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

2027 Medicare Advantage Prescription Drug Survey Web Specifications

ENGLISH VERSION

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, "BACK" button appears in the lower left of each screen*
- *When displayed, "NEXT" button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*
- *When survey is submitted sample member should be re-directed to Medicare home page https://www.medicare.gov*
- *Starting at Q1 display a progress bar at the top left or right of each screen*

MEDICARE EXPERIENCE SURVEY

❍ **Welcome, continue in English**

❍ Bienvenidos continuar en español

❍ 歡迎 以中文繼續問卷調查

❍ 환영합니다 한국어로 계속하기

❍ Maligayang Pagdating Magpatuloy sa Tagalog

❍ Tiếp tục bằng tiếng Việt

NEXT / SIGUIENTE / 下一頁 / 다음 / SUSUNOD / TIẾP THEO

[PROGRAMMING SPECIFICATIONS:

- *ALL SAMPLE MEMBERS START AT THE LANGUAGE SELECTION SCREEN*
- *ONLY THE LANGUAGES OFFERED BY THE CONTRACT ARE DISPLAYED ON THIS SCREEN*
- *ENGLISH INSTRUCTIONS SHOULD BE IN BOLD*
- *INCLUDE A LINE BREAK BETWEEN EACH LANGUAGE*
- *A RESPONSE OF "Continuar en español" AT THIS SCREEN SKIPS TO THE SPANISH VERSION OF THE SURVEY*
- *A RESPONSE OF "歡迎 以中文繼續問卷調查" AT THIS SCREEN SKIPS TO THE CHINESE VERSION OF THE SURVEY*
- *A RESPONSE OF "환영합니다 한국어로 계속하기" AT THIS SCREEN SKIPS TO THE KOREAN VERSION OF THE SURVEY*
- *A RESPONSE OF "*Maligayang Pagdating Magpatuloy sa Tagalog*" AT THIS SCREEN SKIPS TO THE TAGALOG VERSION OF THE SURVEY*
- *A RESPONSE OF "*Tiếp tục bằng tiếng Việt*" AT THIS SCREEN SKIPS TO THE VIETNAMESE VERSION OF THE SURVEY]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

Please enter the survey code printed on the letter you received and click NEXT below.

Survey Code from the Letter: _____

BACK NEXT

[PROGRAMMING SPECIFICATIONS:

- *ONLY SAMPLE MEMBERS WHO ENTER URL FROM LETTER RECEIVE THIS SCREEN*
- *SCREEN DISPLAYS SELECTED LANGUAGE FROM LANGUAGE SELECTION SCREEN]*

WELCOME TO THE MEDICARE EXPERIENCE SURVEY

This survey asks about you and the health care you received in the last 6 months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us.

- If you changed your Medicare plan for 2027, answer the questions thinking about your experiences in the last 6 months of 2026
- You will need about 15 minutes to answer the survey questions
- Your participation in the survey is voluntary
- You may skip any question(s) you do not wish to answer
- You may exit the survey at any time
- Your answers will be kept confidential

If you have any questions about this survey, please email us at [VENDOR EMAIL] or call us toll-free at [VENDOR PHONE]. Thank you.

Click START to begin the survey.

START

[PROGRAMMING SPECIFICATION:
- *START BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN*
- *WEB SCREEN DISPLAYS SELECTED LANGUAGE ONLY FROM LANGUAGE SELECTION SCREEN]*

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 (expires 11/30/2027)**. 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.

Your 2026 Medicare Plan

1. Our records show that in 2026 your health services were covered by the plan named [MARKETNAME]. Is that right?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "YES" AT 1 SKIPS TO 3]*

Your 2026 Medicare Plan

2. Please enter below the name of the health plan you had in 2026 and complete the rest of the survey based on the experiences you had with that plan.

[OPEN END; ALLOW 50 CHARACTERS]

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *OPEN END; ALLOW RESPONSE OF UP TO 50 CHARACTERS*
- *DISPLAY TEXT BOX WITH BORDERS FOR RESPONSE]*

Your Health Care in the Last 6 Months

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video.

