized to legally bind the user to the terms of the existing agreement and agrees to all the terms specified therein.

Type or Print Name of Requesting Individual

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Signature	Date
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5. 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.

Type or Print Name and Title of CMS Representative

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Signature	Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date	System Name



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## DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Please complete this form, if you are adding or updating contact information for a:

- **Requestor:** The person authorized to legally bind their organization to the terms specified in the DUA. Please note there can only be **one** Requestor on each DUA.
- **Custodian:** Individual(s) who will have actual possession of the CMS data files, and who will be responsible for observance of all conditions of use, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note, CMS only requires **one** custodian per organization, exceptions include:
  - All individuals that require DESY/IDR or CCW VDRC access need to be listed as Custodians on the DUA
  - All individuals to which data will be shipped need to be listed as Custodians on the DUA
  - Individuals from the contractor organization who will be submitting DUA changes through their CMS COR need to be listed on the DUA
- **Subcontracting/Collaborating Organization:** These are organizations that work with the Requesting organization but do not have possession of the data. For these organizations we do not add individual users to the DUA. We only add the organization information itself. *(If you are accessing the data via CCW VDRC, DESY, or IDR please add the individual as a Custodian.)*

Please note, we do not accept P.O. Boxes for an address.

---

DUA Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

User Role: \_\_\_\_\_ Do you need this data shipped directly to you, from CMS? \_\_\_\_\_

Will you access this data via the DESY/IDR system?\* \_\_\_\_\_ If yes, what is your EUA User ID: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Please note the DESY/IDR option is for Contractor DUAs only.

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### If applicable, your Contracting Officer Representative (COR)/Government Task Lead (GTL).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Appendix C**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**Vendor Access to MA & PDP CAHPS Data  
Warehouse Form**

Submit the completed Vendor Access to MA & PDP CAHPS Data Warehouse Form to the Data Coordination Team via email at [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org) or Fax to (310) 451-6921.

## Appendix C

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2019 Vendor Access to MA & PDP CAHPS Data Warehouse Form

The MA & PDP CAHPS Data Warehouse is maintained by RAND. All vendors contracting with a health or drug plan to implement the 2019 MA & PDP CAHPS survey must have a user account on the Data Warehouse. Complete this form and submit it as an email attachment to [MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org) or by fax to MA & PDP CAHPS Data Coordination Team (310) 451-6921. **Your form must be received by November 15, 2018.**

Provide contact information for your organization's Data Administrator, Back-up Data Administrator and Project Manager. All three are required to authorize a user account on the Data Warehouse.

Your Organization's Name: \_\_\_\_\_

#### Data Administrator

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Data administrator email address: \_\_\_\_\_

#### Back-up Data Administrator

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Back-up administrator email address: \_\_\_\_\_

#### Project Manager

First and last name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Project Manager email address: \_\_\_\_\_



## **Appendix D**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Model Quality Assurance Plan**



# Appendix D

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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 **are required** to submit a QAP but are not required to submit mail and CATI survey materials.*

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. Documentation must be included that demonstrates a system is in place to communicate missed dates and quality check errors, as well as a process to escalate issues up to project management leadership. All survey materials (mail materials in English and Spanish [and Chinese, Korean and/or Vietnamese, if applicable], and screenshots of the MA-PD telephone script in English) 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. During the site visit, the MA & PDP CAHPS Project Team will review the telephone interviewer monitoring log.

*Note: The mail materials, CATI screenshots, and the QAP may have different due dates for submission to the project team for review. Please check the Data Collection Schedule for the submission dates.*

The following sections 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 only (MA-only) contracts, Medicare Advantage and Prescription Drug (MA-PD) contracts, and Prescription Drug Plans (PDP)
  7. Date of the QAP
- B. Provide a chart of the 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 V9.0* manual. (Describe the process used for tracking sampled beneficiaries through the mail and CATI phases of survey administration.)
    - a) Describe in detail, the process for updating the list of beneficiaries identified for telephone contact. How does your organization update its CATI call list as completed surveys are returned via mail?

3. Provide a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service)
4. Describe the quality control checks conducted to ensure the quality/accuracy of printed survey materials (including seeded mailings) to include a description of the results of previous survey administration quality control procedures, what the results of those procedures were and what was done to correct identified deficiencies
5. Provide a detailed description of the processes for obtaining and updating telephone numbers from each utilized source, 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
  - b) Describe the process for handling multiple phone numbers for a single beneficiary during the telephone protocol of data collection
  - c) Include the number of clients who intend to provide beneficiary membership files with phone numbers to append to sample file.

*Note: The project team will follow-up with vendors after the start of fielding to request a list of contracts that provided membership files with phone numbers.*

6. Describe the procedures for conducting telephone interviews
  - a) Detail all procedures used to dial cell/mobile phone numbers. Be sure to indicate if procedures vary based on source of the phone number (e.g., CMS, client).
  - b) Describe the process, procedures, and criteria used to qualify an interviewer as being proficient to administer the survey in all applicable languages (English, Spanish, Chinese, Korean and/or Vietnamese)
    - i. Detail which Chinese dialects (Cantonese and/or Mandarin) will be supported by the Chinese-speaking interviewers
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
  - a) Describe the process for monitoring interviewers in all languages in which the survey is administered, including live monitoring and monitoring of recorded interviews, if applicable
    - i. If the monitoring protocol includes monitoring of recorded calls, indicate the length of time between the date of the recorded call and date(s) for listening to recording and providing interviewer feedback
  - b) Detail the minimum experience required and qualifications for staff monitoring telephone interviewers in all languages in which the survey is administered, and how your organization determines that the minimum requirements have been met. Be sure to detail where requirements or qualifications differ by survey language.
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, including the length of time between receipt of survey and completion of data verification
  - 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
    - d) Describe the process for ensuring that all returned surveys received up to three days before Interim Data Submission are included in the data file
  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
  12. Detail the quality control activities that have been implemented as a result of items noted during 2018 site visits
- 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. Describe the process for training and monitoring of English and Spanish-language customer service line staff
  3. Describe the process for training and monitoring of any Chinese, Korean or Vietnamese-language customer service line staff
  4. Provide the customer support telephone number
  5. Include a written transcript of the customer support telephone line voice mail message
  6. 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).
1. Provide a copy of the log to be used for customer support calls. The template should contain all fields to be populated.
  2. Provide a template of the MA & PDP CAHPS Survey report your organization plans to provide to clients

*Note: These items should be templates only and must not contain any Protected Health Information (PHI).*

- D. For administering the survey in Spanish and, if applicable Chinese, Korean and/or Vietnamese, provide a table which indicates **for each contract** how the Spanish, Chinese, Korean and/or Vietnamese surveys are distributed (e.g., double stuff, plan provided language preference, language variable in sample file). See example below:

Contract ID#	Process for distributing Spanish	Process for distributing Chinese (if applicable)	Process for distributing Vietnamese (if applicable)	Process for distributing Korean (if applicable)
HXXXX	Double stuff	NA	Double stuff	NA
HXXXX	Targeted mailings using plan provided language preference	Double stuff	NA	Double stuff

*Note: The project team will follow-up with survey vendors after interim data submission to request an updated table to include any adjustments to survey language administration that may have been implemented after the QAP was submitted.*

### **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.
- C. Include a copy of the Business Associate Agreement (BAA) template signed by clients and/or business partners (if applicable) involved in any aspect of MA & PDP CAHPS Survey administration.



## **Appendix E**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **General Interviewing Guidelines for Conducting Telephone Surveys**

# Appendix E

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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
- Lower case lettering must be read out loud to the respondent
- Emphasize all words or phrases within a question that are in **one** of the following styles: underlined, or **bolded**, or **highlighted**, or IN UPPER CASE LETTERING, or *italicized*. Survey vendors may choose only one style to indicate emphasis.  
*Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (\*\*\*) around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.*
- Words that appear in < > are instructions or for informational purposes only and must not be read to the respondent
- Text that appears within parentheses and in (UPPERCASE LETTERS) indicates instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY)



- Text that appears [within brackets] indicates programming instructions and is not to be read to the respondent
- “DON’T KNOW” and “REFUSED” answer categories that appear in uppercase and within < > should not be read to the respondent, but may be used for coding a response
  - “Don’t Know” answer category that appears as an option and not within < > should be read to the respondent
- Read all questions and response choices in the indicated order and **exactly as they are worded**. Know how to clearly and correctly pronounce all text, including medical terminology (e.g., pneumococcal vaccine).
- Read all transitional statements as they are worded and do not create your own transition statements
- Ask every question specified. Never omit or 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 interview questions, maintain a pace that is both comfortable for the respondent and keeps the interview moving
- During the course of the interview, use of **neutral** acknowledgment words such as the following is permitted:
  - Thank you
  - I understand
  - I see
  - Yes, Ma’am
  - Yes, Sir
  - Let me repeat the question/responses for you
- During the course of the interview, occasional use of the beneficiary’s name is permitted.
- Listen carefully to any questions the respondent might have and provide concise answers, using the information 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. In instances when a beneficiary gives an answer before the interviewer has read all of the response options, the interviewer must continue to read the responses. The interviewer may inform the beneficiary that all response options must be read by saying “I’m sorry but I have to read all the answer choices.”

## Telephone 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 interview introduction verbatim and in a confident manner
- Be familiar with the pronunciation of client contract names
- 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 interview 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/Refused” 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 moment 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).”
- Suggested probes are indicated by (PROBE IF NEEDED: “TEXT IN CAPITAL LETTERING.”)
- 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 F**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**Frequently Asked Questions for  
Customer Support**

# Appendix F

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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 V9.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.*

*Note: Survey vendors should follow their own standard procedures for handling information provided by a beneficiary either by mail or by phone that may suggest a beneficiary’s health or well-being is at risk.*

#### ➤ 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 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. Medicare uses these data to provide information about the quality of the healthcare services Medicare beneficiaries receive. 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 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 Web site ([www.medicare.gov](http://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.

➤ **I have already mailed the survey back.**

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 beneficiaries, 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.

➤ **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 beneficiaries 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 2019, please answer the questions based on your experience with Medicare in the last six months of 2018. The answers you provide will help the Centers for Medicare & Medicaid Services understand the quality of care you and other beneficiaries 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 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 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 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 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 [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]* 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 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 & 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.

### ➤ **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 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. 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, you may call back to complete the survey by telephone. If you do not return a completed survey by mail, 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 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. The interviewer must obtain the beneficiary's permission to have a proxy respondent assist him/her. If the interviewer is unable to speak to the beneficiary directly in order to obtain permission and identify a proxy respondent, do not proceed with the interview.

- **There was no section on the 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.



**Appendix F - Spanish**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**Frequently Asked Questions for  
Customer Support**

# Appendix F - Spanish

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Frequently Asked Questions for Customer Support – Spanish

#### 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 V9.0 for more information on communicating with beneficiaries about the MA & PDP CAHPS Survey.*

*Note: Survey vendors should follow their own standard procedures for handling information provided by a beneficiary either by mail or by phone that may suggest a beneficiary’s health or well-being is at risk.*

#### ➤ General Questions About the Survey

##### ➤ ¿Quién está llevando a cabo esta encuesta?

Soy un/a entrevistador/a de [SURVEY VENDOR NAME]. [HEALTH OR DRUG PLAN] nos ha solicitado que le ayudemos a llevar a cabo esta encuesta que está diseñada para obtener comentarios y observaciones de sus beneficiarios.

##### ➤ ¿Quién patrocina esta encuesta?

La encuesta está patrocinada por los Centros de Servicios de Medicare y Medicaid (CMS). Esta agencia federal es parte del Departamento de Salud y Servicios Humanos.

##### ➤ ¿Qué es CMS?

CMS son las siglas de los Centros de Servicios de Medicare y Medicaid que es una agencia federal que supervisa a Medicare y a Medicaid. Esta agencia federal es parte del Departamento de Salud y Servicios Humanos.

➤ **¿Cuál es el propósito de la encuesta?**

El propósito de esta encuesta es saber, a partir del punto de vista de los beneficiarios, la atención que han recibido. Medicare utiliza esos datos para proveer información sobre la calidad de los servicios de atención médica que reciben los beneficiarios de Medicare. A través de esta encuesta, se recopilan aspectos importantes de su experiencia con los servicios del plan de salud y de medicinas recetadas.

➤ **¿Cómo se utilizarán los datos?**

Con los datos obtenidos en la encuesta se comparan las experiencias que los consumidores tienen con los servicios del plan de salud y de medicinas recetadas. Los datos de la encuesta se publican en el manual Medicare y Usted, así como en el sitio web del Buscador de Planes de Medicare ([www.medicare.gov](http://www.medicare.gov)). Al participar en esta encuesta usted le ayudará a Medicare a mejorar los servicios de atención médica.

➤ **¿Cómo puedo verificar que ésta es una encuesta auténtica?**

Para verificar la legitimidad de esta encuesta puede llamar a Medicare al 1-800-MEDICARE.

➤ **¿Hay alguna agencia gubernamental a la que pueda llamar para saber más sobre esta encuesta?**

Sí, puede ponerse en contacto con los Centros de Servicios de Medicare y Medicaid, que es una agencia federal dentro del Departamento de Salud y Servicios Humanos, llamando al 1-800-MEDICARE.

➤ **¿Cuánto va a durar esto?**

Las encuestas de Medicare duran entre 10 y 15 minutos en total. *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH OR DRUG PLAN-SPECIFIC QUESTIONS.*

➤ **¿Qué preguntas van a hacer?**

Las preguntas de la encuesta son sobre sus experiencias con los servicios del plan de salud o de medicinas recetadas.

➤ **Ya he enviado la encuesta.**

Nuestros registros indican que no tenemos en el archivo una encuesta de usted y nuestros registros se actualizan regularmente. Sus respuestas son muy importantes y queremos estar seguros de comunicarle sus comentarios al Centro de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés). Le agradeceríamos si usted pudiera contestar esta encuesta ahora por teléfono.

➤ **Acabo de completar otra encuesta, ¿tengo que completar esta otra?**

Los Centros de Servicios de Medicare y Medicaid, que es una agencia federal del Departamento de Salud y Servicios Humanos, lleva a cabo varias encuestas con los beneficiarios de Medicare, como la Encuesta de Medicare Sobre la Salud o la Encuesta sobre la Experiencia con el Profesional Médico de Medicare. Puede que usted haya llenado una de estas encuestas de CMS. Esta es una encuesta distinta; mediante esta encuesta, se recopilarán aspectos importantes de su experiencia con los servicios del plan de salud y de medicinas recetadas. Le agradeceríamos si usted pudiera contestar esta encuesta ahora por teléfono.

➤ **No hablo [idioma] bien. ¿Me pueden mandar una encuesta en [language]?**

Actualmente la Encuesta sobre la Experiencia con Medicare no se ofrece en [language]. Hemos anotado su petición, y se lo comunicaremos a los Centros de Servicios de Medicare y Medicaid (o CMS por su siglas en inglés) para su consideración en el futuro. Gracias por su tiempo.

➤ **Concerns About Participating in the Survey**

➤ **¿Por qué me está llamando? No tengo Medicare. Soy miembro de [HEALTH OR DRUG PLAN].**

Su plan tiene un contrato con Medicare para ofrecerle servicios. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a mejorar la calidad de la atención proporcionada por planes de salud y de medicinas recetadas. Su participación es muy importante.

➤ **Tengo Medicare y no estoy inscrito/a en [HEALTH OR DRUG PLAN]. Creo que no debería contestar estas preguntas.**

Por favor, conteste las preguntas basándose en su experiencia con Medicare. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a saber qué calidad de atención médica reciben usted y otros beneficiarios. Su participación es muy importante.

➤ **Cambié mi plan de Medicare. Ya no pertenezco a [HEALTH OR DRUG PLAN]. Creo que no debería contestar estas preguntas.**

Si cambió su plan de Medicare para el 2019, por favor conteste las preguntas basándose en las experiencias que tuvo con Medicare en los últimos 6 meses del 2018. Las respuestas que usted proporcione ayudarán a los Centros de Servicios de Medicare y Medicaid a saber qué calidad de atención médica reciben usted y otros beneficiarios. Su participación es muy importante.



➤ **¿Quién verá mis respuestas?**

Sus respuestas serán confidenciales y solo las verán personas autorizadas de los Centros de Servicios de Medicare y Medicaid y [SURVEY VENDOR].

➤ **Pensé que las leyes de privacidad protegían mi confidencialidad. ¿Cómo consiguió mis datos de contacto y mi información médica?**

La encuesta que estamos llevando a cabo es totalmente conforme a la ley de privacidad, también conocida como HIPAA (Ley de Portabilidad y Responsabilidad de Seguros Médicos). Hemos sido autorizados por los Centros de Servicios de Medicare y Medicaid para realizar esta encuesta y mantendremos la confidencialidad de toda la información.

➤ **¿Cómo obtuvo mi nombre? ¿Cómo me eligieron para la encuesta?**

Su nombre fue seleccionado al azar entre todos los beneficiarios de Medicare dentro de su plan.

➤ **¿Cómo obtuvo mi número de teléfono?**

Medicare proporciona la información de contacto de todos los beneficiarios seleccionados al azar.

➤ **Yo no participo en encuestas.**

Entiendo. Sin embargo, espero que considere la posibilidad de participar. Este es un estudio muy importante para [HEALTH OR DRUG PLAN]. Los resultados de la encuesta le ayudarán a Medicare a saber sobre la calidad de servicios de atención médica y de medicinas recetadas que recibe usted.

➤ **No me interesa.**

El [HEALTH OR DRUG PLAN] verdaderamente podría usar su ayuda. Su participación ayudará a mejorar los servicios de atención médica y de medicinas recetadas para otros beneficiarios.

➤ **Estoy muy ocupado/a. Realmente no tengo tiempo.**

Su tiempo es valioso. Esta es una encuesta muy importante, y yo le agradecería verdaderamente que me ayudara hoy. La entrevista durará unos 10 a 15 minutos. Puedo programar la entrevista para otro momento que sea más conveniente para usted.

- **Usted me está llamando a mi celular; ¿puede volver a llamarme después de las [BENEFICIARY SPECIFY] de modo que la llamada no utilice ninguno de los minutos de mi teléfono celular?**

Sí, podemos volver a llamarlo/a a las [BENEFICIARY SPECIFY].

*[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME]* Set a future date and time for the telephone interview.

- **No quiero contestar un montón de preguntas personales.**

Entiendo su preocupación. Esta es una encuesta muy importante. Si una pregunta le molesta, dígame que prefiere no contestarla y pasará a la siguiente pregunta. ¿Por qué no empezamos, y así usted ve cómo son las preguntas?

- **Estoy muy descontento/a con [HEALTH OR DRUG PLAN] y no veo por qué debo ayudarles con esta encuesta.**

Siento mucho saber que está descontento/a. Justamente su participación en esta encuesta ayudará a saber cuáles son las mejoras que necesita su plan de salud o de medicinas recetadas.

- **¿Tengo que contestar la encuesta?**

Su participación es voluntaria. No hay ninguna sanción por no participar. Por favor entienda que esta es una encuesta muy importante, y sus respuestas nos ayudarán a mejorar la calidad de los servicios que ofrece [HEALTH OR DRUG PLAN] y también ayudará a otros consumidores a tomar decisiones informadas cuando elijan un plan de salud o de medicinas recetadas.

