

# **Medicare Current Beneficiary Survey**

Section Specifications for RXQ

R66 2013 DRUG COVERAGE SUPPLEMENT

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# Box RX1

## **BOX INSTRUCTIONS**

BESIDES MEDICARE, IF TRICARE IS THE ONLY "CURRENT" PLAN, GO TO BOX RXEND.

ELSE IF THE RESPONDENT IS A PROXY, GO TO RX1 - PDXHIDEC.

ELSE GO TO RXP2 - PDEASY.

**RX1**

Yes/No

**QUESTION TEXT**

Do you help (SP) make decisions regarding (his/her) health insurance coverage?

**FIELD 1: PDXHIDEC****FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXPD2 - PDEASY
2	NO	BOX RXEND
	Don't Know	BOX RXEND
	Refused	BOX RXEND

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
HRND.PDXHIDEC	1

# RXP2

Code 1

**QUESTION TEXT**

SHOW CARD RX1

Now I have a few questions regarding the Medicare Prescription Drug benefit.

Overall, how easy or difficult do you think the Medicare Prescription Drug benefit is to understand?

Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand?

**FIELD 1: PDEASY****FIELD 1 ROUTING**

Value	Label	Route
1	VERY EASY	RXP3 - PDKNOW
2	SOMEWHAT EASY	RXP3 - PDKNOW
3	SOMEWHAT DIFFICULT	RXP3 - PDKNOW
4	VERY DIFFICULT	RXP3 - PDKNOW
	Don't Know	RXP3 - PDKNOW
	Refused	RXP3 - PDKNOW

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDEASY	1

# RXP3

Code 1

## QUESTION TEXT

SHOW CARD RX2

How much do you think you know about the Medicare Prescription Drug benefit?

Do you know just about everything you need to know, most of what you need to know, some of what you need to know, a little of what you need to know, or almost none of what you need to know about the Medicare Prescription Drug benefit?

## FIELD 1: PDKNOW

### FIELD 1 ROUTING

Value	Label	Route
1	JUST ABOUT EVERYTHING YOU NEED TO KNOW	BOX RXP2
2	MOST OF WHAT YOU NEED TO KNOW	BOX RXP2
3	SOME OF WHAT YOU NEED TO KNOW	BOX RXP2
4	A LITTLE OF WHAT YOU NEED TO KNOW	BOX RXP2
5	ALMOST NONE OF WHAT YOU NEED TO KNOW	BOX RXP2
	Don't Know	BOX RXP2
	Refused	BOX RXP2

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDKNOW	1

# BOX RXP2

## **BOX INSTRUCTIONS**

IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXP3A.

ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXP9 - PDCONSDR.

ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXP8A - PDCOMPPL.

ELSE GO TO RXP20 - PDEXAPLY.

**RXP8A**

Yes/No

**QUESTION TEXT**

[You/(SP)] currently (have/has) drug coverage through [READ PLAN(S) LISTED ABOVE].

Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [READ PLAN(S) LISTED ABOVE] with any Medicare Prescription Drug plans?

[EXPLAIN IF NECESSARY: A Medicare Prescription Drug plan adds drug coverage to Original Medicare.]

**FIELD 1: PDCOMPPL****FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXP9 - PDCONSDR
2	NO	RXP9 - PDCONSDR
	Don't Know	RXP9 - PDCONSDR
	Refused	RXP9 - PDCONSDR

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDCOMPPL	1

**OTHER PROGRAMMING INSTRUCTIONS****REPORT DISPLAY**

Display report above question text.

Display all "current" private plans with RX coverage SP reported being covered by in the current round.

Report header: PRIVATE PLANS WITH RX COVERAGE

Report layout:

Column 1, header="Plan Name", display PLAN.PLNAME.



# RXPDP9

Yes/No

**QUESTION TEXT**

([You/(SP)] currently (have/has] drug coverage through (CURRENT MEDICARE MANAGED CARE PLAN). Medicare calls this type of plan a Medicare Advantage plan. Medicare also offers separate plans that provide only drug coverage.)

