

Questionnaire Development and Cognitive Testing Using Item Response Theory (IRT)

Questionnaire Development

Final Report

SUBMITTED TO:

Sherry A. Terrell, Ph.D.
Centers for Medicare & Medicaid Services
OSP, REG, DPR
7500 Security Boulevard
M/S C3-19-26
Baltimore, MD 21244-1850

SUBMITTED BY:

RTI
3040 Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709-2194

AUTHORS:

Jennifer D. Uhrig, Ph.D.
Claudia Squire, MS
Lauren A. McCormack, Ph.D.
Carla Bann, Ph.D.
Pamela K. Hall, BA
Christina An, MA, MPH
Arthur J. Bonito, Ph.D.

Task Order Agreement No. 500-00-0024
RTI Project Number 07964.002

February 5, 2002

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Executive Summary

Introduction/Purpose of the Study

This report provides the Centers for Medicare and Medicaid Services (CMS) with an overview of the questionnaire development portion of RTI's Questionnaire Development and Cognitive Testing Using Item Response Theory (IRT) project. The purpose of this project is design a pool of survey questions to measure beneficiary knowledge of the Medicare program in future rounds of the Medicare Current Beneficiary Survey (MCBS). The overarching objective of the project is to assist CMS in assessing how well the National Medicare Education Program is meeting its consumer information goals.

In the second phase of the project, RTI is to assign a common metric to *knowledge item sets* (e.g., four to eight individual knowledge questions) through the use of Item Response Theory (IRT). IRT uses a statistical model to express the relationship between an individual's response to an item and the underlying latent variable (e.g., knowledge of the Medicare program). IRT scores are based on both the individual's responses and the characteristics of the items being tested. Accordingly, IRT scores provide a more precise estimate of true ability than do the summed scores used in classical test theory. An additional benefit of using IRT is that it is possible to produce scores that are comparable even when respondents receive different sets of items. Therefore, using IRT for the MCBS knowledge scale is desirable for two important reasons: 1) it allows researchers to adapt the scale to new CMS policies or priorities, as well as new Medicare configurations and benefits, by changing some items; and 2) it allows a more precise measure of beneficiary knowledge by preventing memorization of items. Ultimately, survey items can replace each other, allowing knowledge to be measured consistently over time while retaining the necessary flexibility.

Question Development Activities

Several key principles guided the development of knowledge items. An effective survey item must be statistically reliable and valid and should demonstrate both content- and item-level validity. The item must have only one correct answer, and the information needed to answer the question should be widely available to beneficiaries. The item should be sufficiently difficult to effectively discriminate between people with a high level of knowledge and people with a lower level of knowledge.

To meet these criteria, we developed questionnaire items using a comprehensive multistep process that included (i) background research; (ii) review of existing Medicare informational materials and Medicare knowledge surveys, including the MCBS; and (iii) multiple meetings and discussions with CMS and the project's seven-member Technical Advisory Panel (TAP).

Round 1 Cognitive Testing

We tested 46 knowledge questions and two self-reported knowledge questions between June 28 and July 2, 2001. Knowledge scores calculated after the first round of interviews showed that respondents answered between 15 and 43 of 51 knowledge items correctly, or 29 to 84 percent, with a mean score of 61 percent. After all interviews were completed, project staff members met to discuss both general and specific findings that emerged from Round 1 of cognitive testing. We first addressed issues that were relevant to all the question items (e.g., how do people respond to the way in which the questions are asked, how well do they understand the survey instructions, and do they understand terms that are used throughout the questions?). Then we addressed issues relating to individual survey items. Based upon the results of the first round of testing and upon feedback from the TAP and CMS, we revised the survey questions for a second round of testing. In addition to the specific changes indicated by testing, we attempted to simplify the language used in all questions and to use the same terminology wherever possible. We also organized the questions into content categories and added introductory statements for each group of questions to improve comprehensibility.

Round 2 Cognitive Testing

Round 2 of cognitive testing was conducted between August 23 and August 28, 2001. In addition to the knowledge items that we tested in Round 1, we included several other types of questions for testing in Round 2. These items included self-reported knowledge items; health literacy items; questions focusing on beneficiaries' reading and memory skills as a global measure of their cognitive abilities; and non-knowledge questions that will generate data on beneficiaries' information-seeking attitudes and behavior, use of Medicare-related information and decision-support tools, and decision-making habits. These items may reveal reasons for differences in beneficiaries' knowledge scores, particularly in regard to questions about their exposure to informational resources including the *Medicare & You* handbook. This type of information could illuminate how existing informational resources can be modified to increase beneficiary knowledge.

In Round 2, we tested 53 knowledge items and 28 health literacy items. For the knowledge items, respondents correctly answered between 23 and 41 of the 53 items, or 43 to 77 percent, with a mean score of 58 percent. For the health literacy items, respondents correctly answered between 18 and 27 of the 28 items, or 68 to 96 percent, with a mean score of 79 percent. A handful of general issues emerged as a result of the second round of testing. We also revisited some issues studied in Round 1. In general, fewer changes were suggested by the second round testing than by the first, suggesting that the instrument worked better overall. Respondents seemed to understand most items and their underlying concepts and had little trouble with the questions and response options.

Conclusions/Recommendations

Based on the findings from two rounds of cognitive testing, we designed a survey pool of 99 questions. The questions are broken down into the following ten categories:

- Self-Reported Knowledge (n = 3);
- Eligibility for and Structure of Original Medicare (n = 14);
- Medicare + Choice (n = 12);
- Plan Choice and Health Plan Decision-Making (n = 7);
- Information and Assistance, Beneficiary Rights, and Quality of Care (n = 10);
- Medigap/Employer-Sponsored Supplemental Insurance (n = 4);
- Health Literacy Terminology (n = 11);
- Health Literacy Scenarios (n = 16);
- Cognitive Abilities (n = 6); and
- Non-Knowledge Items (n = 16).

We recommend that the next step in the development of the MCBS knowledge items be a pretest in which all of the newly developed demonstrated knowledge items are administered to a large sample of respondents (i.e., at least 1,000). The respondents selected for the pretest should be representative of the population to whom the items will eventually be administered. Proceeding in this way will allow us to capitalize on the potential benefits of IRT. Specifically, using IRT will produce a more precise measure of beneficiary knowledge, allowing CMS to more accurately determine areas in which beneficiaries lack knowledge and could use more information. In addition, an IRT-based knowledge scale will allow CMS to track knowledge over time, thereby allowing for the evaluation of the effectiveness of interventions and education programs.

1.0 Introduction

1.1 OVERVIEW/PURPOSE OF THE STUDY

This report provides the Centers for Medicare and Medicaid Services (CMS) with an overview of the questionnaire development portion of RTI's Questionnaire Development and Cognitive Testing Using Item Response Theory (IRT) project. The purpose of this project is design a pool of survey questions to measure beneficiary knowledge of the Medicare program in future rounds of the Medicare Current Beneficiary Survey (MCBS). The MCBS is a recurring multipurpose survey of a representative sample of the Medicare population; therefore, it is an ideal vehicle with which to examine changes in knowledge and behavior over time.

The overarching objective of the project is to assist CMS in assessing how well the National Medicare Education Program (NMEP) is meeting its consumer information goals. The NMEP is intended to increase beneficiary access to, awareness of, understanding about, and use of the information to make appropriate health plan and health care delivery choices. The information dissemination elements of the NMEP include the updated *Medicare & You* handbook, the www.medicare.gov Internet web site, the national toll-free help line 1-800-MEDICAR(E), and a variety of activities intended to train counselors to help Medicare beneficiaries make informed decisions about how to use and receive their Medicare benefits.

We designed survey questions to address the following research questions that will measure how well NMEP is meeting its goals:

- ◆ Are beneficiaries knowledgeable about Medicare and related health plan options? How is their knowledge changing over time?
- ◆ What are beneficiaries' impressions of the informational resources available to them?
- ◆ Are beneficiaries using the informational resources available to them?
- ◆ How is the information affecting beneficiaries' attitudes and decision-making behavior?

In the second phase of the project, RTI is to assign a common metric to *knowledge item sets* (e.g., four to eight individual knowledge questions) through the use of Item Response Theory (IRT) (Bann, 2001). IRT uses a statistical model to express the relationship between an individual's response to an item and the underlying latent variable (e.g., knowledge of the Medicare program). IRT scores are based on both the individual's responses and the characteristics of the items being tested. Accordingly, IRT scores provide a more precise estimate of true ability than do the summed scores used in classical test theory. An additional benefit of using IRT is that it is possible to produce scores that are comparable even when respondents receive different sets of items. Therefore, using IRT for the MCBS knowledge

scale is desirable for two important reasons: 1) it allows researchers to adapt the scale to new CMS policies or priorities, as well as new Medicare configurations and benefits, by changing some items; and 2) it allows a more precise measure of beneficiary knowledge by preventing memorization of items. Ultimately, survey items can replace each other, allowing knowledge to be measured consistently over time while retaining the necessary flexibility.

Although the primary purpose is to develop survey items to measure beneficiary knowledge, we felt that it was important to include a select set of non-knowledge items. These items enable researchers to fully evaluate whether the NMEP is working as intended by assessing beneficiaries' impressions, knowledge, and use of available informational resources.

The remainder of this chapter summarizes the item development activities that we conducted, including the development of key content areas that guided the subsequent development of key knowledge concepts and survey items. Chapters 2 and 3 detail the protocols and results of each of two rounds of cognitive testing conducted to evaluate the survey items. Finally, Chapter 4 presents recommendations for the future and a discussion of next steps for the project.

1.2 QUESTION DEVELOPMENT ACTIVITIES

Several key principles guided the development of knowledge items. An effective survey item must be statistically reliable and valid and should demonstrate both content- and item-level validity. The item must have only one correct answer, and the information needed to answer the question should be widely available to beneficiaries. The item should be sufficiently difficult to effectively discriminate between people with a high level of knowledge and people with a lower level of knowledge.

To meet these criteria, we developed questionnaire items using a comprehensive multistep process that included (i) background research; (ii) review of existing Medicare informational materials and Medicare knowledge surveys, including the MCBS; and (iii) multiple meetings and discussions with CMS and the project's seven-member Technical Advisory Panel (TAP).¹

Background Research

We began item development efforts by conducting background research to identify a variety of print materials and Internet web sites that contained relevant and accurate information about the Medicare program. To ensure that our search was comprehensive, we consulted with CMS, TAP members, and other individuals with extensive knowledge of the Medicare program. Materials that we identified included informational documents provided by Medicare to beneficiaries to inform them about the Medicare program, materials from consumer advocacy groups and nonprofit organizations, research studies that examined beneficiaries' knowledge of Medicare, and survey questions used to measure beneficiaries' knowledge of Medicare.

¹ Please see Appendix A for a complete list of TAP members. More information about the role of the TAP is provided in the pages that follow.

In our initial information-gathering efforts, we attempted to identify concepts relevant to one of six key knowledge content areas (initially presented to CMS during the proposal stage). These knowledge content areas are

- ◆ Eligibility for and Structure of Original Medicare;
- ◆ Key Differences between Original Medicare, Supplemental Insurance, and Managed Care Options;
- ◆ Differences in Quality of Care Exist;
- ◆ Beneficiaries Have Rights and Protections;
- ◆ How to Get More Information/Assistance; and
- ◆ Special Populations.

Two additional non-knowledge content areas were

- ◆ Feedback on and Use of Information and
- ◆ Impact of the NMEP on Attitudes and Decision-making Behavior.

We also solicited input from the TAP about the content areas. We asked the members to recommend the primary conceptual areas about which Medicare beneficiaries should be knowledgeable. As a result of this effort and our review of background materials, we revised and expanded our draft knowledge content areas to the following eleven areas:

- ◆ Eligibility for and Structure of Original Medicare (including covered benefits and out-of-pocket costs);
- ◆ Key Differences between Original Medicare, Supplemental Insurance, and Managed Care Options;
- ◆ Differences in Quality of Care Exist;
- ◆ Beneficiaries Have Rights and Protections;
- ◆ How to Get More Information/Assistance;
- ◆ Self-Reported Knowledge (*new*);
- ◆ Special Populations;
- ◆ Health Literacy (*new*);
- ◆ Cognitive Abilities (*new*);

- ◆ Feedback on the Use of Information and Impact of NMEP on Attitudes and Decision-Making Behavior; and
- ◆ Other (for concepts that did not fit easily into the above content areas)

Development of the Master Document

The next step was to organize all of the information that we collected in our background review into a single document (“the Master Document”). This Master Document was designed to easily sort key concepts into their relevant knowledge and non-knowledge content areas and to match concepts with sample survey questions. For each content area, we listed critical concepts pertaining to the content area, the sources of these concepts, example questions relevant to the concepts, and the sources of the example questions. An additional column for comments allowed us to include notes for consideration by other project team members.

We continually added to, updated, and refined the Master Document as a working tool. Each knowledge concept and question included in the Master Document was reviewed systematically, and any missing information was completed or developed. For example, for concepts that did not have an accompanying example question, we first searched existing surveys for a survey item that would address the concept. If no appropriate example item was found, we developed a new survey item. Prior to the project kickoff meeting, we submitted to CMS a draft of the Master Document, which included ten potential content areas and 170 draft questions.

Project Kickoff Meeting

On June 6, 2001, senior RTI project staff met with CMS for a kickoff meeting to discuss the project and work completed to date and to obtain guidance regarding our revised content areas and draft concepts. The Master Document was revised based on comments from CMS staff. After meeting, we proceeded with the question development process as intended.

TAP Meeting

As noted earlier, we relied on the expertise of a seven-member team of Medicare experts recruited to serve as a TAP during the questionnaire development process. The members of this panel have multidisciplinary expertise in areas such as health policy, health education, consumer information and rights, decision-making research, law, and cognitive psychology. TAP members were involved at various stages during this project, developing content areas, identifying key concepts, reviewing questions, reviewing the results of the first and second rounds of cognitive testing, and recommending changes to question items.

We convened an in-person TAP meeting on June 21, 2001, at the RTI headquarters in Research Triangle Park, NC. Prior to the meeting, participants were asked to review an initial draft of knowledge questions compiled by project staff. The draft knowledge questions incorporated feedback given by CMS at the project kickoff meeting.

Participants made several important decisions at this meeting. First, it was decided that the *Medicare & You* handbook would serve as the primary (although not the only) guide for the question development process. Second, most questions would have no more than three response options because older adults have limitations with working memory capacity, particularly when a survey is administered orally. (The MCBS is administered using computer-assisted personal interviewing techniques.) Participants also agreed that the three response options would be in addition to a “Don’t know” response for each question. The “Don’t know” response option is not designed to be read aloud, but beneficiaries will be informed at the beginning of the string of knowledge question that “Don’t know” is an acceptable response. Finally, it is important to include self-reported knowledge questions both at the beginning and at the end of the string of demonstrated knowledge items to evaluate ordering effects.

After much discussion and consideration of the draft content areas and questions, participants decided that the following five knowledge content areas were the most critical:

- ◆ Eligibility for and Structure of Original Medicare,
- ◆ Medicare + Choice,
- ◆ Plan Choices and Health Plan Decision-Making,
- ◆ Information and Assistance (broadly defined to include beneficiary rights and quality of care), and
- ◆ Medigap/Employer-sponsored Supplemental Insurance.

In addition to the knowledge content areas, we recommended the inclusion of the following four non-knowledge content areas:

- ◆ Self-Reported Knowledge (primarily for psychometric purposes),
- ◆ Health Literacy (to evaluate whether health literacy plays a role in beneficiaries’ ability to comprehend Medicare information),
- ◆ Cognitive Abilities, and
- ◆ Other Non-Knowledge Items (for analytic purposes).

The non-knowledge content areas enable us to collect information that might reveal reasons for differences in beneficiaries’ knowledge scores.

After the TAP meeting, CMS provided the following guidance regarding further question development:

- ◆ CMS agreed with the decision to have three response options for most questions and a “Don’t know” response option available for all items.
- ◆ CMS indicated a preference for Yes/No and True/False questions.

- ◆ CMS specified that the language used in all questions should be direct and simple, and trick questions should be avoided.

Health Literacy Expert and Conference

Since health literacy may play an important role in beneficiaries' ability to comprehend Medicare-related information, we felt that it was important to collect additional information about health literacy in the Medicare population. On June 13, 2001, two project staff members attended Medicare Education and Health Literacy: Techniques for Educating Older Adults, a conference sponsored by the Center for Medicare Education. Dr. Rima Rudd, a Harvard professor who has done extensive work on health literacy, was a presenter at the conference. We consulted with Dr. Rudd during the development of health literacy questions and scenarios, which were tested during the second round of cognitive testing (for a more detailed discussion of these questions, please refer to Chapter 3).