- **¿Voy a recibir correo no deseado (“junk mail”) si contesto esta encuesta?**

No, usted no recibirá ningún correo no deseado como resultado de participar en esta encuesta. Los nombres, números de teléfono y direcciones se mantendrán estrictamente confidenciales y se utilizan exclusivamente para los fines de esta encuesta.

- **No quiero que nadie venga a mi casa.**

Nadie irá a su casa. La encuesta recopila la información a través del correo o de entrevistas telefónicas.

- **Estoy en la *Lista de No Llamar*. Usted no debería estar llamándome.**

La *Lista de No Llamar* prohíbe las ventas y llamadas de telemarketing. No estamos vendiendo nada y no estamos pidiendo dinero. Somos una empresa de encuestas de investigación. Los Centros de Servicios de Medicare y Medicaid (CMS) nos pidió ayuda para realizar esta encuesta.

➤ **No quiero comprar nada.**

No estamos vendiendo nada. Queremos hacerle algunas preguntas sobre la atención y los servicios proporcionados por [HEALTH OR DRUG PLAN].

➤ **Casi nunca estoy enfermo/a. No creo que le interese hablar conmigo.**

Todos los seleccionados para esta encuesta proporcionan información muy importante que ayudará a mejorar los servicios de atención médica y de medicinas.

➤ **¿Mis respuestas le afectarán a mi doctor?**

Su doctor no verá las respuestas de su encuesta.

➤ **No he utilizado [HEALTH OR DRUG PLAN] todavía. ¿Todavía debo contestar las preguntas?**

Sí, aunque no haya utilizado ningún servicio de atención médica o de medicinas de su plan, cualquier información que usted pueda proporcionar será útil.

➤ **Tengo cobertura del VA. No creo que esta encuesta me corresponda.**

Aunque usted tiene cobertura del VA, los registros de CMS indican que usted también está inscrito/a en (HEALTH PLAN). Aunque no utilice este plan de salud, la información que usted proporcione al contestar la encuesta le dará a CMS información que es importante para garantizar atención de calidad para las personas que cuentan con Medicare.

➤ **Questions About Completing the Survey**

➤ **¿Dónde pongo mi nombre y dirección en el cuestionario?**

Por favor no escriba su nombre ni su dirección en el cuestionario. A cada encuesta se le ha asignado un número de identificación que nos permite saber cuáles son los beneficiarios que han llenado y devuelto un cuestionario.

➤ **Survey Vendor receives an inbound call prior to the start of the inbound CATI component of survey administration such as the following:**

*He recibido una carta diciéndome que recibiré una encuesta por correo. ¿Puedo contestar la encuesta ahora, mientras estamos hablando por teléfono?*

En este momento no puede contestar la encuesta por teléfono. Después de recibir la encuesta por correo, usted puede llamar de nuevo para contestar la encuesta por teléfono. Si no devuelve por correo la encuesta contestada, lo/a llamarán por teléfono en una fecha posterior.

- **AFTER SECOND SURVEY MAILING: ¿Puede enviarme otra encuesta por correo?**

Lo sentimos, en este momento no podemos enviarle por correo otra encuesta. Sus respuestas son muy importantes y queremos asegurarnos de transmitirle sus comentarios a CMS. Le agradeceríamos que usted pudiera contestar esta encuesta ahora por teléfono.

- **No puedo contestar esto yo sólo/a, ¿puedo pedirle a mi \_\_\_\_\_ que me ayude?**

Si usted cree que no puede contestar la encuesta usted mismo/a, un “apoderado” puede contestar la encuesta en su lugar. Un “apoderado” es generalmente un familiar o pariente, pero también podría ser un cuidador o un amigo cercano. Esta persona debe ser alguien que usted conozca muy bien y que podría contestar en su nombre, si usted le da su permiso, preguntas relacionadas con la salud.

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

- **En la encuesta que recibí por correo no había ninguna sección para escribir comentarios sobre mi plan de salud, ¿puedo hacerle mis comentarios a usted?**

Lamentablemente, nuestro sistema no está configurado para registrar comentarios sobre un plan de salud. Si tiene algún comentario adicional respecto a su plan de salud que le gustaría comunicarnos, por favor llame al 1-800-MEDICARE y hable con un representante.



**Appendix F - Chinese**  
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**(MA & PDP) CAHPS<sup>®</sup> Survey**  
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## Chinese

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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.

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### ➤ General Questions About the Survey

#### ➤ 這項調查由誰進行？

我是來自[SURVEY VENDOR NAME]的訪問員。[HEALTH OR DRUG PLAN]要求我們的組織進行這項調查，以便獲取他們受益人的回饋意見。

#### ➤ 這項調查由誰贊助？

這項調查由聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）贊助。該聯邦機構隸屬於美國衛生及公共服務部。

#### ➤ CMS 是什麼？

CMS 代表聯邦醫療保險和各州醫療補助服務中心。它是一個監管聯邦醫療保險（即 Medicare）和州立醫療補助（即 Medicaid）的聯邦機構。這個聯邦機構隸屬於美國衛生及公共服務部。

➤ 這項調查的目的是什麼？

這項調查的目的是從受益人的角度了解他們獲得的護理。聯邦醫療保險使用這些資訊來提供有關受益人獲得的醫護保健品質的資訊。這項調查收集您在醫護保健和處方藥物計劃服務方面的重要經驗。

➤ 收集的資料將如何使用？

調查的資料比較消費者在醫護保健和處方藥物計劃服務方面的經驗。調查資料將在 Medicare & You 手冊以及 Medicare Plan Finder ([www.medicare.gov](http://www.medicare.gov)) 發布。透過參與這項調查，您將幫助聯邦醫療保險改善醫護保健服務。

➤ 我如何確認這是合法的調查？

您可以致電 1-800-MEDICARE，向聯邦醫療保險確認這項調查的合法性。

➤ 我可以聯絡什麼政府機構來了解有關這項調查的更多資訊？

是的，您可以致電 1-800-MEDICARE 聯絡聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS），它是隸屬於美國衛生及公共服務部的聯邦機構。

➤ 完成這項調查需要多少時間？

完成聯邦醫療保險調查大約需要 10 至 15 分鐘。 *NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE MA & PDP CAHPS SURVEY IS INTEGRATED WITH HEALTH OR DRUG PLAN-SPECIFIC QUESTIONS.*

➤ 將會問及什麼問題？

這項調查的問題是關於您從健康或處方藥物計劃中獲得服務的經驗。

➤ 我已經把調查寄回了。

我們的記錄顯示沒有您的調查存檔，而且我們的記錄是定期更新的。您的回答非常重要，我們想確保與聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）分享您的回饋意見。如果您現在能在電話上完成這項調查，我們將非常感激。



- 我剛剛完成了另一個調查。我需要做這個嗎？

聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）是美國衛生及公共服務部的一個聯邦機構，向聯邦醫療保險受益人進行多項調查，例如聯邦醫療保險健康狀況問卷調查或醫療保健提供者的經驗調查。您可能已完成其中一項 CMS 調查。這是一項不同的調查，會收集您在醫護保健和處方藥物計劃服務的重要經驗。如果您現在能在電話上完成這項調查，我們將非常感激。

- 我的[language]說得不好。你們可以寄一份[language]調查給我嗎？

目前聯邦醫療保險經驗調查沒有[language]版本。我們已記錄您的請求，並將傳達給聯邦醫療保險和各州醫療補助服務中心，以供將來的調查考慮。感謝您的時間。

### ➤ **Concerns About Participating in the Survey**

- 你們為什麼打電話給我？我沒有聯邦醫療保險。我是[HEALTH OR DRUG PLAN]的會員。

您的計劃與聯邦醫療保險簽訂合約以提供服務。您提供的答案將有助於聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）改進健康和處方藥物計劃的護理品質。您的參與非常重要。

- 我有聯邦醫療保險，而且我沒有參加[HEALTH OR DRUG PLAN]。我覺得我不應該回答這些問題。

請根據您對聯邦醫療保險的經驗回答問題。您提供的答案將有助於聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）了解您和其他受益人獲得的護理品質。您的參與非常重要。

- 我更換了聯邦醫療保險計劃，不再屬於[HEALTH OR DRUG PLAN]。我覺得我不應該回答這些問題。

如果您更換了 2019 年的聯邦醫療保險計劃，請根據您在 2018 年最後六個月的聯邦醫療保險經驗回答問題。您提供的答案將有助於聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）了解您和其他受益人獲得的護理品質。您的參與非常重要。

- 誰會看到我的答案？

您的答案將會保密，只有聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）以及[SURVEY VENDOR]的授權人員才會看到。

- 我以為隱私法會保護我的機密。你們如何得到我的聯絡和醫療資訊？

我們進行的調查完全遵守隱私法，亦稱為 HIPAA（健康保險可攜性與責任法案）。我們獲得聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）授權進行這項調查，並對所有資訊保密。

- 你們如何取得我的名字？如何選擇我參加本次調查？

您的名字是從您的計劃裡所有聯邦醫療保險的受益人中隨機選出的。

- 你們如何取得我的電話號碼？

聯邦醫療保險提供所有隨機選出的受益人的聯絡資訊。

- 我不參加任何調查。

我了解。但是希望您能考慮參加。這項研究對[HEALTH OR DRUG PLAN]非常重要。調查結果將幫助聯邦醫療保險了解您獲得的醫護保健和處方藥物服務的品質。

- 我不感興趣。

[HEALTH OR DRUG PLAN]真的可以從您的幫助受益。您的參與將有助於改善其他受益人的醫護保健和處方藥物服務。

- 我非常忙碌。我真的沒有時間。

您的時間很寶貴。這是一項非常重要的調查，我會真的很感謝您今天的幫助。這項訪問大約需要 15 分鐘。我可以安排在您更方便的時間進行訪問。

- 你打的是我的手機號碼。你能不能在[BENEFICIARY SPECIFY]之後再打過來？這樣就不會佔用我的手機通話時間。

可以，我們可以在[BENEFICIARY SPECIFY]打電話回來。

*[IF THE CALL BACK CANNOT BE MADE AT THE BENEFICIARY'S SPECIFIED TIME] Set a future date and time for the telephone interview.*

- 我不想回答很多個人問題。

我們明白您的擔憂。這是一個很重要的調查。如果某個問題讓您感到困擾，請告訴我您不想回答，我將繼續問下一個問題。我們不如現在開始，您可以看看問題是怎樣的？

- 我對[HEALTH OR DRUG PLAN]非常不滿意，我不明白為什麼我要幫助他們進行這項調查。

很抱歉聽到您不滿意。透過參加這項調查，您將會幫助健康或處方藥物計劃瞭解哪些方面需要改進。

- 我是否必須完成這項調查？

您的參與屬於自願。不參加也不會有任何懲罰。請明白，這是一項非常重要的調查，您的回答將幫助我們改善 [HEALTH OR DRUG PLAN]提供的服務品質，並可幫助其他消費者在選擇健康或處方藥物計劃時做出知情決定。

- 如果我回答這項調查問卷，我會不會收到垃圾郵件？

不會，參加這項調查不會讓您收到任何垃圾郵件。我們對姓名、電話號碼和地址嚴格保密，只會用於這項調查的目的。

- 我不希望有人到我家來。

沒有人會來到您家。這項調查透過郵件或電話訪問來收集資訊。

- 我的名字列在「禁止撥打電話名單」上。你不應該打電話給我。

「禁止撥打電話名單」禁止電話銷售和做市場推廣。我們不銷售任何東西，也不會要求您付錢。我們是一家調查研究公司。聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）要求我們幫助進行這項調查。

- 我不想買任何東西。

我們不會銷售任何東西。我們想問您一些有關[HEALTH OR DRUG PLAN]提供的護理和服務的問題。

- 我很少生病。我想你不會希望和我交談。

被選中參加這項調查的每個人都提供非常重要的資訊，有助於改善健康和藥物服務。

- 我的答案會不會影響我的醫生？

您的醫生不會看到您的調查回答。

- 我還沒有用過 [HEALTH OR DRUG PLAN]。我應該回答這些問題嗎？

是的，即使您沒有用過計劃中的任何健康或藥物服務，您提供的任何資訊都會有所幫助。

- 我有退伍軍人保險。我不認為這項調查適用於我。

雖然您有退伍軍人保險，但聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）記錄顯示您也參加了(HEALTH PLAN)。即使您不使用這個健保計劃，您透過回答調查提供的資訊也會給 CMS 資訊，對於確保聯邦醫療保險受益人的優質護理非常重要。

## ➤ Questions About Completing the Survey

- 我應該把我的名字和地址寫在問卷的哪裡？

請勿在調查問卷上任何地方寫上您的姓名或地址。每份調查都有一個識別號碼，以便我們能夠追蹤哪一些受益人已經寄回完成的問卷。

- **Survey Vendor receives an inbound call prior to the start of the inbound CATI component of survey administration such as the following:**

*我收到一封信，告訴我會收到一份郵寄的調查。我能不能現在在電話上完成那份調查？*

我們現在不能在電話上完成那份調查。您可以在收到郵寄調查後再打電話來完成調查。如果您沒有寄回填妥的調查，我們會改天打電話跟您聯絡。

- **AFTER SECOND SURVEY MAILING:** 你可以再寄一份調查給我嗎？

對不起，我們目前無法再寄出一份問卷。您的回答非常重要，我們想確保與聯邦醫療保險和各州醫療補助服務中心（Centers for Medicare & Medicaid Services，即 CMS）分享您的回饋意見。如果您現在能在電話上完成這項調查，我們會非常感激。

- 我無法自己完成這項調查。我可以讓我的\_\_\_\_\_幫助我嗎？

如果您覺得自己無法完成這項調查，您可以請人代您或幫助您完成。這個人必須非常了解您，而且如果獲得您的批准，能夠準確地代您回答有關健康的問題。通常這個人是家人或親戚，但也可以是照顧者或好友。

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

- 郵寄的調查問卷裡沒有地方讓我填寫對我的健保計劃的意見。我可以把意見告訴你嗎？

很抱歉，我們的系統無法記錄對健保計劃的意見。如果您想分享有關您的健保計劃的任何額外意見，請撥打 1-800-MEDICARE 與我們的代表談話。

## **Appendix G**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Instructions for Survey Vendors on Accessing the Data Warehouse**

## Appendix G

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

## Logging in to the MA & PDP CAHPS Data Warehouse

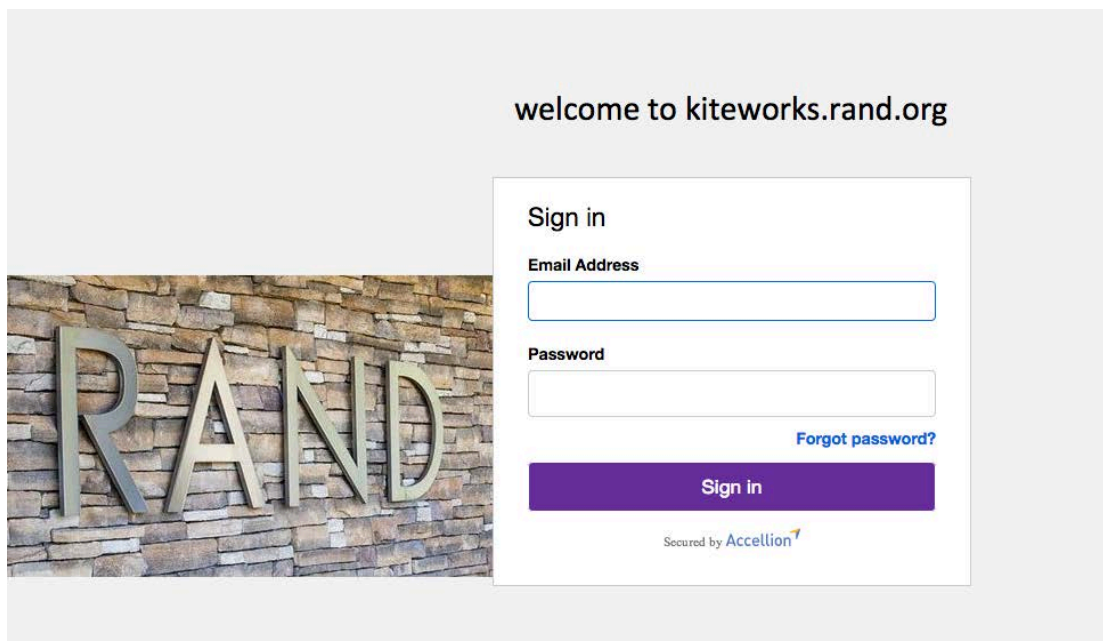
### Accessing the Data Warehouse

If the 2019 survey is your first year as an MA & PDP CAHPS Project Manager, Data Administrator or Back-up Data Administrator you will receive an email from The RAND Corporation with an invitation to MA & PDP CAHPS Data Warehouse. The email invitation will be sent to you four weeks before the transfer of sample files and will contain a link that will allow you to login to the MA & PDP CAHPS Data Warehouse and establish a password. The email will come from [RANDkiteworks@rand.org](mailto:RANDkiteworks@rand.org).

### Location for MA & PDP CAHPS Data Warehouse

The MA & PDP CAHPS Data Warehouse URL: <https://kiteworks.rand.org>

Enter or click on the URL above and you'll be directed to the login page:



welcome to kiteworks.rand.org

Sign in

Email Address

Password

[Forgot password?](#)

Sign in

Secured by Accellion

Log in with your email address

- If you are using the MA & PDP CAHPS Data Warehouse for the first time, you will be prompted to create a password
- If you submitted data to the warehouse in June 2018, use your existing password

*Note: If you've forgotten your password, click on "Need help signing in?" to generate an email link to reset your password.*

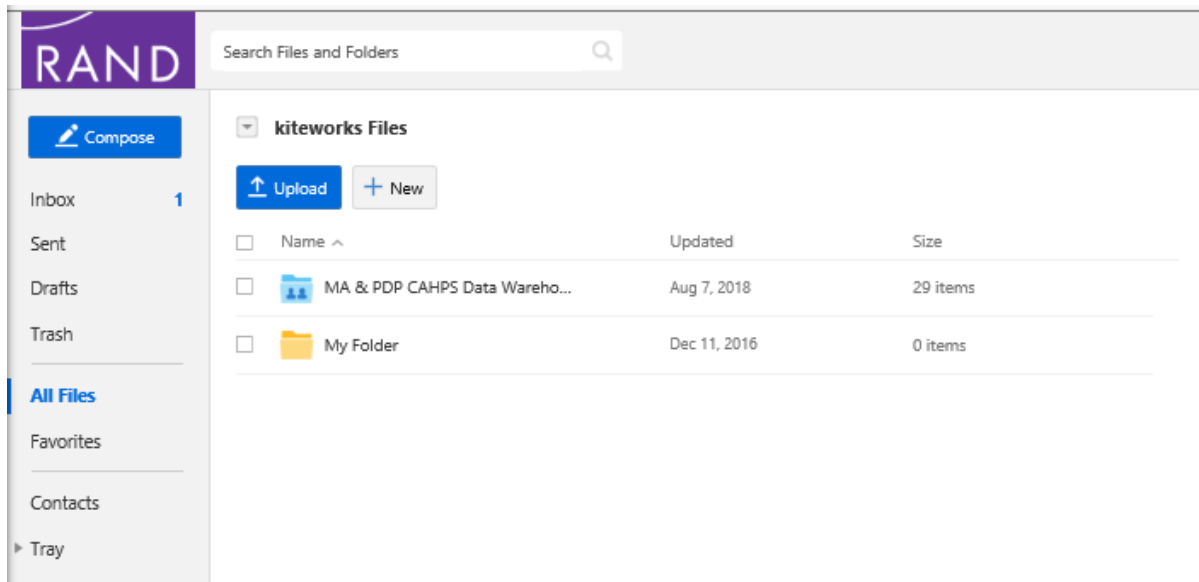
If you need to reset your password, it must contain:

- At least 8 character(s)
- At least 1 number(s)
- At least 1 lower-case letter(s)
- At least 1 upper-case letter(s)
- At least 1 special character(s)

Logins and passwords are person-specific. You may not share your login and password with others within your organization and you should not access the MA & PDP CAHPS Data Warehouse using someone else's login and password.