Did [you/(SP), or someone for (SP),] consider enrolling (her/him) in a separate Medicare Prescription Drug plan for (CURRENT YEAR)?

[EXPLAIN IF NECESSARY: A separate Medicare Prescription Drug plan is typically used together with medical benefits from Original Medicare.]

**FIELD 1: PDCONSDR****FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXPDP3
2	NO	BOX RXPDP3
	Don't Know	BOX RXPDP3
	Refused	BOX RXPDP3

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDCONSDR	1

# BOX RXP3

## **BOX INSTRUCTIONS**

IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2.

ELSE GO TO RXP310 - PDMABENS.

# RXPDP10

Yes/No

**QUESTION TEXT**

Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by (your/his/her) (CURRENT MEDICARE MANAGED CARE PLAN) plan with any other Medicare Advantage plans in (your/his/her) area?

**FIELD 1: PDMABENS****FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXPDP4
2	NO	BOX RXPDP4
	Don't Know	BOX RXPDP4
	Refused	BOX RXPDP4

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDMABENS	1

# BOX RXP3A

## **BOX INSTRUCTIONS**

IF SP HAS REPORTED BEING AUTOMATICALLY ENROLLED IN A MEDICARE  
PRESCRIPTION DRUG PLAN IN ANY PREVIOUS ROUND, GO TO RXP12 - PDAUTENR.

ELSE GO TO RXP11 - PDEVROLL.

# RXPDP11

Yes/No

## QUESTION TEXT

Some people were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled", I mean that the beneficiary was assigned to a plan by Medicare, as opposed to selecting a plan on his or her own.

[Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?

## FIELD 1: PDEVROLL

### FIELD 1 ROUTING

Value	Label	Route
1	YES	RXPDP12 - PDAUTENR
2	NO	RXPDP15 - PDCOMPARE
	Don't Know	RXPDP15 - PDCOMPARE
	Refused	RXPDP15 - PDCOMPARE

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDEVROLL	1

# RXP12

Yes/No

**QUESTION TEXT**

[Were you/Was (SP)] automatically enrolled in (your/his/her) current Medicare Prescription Drug plan - that is, (your/his/her) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan?

([EXPLAIN IF NECESSARY: Some people with Medicare were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled," I mean that the beneficiary was assigned to a plan by Medicare as opposed to selecting a plan on his or her own.])

**FIELD 1: PDAUTENR****FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXP14 - PDSWITCH
2	NO	RXP14 - PDSWITCH
	Don't Know	RXP14 - PDSWITCH
	Refused	RXP14 - PDSWITCH

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDAUTENR	1

# RXP14

Code 1

**QUESTION TEXT**

Before today, did you know that people who are automatically enrolled by Medicare in a Medicare Prescription Drug plan can switch plans at any time without a penalty?

**FIELD 1: PDSWITCH****FIELD 1 ROUTING**

Value	Label	Route
1	YES DID KNOW	RXP15 - PDCOMP
2	NO DID NOT KNOW	RXP15 - PDCOMP
	Don't Know	RXP15 - PDCOMP
	Refused	RXP15 - PDCOMP

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDSWITCH	1

# RXPDP15

Yes/No

**QUESTION TEXT**

Did [you/(SP), or someone for (SP),] compare (CURRENT YEAR) drug coverage offered by [your/(SP's) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan with any other Medicare Prescription Drug plans?

**FIELD 1: PDCOMPARE****FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXPDP4
2	NO	BOX RXPDP4
	Don't Know	BOX RXPDP4
	Refused	BOX RXPDP4

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDCOMPARE	1



# BOX RXP4

## **BOX INSTRUCTIONS**

IF (RXP412 - PDAUTENR = 1/Yes) OR (RXP415 - PDCOMPRES = 2/No, DK, OR RF), GO TO BOX RX2.

ELSE GO TO RXP418 - PDOPTPRE.

# RXPDP18

List

## QUESTION TEXT

The next questions are about different things [you or (SP)/you] may have thought about when considering [your/(SP's)] options for (CURRENT YEAR) drug coverage.

At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]...

## FIELD 1: PDPPTPRE

the cost of the plan's monthly premium?

## FIELD 1 ROUTING

Value	Label	Route
1	YES	RXPDP18 - PDPPTDUC
2	NO	RXPDP18 - PDPPTDUC
	Don't Know	RXPDP18 - PDPPTDUC
	Refused	RXPDP18 - PDPPTDUC

## FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDPPTPRE	1

## FIELD 2: PDPPTDUC

the plan's deductible?

## FIELD 2 ROUTING

Value	Label	Route
1	YES	RXPDP18 - PDPPTFOR

Value	Label	Route
2	NO	RXPDP18 - PDPPTFOR
	Don't Know	RXPDP18 - PDPPTFOR
	Refused	RXPDP18 - PDPPTFOR

**FIELD 2 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPPTDUC	1

**FIELD 3: PDPPTFOR**

the plan's list of covered medicines, or formulary?

**FIELD 3 ROUTING**

Value	Label	Route
1	YES	RXPDP18 - PDPPTVEN
2	NO	RXPDP18 - PDPPTVEN
	Don't Know	RXPDP18 - PDPPTVEN
	Refused	RXPDP18 - PDPPTVEN

**FIELD 3 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPPTFOR	1

**FIELD 4: PDPPTVEN**

the convenience of the pharmacies that the plan allows [you(SP)] to use?

**FIELD 4 ROUTING**

Value	Label	Route
1	YES	RXPDP18 - PDPPTREC
2	NO	RXPDP18 - PDPPTREC
	Don't Know	RXPDP18 - PDPPTREC
	Refused	RXPDP18 - PDPPTREC

**FIELD 4 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPPTVEN	1

**FIELD 5: PDPPTREC**

someone's recommendation of the plan?

**FIELD 5 ROUTING**

Value	Label	Route
1	YES	RXPDP18 - PDPPTGAP
2	NO	RXPDP18 - PDPPTGAP
	Don't Know	RXPDP18 - PDPPTGAP
	Refused	RXPDP18 - PDPPTGAP

**FIELD 5 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPPTREC	1

**FIELD 6: PDPPTGAP**

the gap in coverage or "donut hole"?

**FIELD 6 ROUTING**

Value	Label	Route
1	YES	RXPDP18 - PDPOTPAY
2	NO	RXPDP18 - PDPOTPAY
	Don't Know	RXPDP18 - PDPOTPAY
	Refused	RXPDP18 - PDPOTPAY

**FIELD 6 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPOTGAP	1

**FIELD 7: PDPOTPAY**

the dollar amount [you/(SP)] would pay for prescribed medicines (you use/he uses/she uses)?

**FIELD 7 ROUTING**

Value	Label	Route
1	YES	BOX RXPDP4A
2	NO	BOX RXPDP4A
	Don't Know	BOX RXPDP4A
	Refused	BOX RXPDP4A

**FIELD 7 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDPOTPAY	1

# BOX RXP4A

## **BOX INSTRUCTIONS**

IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXP4, GO TO RXP4A - PDOPMOST.

ELSE GO TO RXP4B - PDRECLIS.

# RXPDP18A

Code 1

**QUESTION TEXT**

Which of these was the most important consideration when [you or (SP)]/you] thought about [your/(SP's)] options for (CURRENT YEAR) prescription drug coverage?

[READ ITEMS BELOW IF NECESSARY.]

**FIELD 1: PDOPMOST****FIELD 1 ROUTING**

Value	Label	Route
1	THE COST OF THE PLANS MONTHLY PREMIUM	RXPDP18B - PDRECLIS
2	THE PLANS DEDUCTIBLE	RXPDP18B - PDRECLIS
3	THE PLANS LIST OF MEDICINES OR FORMULARY	RXPDP18B - PDRECLIS
4	CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE	RXPDP18B - PDRECLIS
5	SOMEONES RECOMMENDATION OF THE PLAN	RXPDP18B - PDRECLIS
6	THE GAP IN COVERAGE OR DONUT HOLE	RXPDP18B - PDRECLIS
7	THE DOLLAR AMOUNT (SP) WOULD PAY FOR PRESCRIBED MEDICINES	RXPDP18B - PDRECLIS
	Don't Know	RXPDP18B - PDRECLIS
	Refused	RXPDP18B - PDRECLIS

**FIELD 1 ATTRIBUTES**

<b>Cheshire Name</b>	<b>Answers Allowed</b>
PDRX.PDOPMOST	1



**RXPDP18B**

Yes/No

**QUESTION TEXT**

As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help".

[Are you/Is (SP)] receiving this type of help to pay for (your/his/her) (CURRENT YEAR) Medicare prescription drug coverage?

[EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]

**FIELD 1: PDRECLIS****FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RX2
2	NO	RXPDP20 - PDEXAPLY
	Don't Know	RXPDP20 - PDEXAPLY
	Refused	RXPDP20 - PDEXAPLY

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDRECLIS	1

# RXP20

Yes/No

**QUESTION TEXT**

Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?

**FIELD 1: PDEXAPLY****FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXP21 - PDEXACCP
2	NO	BOX RX2
	Don't Know	BOX RX2
	Refused	BOX RX2

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDEXAPLY	1

# RXP21

Code 1

**QUESTION TEXT**

Was [your/(SP's)] application for extra help accepted or denied?

**FIELD 1: PDEXACCP****FIELD 1 ROUTING**

Value	Label	Route
1	ACCEPTED	BOX RX2
2	DENIED	BOX RX2
3	STILL PENDING/NO DECISION YET	BOX RX2
	Don't Know	BOX RX2
	Refused	BOX RX2

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDEXACCP	1

# BOX RX2

## **BOX INSTRUCTIONS**

IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE) OR (IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE), GO TO RXINTRO - RXINTRO.

ELSE GO TO RX19 - PDNTENR.

# RXINTRO

No Entry

**QUESTION TEXT**

I have a few questions regarding the prescribed drug coverage that [you now receive/(SP) now receives] through [(CURRENT MEDICARE MANAGED CARE PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)].

**FIELD 1: RXINTRO****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX RX3
	Empty	BOX RX3

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
TEMP	1

# BOX RX3

## **BOX INSTRUCTIONS**

IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE), GO TO RXP23A - PDSATSFY.

ELSE GO TO RX2 - PDCONFID.

# RXP23A

Code 1

**QUESTION TEXT**

SHOW CARD RX3

At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through ([CURRENT MEDICARE MANAGED CARE PLAN]/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], how satisfied were you with the information that you had to make that decision?

**FIELD 1: PDSATSFY****FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	RX2 - PDCONFID
2	SATISFIED	RX2 - PDCONFID
3	DISSATISFIED	RX2 - PDCONFID
4	VERY DISSATISFIED	RX2 - PDCONFID
	Don't Know	RX2 - PDCONFID
	Refused	RX2 - PDCONFID

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDSATSFY	1

# RX2

Code 1

## QUESTION TEXT

SHOW CARD RX4

How confident are you that [you now have/(SP) now has] the drug coverage that best meets (your/his/her) needs? Would you say you are...

## FIELD 1: PDCONFID

### FIELD 1 ROUTING

Value	Label	Route
1	Extremely confident,	RX3 - RXUSEPLN
2	Very confident,	RX3 - RXUSEPLN
3	Moderately confident,	RX3 - RXUSEPLN
4	Slightly confident, or	RX3 - RXUSEPLN
5	Not confident?	RX3 - RXUSEPLN
	Don't Know	RX3 - RXUSEPLN
	Refused	RX3 - RXUSEPLN

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDCONFID	1



# RX3

Yes/No

## QUESTION TEXT

[Have you/Has (SP)] used (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage when purchasing medicines since January 1 of this year?

