# Appendix L-6

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

2021 Medicare Advantage Prescription Drug Survey



## 2021 Medicare Experience Survey

## **MEDICARE SURVEY INSTRUCTIONS**

This survey asks about you and the health care you received <u>in the last six months</u>. Answer each question thinking about <u>yourself</u>. 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 2021, answer the questions thinking about your experiences in the last 6 months of 2020.
- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:
  - 🛛 Yes
- Be sure to read <u>all</u> the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: [→If No, Go to Question 3]. See the example below:

#### EXAMPLE

- 1. Do you wear a hearing aid now?
  - 🗌 Yes
  - $\boxtimes$  No  $\rightarrow$  If No, Go to Question 3
- 2. How long have you been wearing a hearing aid?
  - Less than one year

  - \_ More than 3 years
  - I don't wear a hearing aid

#### 3. In the last 6 months, did you have any headaches?

🛛 Yes

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is **0938-0732**. 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.

 Our records show that in 2020 your health services were covered by the plan named on the back page. Is that right?

# Yes → If Yes, Go to Question 3 No

 Please write below the name of the health plan you had in 2020 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 <u>needed care right away</u> in a clinic, emergency room, or doctor's office?



No  $\rightarrow$  If No, Go to Question 5

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?

Never
Sometimes
Usually
Always

5. In the last 6 months, did you make any appointments for a <u>check-up or</u> <u>routine care</u> 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 <u>check-up or routine care</u> as soon as you needed?



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?

] 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?

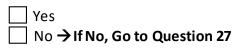


- 9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
  - 0 Worst health care possible
    1
    2
    3
    4
    5
    6
    7
    8
    9
    10 Best health 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?



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

l []	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?



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



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?



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?



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

#### 

- 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?

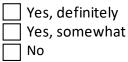
Yes
No $\rightarrow$ If No, Go to Question 27

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 -	

] No  $\rightarrow$  If No, Go to Question 27

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



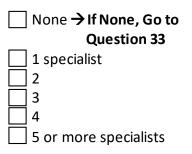
#### **Getting Health Care From Specialists**

- 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 <u>personal</u> <u>doctor</u> a specialist?
  - Yes → If Yes, Please include your personal doctor as you answer these questions about specialists

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

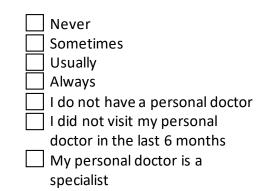
**30**. How many specialists have you seen in the last 6 months?



**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?



**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?



#### Your Health Plan

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



- 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?



- **36**. In the last 6 months, did your health plan give you any forms to fill out?
  - $\square$  Yes  $\square$  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:
  - Yes No
    a. To make sure you filled or refilled a prescription?
    b. To make sure you were taking medicine as directed?
- **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
    Idid pot uso my proc
    - 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
- **45**. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

months

Yes
$\square$ No $\rightarrow$ 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 pl

plan

#### About You

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

possible



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

Excellent
Very good
Good
Fair
Poor

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



- **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 <u>ever</u> told you that you had any of the following conditions?

		<u>Yes</u>	<u>No</u>
a.	A heart attack?		
b.	Angina or coronary		
	heart disease?		
C.	Hypertension		
	or high blood		
	pressure?		
d.	Cancer, <u>other than</u>		
	<u>skin cancer</u> ?		
e.	Emphysema, asthma		
	or COPD (chronic		
	obstructive pulmo-		
	nary disease)?		
f.	Any kind of diabetes		
	or high blood		
	sugar?	$\square$	

- **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

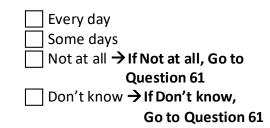
**57**. Have you had a flu shot since July 1, 2020?

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?



**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?

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

Yes
No

**67**. Did someone help you complete this survey?

Yes No → Thank you. Please return the completed survey in the postagepaid 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 RETURN ADDRESS FOR MAIL PROCESSING]

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

[OPTIONAL] You may also know your plan by one of the following: