

SURVEY OF MA AND PART D MEDICARE COMPLIANCE OFFICERS (MCOs)  
ON AVAILABILITY OF EMAIL ADDRESSES

---

Please complete this survey to tell CMS about the availability of email addresses for your Medicare enrollees and the feasibility of sharing email address information with your MA & PDP CAHPS survey vendor.

- You will need about 2 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 and will not be shared outside of CMS and the MA & PDP CAHPS project team

If you have any questions about this survey, please email us at [mapdcahps@rand.org](mailto:mapdcahps@rand.org) or call us toll-free at 1-866-690-1650. Thank you.

Click START to continue to the survey.

---

1. Does your organization currently collect email addresses from enrollees in your Medicare Advantage or Part D plan(s)?

Yes → GO TO Q3

No

Don't know → GO TO Q8

*If "Don't know" is selected display the following message "If you are unsure of this information, is there someone else within your organization who could answer the survey?" [COLLECT NAME AND EMAIL ADDRESS]*

2. Does your organization plan to start collecting email addresses from enrollees in your Medicare Advantage or Part D plan(s)?

Yes → ASK: When do you expect to start collecting email addresses from enrollees?  
(TEXT BOX)

No

Don't know

[PROGRAMMING SPECIFICATION: EVERYONE WHO ANSWERS Q2 GOES TO Q8]

3. About what proportion of your Medicare Advantage or Part D plan enrollees provide an email address?

0-25%  
26-33%  
34-50%  
51-66%  
67-75%  
More than 75%

4. What proportion of your Medicare Advantage or Part D plan enrollee email addresses are not valid or result in delivery errors?

0-10%  
11-20%  
21-30%  
More than 30%  
Don't know

5. How easy or difficult would it be to share email address information for your Medicare enrollees with your MA & PDP CAHPS survey vendor?

Very easy to share email addresses with vendor → GO TO Q7  
Somewhat easy → GO TO Q7  
Neither easy nor difficult → GO TO Q7  
Somewhat difficult  
Very difficult to share email addresses with vendor

6. Please tell us more about what makes it difficult to share email address information for your Medicare enrollees with your MA & PDP CAHPS survey vendor. (TEXT BOX)

7. Would your organization be interested in sharing email address information for your Medicare enrollees with CMS as part of a field test of web-based survey administration?

Yes  
No

8. What is your role within your organization?

Medicare compliance officer

Another role → ASK: Please describe your role. (TEXT BOX)

9. May we contact you if we have questions about your answers to this survey?

Yes

No

---

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.

---