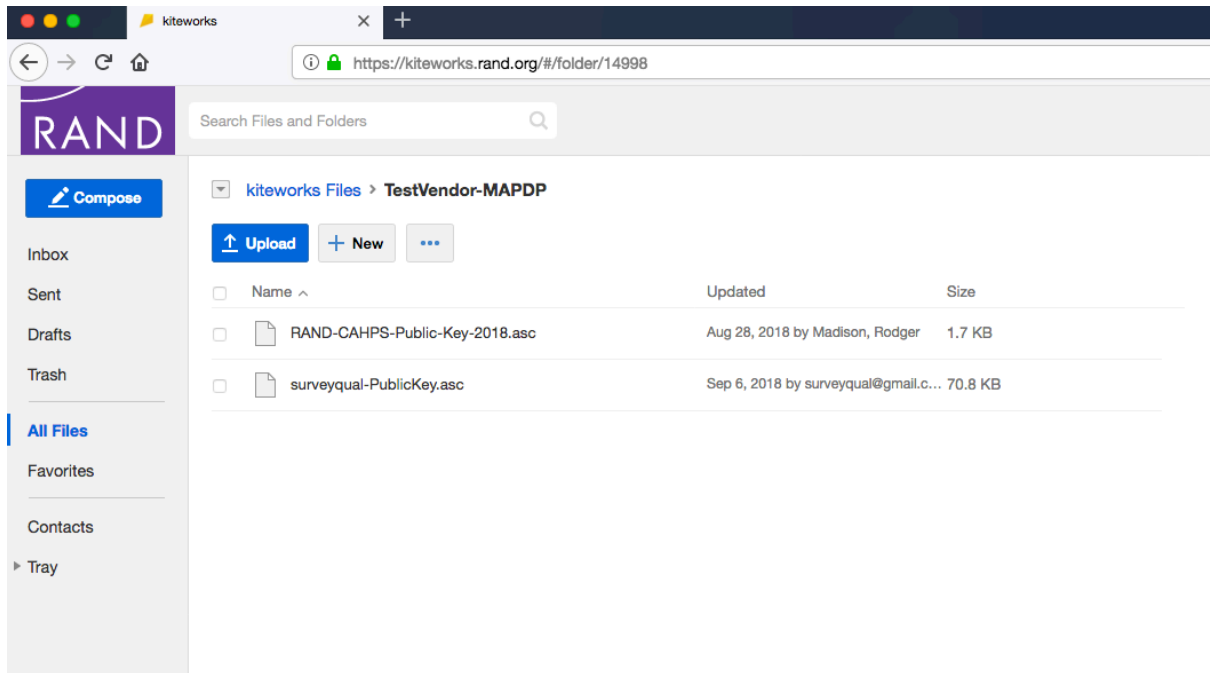
## Using the Site

Once you log in you'll be transferred to a location called kiteworks Files. From kiteworks Files you can access your secure folder within the MA & PDP CAHPS Data Warehouse.



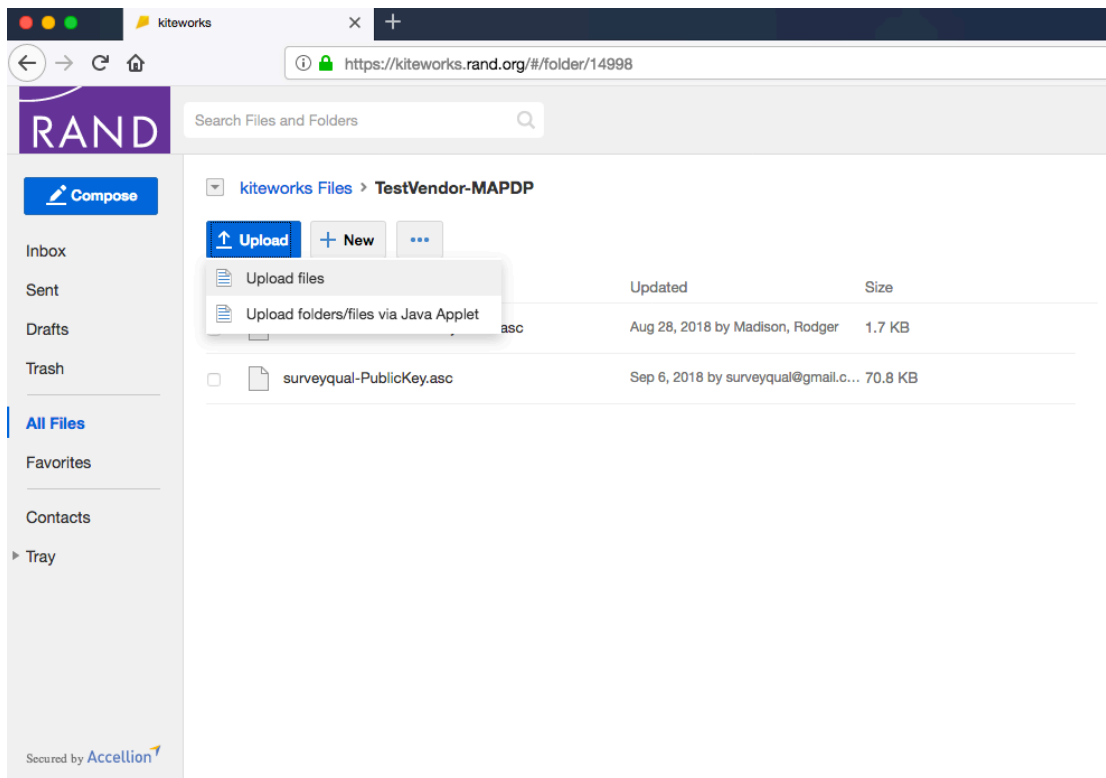


Note that your folder will contain RAND's public encryption key.



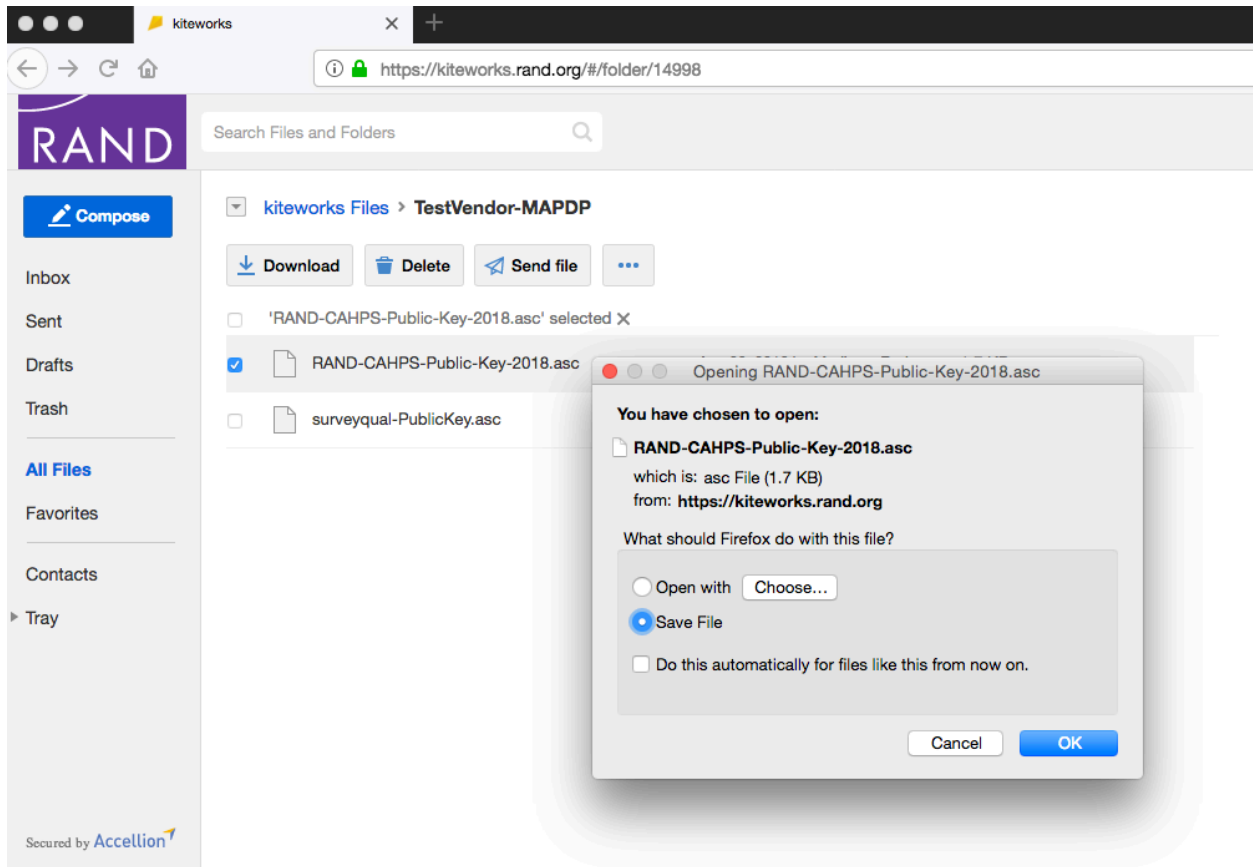
## Uploading Files

Click on the “Upload” button to submit your 2019 public key to the data warehouse.



## Downloading Files

Select the file you want to retrieve from the data warehouse (in this example, RAND's public key) by checking the box to the left of the file name, and click on the "Download" button and save the file.



If you have difficulty using the site, contact us at:

[MA-PDPCAHPSTECHSUPPORT@rand.org](mailto:MA-PDPCAHPSTECHSUPPORT@rand.org)

## **Appendix H**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Sample File Record Layout**

## Appendix H

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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	1-3	Survey Type code: indicating which survey version to administer. 1 = MA-only; 2 = MA PD; 3 = PDP
MARKETNAME	293	50	Free text	Contract Marketing Name from CMS

<b>RAND Field Name</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Field Contents</b>
TELEPHONE NUMBER	343	10	Char	CMS Beneficiary Telephone Number
LAND/MOBILE	353	1	L/M/U	L = LAND LINE; M= MOBILE; U= UNKNOWN
SPANISH PREFERENCE	354	1	Y/N	“Y” Indicates the beneficiary requested Medicare & You materials in Spanish
LIS	355	1	Y/N/U	Low Income Subsidy indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	356	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
MMP	357	1	Y/N	MMP contract indicator Data values: Y = Yes, MMP contract N = No, not MMP contract

## **Appendix I**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Vendor Survey File Record Layout 2019 Survey Status Section**

# Appendix I

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Vendor Survey File Record Layout 2019 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	1-3	1 = MA-only; 2 = MA-PD; 3 = 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 incomplete survey 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

<b>RAND Field Name</b>	<b>Field Contents</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Coding Notes</b>
DISPO_LANG	Survey Language	18	1	1-5	Language survey was administered (or attempted to be administered): 1 = English 2 = Spanish 3 = Chinese 4 = Vietnamese 5 = Korean
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)
SUPP_ITEMS	Total Supplemental Items	77	2	Numeric	2 digit number indicating total number of supplemental items added by the plan. (If no supplemental questions code "00")
SPANISH PREFERENCE	Spanish Language Preference Indicator	79	1	Y/N	"Y" Indicates the beneficiary requested Medicare & You materials in Spanish
INTERVIEW LANGUAGE SWITCH	Phone Interview Conducted in Two Languages	80	1	Y/N, 8	"Y" Indicates phone interview started in one language but completed in a different language "N" Indicates no change in language of administration after start of phone interview 8 = Not Applicable
CHANGE LANGUAGE ITEM	CATI Item at Which Interviewer Switched Survey Language	81	4	Alpha-numeric, INTR, 8888	Alphanumeric CATI item name at which language switch occurred INTR = Language switch occurred prior to Q1 of the survey 8888 = Not Applicable
LIS	Low Income Subsidy Indicator	85	1	Y/N/U	Low Income Subsidy indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown
DUAL ELIGIBLE	Dual Eligible Indicator	86	1	Y/N/U	Dual Eligible indicator Data values: Y = Yes, eligible N = No, not eligible U = Eligibility unknown



<b>RAND Field Name</b>	<b>Field Contents</b>	<b>Starting Position in Record</b>	<b>Field Length</b>	<b>Valid Codes</b>	<b>Coding Notes</b>
PHONE ATTEMPTS	Number of Phone Attempts	87	2	00-NN 88	2-digit number indicating total number of telephone contact attempts (Case finalized prior to start of outbound CATI = 88 Not Applicable)
SURVEY MAILING	Indicates whether returned mail survey came from first or second survey mailing	89	1	1-2, 8	1 = First survey mailing 2 = Second survey mailing 8 = Not Applicable



## **Appendix I**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Medicare Advantage Plan (MA-only) 2019 Beneficiary Response Section**

# Appendix I

## Medicare Advantage Plan (MA-only) 2019 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>1. Our records show that in 2018 your health services were covered by the plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Go to Question 3</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2018 your health services were covered by the plan named <b>[HEALTH PLAN NAME]</b>. Is that right? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES [GO TO Q3]</p> <p>2 NO [GO TO Q2]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q2]</p> <p>99 &lt;REFUSED&gt; [GO TO Q2]</p> <p>M [MISSING]</p>	90-91	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>2. Please write below the name of the health plan you had in 2018 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2018? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	92-141	<p>Text</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 5</b></p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.</li> <li>• FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your health care in the last 6 months.</li> </ul> <p>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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q5]  98 &lt;DON'T KNOW&gt; [GO TO Q5]  99 &lt;REFUSED&gt; [GO TO Q5]  M [MISSING]</p>	142-143	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	144-145	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 7</b></p>	<p>Q5 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q7]  98 &lt;DON'T KNOW&gt; [GO TO Q7]  99 &lt;REFUSED&gt; [GO TO Q7]  M [MISSING]</p>	146-147	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	148-149	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p>0 <input type="checkbox"/> None → <b>If None, Go to Question 9</b>  1 <input type="checkbox"/> 1 time  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 to 9  6 <input type="checkbox"/> 10 or more times</p>	<p>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? Would you say...</p> <p>0 None [GO TO Q9]  1 1 time  2 2  3 3  4 4  5 5 to 9  6 10 or more times  98 &lt;DON'T KNOW&gt; [GO TO Q9]  99 &lt;REFUSED&gt; [GO TO Q9]  M [MISSING]</p>	150-151	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
<p>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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	152-153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health care possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health care possible</p>	<p>Q9 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST HEALTH CARE POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH CARE POSSIBLE  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	154-155	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
<p>10. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	156-157	1=Never 2=Sometimes 3=Usually 4=Always 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>11. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 27</b></p>	<p>Now I'd like to ask you about your personal doctor.</p> <p>Q11 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q27]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	158-159	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p><sup>0</sup> <input type="checkbox"/> None → <b>If None, Go to Question 27</b>  <sup>1</sup> <input type="checkbox"/> 1 time  <sup>2</sup> <input type="checkbox"/> 2  <sup>3</sup> <input type="checkbox"/> 3  <sup>4</sup> <input type="checkbox"/> 4  <sup>5</sup> <input type="checkbox"/> 5 to 9  <sup>6</sup> <input type="checkbox"/> 10 or more times</p>	<p>Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...</p> <p>0 None [GO TO Q27]  1 1 time  2 2  3 3  4 4  5 5 to 9  6 10 or more times  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	160-161	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q13 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	162-163	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>14. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q15 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	166-167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>16. In the last 6 months, how often did your personal doctor spend enough time with you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q16 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	168-169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>Q17 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	170-171	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>18. 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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q18 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	172-173	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 22</b></p>	<p>Q19 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q22]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q22]  99 &lt;REFUSED&gt; [GO TO Q22]  M [MISSING]</p>	174-175	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never → <b>If Never, Go to Question 22</b></p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q20 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...</p> <p>1 Never, [GO TO Q22]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q22]</p> <p>99 &lt;REFUSED&gt; [GO TO Q22]</p> <p>M [MISSING]</p>	176-177	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q21 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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	178-179	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>22. In the last 6 months, did you take any prescription medicine?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 24</b></p>	<p>Q22 In the last 6 months, did you take any prescription medicine? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q24]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q24]  99 &lt;REFUSED&gt; [GO TO Q24]  M [MISSING]</p>	180-181	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p><sup>1</sup> <input type="checkbox"/> Never  <sup>2</sup> <input type="checkbox"/> Sometimes  <sup>3</sup> <input type="checkbox"/> Usually  <sup>4</sup> <input type="checkbox"/> Always</p>	<p>Q23 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	182-183	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 27</b></p>	<p>Q24 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q27]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	184-185	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →<b>If No, Go to Question 27</b></p>	<p>Q25 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q27]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	186-187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>26. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, definitely  <sup>2</sup> <input type="checkbox"/> Yes, somewhat  <sup>3</sup> <input type="checkbox"/> No</p>	<p>Q26 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...</p> <p>1 Yes, definitely,  2 Yes, somewhat, or  3 No  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	188-189	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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 <u>personal doctor</u> a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Please include your personal doctor as you answer these questions about specialists</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p> <p><sup>3</sup> <input type="checkbox"/> I do not have a personal doctor</p>	<p>Now I am going to ask some questions about getting health care from specialists.</p> <p>Q27 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your <u>personal doctor</u> a specialist? Would you say...</p> <p>1 Yes If Yes, Please include your personal doctor as you answer these questions about specialists</p> <p>2 No, or</p> <p>3 I do not have a personal doctor</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	190-191	<p>1=Yes</p> <p>2=No</p> <p>3=I do not have a personal doctor</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>28. In the last 6 months, did you make any appointments to see a specialist?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 33</b></p> <p><sup>3</sup> <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q28 In the last 6 months, did you make any appointments to see a specialist? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO [GO TO Q33]</p> <p>3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q33]</p> <p>99 &lt;REFUSED&gt; [GO TO Q33]</p> <p>M [MISSING]</p>	192-193	<p>1=Yes</p> <p>2=No</p> <p>3=Someone else made my specialist appointments for me</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?  1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always	Q29 In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...  1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	194-195	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
30. How many specialists have you seen in the last 6 months?  0 <input type="checkbox"/> None → <b>If None, Go to Question 33</b> 1 <input type="checkbox"/> 1 specialist 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 or more specialists	Q30 How many specialists have you seen in the last 6 months? ( <i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i> )  0 NONE [GO TO Q33] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	196-197	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. We want to know your rating of the specialist you saw <u>most often</u> 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?</p> <p> <input type="checkbox"/> 0 - Worst specialist possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best specialist possible </p>	<p>Q31 We want to know your rating of the specialist you saw <u>most often</u> 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST SPECIALIST POSSIBLE</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 - BEST SPECIALIST POSSIBLE</p> <p>88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &gt;REFUSED&gt; M [MISSING]</p>	198-199	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
<p>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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I do not have a personal doctor  6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months  7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAM SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>IF Q11 IS ASSIGNED ANSWER “2 - NO” Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS “88 - NOT APPLICABLE”</li> <li>IF Q12 IS ASSIGNED ANSWER “0 - NONE” Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS “88 - NOT APPLICABLE”</li> </ul> <p>Q32 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...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 (MAIL SURVEY ONLY)  6 (MAIL SURVEY ONLY)  7 My personal doctor is a specialist  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	200-201	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 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. In the last 6 months, did you get information or help from your health plan's customer service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →If No, Go to Question 36</p>	<p>Now I am going to ask some questions about your health plan.</p> <p>Q33 In the last 6 months, did you get information or help from your health plan's customer service? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO [GO TO Q36] 98 &lt;DON'T KNOW&gt; [GO TO Q36] 99 &lt;REFUSED&gt; [GO TO Q36] M [MISSING]</p>	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p>1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always</p>	<p>Q34 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...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	204-205	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q35 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	206-207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. In the last 6 months, did your health plan give you any forms to fill out?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 38</b></p>	<p>Q36 In the last 6 months, did your health plan give you any forms to fill out? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q38]  98 &lt;DON'T KNOW&gt; [GO TO Q38]  99 &lt;REFUSED&gt; [GO TO Q38]  M [MISSING]</p>	208-209	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>37. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q37 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	210-211	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p> <input type="checkbox"/> 0 – Worst health plan possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 – Best health plan possible </p>	<p>Q38 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST HEALTH PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST HEALTH PLAN POSSIBLE</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	212-213	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
<p>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)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am not sure  4 <input type="checkbox"/> I do not have a co-pay  5 <input type="checkbox"/> I do not have a health condition  6 <input type="checkbox"/> I was offered a lower co-pay for another reason</p>	<p>Q39 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)? Would you say...</p> <p>1 Yes,  2 No,  3 I am not sure,  4 I do not have a co-pay,  5 I do not have a health condition, or  6 I was offered a lower co-pay for another reason</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M MISSING</p>	214-215	1=Yes 2=No 3=I am not sure 4=I do not have a co-pay 5=I do not have a health condition 6=I was offered a lower co-pay for another reason 98=Don't Know 99=Refused M=Missing
<p>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)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am not sure  4 <input type="checkbox"/> I do not have a health condition  5 <input type="checkbox"/> I was offered extra benefits for another reason</p>	<p>Q40 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)? Would you say...</p> <p>1 Yes,  2 No,  3 I am not sure,  4 I do not have a health condition, or  5 I was offered extra benefits for another reason</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	216-217	1=Yes 2=No 3=I am not sure 4=I do not have a health condition 5=I was offered extra benefits for another reason 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>41. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q41 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	218-219	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>42. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q42 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	220-221	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>43. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>	<p>Q43 In the last 6 months, did you spend one or more nights in a hospital? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	222-223	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>44. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q44 In the last 6 months, how often was it easy to get the medicines your doctor prescribed?  Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 My doctor did not prescribe any medicines for me in the last 6 months.  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	224-225	<p>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</p>
<p>45. Do you have insurance that pays part or all of the cost of your prescription medicines?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q45 Do you have insurance that pays part or all of the cost of your prescription medicines?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	226-227	<p>1=Yes  2=No  3=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>46. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months.</p>	<p>Q46 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	228-229	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
<p>47. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q47 In the last 6 months, did you receive any mail order medicines that you did not request? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	230-231	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout																						
		Field Position	Valid Values																					
<p>48. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. A heart attack?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Angina or coronary heart disease?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Hypertension or high blood pressure?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Cancer, <u>other than skin cancer</u>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Any kind of diabetes or high blood sugar?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>	f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<p>Q48 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>b. Angina or coronary heart disease (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	<p>232-233</p> <p>234-235</p>	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	Yes	No																						
a. A heart attack?	<input type="checkbox"/>	<input type="checkbox"/>																						
b. Angina or coronary heart disease?	<input type="checkbox"/>	<input type="checkbox"/>																						
c. Hypertension or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>																						
d. Cancer, <u>other than skin cancer</u> ?	<input type="checkbox"/>	<input type="checkbox"/>																						
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	<input type="checkbox"/>	<input type="checkbox"/>																						
f. Any kind of diabetes or high blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>																						