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 3 SKIPS TO 5]*

Your Health Care in the Last 6 Months

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

BACK NEXT

Your Health Care in the Last 6 Months

5. In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 5 SKIPS TO 7]*

Your Health Care in the Last 6 Months

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

BACK NEXT

Your Health Care in the Last 6 Months

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- ○ None
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

BACK NEXT

Your Health Care in the Last 6 Months

8. 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

BACK NEXT

Your Health Care in the Last 6 Months

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

10. A personal doctor is the one you would talk to 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

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 10 SKIPS TO 26]*

Your Personal Doctor

11. In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health?

- ○ None
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NONE" AT 11 SKIPS TO 26]*

Your Personal Doctor

12. 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

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

16. 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

BACK NEXT

Your Personal Doctor

17. In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 18 SKIPS TO 21]*

Your Personal Doctor

19. 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
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Personal Doctor

20. 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

BACK NEXT

Your Personal Doctor

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 21 SKIPS TO 23]*

Your Personal Doctor

22. 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

BACK NEXT

Your Personal Doctor

23. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 23 SKIPS TO 26]*

Your Personal Doctor

24. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 24 SKIPS TO 26]*

Your Personal Doctor

25. 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

BACK NEXT

Getting Health Care From Specialists

When you answer the next questions, include the care you got in person, by phone, or by video.

26. 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
- ○ No

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATION:

- *IF THE RESPONSE TO 26 IS "YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE 27: Please include your personal doctor as you answer these questions about specialists.]*

27. In the last 6 months, did you make any appointments with a specialist?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 27 SKIPS TO 32]*

Getting Health Care From Specialists

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Getting Health Care From Specialists

29. How many specialists have you talked to in the last 6 months?

- ○ None
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NONE" AT 29 SKIPS TO 32]*

Getting Health Care From Specialists

30. We want to know your rating of the specialist you talked to 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

BACK NEXT

Getting Health Care From Specialists

[PROGRAMMING SPECIFICATIONS:

- *IF RESPONSE TO 10 IS "NO" STORE A VALUE OF "88" IN 31 AND SKIP TO 32.*
- *IF RESPONSE TO 11 IS "NONE" STORE A VALUE OF "88" IN 31 AND SKIP TO 32.]*

31. 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
- ○ My personal doctor is a specialist

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 32 SKIPS TO 35]*

Your Health Plan

33. 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

BACK NEXT

Your Health Plan

34. 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

BACK NEXT

Your Health Plan

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

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 35 SKIPS TO 37]*

Your Health Plan

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

BACK NEXT

Your Health Plan

37. 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

BACK NEXT

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.

38. 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?	○	○

BACK NEXT

Your Prescription Drug Plan

39. 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

BACK NEXT

Your Prescription Drug Plan

40. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 40 SKIPS TO 42]*

Your Prescription Drug Plan

41. 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

BACK NEXT

Your Prescription Drug Plan

42. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 42 SKIPS TO 44]*

Your Prescription Drug Plan

43. 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

BACK NEXT

Your Prescription Drug Plan

44. 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

BACK NEXT

About You

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

BACK NEXT

About You

47. What language do you mainly speak at home?

- ○ English
- ○ Spanish
- ○ Chinese
- ○ Korean
- ○ Tagalog
- ○ Vietnamese
- ○ Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

BACK NEXT

About You

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

- ○ Yes
- ○ No

BACK NEXT

About You

49. 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

BACK NEXT

About You

50. 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. Hypertension or high blood pressure?	○	○
d. Cancer, other than skin cancer?	○	○
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	○	○
f. Any kind of diabetes or high blood sugar?	○	○

BACK NEXT

About You

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

- ○ Yes
- ○ No

BACK NEXT

About You

52. Do you have difficulty dressing or bathing?

- ○ Yes
- ○ No

BACK NEXT

About You

53. 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

BACK NEXT

About You

54. Have you had a flu shot since July 1, 2026?

- ○ Yes
- ○ No
- ○ Don't know

BACK NEXT

About You

55. 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

BACK NEXT

About You

56. 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

BACK NEXT

About You

57. What is your race or ethnicity? Please mark one or more.

- ○ American Indian or Alaska Native
- ○ Asian
- ○ Black or African American
- ○ Hispanic or Latino
- ○ Middle Eastern or North African
- ○ Native Hawaiian or Pacific Islander
- ○ White

BACK NEXT

[PROGRAMMING SPECIFICATION:

- *57 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

About You

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

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

BACK NEXT

About You

59. Do you ever use the internet at home?

- ○ Yes
- ○ No

BACK NEXT

About You

60. 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

BACK NEXT

About You

61. Did someone help you complete this survey?

- ○ Yes
- ○ No

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *A RESPONSE OF "NO" AT 61 SKIPS TO Thank You]*

About You

62. 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

BACK NEXT

[PROGRAMMING SPECIFICATION:
- *62 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]*

Thank You

You have reached the end of the survey. If you are finished answering the questions, please click SUBMIT to close out the survey. Thank you for your time.

SUBMIT

[PROGRAMMING SPECIFICATION:
- *SUBMIT BUTTON MUST APPEAR ON THE RIGHT SIDE OF THE SCREEN]*