2.0 Cognitive Testing: Round 1

2.1 INTRODUCTION

Cognitive testing is routinely used for survey questionnaire development (Forsyth and Lessler, 1991; DeMaio and Rothgeb, 1996). We use cognitive testing regularly to determine question comprehension (*What do respondents think the question is asking? What do specific words and phrases in the question mean to them?*), information retrieval (*What do respondents need to recall to answer the question? How do they do this?*), and decision processes (*How do respondents choose their answers?*). In this chapter we briefly summarize key findings from the first round (Round 1) of cognitive testing interviews, which were conducted between June 28 and July 2, 2001.

We tested a total of 48 questions organized into the following nine categories:

- ◆ Self-Reported Knowledge (n = 2) (questions 1 and 48),
- ◆ Eligibility for and Structure of Original Medicare (n = 13) (questions 2 through 14),
- ◆ Managed Care and Medicare + Choice Program (n = 9) (questions 15 through 23),
- ◆ Medigap-Specific Issues (n = 1) (question 24),
- ◆ Similarities and Differences Between Plan Choices (n = 8) (questions 25 through 32),
- ◆ Differences in Quality of Care (n = 2) (questions 33 and 34),
- ◆ Beneficiary Rights and Protections (n = 2) (questions 35 and 36),
- ◆ Information and Assistance (n = 6) (questions 37 through 42), and
- ◆ Special Subgroup Issues (n = 5) (questions 43 through 47).

In some cases, several questions dealing with the same concept were tested. This overlap will allow different questions that address the same concept to be used on different versions of the questionnaire, thereby preventing MCBS respondents from being asked the same knowledge questions every year. In addition, testing similar questions at this early stage of development provided us with more freedom to drop any questions found to be problematic.

2.2 RESPONDENT CHARACTERISTICS

During the first round of cognitive testing we interviewed ten respondents with varying characteristics.¹ Participants were recruited from area senior centers and senior housing facilities via flyers posted in public places and by word of mouth. Respondents who had Medicare and had not participated in a health-related study during the past six months qualified for the cognitive testing. We recruited 27 eligible adults. We chose the final group of participants to reflect diversity in education, health insurance, race, age, and gender. Table 1 provides a breakdown of key characteristics by respondent. Table 2 summarizes these characteristics across all respondents.

Table 1: Sociodemographic and Health Insurance Characteristics by Respondent

Respondent	Age	Medigap	Medicare HMO	Medicaid	Education	Ethnicity
1	66	Y	N	N	Some college	Black
2	72	N	N	Y	Some HS	Black
3	68	Y	N	N	Some HS	White
4	77	Y	N	N	Graduated HS	White
5	61	N	N	Y	Less than HS	White
6	69	N	N	Y	Graduated HS	Other
7	64	N	N	N	Some college	White
8	76	N	N	N	Graduated college	White
9	74	N	Y	Y	Some HS	Black
10	78	Y (E)	N	N	Graduated college	White

Y = Yes, N = No, E = Employer-sponsored

¹ In order to comply with OMB requirements, two respondents were each asked only half of the questions from the questionnaire.

**Table 2: Sociodemographic and Health Insurance Characteristics
By Number of Respondents (n = 10)**

Characteristic	Number of Respondents
Age	
60–69	5
70–79	5
Education	
Less than high school	1
Some high school	3
Graduated high school	2
Some college	2
College graduate or above	2
Ethnicity	
Black	3
White	6
Other	1
Insurance*	
Medicare only	2
Medigap	3
Employer-sponsored supplement	1
Medicare HMO	1
Medicaid	4

*Totals eleven because one respondent had both a Medicare HMO and Medicaid.

2.3 RESULTS

Knowledge scores calculated after the first round of interviews showed that respondents answered between 15 and 43 (out of 51) knowledge items correctly, or 29 to 84 percent, with a mean score of 61 percent.² Individual scores are presented in Table 3, along with respondents' education level. After all interviews were completed, project staff members met to discuss both general and specific findings that emerged from Round 1 of cognitive testing.

² Although there were only 46 knowledge questions, several of the questions had multiple parts (i.e., questions embedded within the question). Therefore, it was possible to receive a maximum score of 51. Scores were computed for all but the two respondents who completed half interviews.