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>c. Hypertension or high blood pressure <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	236-237	<p>c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u> <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	238-239	<p>d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> also called chronic obstructive pulmonary disease <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	240-241	<p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
		242-243	<p>f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>49. Do you have serious difficulty walking or climbing stairs?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q49 Do you have serious difficulty walking or climbing stairs? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	244-245	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>50. Do you have difficulty dressing or bathing?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q50 Do you have difficulty dressing or bathing? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	246-247	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>51. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q51 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	248-249	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>52. Have you had a flu shot since July 1, 2018?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q52 Have you had a flu shot since July 1, 2018? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	250-251	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>53. 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.</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q53 Have you ever had one or more pneumonia shots? <i>(READ THE FOLLOWING ONLY IF NECESSARY)</i> 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. <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	252-253	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>54. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day  2 <input type="checkbox"/> Some days  3 <input type="checkbox"/> Not at all → <b>If Not at all, Go to Question 56</b>  4 <input type="checkbox"/> Don't know → <b>If Don't know, Go to Question 56</b></p>	<p>Q54 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 EVERY DAY  2 SOME DAYS  3 NOT AT ALL [GO TO Q56]  4 DON'T KNOW [GO TO Q56]  99 &lt;REFUSED&gt; [GO TO Q56]  M [MISSING]</p>	254-255	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
<p>55. 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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q55 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q56. CODE Q55 AS "88 - NOT APPLICABLE"</p> <p>Q55 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	256-257	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>56. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less</p> <p>2 <input type="checkbox"/> Some high school, but did not graduate</p> <p>3 <input type="checkbox"/> High school graduate or GED</p> <p>4 <input type="checkbox"/> Some college or 2-year degree</p> <p>5 <input type="checkbox"/> 4-year college graduate</p> <p>6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q56 What is the highest grade or level of school that you have completed? Would you say...</p> <p>1 8th grade or less,</p> <p>2 Some high school, but did not graduate,</p> <p>3 High school graduate or GED,</p> <p>4 Some college or 2-year degree,</p> <p>5 4-year college graduate, or</p> <p>6 More than 4-year college degree</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	258-259	<p>1=8th grade or less</p> <p>2=Some high school but did not graduate</p> <p>3=High school graduate or GED</p> <p>4=Some college or 2-year degree</p> <p>5=4-year college graduate</p> <p>6=More than 4-year college degree</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>57. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino</p> <p>2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q57 Are you of Hispanic or Latino origin or descent? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES, HISPANIC OR LATINO</p> <p>2 NO, NOT HISPANIC OR LATINO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	260-261	<p>1=Yes, Hispanic or Latino</p> <p>2=No, not Hispanic or Latino</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>58. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q58 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u></p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p> <p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	<p>262-263</p> <p>264-265</p> <p>266-267</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>61. 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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q61 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	276-277	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>62. Did someone help you complete this survey?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q62 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	278-279	1=Yes 2=No 98=Don't Know M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me  <input type="checkbox"/> Wrote down the answers I gave  <input type="checkbox"/> Answered the questions for me  <input type="checkbox"/> Translated the questions into my language  <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q63 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE READ THE QUESTIONS TO THE BENEFICIARY</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER</p> <p>1 YES  2 NO  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  M [MISSING]</p>	<p>280-281</p> <p>282-283</p>	<p>Read the questions to me  1=Yes  2=No  88=Not Applicable  98=Don't Know  M=Missing</p> <p>Wrote down the answers I gave  1=Yes  2=No  88=Not Applicable  98=Don't Know  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p> <p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p> <p>HELPED IN SOME OTHER WAY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	<p>284-285</p> <p>286-287</p> <p>288-289</p>	<p>Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Translated the questions into my language 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p> <p>Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't Know M=Missing</p>
	<p>[END] Those are all the questions I have. Thank you for taking part in this important interview.</p>		





## **Appendix I**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Medicare Advantage Prescription Drug Plan (MA-PD) 2019 Beneficiary Response Section**

# Appendix I

## Medicare Advantage Prescription Drug Plan (MA-PD) 2019 Beneficiary Response Section

Survey Question	CATI Specifications		File Layout	
			Field Position	Valid Values
<p>1. Our records show that in 2018 your health services were covered by the plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes →<b>If Yes, Go to Question 3</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2018 your health services were covered by the plan named <b>[PLAN NAME]</b>. Is that right? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES [GO TO Q3]</p> <p>2 NO [GO TO Q2]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q2]</p> <p>99 &lt;REFUSED&gt; [GO TO Q2]</p> <p>M [MISSING]</p>	90-91	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	
<p>2. Please write below the name of the health plan you had in 2018 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the health plan you had in 2018? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	92-141	<p>Text</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>	

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No →If No, Go to Question 5</p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.</li> <li>• FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ Now I am going to ask you questions about your health care in the last 6 months.]</li> </ul> <p>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)</p> <p>1 YES  2 NO [GO TO Q5]  98 &lt;DON'T KNOW&gt; [GO TO Q5]  99 &lt;REFUSED&gt; [GO TO Q5]  M [MISSING]</p>	142-143	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always </p>	<p>Q4 In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed? Would you say...</p> <p>1 Never, 2 Sometimes, 3 Usually, or 4 Always 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	144-145	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, Go to Question 7</b> </p>	<p>Q5 In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO [GO TO Q7] 98 &lt;DON'T KNOW&gt; [GO TO Q7] 99 &lt;REFUSED&gt; [GO TO Q7] M [MISSING]</p>	146-147	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q6 In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	148-149	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p>0 <input type="checkbox"/> None → <b>If None, Go to Question 9</b>  1 <input type="checkbox"/> 1 time  2 <input type="checkbox"/> 2  3 <input type="checkbox"/> 3  4 <input type="checkbox"/> 4  5 <input type="checkbox"/> 5 to 9  6 <input type="checkbox"/> 10 or more times</p>	<p>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? Would you say...</p> <p>0 None [GO TO Q9]  1 1 time  2 2  3 3  4 4  5 5 to 9  6 10 or more times  98 &lt;DON'T KNOW&gt; [GO TO Q9]  99 &lt;REFUSED&gt; [GO TO Q9]  M [MISSING]</p>	150-151	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
<p>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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	152-153	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health care possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health care possible</p>	<p>Q9 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST HEALTH CARE POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH CARE POSSIBLE  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	154-155	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
<p>10. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	156-157	1=Never 2=Sometimes 3=Usually 4=Always 98=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>11. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 27</b></p>	<p>Now I'd like to ask you about your personal doctor.</p> <p>Q11 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q27]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	158-159	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>12. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?</p> <p><sup>0</sup> <input type="checkbox"/> None → <b>If None, Go to Question 27</b>  <sup>1</sup> <input type="checkbox"/> 1 time  <sup>2</sup> <input type="checkbox"/> 2  <sup>3</sup> <input type="checkbox"/> 3  <sup>4</sup> <input type="checkbox"/> 4  <sup>5</sup> <input type="checkbox"/> 5 to 9  <sup>6</sup> <input type="checkbox"/> 10 or more times</p>	<p>Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...</p> <p>0 None [GO TO Q27]  1 1 time  2 2  3 3  4 4  5 5 to 9  6 10 or more times  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	160-161	0=None 1=1 2=2 3=3 4=4 5=5 to 9 6=10 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q13 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	162-163	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>14. In the last 6 months, how often did your personal doctor listen carefully to you?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	164-165	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. In the last 6 months, how often did your personal doctor show respect for what you had to say?</p> <p> <input type="checkbox"/> 1 Never  <input type="checkbox"/> 2 Sometimes  <input type="checkbox"/> 3 Usually  <input type="checkbox"/> 4 Always </p>	<p>Q15 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...</p> <p> 1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING] </p>	166-167	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>16. In the last 6 months, how often did your personal doctor spend enough time with you?</p> <p> <input type="checkbox"/> 1 Never  <input type="checkbox"/> 2 Sometimes  <input type="checkbox"/> 3 Usually  <input type="checkbox"/> 4 Always </p>	<p>Q16 In the last 6 months, how often did your personal doctor spend enough time with you? Would you say...</p> <p> 1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING] </p>	168-169	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst personal doctor possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best personal doctor possible</p>	<p>Q17 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PERSONAL DOCTOR POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PERSONAL DOCTOR POSSIBLE</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	170-171	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>18. 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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q18 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	172-173	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No→<b>If No, Go to Question 22</b></p>	<p>Q19 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q22]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q22]  99 &lt;REFUSED&gt; [GO TO Q22]  M [MISSING]</p>	174-175	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never → <b>If Never, Go to Question 22</b></p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q20 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...</p> <p>1 Never, [GO TO Q22]</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q22]</p> <p>99 &lt;REFUSED&gt; [GO TO Q22]</p> <p>M [MISSING]</p>	176-177	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p>	<p>Q21 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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	178-179	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
22. In the last 6 months, did you take any prescription medicine?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → <b>If No, Go to Question 24</b>	Q22 In the last 6 months, did you take any prescription medicine? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES 2 NO [GO TO Q24] 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q24] 99 <REFUSED> [GO TO Q24] M [MISSING]	180-181	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?  1 <input type="checkbox"/> Never 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Usually 4 <input type="checkbox"/> Always	Q23 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, or 4 Always 88 [NOT APPLICABLE] 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	182-183	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 27</b></p>	<p>Q24 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q27]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	184-185	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes  <sup>2</sup> <input type="checkbox"/> No → <b>If No, Go to Question 27</b></p>	<p>Q25 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q27]  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt; [GO TO Q27]  99 &lt;REFUSED&gt; [GO TO Q27]  M [MISSING]</p>	186-187	1=Yes 2=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>26. 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?</p> <p>1 <input type="checkbox"/> Yes, definitely  2 <input type="checkbox"/> Yes, somewhat  3 <input type="checkbox"/> No</p>	<p>Q26 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...</p> <p>1 Yes, definitely,  2 Yes, somewhat, or  3 No  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	188-189	1=Yes, definitely 2=Yes, somewhat 3=No 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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 <u>personal doctor</u> a specialist?</p> <p>1 <input type="checkbox"/> Yes → <b>If Yes, Please include your personal doctor as you answer these questions about specialists</b>  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I do not have a personal doctor</p>	<p>Now I am going to ask some questions about getting health care from specialists.</p> <p>Q27 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your <u>personal doctor</u> a specialist? Would you say...</p> <p>1 Yes If Yes, Please include your personal doctor as you answer these questions about Specialists  2 No, or  3 I do not have a personal doctor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	190-191	1=Yes 2=No 3=I do not have a personal doctor 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>28. In the last 6 months, did you make any appointments to see a specialist?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 33</b>  3 <input type="checkbox"/> Someone else made my specialist appointments for me</p>	<p>Q28 In the last 6 months, did you make any appointments to see a specialist? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q33]  3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME  98 &lt;DON'T KNOW&gt; [GO TO Q33]  99 &lt;REFUSED&gt; [GO TO Q33]  M [MISSING]</p>	192-193	1=Yes 2=No 3=Someone else made my specialist appointments for me 98=Don't Know 99=Refused M=Missing
<p>29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q29 In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always,  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	194-195	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
30. How many specialists have you seen in the last 6 months?  <input type="checkbox"/> None → <b>If None, Go to Question 33</b> <input type="checkbox"/> 1 specialist <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more specialists	Q30 How many specialists have you seen in the last 6 months? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  0 NONE [GO TO Q33] 1 1 SPECIALIST 2 2 3 3 4 4 5 5 OR MORE SPECIALISTS 88 [NOT APPLICABLE] 98 <DON'T KNOW> [GO TO Q33] 99 <REFUSED> [GO TO Q33] M [MISSING]	196-197	0=None 1=1 specialist 2=2 3=3 4=4 5=5 or more 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>31. We want to know your rating of the specialist you saw <u>most often</u> 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?</p> <p> <input type="checkbox"/> 0 - Worst specialist possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best specialist possible </p>	<p>Q31 We want to know your rating of the specialist you saw <u>most often</u> 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST SPECIALIST POSSIBLE</p> <p>1 2 3 4 5 6 7 8 9</p> <p>10 - BEST SPECIALIST POSSIBLE</p> <p>88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	198-199	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
<p>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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I do not have a personal doctor  6 <input type="checkbox"/> I did not visit my personal doctor in the last 6 months  7 <input type="checkbox"/> My personal doctor is a specialist</p>	<p>PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"</li> <li>• IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"</li> </ul> <p>Q32 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...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 (MAIL SURVEY ONLY)  6 (MAIL SURVEY ONLY)  7 My personal doctor is a specialist  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	200-201	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 7=My personal doctor is a specialist 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>33. In the last 6 months, did you get information or help from your health plan's customer service?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No →If No, Go to Question 36</p>	<p>Now I am going to ask some questions about your health plan.</p> <p>Q33 In the last 6 months, did you get information or help from your health plan's customer service? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q36]  98 &lt;DON'T KNOW&gt; [GO TO Q36]  99 &lt;REFUSED&gt; [GO TO Q36]  M [MISSING]</p>	202-203	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p><input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always</p>	<p>Q34 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	204-205	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Usually  <input type="checkbox"/> Always </p>	<p>Q35 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...</p> <p> 1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING] </p>	206-207	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>36. In the last 6 months, did your health plan give you any forms to fill out?</p> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No → <b>If No, Go to Question 38</b> </p>	<p>Q36 In the last 6 months, did your health plan give you any forms to fill out? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p> 1 YES  2 NO [GO TO Q38]  98 &lt;DON'T KNOW&gt; [GO TO Q38]  99 &lt;REFUSED&gt; [GO TO Q38]  M [MISSING] </p>	208-209	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>37. In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always</p>	<p>Q37 In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	210-211	1=Never 2=Sometimes 3=Usually 4=Always 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>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?</p> <p><input type="checkbox"/> 0 - Worst health plan possible  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8  <input type="checkbox"/> 9  <input type="checkbox"/> 10 - Best health plan possible</p>	<p>Q38 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)</p> <p>0 - WORST HEALTH PLAN POSSIBLE  1  2  3  4  5  6  7  8  9  10 - BEST HEALTH PLAN POSSIBLE  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	212-213	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
<p>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)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am not sure  4 <input type="checkbox"/> I do not have a co-pay  5 <input type="checkbox"/> I do not have a health condition  6 <input type="checkbox"/> I was offered a lower co-pay for another reason</p>	<p>Q39 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)? Would you say...</p> <p>1 Yes,  2 No,  3 I am not sure,  4 I do not have a co-pay,  5 I do not have a health condition, or  6 I was offered a lower co-pay for another reason</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M MISSING</p>	214-215	1=Yes 2=No 3=I am not sure 4=I do not have a co-pay 5=I do not have a health condition 6=I was offered a lower co-pay for another reason 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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)?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> I am not sure  4 <input type="checkbox"/> I do not have a health condition  5 <input type="checkbox"/> I was offered extra benefits for another reason</p>	<p>Q40 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)? Would you say...</p> <p>1 Yes,  2 No,  3 I am not sure,  4 I do not have a health condition, or  5 I was offered extra benefits for another reason</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	216-217	1=Yes 2=No 3=I am not sure 4=I do not have a health condition 5=I was offered extra benefits for another reason 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>41. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p style="text-align: center;"><u>Yes</u>   <u>No</u></p> <p>a. To make sure you filled or refilled a prescription?   <input type="checkbox"/>   <input type="checkbox"/></p> <p>b. To make sure you were taking medicine as directed?   <input type="checkbox"/>   <input type="checkbox"/></p>	<p>Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.</p> <p>Q41 In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p>a. To make sure you filled or refilled a prescription? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)</i></p> <p>b. To make sure you were taking medicine as directed? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	<p>218-219</p> <p>220-221</p>	<p>a.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p> <p>b.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>Q42 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...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 I did not use my prescription drug plan to get any medicines in the last 6 months</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	222-223	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
<p>43. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 45</b></p>	<p>Q43 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q45]  98 &lt;DON'T KNOW&gt; [GO TO Q45]  99 &lt;REFUSED&gt; [GO TO Q45]  M [MISSING]</p>	224-225	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>Q44 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	226-227	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 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>45. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No → <b>If No, Go to Question 47</b>  3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail → <b>Go to Question 47</b></p>	<p>Q45 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO [GO TO Q47]  3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q47]  98 &lt;DON'T KNOW&gt; [GO TO Q47]  99 &lt;REFUSED&gt; [GO TO Q47]  M [MISSING]</p>	228-229	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
<p>46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months  6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>Q46 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  6 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	230-231	<p>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  88=Not Applicable  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>47. 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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>Q47 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? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	232-233	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>48. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q48 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	234-235	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>49. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q49 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	236-237	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
<p>50. In the last 6 months, did you spend one or more nights in a hospital?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q50 In the last 6 months, did you spend one or more nights in a hospital? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	238-239	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>51. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>Q51 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	240-241	<p>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</p>
<p>52. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>Q52 In the last 6 months, did you receive any mail order medicines that you did not request? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 3 DON'T KNOW 99 &lt;REFUSED&gt; M [MISSING]</p>	242-243	<p>1=Yes 2=No 3=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>53. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u></p> <p>b. Angina or coronary heart disease? <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Hypertension or high blood pressure? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Cancer, <u>other than skin cancer</u>? <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Any kind of diabetes or high blood sugar? <input type="checkbox"/> <input type="checkbox"/></p>	<p>Q53 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p> <p>(<i>READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...</i>)</p> <p>b. Angina or coronary heart disease? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	<p>244-245</p> <p>246-247</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>c. Hypertension or high blood pressure?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u>?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	<p>248-249</p> <p>250-251</p>	<p>c.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p> <p>d.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD?  <i>(READ THE FOLLOWING ONLY IF NECESSARY) also called chronic obstructive pulmonary disease</i>  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	252-253	<p>e.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	254-255	<p>f.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>54. Do you have serious difficulty walking or climbing stairs?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q54 Do you have serious difficulty walking or climbing stairs? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	256-257	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>55. Do you have difficulty dressing or bathing?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q55 Do you have difficulty dressing or bathing? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	258-259	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>56. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q56 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	260-261	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>57. Have you had a flu shot since July 1, 2018?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q57 Have you had a flu shot since July 1, 2018? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	262-263	1=Yes 2=No 3=Don't Know 99=Refused M=Missing
<p>58. 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.</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> Don't know</p>	<p>Q58 Have you ever had one or more pneumonia shots? (<i>READ THE FOLLOWING ONLY IF NECESSARY</i>) 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. (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO  3 DON'T KNOW  99 &lt;REFUSED&gt;  M [MISSING]</p>	264-265	1=Yes 2=No 3=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?</p> <p>1 <input type="checkbox"/> Every day  2 <input type="checkbox"/> Some days  3 <input type="checkbox"/> Not at all →<b>If Not at all, Go to Question 61</b>  4 <input type="checkbox"/> Don't know →<b>If Don't know, Go to Question 61</b></p>	<p>Q59 Do you now smoke cigarettes or use tobacco every day, some days, or not at all? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 EVERY DAY  2 SOME DAYS  3 NOT AT ALL [GO TO Q61]  4 DON'T KNOW [GO TO Q61]  99 &lt;REFUSED&gt; [GO TO Q61]  M [MISSING]</p>	266-267	1=Every day 2=Some days 3=Not at all 4=Don't Know 99=Refused M=Missing
<p>60. 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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I had no visits in the last 6 months</p>	<p>PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q60 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q61. CODE Q60 AS "88 - NOT APPLICABLE"</p> <p>Q60 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 <i>(MAIL SURVEY ONLY)</i>  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	268-269	1=Never 2=Sometimes 3=Usually 4=Always 5=I had no visits in the last 6 months 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>61. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less  2 <input type="checkbox"/> Some high school, but did not graduate  3 <input type="checkbox"/> High school graduate or GED  4 <input type="checkbox"/> Some college or 2-year degree  5 <input type="checkbox"/> 4-year college graduate  6 <input type="checkbox"/> More than 4-year college degree</p>	<p>Q61 What is the highest grade or level of school that you have completed? Would you say...</p> <p>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, or  6 More than 4-year college degree  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	270-271	<p>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</p>
<p>62. Are you of Hispanic or Latino origin or descent?</p> <p>1 <input type="checkbox"/> Yes, Hispanic or Latino  2 <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q62 Are you of Hispanic or Latino origin or descent? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES, HISPANIC OR LATINO  2 NO, NOT HISPANIC OR LATINO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	272-273	<p>1=Yes, Hispanic or Latino  2=No, not Hispanic or Latino  98=Don't Know  99=Refused  M=Missing</p>



