What you need to know about Medicare questionnaires & surveys

SMP Senior Medicare Patrol
Preventing Medicare Fraud

SHIBA OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE

Why Medicare sends surveys

Medicare uses surveys to:

- Improve health care services.
- Understand your health needs.
- Ensure coverage is meeting diverse health needs.

All legitimate Medicare surveys are FREE and VOLUNTARY. You never pay to take them, and saying no won't affect your benefits! Trustworthy interviewers never ask for your bank account, credit card, Medicare number, or Social Security number.

Common Medicare surveys

Medicare Current Beneficiary Survey (MCBS):
https://mcbs.norc.org/

What is it?
A national survey to collect information about Medicare beneficiaries.

- Real and legitimate survey (used since 1991).
- Collects information about health care, prescription drugs, and other health-related costs.
- Helps legislators and policymakers understand health care needs and costs.
- Completely voluntary - saying no won't affect your benefits.
- Your answers are confidential and secure.

Who conducts it:
Centers for Medicare & Medicaid Services (CMS) and the National Opinion Research Center (NORC) at the University of Chicago.

When:
Up to three times/year for four years (if randomly selected)

How you might receive it:
It's a phone interview that takes about 60 minutes to complete.

Questions are related to your recent experiences with Medicare, such as:

- Where do you usually go for health care?
- How do you usually schedule your health care appointments?
- How satisfied or dissatisfied were you with the out-of-pocket costs you paid for health care?

Health Risk Assessment (HRA):

https://bettermedicarealliance.org/publication/fact-sheet-health-risk-assessments-in-medicare-advantage/

What is it?

Questions about your health to identify health care needs, gaps in preventive and follow up care, establish a care plan. Both Original Medicare and Medicare Advantage plans conduct HRAs.

Who conducts it:

Your doctor, health care provider, or Medicare Advantage plan contractors.

When:

- Original Medicare: During yearly wellness visit (after 12 months of Part B)
- Medicare Advantage: Plans must offer assessments annually; Special Needs Plans within 90 days of joining (A CMS contract requirement).

How you might receive it:

- In-person at your doctor's office.
- During a scheduled in-home visit from a nurse or health professional.
- Over the phone with a health care worker.
- Online through your plan's website.
- Paper form mailed to your home.

Questions include:

- Health status
- Demographics
- Health risk factors, including physical, psychosocial, and behavioral risks
- Social factors of health like where you live, your connection to your community, safety and security of your living environment, etc.
- Ability to manage your own daily living needs

Purpose:

Helps identify gaps in care and unmet needs, assess overall health, inform an ongoing care plan, and improve ongoing beneficiary health through early intervention.

Medicare Advantage specifics:

- Plans may contact you by mail, phone, or an online portal.
- May offer small incentives (like a $10-$25 gift card) for completion.
- Assessment must be done by a qualified health care professional.
- Health conditions must be documented in medical records.
- Always FREE - you never pay.
- Voluntary - you can decline without losing your Medicare benefits.

Medicare Advantage (MA) and Prescription Drug Plan (PDP) Consumer Assessment for Health Care Provider Systems (CAHPS):

https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/medicare-advantage-and-prescription-drug-plan-cahps

What is it?

CMS collects information about Medicare beneficiaries' experience with and ratings of MA and PDP plans of beneficiaries who've been enrolled in their plans for six months or longer.

Who conducts it:

Centers for Medicare and Medicaid Services.

When:

When you've been enrolled in a Medicare plan for six months or longer. It's conducted annually.

How you might receive it:

Uses mixed mode of communication through invitation to take web survey, followed by two mailed surveys, and phone follow-up of non-respondents.

Questions include:

- Current health concerns
- Access to needed care
- Access to specialists
- Getting appointments and care quickly
- Rating of provider communication
- Coordination of healthcare services
- Adequate health plan information
- Getting prescriptions filled
- Rating of the health or drug plan
- Rating of health care quality
- Received annual flu vaccine

Purpose:

Survey results guide CMS in making contracting decisions with MA and PDP plans with the goal to ensure plan benefits reflect beneficiaries' health care needs, access to providers and care, including preventive care and chronic health care management.

How to tell if a survey is real

Legitimate surveys

- Come from CMS, NORC, your Medicare plan, or your doctor.
- Never ask for payment.
- Never ask for your bank account, credit card, or Social Security number.
- Professional interviewers identify themselves clearly.
- Give you the option to say no.
- Explain how your information will be used.

Warning signs of scams

- Ask for money, bank account, credit card, or Social Security number.
- Threaten to cancel your Medicare if you don't participate.
- High-pressure or pushy behavior.
- Unclear about who they represent.
- Promise "better Medicare benefits" for a fee.

Remember...

- ✓ Legitimate Medicare surveys are always FREE.
- ✓ You can say NO without losing benefits.
- ✓ Real surveys protect your privacy.
- ✓ When in doubt, call 1-800-MEDICARE.
- ✓ NEVER give financial information for a survey.

Your rights

You have the right to:

- Say NO to any survey without losing benefits.
- Ask who is conducting the survey and why.
- Keep your information private.
- Stop participating at any time.
- Ask questions before answering.

Verify surveys

To verify these surveys, contact:

- **MCBS:** NORC at wwww.norc.org/verifyme or call 1-866-856-NORC or email surveyhelp@norc.org.
- **HRA:** Assessments associated with Original Medicare will be conducted by personal doctor during the annual wellness exam. Assessments for MA plans can be verified through the plan information or by calling the plan.
- **CAHPS:** Contact CMS survey department at mp-cahps@cms.hhs.gov, MA-PDPCAHPS@hsag.com or call 1-877-735-8882.

Get help

If you suspect a scam, immediately contact Medicare and the Washington state Senior Medicare Patrol (SMP). The Statewide Health Insurance Benefits Advisor (SHIBA) program is Washington state's SMP project. We can help you prevent, detect, and report Medicare and Medicaid fraud and abuse.

- **Call Medicare:** 1-800-MEDICARE (1-800-633-4227). Available 24/7, TTY users: 1-877-486-2048
- **WA state Senior Medicare Patrol:** 1-800-562-6900 or www.insurance.wa.gov/webform/report-medicare-fraud-shiba

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