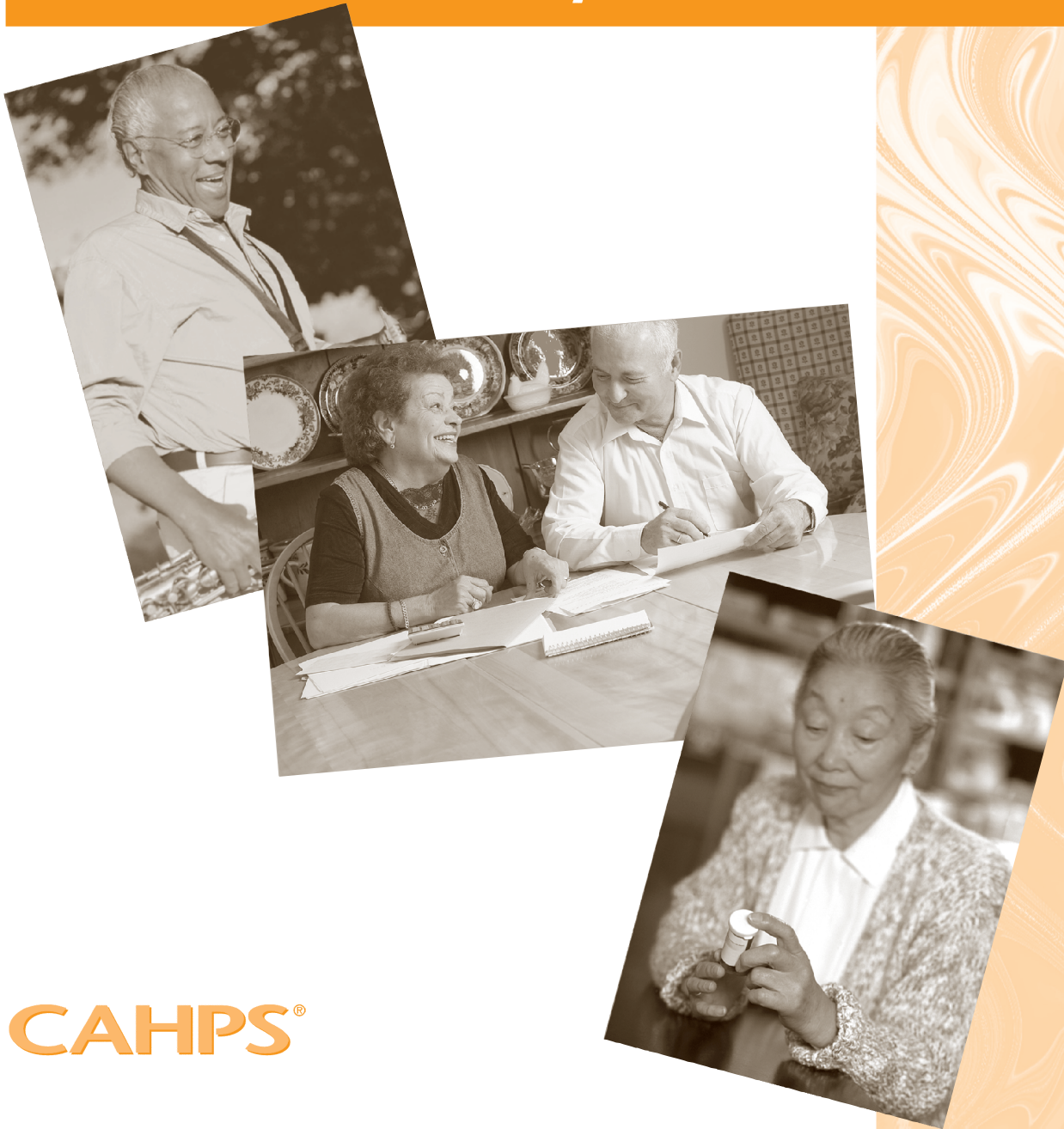


# Medicare Satisfaction Survey



CAHPS®

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**. The time required to complete this information collection is estimated to average **20 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 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.

## 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: Medicare Satisfaction Survey, PO Box 1800, Manchester, CT 06045-9989.

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 examples 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

## YOUR HEALTH INSURANCE COVERAGE

Our records show that you are now in Medicare, the health insurance program for people 65 years old or older or persons with certain disabilities.