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>63. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q63 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u> PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	<p>274-275</p> <p>276-277</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	278-279	<p>c.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>d. Are you Native Hawaiian or other Pacific Islander? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	280-281	<p>d.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
	<p>e. Are you American Indian or Alaska Native? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	282-283	<p>e.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>64. How many people live in your household now, including yourself?</p> <p>1 <input type="checkbox"/> 1 person  2 <input type="checkbox"/> 2 to 3 people  3 <input type="checkbox"/> 4 or more people</p>	<p>Q64 How many people live in your household now, including yourself? Would you say...</p> <p>1 1 person,  2 2 to 3 people, or  3 4 or more people  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	284-285	<p>1=1 person  2=2 to 3 people  3=4 or more people  98=Don't Know  99=Refused  M=Missing</p>
<p>65. Do you ever use the internet at home?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>	<p>Q65 Do you ever use the internet at home?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	286-287	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>
<p>66. 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?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>	<p>Q66 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?  <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	288-289	<p>1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>67. Did someone help you complete this survey?</p> <p><sup>1</sup> <input type="checkbox"/> Yes</p> <p><sup>2</sup> <input type="checkbox"/> No → <b>If No, Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q67 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES</p> <p>2 NO [GO TO END]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>M [MISSING]</p>	290-291	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>68. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/> Read the questions to me  <input type="checkbox"/> Wrote down the answers I gave  <input type="checkbox"/> Answered the questions for me  <input type="checkbox"/> Translated the questions into my language  <input type="checkbox"/> Helped in some other way</p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q68 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE READ THE QUESTIONS TO THE BENEFICIARY  1 YES  2 NO  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER  1 YES  2 NO  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  M [MISSING]</p>	<p>292-293</p> <p>294-295</p>	<p>Read the questions to me  1=Yes  2=No  88=Not Applicable  98=Don't Know  M=Missing</p> <p>Wrote down the answers I gave  1=Yes  2=No  88=Not Applicable  98=Don't Know  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>M [MISSING]</p>	296-297	<p>Answered the questions for me</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>M=Missing</p>
	<p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>M [MISSING]</p>	298-299	<p>Translated the questions into my language</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>M=Missing</p>
	<p>HELPED IN SOME OTHER WAY</p> <p>1 YES</p> <p>2 NO</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>M [MISSING]</p>	300-301	<p>Helped in some other way</p> <p>1=Yes</p> <p>2=No</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>M=Missing</p>
	<p>[END]</p> <p>Those are all the questions I have. Thank you for taking part in this important interview.</p>		

## **Appendix I**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Prescription Drug Plan Survey (PDP) 2019 Beneficiary Response Section**

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# Appendix I

## Prescription Drug Plan Survey (PDP) 2019 Beneficiary Response Section

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>1. Our records show that in 2018 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?</p> <p><sup>1</sup> <input type="checkbox"/> Yes → <b>If Yes, Go to Question 3</b></p> <p><sup>2</sup> <input type="checkbox"/> No</p>	<p>Q1 Our records show that in 2018 your prescriptions were covered by the Medicare prescription drug plan named <b>[PD PLAN NAME]</b>. Is that right? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES [GO TO Q3]</p> <p>2 NO [GO TO Q2]</p> <p>98 &lt;DON'T KNOW&gt; [GO TO Q2]</p> <p>99 &lt;REFUSED&gt; [GO TO Q2]</p> <p>M [MISSING]</p>	90-91	1=Yes 2=No 98=Don't Know 99=Refused M=Missing
<p>2. Please write below the name of the Medicare prescription drug plan you had in 2018 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>Q2 What is the name of the Medicare prescription drug plan you had in 2018? Please complete the rest of the survey based on the experiences you had with that plan. ENTER PLAN NAME</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	92-141	Text 88=Not Applicable 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>3. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p style="text-align: center;"><u>Yes</u>   <u>No</u></p> <p>a. To make sure you filled or refilled a prescription?      <input type="checkbox"/>   <input type="checkbox"/></p> <p>b. To make sure you were taking medicine as directed?      <input type="checkbox"/>   <input type="checkbox"/></p>	<p>[PROGRAMMING SPECIFICATIONS:</p> <ul style="list-style-type: none"> <li>• IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.</li> <li>• FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months.]</li> </ul> <p>Q3 In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you...</p> <p>a. To make sure you filled or refilled a prescription? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1    YES 2    NO 98   &lt;DON'T KNOW&gt; 99   &lt;REFUSED&gt; M    [MISSING]</p>	142-143	<p>a. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)</i></p> <p>b. To make sure you were taking medicine as directed?</p> <p><i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	144-145	b. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>4. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to get any medicines in the last 6 months</p>	<p>Q4 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...</p> <p>1 Never,  2 Sometimes,  3 Usually,  4 Always, or  5 I did not use my prescription drug plan to get any medicines in the last 6 months</p> <p>98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	146-147	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
<p>5. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →<b>If No, Go to Question 7</b></p>	<p>Q5 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES  2 NO [GO TO Q7]  98 &lt;DON'T KNOW&gt; [GO TO Q7]  99 &lt;REFUSED&gt; [GO TO Q7]  M [MISSING]</p>	148-149	1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p>1 <input type="checkbox"/> Never  2 <input type="checkbox"/> Sometimes  3 <input type="checkbox"/> Usually  4 <input type="checkbox"/> Always  5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months</p>	<p>Q6 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...</p> <p>1 Never,  2 Sometimes,  3 Usually, or  4 Always  5 (MAIL SURVEY ONLY)  88 [NOT APPLICABLE]  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	150-151	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 88=Not Applicable 98=Don't Know 99=Refused M=Missing
<p>7. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No →<b>If No, Go to Question 9</b>  3 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail →<b>Go to Question 9</b></p>	<p>Q7 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)</p> <p>1 YES  2 NO [GO TO Q9]  3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q9]  98 &lt;DON'T KNOW&gt; [GO TO Q9]  99 &lt;REFUSED&gt; [GO TO Q9]  M [MISSING]</p>	152-153	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
<p>8. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Usually</p> <p>4 <input type="checkbox"/> Always</p> <p>5 <input type="checkbox"/> I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6 <input type="checkbox"/> I am not sure if my drug plan offers prescriptions by mail</p>	<p>Q8 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...</p> <p>1 Never,</p> <p>2 Sometimes,</p> <p>3 Usually, or</p> <p>4 Always</p> <p>5 (MAIL SURVEY ONLY)</p> <p>6 (MAIL SURVEY ONLY)</p> <p>88 [NOT APPLICABLE]</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	154-155	<p>1=Never</p> <p>2=Sometimes</p> <p>3=Usually</p> <p>4=Always</p> <p>5=I did not use my prescription drug plan to fill a prescription by mail in the last 6 months</p> <p>6=I am not sure if my drug plan offers prescriptions by mail</p> <p>88=Not Applicable</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>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?</p> <p><input type="checkbox"/> 0 - Worst prescription drug plan possible</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10 - Best prescription drug plan possible</p>	<p>Q9 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? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	156-157	<p>0=Worst</p> <p>1=1</p> <p>2=2</p> <p>3=3</p> <p>4=4</p> <p>5=5</p> <p>6=6</p> <p>7=7</p> <p>8=8</p> <p>9=9</p> <p>10=Best</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>10. In general, how would you rate your overall health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Now I am going to ask some questions about you.</p> <p>Q10 In general, how would you rate your overall health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	158-159	1=Excellent 2=Very good 3=Good 4=Fair 5=Poor 98=Don't Know 99=Refused M=Missing
<p>11. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p>1 <input type="checkbox"/> Excellent  2 <input type="checkbox"/> Very good  3 <input type="checkbox"/> Good  4 <input type="checkbox"/> Fair  5 <input type="checkbox"/> Poor</p>	<p>Q11 In general, how would you rate your overall <u>mental or emotional</u> health? Would you say it is...</p> <p>1 Excellent,  2 Very good,  3 Good,  4 Fair, or  5 Poor  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	160-161	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
<p>12. In the last 6 months, did you spend one or more nights in a hospital?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q12 In the last 6 months, did you spend one or more nights in a hospital? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	162-163	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>13. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No <sup>3</sup> <input type="checkbox"/> My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>Q13 In the last 6 months, did you delay or not fill a prescription because you felt that you could not afford it? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	164-165	<p>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</p>
<p>14. In the last 6 months, did you receive any mail order medicines that you did not request?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No <sup>3</sup> <input type="checkbox"/> Don't know</p>	<p>Q14 In the last 6 months, did you receive any mail order medicines that you did not request? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 3 DON'T KNOW 99 &lt;REFUSED&gt; M [MISSING]</p>	166-167	<p>1=Yes 2=No 3=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>15. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack?      <u>Yes</u>    <u>No</u>  <input type="checkbox"/>            <input type="checkbox"/></p> <p>b. Angina or coronary heart disease?      <input type="checkbox"/>    <input type="checkbox"/></p> <p>c. Hypertension or high blood pressure?      <input type="checkbox"/>    <input type="checkbox"/></p> <p>d. Cancer, <u>other than skin cancer</u>?      <input type="checkbox"/>    <input type="checkbox"/></p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?      <input type="checkbox"/>    <input type="checkbox"/></p> <p>f. Any kind of diabetes or high blood sugar?      <input type="checkbox"/>    <input type="checkbox"/></p>	<p>Q15 Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>b. Angina or coronary heart disease? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i>  1 YES  2 NO  98 &lt;DON'T KNOW&gt;  99 &lt;REFUSED&gt;  M [MISSING]</p>	<p>168-169</p> <p>170-171</p>	<p>a.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p> <p>b.  1=Yes  2=No  98=Don't Know  99=Refused  M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>c. Hypertension or high blood pressure? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>d. Cancer, <u>other than skin cancer</u>? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	172-173	<p>c.</p> <p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
		174-175	<p>d.</p> <p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR <u>EVER</u> TOLD YOU THAT YOU HAD...)</i></p> <p>e. Emphysema, asthma or COPD, <i>(READ THE FOLLOWING ONLY IF NECESSARY: also called chronic obstructive pulmonary disease)? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	176-177	e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing
	<p><i>(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)</i></p> <p>f. Any kind of diabetes or high blood sugar? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	178-179	f. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>16. Do you have serious difficulty walking or climbing stairs?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q16 Do you have serious difficulty walking or climbing stairs? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	180-181	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>17. Do you have difficulty dressing or bathing?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q17 Do you have difficulty dressing or bathing? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	182-183	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>Q18 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <i>(READ RESPONSE OPTIONS ONLY IF NECESSARY)</i></p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	184-185	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
19. What is the highest grade or level of school that you have completed?  1 <input type="checkbox"/> 8th grade or less 2 <input type="checkbox"/> Some high school, but did not graduate 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college or 2-year degree 5 <input type="checkbox"/> 4-year college graduate 6 <input type="checkbox"/> More than 4-year college degree	Q19 What is the highest grade or level of school that you have completed? Would you say...  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, or 6 More than 4-year college degree 98 <DON'T KNOW> 99 <REFUSED> M [MISSING]	186-187	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
<p>20. Are you of Hispanic or Latino origin or descent?</p> <p><sup>1</sup> <input type="checkbox"/> Yes, Hispanic or Latino</p> <p><sup>2</sup> <input type="checkbox"/> No, not Hispanic or Latino</p>	<p>Q20 Are you of Hispanic or Latino origin or descent? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES, HISPANIC OR LATINO</p> <p>2 NO, NOT HISPANIC OR LATINO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	188-189	<p>1=Yes, Hispanic or Latino</p> <p>2=No, not Hispanic or Latino</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>
<p>21. What is your race? Please mark one or more.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>	<p>Q21 When I read the following, please tell me if the category describes your race. I am required to read all five categories. <u>Please answer yes or no to each of the categories.</u></p> <p>PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE</p> <p>a. Are you White? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p> <p>b. Are you Black or African-American? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES</p> <p>2 NO</p> <p>98 &lt;DON'T KNOW&gt;</p> <p>99 &lt;REFUSED&gt;</p> <p>M [MISSING]</p>	<p>190-191</p> <p>192-193</p>	<p>a.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p> <p>b.</p> <p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p> <p>99=Refused</p> <p>M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>c. Are you Asian? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p>d. Are you Native Hawaiian or other Pacific Islander? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p> <p>e. Are you American Indian or Alaska Native? (<i>READ RESPONSE OPTIONS ONLY IF NECESSARY</i>)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	<p>194-195</p> <p>196-197</p> <p>198-199</p>	<p>c. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>d. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p> <p>e. 1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>22. How many people live in your household now, including yourself?</p> <p><sup>1</sup> <input type="checkbox"/> 1 person <sup>2</sup> <input type="checkbox"/> 2 to 3 people <sup>3</sup> <input type="checkbox"/> 4 or more people</p>	<p>Q22 How many people live in your household now, including yourself? Would you say...</p> <p>1 1 person 2 2 to 3 people, or 3 4 or more people 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	<p>200-201</p>	<p>1=1 person 2=2 to 3 people 3=4 or more people 98=Don't Know 99=Refused M=Missing</p>



Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
<p>23. Do you ever use the internet at home?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q23 Do you ever use the internet at home? (READ RESPONSE OPTIONS ONLY IF NECESSARY)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	202-203	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>24. 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?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No</p>	<p>Q24 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)</p> <p>1 YES 2 NO 98 &lt;DON'T KNOW&gt; 99 &lt;REFUSED&gt; M [MISSING]</p>	204-205	<p>1=Yes 2=No 98=Don't Know 99=Refused M=Missing</p>
<p>25. Did someone help you complete this survey?</p> <p><sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No →<b>If No, Thank you. Please return the completed survey in the postage paid envelope.</b></p>	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER</p> <p>Q25 DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY</p> <p>1 YES 2 NO [GO TO END] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	206-207	<p>1=Yes 2=No 98=Don't Know M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
26. How did that person help you? Please mark one or more.  <input type="checkbox"/> Read the questions to me <input type="checkbox"/> Wrote down the answers I gave <input type="checkbox"/> Answered the questions for me <input type="checkbox"/> Translated the questions into my language <input type="checkbox"/> Helped in some other way	<p>THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]</p> <p>Q26 HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY? PLEASE MARK ONE OR MORE            READ THE QUESTIONS TO THE BENEFICIARY</p> <p>1 YES            2 NO            88 [NOT APPLICABLE]            98 &lt;DON'T KNOW&gt;            M [MISSING]</p> <p>RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER</p> <p>1 YES            2 NO            88 [NOT APPLICABLE]            98 &lt;DON'T KNOW&gt;            M [MISSING]</p>	<p>208-209</p> <p>210-211</p>	<p>Read the questions to me            1=Yes            2=No            88=Not Applicable            98=Don't know            M=Missing</p> <p>Wrote down the answers I gave            1=Yes            2=No            88=Not Applicable            98=Don't know            M=Missing</p>

Survey Question	CATI Specifications	File Layout	
		Field Position	Valid Values
	<p>ANSWERED THE QUESTIONS FOR THE BENEFICIARY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	212-213	<p>Answered the questions for me 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>TRANSLATED THE QUESTIONS INTO THE BENEFICIARIES LANGUAGE</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	214-215	<p>Translated the questions into my language 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>HELPED IN SOME OTHER WAY</p> <p>1 YES 2 NO 88 [NOT APPLICABLE] 98 &lt;DON'T KNOW&gt; M [MISSING]</p>	216-217	<p>Helped in some other way 1=Yes 2=No 88=Not Applicable 98=Don't know M=Missing</p>
	<p>[END] Those are all the questions I have. Thank you for taking part in this important interview.</p>		



## **Appendix J**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Event Report**

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# Appendix J

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Event Report

This is a paper version of the on-line event report at [www.ma-pdpcahps.org](http://www.ma-pdpcahps.org). Vendors must submit an event report to document any and all field events that result in any deviation from the timeline, procedures, or specifications detailed in the MA & PDP CAHPS QAP & TS or any lapse in the CMS procedures for transmitting, using, or storing PII and PHI. Timely submission of an event report will help CMS to implement changes in the survey timeline or protocol if required.

**All required sections are indicated with an asterisk (\*). Information not known at the time the initial event report is completed should be recorded on the form as “Pending.” Any information reported as “Pending” must be completed in an updated event report within 7 days of submitting the initial report of the event. More than one updated event report may be required.**

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

Indicate whether this report is an Initial Event Report or an Updated Event Report.

- Initial Report (Must be submitted within one business day of discovery that a reportable field event has occurred.)
- Updated Report (Must be submitted within 7 days of the Initial Event Report; more than one update may be required.)

#### I. GENERAL INFORMATION

##### 1. Survey Vendor Organization Information

* Organization Name: <input type="text"/>		
* Mailing Address 1: <input type="text"/>		
Mailing Address 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text"/>	* ZIP Code: <input type="text"/>

##### 2. Survey Vendor Contact Person

* First Name, Last Name: <input type="text"/>	
Title: <input type="text"/>	
* (Area Code) Telephone Number: <input type="text"/>	(Area Code) Fax Number: <input type="text"/>
* Email Address: <input type="text"/>	

### 3. Date Event Was First Discovered

\* Date:

## II. LIST THE NAMES AND NUMBERS OF EACH CONTRACT THAT EXPERIENCED THE EVENT BEING REPORTED

Enter Contract Name and CMS Contract Number, then click "Add Contract Name and Number"

\* Contract Name:  \* CMS Contract Number:

Add Contract Name and Number

Contract Name	CMS Contract Number
---------------	---------------------

## III. EVENT INFORMATION

Please complete items 1 through 4 below in detail. If any information is not known at time of initial report, enter "Pending." Any information reported as "Pending" must be completed in an updated event report within 7 days of submitting the initial report of the event. More than one updated event report may be required.

1. \* Description of event and how it was discovered

2. \* For each contract identified in Section II, list the date(s) associated with the event being reported (e.g., mm/dd/yyyy - mm/dd/yyyy)

3. \* For each contract identified in Section II, provide:

1. CMS Contract Number
2. Total sample size
3. Number of sampled beneficiaries affected by the event

4. \* Description of corrective action your organization proposes to take to address the event, along with proposed timeline



5. \* Additional information not provided above which may help the MA & PDP CAHPS project team understand what occurred

$36 + 3 = ?$

Please solve equation above

Print Event Report

Submit



## **Appendix K**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 MA-only Survey**

#### **Survey Items Applicable to All Respondents**

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# Appendix K

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### 2019 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
Rate Health Care	Q9
Easy to get care, tests or treatment needed	Q10
Have a personal MD	Q11
Personal doctor a specialist	Q27
Make appts to see specialist	Q28
Get information/help through plan's customer service	Q33
Plan give forms to fill out	Q36
Rate Health Plan	Q38
Health plan offer to lower co-pay because of health condition	Q39
Health plan offer extra benefits due to health condition	Q40
Rate General Health	Q41
Rate Mental Health	Q42
Spend one or more nights in a hospital	Q43
Easy to get medicines Dr. prescribed	Q44
Insurance that pays part or all cost of RX medicines	Q45
Delayed filling RX meds b/c could not afford it	Q46
Did you receive any mail order medicines that you did not request	Q47
Dr. said you had: Heart attack	Q48A*
Dr. said you had: Angina or coronary heart disease	Q48B*
Dr. said you had: Hypertension or high blood pressure	Q48C*
Dr. said you had: Cancer other than skin cancer	Q48D*
Dr. said you had: Emphysema, asthma or COPD	Q48E*
Dr. said you had: Diabetes or high blood sugar	Q48F*
Difficulty walking or climbing stairs	Q49

<b>Item Description</b>	<b>Item Number</b>
Difficulty dressing or bathing	Q50
Difficulty doing errands alone	Q51
Flu Shot last year	Q52
Ever had Pneumonia shot	Q53
Frequency of cigarette/tobacco use	Q54
Highest education level completed	Q56
Hispanic or Latino origin/descent	Q57
Race	Q58A-E*
Number living in household	Q59
Use of internet at home	Q60
Contact again	Q61
Someone help complete survey	Q62

\* When calculating percent complete: The multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only one item to the total number of questions applicable to all respondents.

## **Appendix K**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 MA-PD Survey Survey Items Applicable to All Respondents**

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# Appendix K

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### 2019 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 Dr.'s office/clinic	Q5
Number of visits for health care for self	Q7
Rate Health Care	Q9
Easy to get care, tests or treatment needed	Q10
Have a personal MD	Q11
Personal doctor a specialist	Q27
Make appts to see specialist	Q28
Get information/help through plan's customer service	Q33
Plan give forms to fill out	Q36
Rate Health Plan	Q38
Health plan offer to lower co-pay because of health condition	Q39
Health plan offer extra benefits due to health condition	Q40
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q41A*
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q41B*
Easy to use PDP to get meds prescribed by Dr.	Q42
Use PDP to fill a prescription at local pharmacy	Q43
Ever use PDP to fill prescription by mail	Q45
Rate PDP	Q47
Rate General Health	Q48
Rate Mental Health	Q49
Spend one or more nights in a hospital	Q50
Delayed filling RX meds b/c could not afford it	Q51

<b>Item Description</b>	<b>Item Number</b>
Did you receive any mail order medicines that you did not request	Q52
Dr. said you had: Heart attack	Q53A*
Dr. said you had: Angina or coronary heart disease	Q53B*
Dr. said you had: Hypertension or high blood pressure	Q53C*
Dr. said you had: Cancer other than skin cancer	Q53D*
Dr. said you had: Emphysema, asthma or COPD	Q53E*
Dr. said you had: Diabetes or high blood sugar	Q53F*
Difficulty walking or climbing stairs	Q54
Difficulty dressing or bathing	Q55
Difficulty doing errands alone	Q56
Flu Shot last year	Q57
Ever had Pneumonia shot	Q58
Frequency of cigarette/tobacco use	Q59
Highest education level completed	Q61
Hispanic or Latino origin/descent	Q62
Race	Q63A-E*
Number living in household	Q64
Use of internet at home	Q65
Contact again	Q66
Someone help complete survey	Q67

\* When calculating percent complete: The multi answer “Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure” counts as a single question no matter how many responses are chosen, the multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen, and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only one item to the total number of questions applicable to all respondents.

## **Appendix K**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 PDP Survey Survey Items Applicable to All Respondents**

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## Appendix K

### Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

#### 2019 PDP Survey Survey Items Applicable to All Respondents

Item Description	Item Number
Covered by named Medicare plan	Q1
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription	Q3A*
Did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you were taking medications as directed	Q3B*
Easy to use PDP to get meds prescribed by Dr.	Q4
Use PDP to fill a prescription at local pharmacy	Q5
Ever use PDP to fill prescription by mail	Q7
Rate PDP	Q9
Rate General Health	Q10
Rate Mental Health	Q11
Spend one or more nights in a hospital	Q12
Delayed filling RX meds b/c could not afford it	Q13
Did you receive any mail order medicines that you did not request	Q14
Dr. said you had: Heart attack	Q15A*
Dr. said you had: Angina or coronary heart disease	Q15B*
Dr. said you had: Hypertension or high blood pressure	Q15C*
Dr. said you had: Cancer other than skin cancer	Q15D*
Dr. said you had: Emphysema, asthma or COPD	Q15E*
Dr. said you had: Diabetes or high blood sugar	Q15F*
Difficulty walking or climbing stairs	Q16
Difficulty dressing or bathing	Q17
Difficulty doing errands alone	Q18
Highest education level completed	Q19
Hispanic or Latino origin/descent	Q20
Race	Q21A-E*

<b>Item Description</b>	<b>Item Number</b>
Number living in household	Q22
Use of internet at home	Q23
Contact again	Q24
Someone help complete survey	Q25

\* When calculating percent complete: The multi answer “Did anyone from a doctor’s office, pharmacy or your prescription drug plan contact you to make sure” counts as a single question no matter how many responses are chosen, the multi answer “Dr. said you had” question counts as a single question no matter how many responses are chosen and the multi answer “race” question counts as a single question no matter how many responses are chosen. Therefore, each of these multi answer questions contributes only one item to the total number of questions applicable to all respondents.

## **Appendix L**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **List of Reportable Measures**

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## Appendix L

### 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 the care, tests or treatment you needed?  MA-only - #10      MA-PD - #10      PDP - N/A
	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?  MA-only - #29      MA-PD - #29      PDP - N/A
Getting Appointments and Care Quickly	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?  MA-only - #4      MA-PD - #4      PDP - N/A
	In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as you needed?  MA-only - #6      MA-PD - #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      PDP - N/A
Doctors Who Communicate Well (reported to contracts – not reported to consumers)	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?  MA-only - #13      MA-PD - #13      PDP - N/A
	In the last 6 months, how often did your personal doctor listen carefully to you?  MA-only - #14      MA-PD - #14      PDP - N/A
	In the last 6 months, how often did your personal doctor show respect for what you had to say?  MA-only - #15      MA-PD - #15      PDP - N/A
	In the last 6 months, how often did your personal doctor spend enough time with you?  MA-only - #16      MA-PD - #16      PDP - N/A

Composite Measures	Survey Items Included in the Composite
Customer Service	<p>In the last 6 months, how often did your health plan's customer service give you the information or help you needed?</p> <p style="text-align: center;">MA-only - #34      MA-PD - #34      PDP - N/A</p>
	<p>In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?</p> <p style="text-align: center;">MA-only - #35      MA-PD - #35      PDP - N/A</p>
	<p>In the last 6 months, how often were the forms from your health plan easy to fill out?</p> <p style="text-align: center;">MA-only - #37      MA-PD - #37      PDP - N/A</p>
Getting Needed Prescription Drugs	<p>In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p> <p style="text-align: center;">MA-only - N/A      MA-PD - #42      PDP - #4</p>
	<p>In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p> <p style="text-align: center;">MA-only - N/A      MA-PD - #44      PDP - #6</p>
	<p>In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p> <p style="text-align: center;">MA-only - N/A      MA-PD - #46      PDP - #8</p>

Composite Measures	Survey Items Included in the Composite
Care Coordination	<p>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?</p> <p>MA-only - #18      MA-PD - #18      PDP - N/A</p>
	<p>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?</p> <p>MA-only - #20      MA-PD - #20      PDP - N/A</p>
	<p>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?</p> <p>MA-only - #21      MA-PD - #21      PDP - N/A</p>
	<p>In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?</p> <p>MA-only - #23      MA-PD - #23      PDP - N/A</p>
	<p>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?</p> <p>MA-only - #26      MA-PD - #26      PDP - N/A</p>
	<p>In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?</p> <p>MA-only - #32      MA-PD - #32      PDP - N/A</p>

<b>Overall Ratings</b>	<b>Survey Item</b>
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 - #38    MA-PD - #38    PDP - N/A
Rating of Health Care Quality	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 - #9    MA-PD - #9    PDP - N/A
Rating of Drug Plan	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 - #47    PDP - #9
<b>Stand Alone Items</b>	<b>Survey Item</b>
Annual Flu Vaccine	Have you had a flu shot since July 1, 2018? MA-only - #52    MA-PD - #57    PDP - N/A
Pneumonia Vaccine (not included in Star Ratings)	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. MA-only - #53    MA-PD - #58    PDP - N/A

## **Appendix M**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

**2019 MA-only and MA-PD Survey  
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**MA & PDP CAHPS Survey**  
**2019 MA-only and MA-PD Survey**  
**INITIAL COVER LETTER**

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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]  
[LAST DATE OF 1<sup>ST</sup> SURVEY MAILING]

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 15 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 2019, please answer the questions in the survey thinking about your experiences in the last six months of 2018. 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.





**Appendix M**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**2019 Prescription Drug Plan Survey  
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**MA & PDP CAHPS Survey**  
**2019 Prescription Drug Plan Survey**  
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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]  
[LAST DATE OF 1<sup>ST</sup> SURVEY MAILING]

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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 10 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 2019, please answer the questions in the survey thinking about your experiences in the last six months of 2018. 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.

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Thank you in advance for your participation.

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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.



**Appendix M**

**Medicare Advantage and Prescription Drug Plan  
(MA & PDP) CAHPS<sup>®</sup> Survey**

**2019 MA-only and MA-PD Survey  
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**MA & PDP CAHPS Survey**  
**2019 MA-only and MA-PD Survey**  
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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]  
[LAST DATE OF 2<sup>ND</sup> SURVEY MAILING]

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 15 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 2019, please answer the questions in the survey thinking about your experiences in the last six months of 2018. 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]

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.





## **Appendix M**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

**2019 Prescription Drug Plan Survey  
2<sup>ND</sup> MAILING COVER LETTER - English**

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**MA & PDP CAHPS Survey**  
**2019 Prescription Drug Plan Survey**  
**2<sup>ND</sup> MAILING COVER LETTER**

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[SURVEY VENDOR LOGO]  
[SURVEY VENDOR ADDRESS]

[PLAN LOGO ONLY NO ADDRESS]  
[LAST DATE OF 2<sup>ND</sup> SURVEY MAILING]

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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 10 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 2019, please answer the questions in the survey thinking about your experiences in the last six months of 2018. 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]

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.



## **Appendix M**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Medicare Advantage Plan Survey**

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# 2019 Medicare Experience Survey

## MEDICARE SURVEY INSTRUCTIONS

*This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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 2019, answer the questions thinking about your experiences in the last 6 months of 2018.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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. The valid OMB control number for this information collection is **0938-0732** (expires 4/30/2021). 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 2018 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 2018 and complete the rest of the survey based on the experiences you had with that plan.  
(Please print)

\_\_\_\_\_

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### Your Health Care in the Last 6 Months

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3. In the last 6 months, did you have an illness, injury, or condition that needed care right away 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 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 appointments for a check-up or routine care at a doctor's office or clinic?

- 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 go to a doctor's office or clinic to get health care for yourself?

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



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. 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

10. 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

---

11. 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 27

12. 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 27
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

18. 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

19. 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 22

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 → If Never, Go to Question 22
- Sometimes
- Usually
- Always

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

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

- Yes
- No →If No, Go to Question 24

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

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 →If No, Go to Question 27

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 →If No, Go to Question 27

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

---

### Getting Health Care From Specialists

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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 →If Yes, Please include your personal doctor as you answer these questions about specialists
- No
- I do not have a personal doctor

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

- Yes
- No →If No, Go to Question 33
- Someone else made my specialist appointments for me

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

- Never
- Sometimes
- Usually
- Always

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

None →If None, Go to  
Question 33

- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

31. 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

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
- I do not have a personal doctor
- I did not visit my personal doctor in the last 6 months
- My personal doctor is a specialist

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### Your Health Plan

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33. 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 36

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

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

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

- Yes
- No →If No, Go to Question 38

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

- Never
- Sometimes
- Usually
- Always

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

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

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

---

**About You**

---

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

44. 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

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

- Yes
- No
- Don't know

46. 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

47. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

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

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

- Yes  
 No

50. Do you have difficulty dressing or bathing?

- Yes  
 No

51. 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

52. Have you had a flu shot since July 1, 2018?

- Yes  
 No  
 Don't know

53. 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

54. 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 56**  
 Don't know → **If Don't know, Go to Question 56**

55. 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 visits in the last 6 months

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

- 8<sup>th</sup> 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. Are you of Hispanic or Latino origin or descent?

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

58. 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

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

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

60. Do you ever use the internet at home?

- Yes
- No

61. 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



62. Did someone help you complete this survey?

Yes

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

63. 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 ADDRESS]**

**Contract Name:** \_\_\_\_\_

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## **Appendix M**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Medicare Advantage Prescription Drug Survey**

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# 2019 Medicare Experience Survey

## MEDICARE SURVEY INSTRUCTIONS

***This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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 2019, answer the questions thinking about our experiences in the last 6 months of 2018.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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. The valid OMB control number for this information collection is **0938-0732** (expires 4/30/2021). 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 2018 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 2018 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 needed care right away 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 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 appointments for a check-up or routine care at a doctor's office or clinic?

- 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 go to a doctor's office or clinic to get health care for yourself?

