DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-04-27
Baltimore, Maryland 21244-1850

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 our responsibility is to ensure that you get that high quality care at a reasonable price. One of the ways we 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 20 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 us, and your health plan, serve you better.

If you changed your Medicare plan for 2009, please answer the questions in the survey thinking about your experiences in the last six months of 2008. 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 Wilkerson & Associates, the survey research organization assisting us in this survey. **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 or would like to find out how to complete the survey by phone, please don't hesitate to call Chris Allen with Wilkerson & Associates toll-free at 1-866-406-1110, Monday through Friday, between 9:00 a.m. and midnight Eastern time.

Thank you for your help with this important survey.

Sincerely,

Walter Stone

Walter Stone
Privacy Officer

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 Wilkerson & Associates.

- Answer <u>all</u> the questions by putting an "X" in the box to the left of your answer, like this:
  - [X] 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 examples below:

EXAMPLE

1. Do you wear a hearing aid now?

- [ ] Yes
- [X] 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
- [X] No

YOUR HEALTH PLAN

1. Our records show that in 2008 your health services were covered by <YOUR HEALTH PLAN>.

Is that right?

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

2. Please write below the name of the health plan you had in 2008 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

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

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 10**
- ☐ 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. **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, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, oxygen equipment, or diabetic supplies and equipment?**

- ☐ Yes
- ☐ No → **If No, Go to Question 12 on Page 6**

11. **In the last 6 months, how often was it easy to get the medical equipment you needed through <YOUR HEALTH PLAN>?**

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

12. In the last 6 months, did you have any health problems that needed special <u>therapy</u>, such as physical, occupational, or speech therapy?

- ☐ Yes
- ☐ No → **If No, Go to Question 14**

13. In the last 6 months, how often was it easy to get the special therapy you needed through <YOUR HEALTH PLAN>?

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

YOUR PERSONAL DOCTOR

14. 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 21**

15. 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 21**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

16. 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

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

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

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

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

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

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

20. 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

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care you got when you stayed overnight in a hospital.

21. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you try to make any appointments to see a specialist?

- ☐ Yes
- ☐ No → **If No, Go to Question 25 on Page 8**

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

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

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

- ☐ None → **If None, Go to Question 25 on Page 8**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

24. 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

YOUR HEALTH PLAN

The next questions ask about your experience with <YOUR HEALTH PLAN>.

25. In the last 6 months, did you try to get any kind of care, tests, or treatment through <YOUR HEALTH PLAN>?

- ☐ Yes
- ☐ No → **If No, Go to Question 27**

26. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through <YOUR HEALTH PLAN>?

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

27. In the last 6 months, did you try to get information or help from <YOUR HEALTH PLAN>'s customer service?

- ☐ Yes
- ☐ No → **If No, Go to Question 30**

28. 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

29. 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

30. In the last 6 months, did <YOUR HEALTH PLAN> give you any forms to fill out?

- ☐ Yes
- ☐ No → **If No, Go to Question 32**

31. In the last 6 months, how often were the forms from <YOUR HEALTH PLAN> easy to fill out?

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

32. 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

YOUR MEDICARE RIGHTS

You have the right to file an appeal if <YOUR HEALTH PLAN> decides not to provide or pay for health care services or stops providing health care services.

33. Was there ever a time when you believed you needed care or services that <YOUR HEALTH PLAN> decided not to give you?

- ☐ Yes
- ☐ No → **If No, Go to Question 36**

34. Have you ever asked anyone at <YOUR HEALTH PLAN> to reconsider a decision not to provide or pay for health care or services?

- ☐ Yes
- ☐ No
- ☐ Don't know

} **Go to Question 36**

35. When you spoke to <YOUR HEALTH PLAN> 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 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

ABOUT YOU

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

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

37. In general, how would you rate your overall <u>mental</u> health?

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

38. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

39. 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 41**

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

- ☐ Yes
- ☐ No

41. Do you now need or take medicine prescribed by a doctor?

- ☐ Yes
- ☐ No → **If No, Go to Question 44**

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

- ☐ Yes
- ☐ No

43. How often do you take a list of all your prescribed medicines to your doctor visits?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I do not take any prescription medicines.

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 ever delay or not fill a prescription because you felt that you could not afford it?

- ☐ Yes
- ☐ No
- ☐ My doctor did not prescribe any medicines for me in the last 6 months

47. How confident are you that you can identify when it is necessary for you to get medical care?

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Not at all confident

48. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, dressing, or getting around the house?

- ☐ Yes
- ☐ No

49. Because of any impairment or health problem, do you need help with your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- ☐ Yes
- ☐ No

50. Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?

- ☐ Yes
- ☐ No

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

		Yes	No
a.	A heart attack?	☐	☐
b.	Angina or coronary heart disease?	☐	☐
c.	A stroke?	☐	☐
d.	Cancer, other than skin cancer?	☐	☐
e.	Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	☐	☐
f.	Any kind of diabetes or high blood sugar?	☐	☐

52. Did you get a flu shot since September 1, 2008?

- ☐ Yes
- ☐ No } **Go to Question 54**
- ☐ Don't know }

53. Did you get that flu shot either through <YOUR HEALTH PLAN> or from your personal doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

54. 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 the flu shot. It is also called the pneumococcal vaccine.

- ☐ Yes
- ☐ No
- ☐ Don't know

55. Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know

} **Go to Question 57**

56. In the last 6 months, on how many visits were you <u>advised to quit</u> smoking by a doctor or other health provider?

- ☐ None
- ☐ At least one visit
- ☐ I had no visits in the last 6 months.

57. What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 69
- ☐ 70 to 74
- ☐ 75 to 79
- ☐ 80 to 84
- ☐ 85 or older

58. Are you male or female?

- ☐ Male
- ☐ Female

59. 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

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

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

61. 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

62. Did someone help you complete this survey?

- ☐ Yes
- ☐ No → **If No, Go to Question 64**

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 **(Please print)**

_____

64. Do you live alone?

- ☐ Yes, I live alone
- ☐ No, I live with others

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

65. 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	☐	☐	☐
b. Dressing	☐	☐	☐
c. Eating	☐	☐	☐
d. Getting in or out of chairs	☐	☐	☐
e. Walking	☐	☐	☐
f. Using the toilet	☐	☐	☐

66. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received?

☐ Yes
☐ No

67. Please write your daytime telephone number below.

☐☐☐-☐☐☐-☐☐☐☐

Area Code

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