Please answer the following questions in this survey as fully as possible regardless of whether you consider yourself in Medicare.

1. Some people who have Medicare also have other insurance to help pay for some of the costs of their health care. Do you have any other insurance that pays at least some of the cost of your health care?

- ☐ Yes  
☐ No → *If No, Go to Question 3*

2. Please mark the box below for each type of health insurance that you have.

- ☐ Medigap, which may be identified on the front of your policy as “Medicare Supplemental Insurance”  
☐ Employer, Union, or Retiree Health Coverage (insurance)  
☐ Veteran’s Benefits, also known as VA benefits  
☐ Military Retiree Benefits, also known as Tricare  
☐ Medicaid, also known as State medical assistance, which is for some persons with limited income and resources  
☐ Any Prescription Drug Plan  
☐ Other (*Please write the name of the other health insurance you currently have on the line below.*)

- ☐ I don’t have health insurance other than Medicare.

## 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 thought you needed?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor’s office or clinic?

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

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought 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
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

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. In the last 6 months, did you phone a doctor's office or clinic with a medical question after regular office hours?

- ☐ Yes
- ☐ No → *If No, Go to Question 12*

10. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how often did you get an answer to your medical question as soon as you needed?

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

11. In the last 6 months, when you phoned a doctor's office or clinic after regular office hours, how long did it take for someone to call you back?

- ☐ Less than 1 hour
- ☐ 1 to 3 hours
- ☐ More than 3 hours but less than 6 hours
- ☐ More than 6 hours
- ☐ I did not ask for a return call
- ☐ I did not get a return call
- ☐ I was told to go to the Emergency Room

12. 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

## YOUR PERSONAL DOCTOR

13. 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 33*

14. 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 33*
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

15. 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

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

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

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

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

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

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

19. 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

20. 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

21. 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 24*

22. 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 24*
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. 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

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

- ☐ Yes
- ☐ No → *If No, Go to Question 26*

25. 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

26. Doctors may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 6 months, did your personal doctor use a computer or handheld device during any of your visits?

- ☐ Yes
- ☐ No → *If No, Go to Question 29*

27. During your visits in the last 6 months, was your personal doctor's use of a computer or handheld device helpful to you?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, not at all

28. During your visits in the last 6 months, did your personal doctor's use of a computer or handheld device make it harder or easier for you to talk to him or her?

- ☐ Harder
- ☐ Not harder or easier
- ☐ Easier

29. 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 32*

30. 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 32*

31. 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

32. Visit notes sum up what was talked about on a visit to a doctor's office. Visit notes may be available on paper, on a website or by e-mail. In the last 6 months, did anyone in your personal doctor's office offer you visit notes?

- ☐ Yes
- ☐ No

## GETTING HEALTH CARE FROM SPECIALISTS

33. 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

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

- ☐ Yes
- ☐ No → *If No, Go to Question 39*
- ☐ Someone else made my specialist appointments for me

35. In the last 6 months, how often was it easy to get appointments with specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Someone else made my specialist appointments for me

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

- ☐ None → *If None, Go to Question 39*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

37. 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

38. 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

## MANAGING YOUR HEALTH CARE

39. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate?

- ☐ Very likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very unlikely

40. How likely are you to tell your doctor when you disagree with him or her?

- ☐ Very likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very unlikely

41. In the last 6 months, how often did you leave your doctor's office feeling that all of your concerns or questions were fully answered?

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

42. In the last 6 months, how often did you make sure you understood the results of any medical test or procedure such as x-ray, blood test, or EKG for heart conditions?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not have any medical tests or procedures in the last 6 months

## MEDICARE EXPERIENCE

The next questions ask about your experience with Medicare.

43. In the last 6 months, did you try to get any kind of care, tests or treatment through Medicare?

- ☐ Yes
- ☐ No → *If No, Go to Question 45*

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

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

45. In the last 6 months, did you try to get information or help from Medicare's customer service?

- ☐ Yes
- ☐ No → *If No, Go to Question 48*

46. In the last 6 months, how often did Medicare's customer service give you the information or help you needed?

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

47. In the last 6 months, how often did Medicare's customer service staff treat you with courtesy and respect?

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

48. In the last 6 months, did Medicare give you any forms to fill out?

- ☐ Yes
- ☐ No → *If No, Go to Question 50*

49. In the last 6 months, how often were the forms from Medicare easy to fill out?

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

50. 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 Medicare?