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

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. 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

10. 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

---

11. 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 27

12. 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 27
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

18. 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

19. 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 22

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 →If Never, Go to Question 22
- Sometimes
- Usually
- Always

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



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

- Yes  
 No → If No, Go to Question 24

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

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 → If No, Go to Question 27

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 → If No, Go to Question 27

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

---

### Getting Health Care From Specialists

---

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 → If Yes, Please include your personal doctor as you answer these questions about specialists  
 No  
 I do not have a personal doctor

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

- Yes  
 No → If No, Go to Question 33  
 Someone else made my specialist appointments for me

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

- Never  
 Sometimes  
 Usually  
 Always

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

None →If None, Go to  
Question 33

1 specialist

2

3

4

5 or more specialists

31. 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

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

I do not have a personal doctor

I did not visit my personal doctor in the last 6 months

My personal doctor is a specialist

---

### Your Health Plan

---

33. 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 36

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

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

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

- Yes
- No → If No, Go to Question 38

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

- Never
- Sometimes
- Usually
- Always

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

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

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

---

## 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.

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

	<u>Yes</u>	<u>No</u>
a. To make sure you filled or refilled a prescription?	<input type="checkbox"/>	<input type="checkbox"/>
b. To make sure you were taking medicine as directed?	<input type="checkbox"/>	<input type="checkbox"/>

42. 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

43. 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 45

44. 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

45. 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 47  
 I am not sure if my drug plan offers prescriptions by mail  
→Go to Question 47

46. 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

47. 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**

---

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No

51. 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

52. In the last 6 months, did you receive any mail order medicines that you did not request?

- Yes
- No
- Don't know

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

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

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

- Yes
- No

55. Do you have difficulty dressing or bathing?

- Yes
- No

56. 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

57. Have you had a flu shot since July 1, 2018?

- Yes
- No
- Don't know

58. 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

59. 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 61**
- Don't know → **If Don't know, Go to Question 61**

60. 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 visits in the last 6 months

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

- 8<sup>th</sup> 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

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

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

63. 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

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

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

65. Do you ever use the internet at home?

- Yes
- No

66. 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

67. Did someone help you complete this survey?

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

68. 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 ADDRESS]**

**Contract Name:** \_\_\_\_\_

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## **Appendix M**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Prescription Drug Plan Survey**

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# 2019 Medicare Experience Survey

## MEDICARE SURVEY INSTRUCTIONS

*This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. 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 2019, answer the questions thinking about your experiences in the last 6 months of 2018.
- Answer all the questions by putting an “X” in the box to the left of your answer, like this:  
 Yes
- Be sure to read all 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. The valid OMB control number for this information collection is **0938-0732** (expires 4/30/2021). 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.

1. Our records show that in 2018 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 2018 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

\_\_\_\_\_

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

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. To make sure you filled or refilled a prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To make sure you were taking medicine as directed?  | <input type="checkbox"/> | <input type="checkbox"/> |

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

5. 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 7

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  
 I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months

7. 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 9  
 I am not sure if my drug plan offers prescriptions by mail  
→Go to Question 9

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
  - 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

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

---

**About You**

---

10. In general, how would you rate your overall health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
11. In general, how would you rate your overall mental or emotional health?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
12. In the last 6 months, did you spend one or more nights in a hospital?
- Yes
  - No
13. 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
14. In the last 6 months, did you receive any mail order medicines that you did not request?
- Yes
  - No
  - Don't know

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

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

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

- Yes  
 No

17. Do you have difficulty dressing or bathing?

- Yes  
 No

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

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

- 8<sup>th</sup> 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

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

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

21. 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

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

- 1 person  
 2 to 3 people  
 4 or more people

23. Do you ever use the internet at home?

- Yes  
 No

24. 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

25. Did someone help you complete this survey?

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

26. 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 ADDRESS]**

**Contract Name:** \_\_\_\_\_

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## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Instructions and CATI Scripts**

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# Appendix N

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> 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 MA-only Survey, the MA-PD Survey and the PDP 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. The survey vendor may opt to remove the optional questions from the CATI script.
- 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 V9.0*). 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.
- The CATI script does not provide scripted language for refusal avoidance, ending an interview at the request of the beneficiary before the survey is completed, etc. Survey vendors may use their internal scripting for such modules.
- All text that appears in lowercase letters **must** 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 within a question that is in **one** of the following styles: underlined, or **bolded**, or highlighted, or IN UPPERCASE LETTERING, or *italicized* must be emphasized
  - Note: Survey vendors are permitted to indicate emphasis of text in a different manner, such as placing quotes (“”) or asterisks (\*\*)* around the text to be emphasized, if the CATI system does not permit any of the styles indicated above.
- Words that appear in < > are instructions or for informational purposes only and must not be read aloud

- “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
- Text that appears within parentheses and (UPPERCASE LETTERING) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY).
- Text that appears within [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
- Some items can and should be skipped by certain beneficiaries
  - Dependent questions that are appropriately skipped should be coded as “88-NOT APPLICABLE”
- 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 (“98-DON’T KNOW” or “99-REFUSED” are considered responses), the screener question and any questions in the skip pattern should be coded as “M-MISSING.” 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.
  - These two questions about proxy respondents may be placed after the END screen
- 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 [SAMPLED MEMBER NAME] have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

Q36 How many specialists has [SAMPLED MEMBER NAME] seen in the last 6 months?

Now I am going to ask you some questions about [SAMPLED MEMBER NAME]'s health

Q76 In general, how would [SAMPLED MEMBER NAME] 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
- Suggested probes are indicated by (PROBE IF NEEDED: "TEXT IS IN ALL UPPER CASE LETTERING")
- Characters in < > are instructions or for informational purposes only and must not be read aloud
- Text that appears within parentheses and (UPPERCASE LETTERING) indicate instructions for the interviewer regarding optional items. These instructions are not to be read aloud. Example: (READ RESPONSE OPTIONS ONLY IF NECESSARY)
- "DON'T KNOW" and "REFUSED" answer categories appear in uppercase and within < > and should not be read to the respondent, but may be used for coding a response
  - "Don't Know" answer category that appears as an option and not within < > should be read to the respondent
- Interviewers should read aloud all text that appears in lowercase letters and must read script verbatim
  - Interviewers should be familiar with the correct pronunciation of all survey text, including medical terminology (e.g., pneumococcal vaccine) and contract names read as part of the introductory scripts

- Text within a question that is in **one** of the following styles: underlined, or **bolded**, or **highlighted**, or IN UPPER CASE LETTERING, or *italicized* must be emphasized by the interviewer
- 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
    - During the course of the interview, use of **neutral** acknowledgment words such as the following is permitted:
      - Thank you
      - I understand
      - I see
      - Yes, Ma'am
      - Yes, Sir
      - Let me repeat the question/responses for you
    - Reading all questions, transition phrases and response options exactly as written
      - In instances when a beneficiary gives an answer before the interviewer has read all of the response options, the interviewer must continue to read the responses. The interviewer may inform the beneficiary that all response options must be read by saying "I'm sorry, but I have to read all the answer choices."
  - Reading **all** 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
  - During the course of the interview, occasional use of the beneficiary's name is permitted.
- 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.

## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Medicare Advantage Plan Survey CATI Script**

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

## 2019 Medicare Advantage Plan Survey CATI Script

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT 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 SAMPLED 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-OUT]

Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

- |                               |   |                          |
|-------------------------------|---|--------------------------|
| 1 YES                         | → | [GO TO INTRO 2-OUT]      |
| 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]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-OUT]>

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN 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 SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

[INTRO1-IN]

Hello, am I speaking to [SAMPLED BENEFICIARY'S NAME]?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 1 | YES                         | → | [GO TO INTRO 2-IN]       |
| 2 | NO, NOT AVAILABLE RIGHT NOW | → | [SET CALLBACK]           |
| 3 | NO [REFUSAL]                | → | [GO TO TERMINATE SCREEN] |

[INTRO2-OUT]

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 health care 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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [HEALTH PLAN NAME] and the Centers for Medicare and Medicaid Services are asking 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 health care 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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

Do you have any questions about this survey that I can answer for you at this time?

- 1 YES → <REFER TO FAQs>
- 2 NO → [GO TO Q1]
- 3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] → [GO TO TERMINATE SCREEN]

[INTRO3 – Request for Proxy]

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 OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO 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 → [GO 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 → [GO TO INTRO3 Q3] OR [GO TO PROXY\_INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3] 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. [SAMPLED 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.

[SAMPLED 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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[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]

## CALL BACK TO RESUME A SURVEY

### RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services (CMS) to finish an interview with [BENEFICIARY NAME].

- |   |              |                          |
|---|--------------|--------------------------|
| 1 | YES          | [GO TO RESUME2]          |
| 2 | NO, CALLBACK | [SET CALLBACK]           |
| 3 | REFUSAL      | [GO TO TERMINATE SCREEN] |

### RESUME2

This is [INTERVIEWER NAME] calling on behalf of [HEALTH PLAN NAME] and the Centers for Medicare & Medicaid Services (CMS). I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

### MONITOR

Before we begin I need to tell you that this call may be monitored or recorded for quality improvement purposes.

<START INTERVIEW>

Q1 Our records show that in 2018 your health services were covered by the plan named [HEALTH PLAN NAME].

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 2018? Please complete the rest of the survey based on the experiences you had with that plan.

<ENTER PLAN NAME> \_\_\_\_\_

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:

Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.

- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:

Now I am going 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 needed care right away 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 needed care right away, how often did you get care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q5 In the last 6 months, did you make any appointments for a check-up or routine 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, how often did you get an appointment for a check-up or routine care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q7 In the last 6 months, not 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? Would you say...

0 None [GO TO Q9]

1 1 time

2 2

3 3

4 4

5 5 to 9

6 10 or more times

98 <DON'T KNOW> [GO TO Q9]

99 <REFUSED> [GO TO Q9]

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 within 15 minutes of your appointment time? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q9 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]



Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I'd like to ask you about your personal doctor.

Q11 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?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...

0 None [GO TO Q27]

1 1 time

2 2

3 3

4 4

5 5 to 9

6 10 or more times

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q13 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, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q15 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, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q16 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, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q17 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]

Q18 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q19 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 Q22]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q22]

99 <REFUSED> [GO TO Q22]

M [MISSING]

Q20 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 Q22]
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q22]
- 99 <REFUSED> [GO TO Q22]
- M [MISSING]

Q21 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, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q22 In the last 6 months, did you take any prescription medicine?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q24]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q24]
- 99 <REFUSED> [GO TO Q24]
- M [MISSING]

Q23 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, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q24 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 Q27]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q25 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 Q27]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q26 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, or

3 No

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about getting health care from specialists.

Q27 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? Would you say...

1 Yes,

2 No, or

3 I do not have a personal doctor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28)

Please include your personal doctor as you answer these questions about specialists.

Q28 In the last 6 months, did you make any appointments to see a specialist?  
(PROBE IF NEEDED: "A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q33]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME
  
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q29 In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q30 How many specialists have you seen in the last 6 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 0 NONE [GO TO Q33]
- 1 1 SPECIALIST
- 2 2
- 3 3
- 4 4
- 5 5 OR MORE SPECIALISTS
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q31 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 Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 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, or

7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7]

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about your health plan.

Q33 In the last 6 months, did you get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q36]

98 <DON'T KNOW> [GO TO Q36]

99 <REFUSED> [GO TO Q36]

M [MISSING]

Q34 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q35 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q36 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 Q38]

98 <DON'T KNOW> [GO TO Q38]

99 <REFUSED> [GO TO Q38]

M [MISSING]



Q37 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q38 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]

Q39 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)? Would you say...

- 1 Yes,
- 2 No,
- 3 I am not sure,
- 4 I do not have a co-pay,
- 5 I do not have a health condition, or
- 6 I was offered a lower co-pay for another reason

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q40 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)? Would you say...
- 1 Yes,
  - 2 No,
  - 3 I am not sure,
  - 4 I do not have a health condition, or
  - 5 I was offered extra benefits for another reason
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Now I am going to ask some questions about you.

- Q41 In general, how would you rate your overall health? Would you say it is...
- 1 Excellent,
  - 2 Very good,
  - 3 Good,
  - 4 Fair, or
  - 5 Poor
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

- Q42 In general, how would you rate your overall mental or emotional health? Would you say it is...
- 1 Excellent,
  - 2 Very good,
  - 3 Good,
  - 4 Fair, or
  - 5 Poor
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

- Q43 In the last 6 months, did you spend one or more nights in a hospital?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

- Q44 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, or
  - 5 My doctor did not prescribe any medicines for me in the last 6 months
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]
- Q45 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]
- Q46 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]
- Q47 In the last 6 months, did you receive any mail order medicines that you did not request?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
  - 3 DON'T KNOW
- 99 <REFUSED>  
M [MISSING]

Q48 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]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

- e. Emphysema, asthma or COPD (READ THE FOLLOWING ONLY IF NECESSARY) also called chronic obstructive pulmonary disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

- 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]

- Q49 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q50 Do you have difficulty dressing or bathing?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q51 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q52 Have you had a flu shot since July 1, 2018?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

3 DON'T KNOW

99 <REFUSED>

M [MISSING]

Q53 Have you ever had one or more pneumonia shots? (READ THE FOLLOWING ONLY IF NECESSARY) 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.

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

3 DON'T KNOW

99 <REFUSED>

M [MISSING]

Q54 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 Q56]

4 DON'T KNOW [GO TO Q56]

99 <REFUSED> [GO TO Q56]

M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q55 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q56. CODE Q55 AS "88 - NOT APPLICABLE"]

Q55 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q56 What is the highest grade or level of school that you have completed? Would you say...

- 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, or
- 6 More than 4-year college degree

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q57 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]

Q58 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. 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]

b. Are you Black or African-American?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

c. Are you Asian?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

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]



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]

Q59 How many people live in your household now, including yourself? Would you say...

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

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q60 Do you ever use the internet at home?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q61 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]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q62 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

- 98 <DON'T KNOW>
- M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.> [PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

Q63 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

8 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

[END] Those are all the questions I have. Thank you for taking part in this important interview.

## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Medicare Advantage Prescription Drug Survey CATI Script**

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# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2019 Medicare Advantage Prescription Drug Survey CATI Script

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT 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 SAMPLED 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-OUT]

Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

- |                               |   |                          |
|-------------------------------|---|--------------------------|
| 1 YES                         | → | [GO TO INTRO 2-OUT]      |
| 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]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-OUT]>

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN 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 SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

[INTRO1-IN]

Hello, am I speaking to [SAMPLED BENEFICIARY'S NAME]?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 1 | YES                         | → | [GO TO INTRO 2-IN]       |
| 2 | NO, NOT AVAILABLE RIGHT NOW | → | [SET CALLBACK]           |
| 3 | NO [REFUSAL]                | → | [GO TO TERMINATE SCREEN] |

[INTRO2-OUT]

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 health and 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 [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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [PLAN NAME] and the Centers for Medicare and Medicaid Services are asking 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 health and 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 [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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

Do you have any questions about this survey that I can answer for you at this time?

- 1 YES → <REFER TO FAQs>
- 2 NO → [GO TO Q1]
- 3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL]  
→ [GO TO TERMINATE SCREEN]

[INTRO3 Request for Proxy]

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 OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO 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 → [GO 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 → [GO TO INTRO3 Q3] OR [GO TO PROXY INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3] 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. [SAMPLED MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] health and prescription drug plan and [SAMPLED MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLED 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 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[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 and prescription drug plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: → GO TO Q1]



## CALL BACK TO RESUME A SURVEY

### RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services to finish an interview with [BENEFICIARY NAME].

- |   |               |                          |
|---|---------------|--------------------------|
| 1 | YES           | [GO TO RESUME2]          |
| 2 | NO, CALL BACK | [SET CALLBACK]           |
| 3 | REFUSAL       | [GO TO TERMINATE SCREEN] |

### RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and the Centers for Medicare & Medicaid Services. I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

### MONITOR

Before we begin I need to tell you that this call may be monitored or recorded for quality improvement purposes.

<START INTERVIEW>

Q1 Our records show that in 2018 your health services were covered by the plan named [PLAN NAME].

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 2018? Please complete the rest of the survey based on the experiences you had with that plan.

<ENTER PLAN NAME> \_\_\_\_\_

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:

Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.

- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:

Now I am going 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 needed care right away 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 needed care right away, how often did you get care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q5 In the last 6 months, did you make any appointments for a check-up or routine 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, how often did you get an appointment for a check-up or routine care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q7 In the last 6 months, not 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? Would you say...

0 None [GO TO Q9]

1 1 time

2 2

3 3

4 4

5 5 to 9

6 10 or more times

98 <DON'T KNOW> [GO TO Q9]

99 <REFUSED> [GO TO Q9]

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 within 15 minutes of your appointment time? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q9 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]

Q10 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I'd like to ask you about your personal doctor.

Q11 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?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY VISIT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q27]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q12 In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Would you say...

0 None [GO TO Q27]

1 1 time

2 2

3 3

4 4

5 5 to 9

6 10 or more times

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q13 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q14 In the last 6 months, how often did your personal doctor listen carefully to you? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q15 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q17 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]

Q18 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q19 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 Q22]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q22]

99 <REFUSED> [GO TO Q22]

M [MISSING]

Q20 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 Q22]

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q22]

99 <REFUSED> [GO TO Q22]

M [MISSING]



Q21 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q22 In the last 6 months, did you take any prescription medicine?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q24]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q24]

99 <REFUSED> [GO TO Q24]

M [MISSING]

Q23 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q24 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 Q27]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q27]

99 <REFUSED> [GO TO Q27]

M [MISSING]

Q25 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 Q27]

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q27]
- 99 <REFUSED> [GO TO Q27]
- M [MISSING]

Q26 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, or
- 3 No

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Now I am going to ask some questions about getting health care from specialists.

Q27 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? Would you say...

- 1 Yes,
- 2 No, or
- 3 I do not have a personal doctor

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

(IF THE RESPONSE TO Q27 WAS YES, READ THESE INSTRUCTIONS BEFORE READING Q28)

Please include your personal doctor as you answer these questions about specialists.

Q28 In the last 6 months, did you make any appointments to see a specialist?  
(PROBE IF NEEDED: "A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q33]
- 3 SOMEONE ELSE MADE MY SPECIALIST APPOINTMENTS FOR ME
  
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q29 In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q30 How many specialists have you seen in the last 6 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 0 NONE [GO TO Q33]
- 1 1 SPECIALIST
- 2 2
- 3 3
- 4 4
- 5 5 OR MORE SPECIALISTS
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q33]
- 99 <REFUSED> [GO TO Q33]
- M [MISSING]

Q31 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 Q11 IS ASSIGNED ANSWER "2 - NO" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"
- IF Q12 IS ASSIGNED ANSWER "0 - NONE" Q32 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q33. CODE Q32 AS "88 - NOT APPLICABLE"]

Q32 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, or

7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7]

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about your health plan.

Q33 In the last 6 months, did you get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q36]

98 <DON'T KNOW> [GO TO Q36]

99 <REFUSED> [GO TO Q36]

M [MISSING]

Q34 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q35 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q36 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 Q38]

98 <DON'T KNOW> [GO TO Q38]

99 <REFUSED> [GO TO Q38]

M [MISSING]

Q37 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, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q38 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]

Q39 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)? Would you say...

- 1 Yes,
- 2 No,
- 3 I am not sure,
- 4 I do not have a co-pay,
- 5 I do not have a health condition, or
- 6 I was offered a lower co-pay for another reason

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q40 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)? Would you say...

- 1 Yes,
- 2 No,
- 3 I am not sure,
- 4 I do not have a health condition, or
- 5 I was offered extra benefits for another reason

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.

Q41 In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you...

a. To make sure you filled or refilled a prescription:

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)

b. To make sure you were taking medicine as directed?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q42 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, or
- 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]

Q43 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 Q45]

98 <DON'T KNOW> [GO TO Q45]  
 99 <REFUSED> [GO TO Q45]  
 M [MISSING]

Q44 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, or
- 4 Always

88 [NOT APPLICABLE]  
 98 <DON'T KNOW>  
 99 <REFUSED>  
 M [MISSING]

Q45 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 Q47]
- 3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL [GO TO Q47]

98 <DON'T KNOW> [GO TO Q47]  
 99 <REFUSED> [GO TO Q47]  
 M [MISSING]



Q46 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, or
- 4 Always

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q47 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]

Now I am going to ask some questions about you.