## FIELD 1: RXUSEPLN

### FIELD 1 ROUTING

Value	Label	Route
1	YES	RX4 - RXCOSTLY
2	NO	RX18 - PDNOUSE
	Don't Know	RX18 - PDNOUSE
	Refused	RX18 - PDNOUSE

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXUSEPLN	1

# RX4

Code 1

## **QUESTION TEXT**

Compared to last year, is the cost of the monthly premium for [your/(SP's)] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same?

## **FIELD 1: RXCOSTLY**

### **FIELD 1 ROUTING**

Value	Label	Route
1	MORE THAN LAST YEAR	RX5 - RXAMNTLY
2	LESS THAN LAST YEAR	RX5 - RXAMNTLY
3	THE SAME AS LAST YEAR	RX5 - RXAMNTLY
4	NO DRUG COVERAGE PREMIUM LAST YEAR	RX5 - RXAMNTLY
	Don't Know	RX5 - RXAMNTLY
	Refused	RX5 - RXAMNTLY

### **FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.RXCOSTLY	1

# RX5

Code 1

## **QUESTION TEXT**

Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same compared to what (you/he/she) paid last year?

## **FIELD 1: RXAMNTLY**

### **FIELD 1 ROUTING**

Value	Label	Route
1	MORE THAN LAST YEAR	RX7 - PDNOCVG
2	LESS THAN LAST YEAR	RX7 - PDNOCVG
3	THE SAME AS LAST YEAR	RX7 - PDNOCVG
4	NO COST FOR RX LAST YEAR	RX7 - PDNOCVG
	Don't Know	RX7 - PDNOCVG
	Refused	RX7 - PDNOCVG

### **FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.RXAMNTLY	1

**RX7**

Yes/No

**QUESTION TEXT**

Are there any prescribed medicines that [you regularly take/(SP) regularly takes] that are not covered by (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?

**FIELD 1: PDNOCVG****FIELD 1 ROUTING**

Value	Label	Route
1	YES	RX8 - RXCHGMED
2	NO	RX8 - RXCHGMED
	Don't Know	RX8 - RXCHGMED
	Refused	RX8 - RXCHGMED

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDNOCVG	1

# RX8

Yes/No

## QUESTION TEXT

[Have you/Has (SP)] had to change any of (your/his/her) prescribed medicines from a brand name to a generic medicine because of (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?

## FIELD 1: RXCHGMED

### FIELD 1 ROUTING

Value	Label	Route
1	YES	RX9 - RXSWTCH
2	NO	RX9 - RXSWTCH
	Don't Know	RX9 - RXSWTCH
	Refused	RX9 - RXSWTCH

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXCHGMED	1

# RX9

Yes/No

## QUESTION TEXT

[Have you/Has (SP)] had to switch to a different medication because a drug (you/he/she) needed was not available through (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?

## FIELD 1: RXSWTCH

### FIELD 1 ROUTING

Value	Label	Route
1	YES	RX16 - RXPARTIC
2	NO	RX16 - RXPARTIC
	Don't Know	RX16 - RXPARTIC
	Refused	RX16 - RXPARTIC

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXSWTCH	1

# RX16

Code 1

## QUESTION TEXT

Does the [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] drug plan network include the pharmacy that [you generally prefer/(SP) generally prefers] to use?

## FIELD 1: RXPARTIC

### FIELD 1 ROUTING

Value	Label	Route
1	YES	RX17 - PDRXRATE
2	NO	RX17 - PDRXRATE
3	ONLY USES NETWORK MAIL ORDER PHARMACY	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	RX17 - PDRXRATE
	Refused	RX17 - PDRXRATE

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXPARTIC	1

# RX17

Code 1

## QUESTION TEXT

SHOW CARD RX3

Overall, how satisfied are you with [your/(SP's)] drug plan through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)]?