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

51. In the last 6 months, did anyone from a doctor’s office or Medicare contact you:

	Yes	No
a. To remind you to make appointments for tests or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
b. To remind you to get a flu shot or other immunization?	<input type="checkbox"/>	<input type="checkbox"/>
c. To remind you about screening tests such as breast cancer or colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Yes
- ☐ No → *If No, Go to Question 54*

53. In the last 6 months, did anyone from a doctor’s office or Medicare contact you to follow up about your hospital stay?

- ☐ Yes
- ☐ No

## YOUR MEDICARE RIGHTS

54. In the last 6 months, was there a time when you believed you needed care or services that Medicare decided not to give you?

- ☐ Yes
- ☐ No → *If No, Go to Question 57*

55. In the last 6 months, have you ever asked anyone at Medicare to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
- ☐ No → *If No, Go to Question 57*
- ☐ Don’t know → *If Don’t know, Go to Question 57*

56. When you spoke to Medicare about the decision not to provide care or services, did they...

Please mark one or more.

- ☐ Tell you that you can file an appeal
- ☐ Offer to send you forms that you need in order to file an appeal
- ☐ Suggest how to resolve your complaint
- ☐ Listen to your complaint but did not help resolve it
- ☐ Discourage you from taking action
- ☐ Do none of these things

57. In the last 6 months, have you called or written Medicare with a complaint or problem?

- ☐ Yes
- ☐ No → *If No, Go to Question 61*

58. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how Medicare handled your complaint?

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

59. How long did it take for Medicare to settle your complaint?

- ☐ Same day
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 or more weeks
- ☐ I am still waiting for it to be settled

60. Was your complaint or problem settled to your satisfaction?

- ☐ Yes
- ☐ No
- ☐ I am still waiting for it to be settled

## ABOUT YOU

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

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

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

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

63. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No → *If No, Go to Question 65*

64. Is this a condition or problem that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

65. Do you now need or take any medicine prescribed by a doctor for any condition?

- ☐ Yes
- ☐ No → *If No, Go to Question 67*

66. Is this to treat a condition that has lasted for at least 3 months?

- ☐ Yes
- ☐ No

67. 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

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

- ☐ Yes
- ☐ No
- ☐ Don't know

69. 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

70. Are you currently enrolled in a Medicare Part D plan (prescription drug plan)?

- ☐ Yes
- ☐ No → *If No, Go to Question 77*

**The following questions are about the Medicare Part D Medication Therapy Management program. The program is available to people enrolled in a Medicare Part D plan who have multiple chronic conditions, take multiple medications, and meet other qualifying criteria.**

71. Are you also enrolled in your Medicare Part D Plan's Medication Therapy Management Program?

- ☐ Yes
- ☐ No → *If No, Go to Question 77*
- ☐ Don't know → *If Don't know, Go to Question 77*

72. Did a health care provider, such as a pharmacist, call or meet with you to review your medications and answer your questions about your medications?

- ☐ Yes
- ☐ No → *If No, Go to Question 76*

73. Did the review increase your understanding of your medications and how to use them?

- ☐ Yes, it increased my understanding
- ☐ No, it did not change my understanding
- ☐ No, it decreased my understanding

74. A printed summary of the review includes a letter, a medication action plan, and a personal medication list. Did you receive a printed summary of the review?

- ☐ Yes
- ☐ No → *If No, Go to Question 76*
- ☐ Don't know → *If Don't know, Go to Question 76*

75. How satisfied were you with the information in the printed summary of the review?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

76. Overall, how satisfied are you with the Medication Therapy Management program provided by your Medicare Part D plan?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

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

	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"/>

78. Have you had a flu shot since July 1, 2014?

- ☐ Yes
- ☐ No
- ☐ Don't know

79. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

80. 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 82*
- ☐ Don't know → *If Don't know, Go to Question 82*

81. 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

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

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

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

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

84. 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

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

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

86. Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? *(Please mark one response for each activity.)*

	I am unable to do this activity	Yes, I have difficulty	No, I do not have difficulty
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting in or out of chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87. 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

88. Did someone help you complete this survey?

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

89. 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 FOR COMPLETING THIS SURVEY

**Please return your completed survey in the postage-paid envelope to:**

**Medicare Satisfaction Survey  
PO Box 1800  
Manchester, CT 06045-9989**

**Please do not include any other correspondence.**