Q48 In general, how would you rate your overall health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q49 In general, how would you rate your overall mental or emotional health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q50 In the last 6 months, did you spend one or more nights in a hospital?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q51 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]

Q52 In the last 6 months, did you receive any mail order medicines that you did not request?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

99 <REFUSED>

M [MISSING]

Q53 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]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)  
e. Emphysema, asthma or COPD (READ THE FOLLOWING ONLY IF NECESSARY)  
also called chronic obstructive pulmonary disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)  
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]

Q54 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q55 Do you have difficulty dressing or bathing?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q56 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q57 Have you had a flu shot since July 1, 2018?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

- 99 <REFUSED>
- M [MISSING]

Q58 Have you ever had one or more pneumonia shots? (READ THE FOLLOWING ONLY IF NECESSARY) 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.  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

- 99 <REFUSED>
- M [MISSING]

Q59 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 Q61]
- 4 DON'T KNOW [GO TO Q61]

- 99 <REFUSED> [GO TO Q61]
- M [MISSING]

[PROGRAMMING SPECIFICATIONS: IF Q7 IS ASSIGNED ANSWER "0 - NONE" Q60 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS Q61. CODE Q60 AS "88 - NOT APPLICABLE"]

Q60 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, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q61 What is the highest grade or level of school that you have completed? Would you say...

- 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, or
- 6 More than 4-year college degree

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q62 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]

Q63 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. 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]

b. Are you Black or African-American?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

c. Are you Asian?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

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]

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]

Q64 How many people live in your household now, including yourself? Would you say...

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

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q65 Do you ever use the internet at home?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q66 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]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q67 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

- 98 <DON'T KNOW>
- M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>

Q68 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>  
[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

- 1 YES
- 2 NO

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- M [MISSING]



<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

- 1 YES
- 2 NO

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

- 1 YES
- 2 NO

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

- 1 YES
- 2 NO

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
M [MISSING]

<HELPED IN SOME OTHER WAY>

- 1 YES
- 2 NO

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
M [MISSING]

[END] Those are all the questions I have. Thank you for taking part in this important interview.



## **Appendix N**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **2019 Prescription Drug Plan Survey CATI Script**

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

## 2019 Prescription Drug Plan Survey CATI Script

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT 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 PRESCRIPTION DRUG PLAN THE SAMPLED 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-OUT]

Hello, may I please speak to [SAMPLED BENEFICIARY'S NAME]?

- 1 YES → [GO TO INTRO 2-OUT]
- 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 INTRO3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [BENEFICIARY'S NAME] about a study about health care.

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-OUT]>

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN 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 PRESCRIPTION DRUG PLAN THE SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE SAMPLED MEMBER.>

[INTRO1-IN]

Hello, am I speaking to [SAMPLED BENEFICIARY'S NAME]?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 1 | YES                         | → | [GO TO INTRO 2-IN]       |
| 2 | NO, NOT AVAILABLE RIGHT NOW | → | [SET CALLBACK]           |
| 3 | NO [REFUSAL]                | → | [GO TO TERMINATE SCREEN] |

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PD 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 [PD 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 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [PD PLAN NAME] and the Centers for Medicare and Medicaid Services are asking 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 [PD 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 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE BENEFICIARY AND IT APPEARS THE BENEFICIARY MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

Do you have any questions about this survey that I can answer for you at this time?

- 1 YES → <REFER TO FAQs>
- 2 NO → [GO TO Q1]
- 3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL]  
→ [GO TO TERMINATE SCREEN]

[INTRO3 – Request for Proxy]

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 OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO 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 → [GO 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 → [GO TO INTRO 3 Q3] OR [GO TO PROXY\_INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3]

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 [PD PLAN NAME] and the Centers for Medicare and Medicaid Services to ask about the health care and services that Medicare beneficiaries receive. [SAMPLED MEMBER NAME] was selected at random by CMS from among people with Medicare enrolled in [his/her] prescription drug plan and [SAMPLED MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLED 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 10 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[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] prescription drug plan. Please do not consider your own experiences or information in the answers you provide.

[INTERVIEWER: → GO TO Q1]



## CALL BACK TO RESUME A SURVEY

### RESUME1

Hello, may I please speak to [BENEFICIARY NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services to finish an interview with [BENEFICIARY NAME].

- |   |              |                          |
|---|--------------|--------------------------|
| 1 | YES          | [GO TO RESUME2]          |
| 2 | NO, CALLBACK | [SET CALLBACK]           |
| 3 | REFUSAL      | [GO TO TERMINATE SCREEN] |

### RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PD PLAN NAME] and the Centers for Medicare & Medicaid Services. I would like to confirm that I am speaking with [BENEFICIARY NAME]?

I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

### MONITOR

Before we begin I need to tell you that this call may be monitored or recorded for quality improvement purposes.

<START INTERVIEW>

Q1 Our records show that in 2018 your prescriptions were covered by the Medicare prescription drug plan named [PD PLAN NAME].  
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 2018? Please complete the rest of the survey based on the experiences you had with that plan.  
<ENTER PLAN NAME> \_\_\_\_\_

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2018.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ: Now I am going to ask you questions about your prescription drug plan in the last 6 months.]

Q3 In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you...

a. To make sure you filled or refilled a prescription?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)

- b. To make sure you were taking medicine as directed?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES  
2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

- Q4 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, or  
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]

- Q5 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 Q7]

98 <DON'T KNOW> [GO TO Q7]  
99 <REFUSED> [GO TO Q7]  
M [MISSING]

- Q6 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, or  
4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q7 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 Q9]

3 I AM NOT SURE IF MY DRUG PLAN OFFERS PRESCRIPTIONS BY MAIL  
[GO TO Q9]

98 <DON'T KNOW> [GO TO Q9]

99 <REFUSED> [GO TO Q9]

M [MISSING]

Q8 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, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q9 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]

Now I am going to ask some questions about you.

Q10 In general, how would you rate your overall health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q11 In general, how would you rate your overall mental or emotional health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q12 In the last 6 months, did you spend one or more nights in a hospital?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q13 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]

Q14 In the last 6 months, did you receive any mail order medicines that you did not request?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

Q15 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]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

e. Emphysema, asthma or COPD (READ THE FOLLOWING ONLY IF NECESSARY) also called chronic obstructive pulmonary disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

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]

Q16 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

- Q17 Do you have difficulty dressing or bathing?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]
- Q18 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
- 1 YES
  - 2 NO
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]
- Q19 What is the highest grade or level of school that you have completed? Would you say...
- 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, or
  - 6 More than 4-year college degree
- 98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]
- Q20 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]



Q21 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. 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]
  
- b. Are you Black or African-American?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
  - 1 YES
  - 2 NO
  
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
  
- c. Are you Asian?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)
  - 1 YES
  - 2 NO
  
  - 98 <DON'T KNOW>
  - 99 <REFUSED>
  - M [MISSING]
  
- 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]

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]

Q22 How many people live in your household now, including yourself? Would you say...

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

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q23 Do you ever use the internet at home?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q24 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]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q25 <DID SOMEONE HELP THE BENEFICIARY COMPLETE THE SURVEY?>

- 1 YES
- 2 NO [GO TO END]

98 <DON'T KNOW>  
M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>

Q26 <HOW DID THAT PERSON HELP THE BENEFICIARY COMPLETE THE SURVEY?>

[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE BENEFICIARY GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE BENEFICIARY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE BENEFICIARY'S LANGUAGE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<HELPED IN SOME OTHER WAY>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

[END] Those are all the questions I have. Thank you for taking part in this important interview.



## **Appendix O**

# **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

## **Guidance on Supplemental Questions**

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# Appendix O

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Guidance on Supplemental Questions

#### Overview

All supplemental questions for proposed use in the 2019 MA & PDP CAHPS Survey administration must be submitted to CMS for review and consideration of approval. For the 2019 MA & PDP CAHPS Survey administration, contracts are permitted to add a maximum of 12 supplemental questions to the questionnaire. All supplemental questions must be submitted electronically no later than December 6, 2018 to MA & PDP CAHPS Survey Technical Assistance for CMS to review and consider for approval.

Within the cap of a maximum of 12 supplemental questions, the exact number of supplemental questions that a contract may add is left to the discretion of the contract or survey vendor. Each response item in a supplemental question containing multi-response items will count as one question toward the maximum cap of 12 supplemental questions. (For example, a supplemental question with sections a through e will count as five questions toward the maximum cap of 12 supplemental questions.)

As a resource for candidate supplemental questions, CMS suggests the use of the Supplemental Items for the Adult Health Plan Questionnaires posted on the AHRQ Web site. These items have been thoroughly tested; however, please note that some of these items may not meet the protocols for MA & PDP CAHPS Survey supplemental items.

In addition, the following three MA-PPO questions from the 2012 MA & PDP CAHPS Survey may be considered as supplemental questions.

- 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? (Response options of "Yes" or "No")
- In the last 6 months, did you try to find out if a doctor was part of your health plan's network? (Response options of "Yes" or "No")
- Was the information you found on whether a doctor was part of your health plan's network accurate? (Response options of "Yes" or "No" or "I did not find the information")

#### Requirements for Submitting Supplemental Questions

- Survey vendors must submit supplemental questions to the MA & PDP CAHPS Technical Assistance email ([MA-PDPCAHP@hcqis.org](mailto:MA-PDPCAHP@hcqis.org)) using the Excel template format included at the end of Appendix O. Submissions that do not use the required template must be resubmitted using the correct template.

- Questions submitted for consideration must be listed only once (not repeated several times or broken out into multiple worksheets by health plan)
- Questions denied for 2018 survey administration must not be resubmitted unless the question has been revised to conform with the supplemental question protocols. Survey vendors must refer to the guidance provided and revise questions to conform to guidance.
- Questions approved for 2018 survey administration are considered automatically approved and should not be resubmitted. If the contract elects to use any of the questions approved for 2018 survey administration, those questions must not be revised in any way.
- 2016 survey questions that were deleted from 2017 MA & PDP CAHPS Survey versions are automatically approved as supplemental questions and do not need to be submitted for approval. If the contract elects to use any of the 2016 survey questions that were deleted from the 2017 surveys as supplemental questions, those questions must not be revised in any way.

After the MA & PDP CAHPS Survey Project Team receives the questions for consideration for approval, a confirmation email will be sent to the survey vendor that will include the number of supplemental items received and the date the items were received. The survey vendor must confirm the count of supplemental items and notify the MA & PDP CAHPS Project Team of any discrepancies. If the survey vendor does not receive a confirmation email within 2 business days following submission, the survey vendor should resubmit/resend the email or contact the Technical Assistance line to confirm receipt.



**Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:**

<b>Similar content to MA &amp; PDP CAHPS Survey</b>
<ul style="list-style-type: none"> <li>• How likely are you to recommend your health plan to others?</li> <li>• How would you rate your health plan/prescription benefits?</li> <li>• How would you rate the services/treatment you received from your therapist/doctor/counselor?</li> <li>• Did your doctor provide you information regarding the medicines you were prescribed?</li> <li>• In the past 6 months, have you had a screening for cholesterol/cancer/high blood pressure?</li> </ul>
<b>May affect responses to the MA &amp; PDP CAHPS Survey</b>
<ul style="list-style-type: none"> <li>• When the plan mailed you reminders for tests/screenings, how often did you find those reminders helpful?</li> <li>• In the past six months, did your plan's customer service improve for the better, get worse or did not change?</li> </ul>
<b>Similar to other CMS surveys (e.g., HOS)</b>
<ul style="list-style-type: none"> <li>• Did you and your doctor talk about increasing the amount of time you exercise or changing your diet?</li> <li>• If you had a fall in the past six months, have you talked to your doctor about that fall or problems with balance?</li> </ul>
<b>Questions that do not focus on experience with health care</b>
<ul style="list-style-type: none"> <li>• How would you rate your health plan's cost?</li> <li>• How would you rate the overall value you receive from your health plan?</li> <li>• How satisfied are you with how much you pay for prescription medicine?</li> <li>• Is it important to find a doctor that is the same ethnicity as you?</li> </ul>
<b>Asks respondents to identify the reason health care services may not have been received</b>
<ul style="list-style-type: none"> <li>• Did you have to visit an emergency room or urgent care because you could not get an appointment with your personal doctor?</li> <li>• What was/were the reason(s) you could not get an appointment with a specialist?</li> <li>• What was/were the reason(s) you had difficulty getting after-hours care?</li> </ul>
<b>Asks about future intentions for plan membership</b>
<ul style="list-style-type: none"> <li>• How likely are you to re-enroll with your health plan?</li> <li>• Do you intend to switch health or prescription drug plans in the future?</li> </ul>
<b>Asks opinion on written communications</b>
<ul style="list-style-type: none"> <li>• How would you rate the plan's Web site?</li> <li>• How would you rate the plan's newsletter (electronic or mail)?</li> </ul>

**Below are some examples of supplemental questions that WOULD NOT meet the CMS approval guidelines:**

<b>Asks about the need for plan staff or provider training to improve treatment or services</b>
<ul style="list-style-type: none"> <li>• What can we do to improve our customer service?</li> <li>• Select one area of the plan that needs the most improvement.</li> </ul>
<b>Question that may cause termination of survey due to sensitivity of topic</b>
<ul style="list-style-type: none"> <li>• What is your social security number?</li> </ul>
<b>Response could be used to identify a beneficiary</b>
<ul style="list-style-type: none"> <li>• How many years have you been enrolled in this health plan?</li> <li>• How often have you moved residences since being enrolled in the health plan?</li> </ul>
<b>Compares respondent’s health with other people</b>
<ul style="list-style-type: none"> <li>• As a result of the services provided by your health plan, do you feel your overall health is better than people without equivalent health benefits?</li> </ul>
<b>Asks why respondent selected a particular response option</b>
<ul style="list-style-type: none"> <li>• If you rated the health plan below a rating of 7, please select the reason why.</li> <li>• Select the main reason why you would not recommend this plan to others.</li> </ul>

<b>Additional guidance:</b>
<b><u>Supplemental questions may not:</u></b>
<ul style="list-style-type: none"> <li>• Pose a burden to the beneficiary by presenting a complex (multi-part) question or providing more than 5 response options</li> <li>• Use the phrase “In the last 12 months”</li> <li>• Reference Star Ratings (in the question or response options)</li> </ul>

**2019 MA & PDP CAHPS Survey  
Supplemental Questions Submission Form  
Required Format**

**VENDOR NAME:**

**Date Submitted:**

Number	Supplemental Question	Response Options (no more than 5 response options)	AHRQ or Other CAHPS Survey Item (indicate the source)	Other Source of Item (i.e., client)	Contract Number (optional)
1					
2					
3					

*Note: If you do not receive a confirmation email of receipt from the MA & PDP CAHPS Survey Project Team within 2 business days of submission, please resubmit/resend the email or contact Technical Assistance to confirm receipt.*



## **Appendix P**

### **Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey**

#### **Guidance on Appending Data**

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# Appendix P

## Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

### Guidance on Appending or Merging Data

#### Overview

The Data Use Agreement (DUA) signed by each survey vendor restricts the use of CMS data and any additional data items that a survey vendor may merge with the sample file or survey response data obtained from beneficiaries. Any and all data that is appended to the sample file or beneficiary survey data for the purpose of providing reports or analysis for contract clients must be approved in advance. Survey vendors must submit all approval requests in advance via email to [MA-PDPCAHP@HCQIS.org](mailto:MA-PDPCAHP@HCQIS.org). The approval request must include a list of the specific data items that are to be appended, the source of the data items (e.g., client administrative data), and a three to five sentence summary of the proposed analysis. No data may be merged or appended without prior written approval from CMS.

**Approvals to append data are for the current calendar year only. Data append requests must be submitted for approval each survey administration period.**

#### Instructions for Submitting Data Append Requests

- Survey vendors must submit data append requests to the MA & PDP CAHPS Technical Assistance email ([MA-PDPCAHP@hcqis.org](mailto:MA-PDPCAHP@hcqis.org)) using the Excel template format included at the end of Appendix P. Submissions that do not use the required template will be returned for resubmission using the correct template.
- Include a description of the data elements to be appended and the contract number. All acronyms must be spelled out. Also describe what steps will be taken to ensure that no data reporting n<11 will be included in the report.
- Describe the proposed analysis with sufficient detail to indicate the purpose or information need that generates the request.
- Provide a new spreadsheet each time a request is submitted (i.e., do not add new identifiers to a previously submitted spreadsheet and resubmit)

A confirmation email will be sent to the requesting survey vendor within two business days of the emailed submission request. If a confirmation email is not received within two business days, resubmit/resend the email or contact the Technical Assistance line to confirm receipt.

### **Guidelines for Approval (*note: reporting cell sizes with n<11 is not permitted*)**

Analyses that use only existing sample variables and/or existing MA & PDP CAHPS survey data do not require approval (such as appending the LIS flag available in the sample file to the survey data). Any analysis that may lead to identification of the beneficiary, either directly or through inference, is not permitted (e.g., results by provider name, results by zip code).

Data merge or append requests that meet MA & PDP CAHPS Survey protocols include:

- Broad geography categories (Region, County, Island, etc.)
- Plan level analysis (subsidiary plan, SNP, product type, etc.)
- Provider group, IPA, health system

Approval of any data merge or data append request is contingent on providing sufficient detail for the MA & PDP CAHPS Survey project team to understand the specific categories for each identifier to be appended and how the analysis will be used by the contract. For example, if requesting to append the identifier Region, please provide the specific Region categories and the count of beneficiaries per Region. Data append requests should include counts of beneficiaries or providers as appropriate to the requested identifiers (e.g., number of beneficiaries in a county, number of providers in a medical group, etc.) It should be clearly noted whether the count refers to beneficiaries or providers.

*Note: If the project team requests additional information for a data append request, the supporting information must be in the same format as the original request (e.g., if the data append request lists identifiers on separate lines by contract, the additional information should be provided in the same format and in the same order).*

CMS will not approve appending identifiers that may lead to beneficiary identification (either directly or indirectly) or any data that do not relate to the experience of health care. Below are some examples of data append requests that would not be approved:

- Cost to beneficiaries (deductible, co-pay, etc.)
- Specific health condition/chronic conditions (diabetes, disabled, mental health disorders, etc.)
- Merges of customer support calls or beneficiary contacts with specific plan program (members who called call center, members who contacted/visited a disease management center)
- Beneficiary ID (memberID, SubscriberID, etc.)
- Visits to certain provider types (number of ER visits, in-patient visit, surgical facility visit)
- Lifestyle categories (empty-nester, active elders, military, artist, etc.)



**2019 MA & PDP CAHPS Survey  
Data Append Submission Form  
Required Format**

**VENDOR NAME:**

**Date Submitted:**

Number	Data Append Identifier (spell out any acronyms)	Categories of Identifier (list of values that will comprise the identifier and count of beneficiaries or providers, as appropriate)	Contract Name/Number	Analytic Plan (describe purpose of analysis )	Source of Data	Additional Info. (define identifier if necessary; describe how cell size rules will be met)
Example	Region	Numbers below are counts of beneficiaries in the Region Pacific Northwest - 300 Northern California - 550 Southern California - 675 Midwest - 200 Desert Southwest - 250	Health Plan Name/ Hxxxx	The client would like to analyze the differences among the regions across the United States. The analysis will inform quality improvement efforts for the health plan. They would like to understand the specific areas to target for improvement.	Plan's membership database	No cell sizes that are less than 11 or where a cell size of 1-10 can be inferred will be provided in any reports.
1						
2						
3						

*Note: If you do not receive a confirmation email of receipt from the MA & PDP CAHPS Survey Project Team within 2 business days of submission, please resubmit/resend the email or contact Technical Assistance to confirm receipt.*