## FIELD 1: PDRXRATE

### FIELD 1 ROUTING

Value	Label	Route
1	VERY SATISFIED	BOX RXEND
2	SATISFIED	BOX RXEND
3	DISSATISFIED	BOX RXEND
4	VERY DISSATISFIED	BOX RXEND
	Don't Know	BOX RXEND
	Refused	BOX RXEND

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDRXRATE	1



# RX18

Code All

## QUESTION TEXT

Why [haven't you/hasn't (SP)] used (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)?

CHECK ALL THAT APPLY.

## FIELD 1: PDNOUSE

### FIELD 1 ROUTING

Value	Label	Route
1	HAVE NOT PURCHASED MEDICINE	BOX RXEND
2	DON'T HAVE CARD OR OTHER ENROLLMENT VERIFICATION/NOT ABLE DUE TO PLAN PROBLEM	BOX RXEND
3	PHARMACY WOULDN'T GIVE MEDICINE	BOX RXEND
4	COST OF RX TOO HIGH/EXPENSIVE	BOX RXEND
5	DRUG(S) NEEDED NOT COVERED BY PLAN	BOX RXEND
91	OTHER	RX18 - PDNOOTHOS
	Don't Know	BOX RXEND
	Refused	BOX RXEND

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
NONE  REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=PDRX.PDNOCHS 2=PDRX.PDNOCARD 3=PDRX.PDNOMEDC 4=PDRX.PDNOEXPS 5=PDRX.PDNOCVD 91=PDRX.PDNOOTH	6

**FIELD 2: PDNOOTHOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX RXEND

**FIELD 2 ATTRIBUTES**

Cheshire Name	Answers Allowed
PDRX.PDNOOS	1

# RX19

Code All

## QUESTION TEXT

You said that [you are/(SP) is] not enrolled in a Medicare Prescription Drug plan. What is the reason (you are/he is/she is) not enrolled in such a plan?

CHECK ALL THAT APPLY.

## FIELD 1: PDNTENR

### FIELD 1 ROUTING

Value	Label	Route
1	HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE	BOX RXEND
2	DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT	BOX RXEND
3	PLANS DON'T COVER PRESCRIPTIONS SP TAKES	BOX RXEND
4	DON'T KNOW HOW TO ENROLL	BOX RXEND
5	DON'T KNOW ENOUGH ABOUT PLANS	BOX RXEND
6	TOO EXPENSIVE OR CAN'T AFFORD	BOX RXEND
7	TOO CONFUSING OR TOO COMPLICATED	BOX RXEND
8	TOO MANY PLANS TO CHOOSE FROM OR CAN'T DECIDE ON ONE PLAN	BOX RXEND
9	WON'T BENEFIT OR WON'T SAVE MONEY	BOX RXEND
10	HAD A PDP, DIDN'T LIKE IT OR WASN'T USEFUL	BOX RXEND
11	SP BUYS MEDICINE OUTSIDE OF THE U.S.	BOX RXEND

Value	Label	Route
91	OTHER REASON	RX19 - PDNTOTHOS
	Don't Know	BOX RXEND
	Refused	BOX RXEND

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
NONE  REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=PDRX.PDNTRXCV 2=PDRX.PDNTPRES 3=PDRX.PDNTCOVR 4=PDRX.PDNTENRL 5=PDRX.PDNTPLAN 6=PDRX.PDNTEXPS 7=PDRX.PDNTCONF 8=PDRX.PDNTMANY 9=PDRX.PDNTBEFT 10=PDRX.PDNTDP 11=PDRX.PDNTINTL 91=PDRX.PDNTOTHR	12

**FIELD 2: PDNTOTHOS**

OTHER REASON (SPECIFY)

**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX RXEND

**FIELD 2 ATTRIBUTES**

<b>Cheshire Name</b>	<b>Answers Allowed</b>
PDRX.PDNTOS	1

# BOX RXEND

## BOX INSTRUCTIONS

GO TO NEXT SECTION