Table 3: Interviewee Scores by Education Level

Education	Number Correct/ Total Number	Percentage Correct
Less than High School	27/51	53%
Some High School	15/25	60%
Some High School	43/51	84%
Some High School	15/51	29%
Graduated High School	28/51	55%
Graduated High School	17/25	68%
Some College	41/51	80%
Some College	31/51	61%
Graduated College	35/51	69%
Graduated College	30/51	59%
Mean Score	31.25*	61%*

* Mean score calculated for only those respondents that completed the entire survey (out of 51).

2.3.1 General Issues/Findings

We first addressed issues that were relevant to all the question items (e.g., how do people respond to the way in which the questions are asked, how well do they understand the survey instructions, and do they understand terms that are used throughout the questions?). General findings from Round 1 of cognitive testing include the following:

1. We found that all of the respondents used the “Don’t know” answer option several times throughout the questionnaire. Because “Don’t know” was not read as an answer option for each question, interviewers reminded respondents that “Don’t know” was an option as necessary. At least a couple of respondents asked to change an answer to a previous question when reminded of the “Don’t know” option, suggesting that respondents may have forgotten. When later probed further about this issue, most respondents reported that rather than guess they had said “Don’t know” when they did not know the answer. These experiences suggest the importance of retaining the “Don’t know” option.
2. Interview results show that changes in question format (e.g., Yes/No, True/False, and multiple choice) did not present problems for respondents. In addition, respondents did not have any difficulty with survey items that contained four response options (i.e., those that included two answers plus “Both” and “Neither”).
3. Testing showed that it was difficult for Medicare beneficiaries who qualify for Medicaid to separate the services covered by each program when answering the questions. That is, dual-eligible respondents based their answers about coverage of certain items on whether the service is covered for them personally, regardless of which public insurance program—Medicare or Medicaid—actually covered the services.

4. We also investigated respondents' comprehension of several critical terms: *the Original Medicare plan*, *managed care*, *Medicare + Choice*, and other phrases used to describe the health plan choices available to Medicare beneficiaries. We found that the term *the Original Medicare plan* was difficult for most respondents, in some cases even after a definition was given. Several respondents thought that "Original" suggested that "it may have changed" or it "was the first version." (One respondent gave the example of Coca-Cola[®] advertising "The Original Coca Cola.") As a result, respondents' ability to provide accurate answers to survey questions that contained this term was compromised by varying degrees. For example, one respondent first said that she could not answer any of the questions that asked about "Original Medicare" because she "didn't know what Medicare used to be like when it first came out." Another respondent noted the "poor wording choice" but was able to comprehend and answer the questions appropriately.

The term *managed care* was problematic for several respondents and most respondents had not heard of the term *Medicare + Choice*. Although some had general ideas of what these terms meant, other respondents were completely unfamiliar with them or offered incorrect definitions. For example, one respondent thought that *managed care* referred to "a case worker-type person who coordinates health care." Another thought that it referred to "someone who comes into your home to take care of you," while a third said "there are live-in places called managed care." However, further probing suggested that confusion over these questions resulted from respondents' lack of knowledge about managed care rather than from difficulties with the questions themselves. We chose to test terminology more extensively during Round 2 of cognitive testing.

5. We also explored different terms that could be used to describe the various Medicare health plan options in an effort to find one phrase that could be used to refer collectively to the Original Medicare plan, the Original Medicare plan with a supplement, and Medicare + Choice options. We specifically probed respondents to determine whether they had a preference for any of the following terms: *health insurance plans*, *health plan choices*, *health plans*, *Medicare health plans*, or *Medicare insurance options*. Unfortunately, a consensus was not reached. Several indicated that having the term *insurance* in the phrase was helpful in conveying the intended meaning, as were the terms *option* and *choices*. Therefore, we modified the questions to use these terms when appropriate.
6. Respondents indicated no clear preference between the phrase "people on Medicare" or "people with Medicare." Therefore we decided to use "people with Medicare" to be consistent with the *Medicare & You* handbook and other materials prepared by CMS.

2.3.2 Specific Issues/Findings by Question

In the following section, we present specific findings from the first round of cognitive testing as they relate to individual survey items. Where relevant, we include the modifications we recommended following testing. Please note that question numbers refer to the survey items as numbered in the Round 1 cognitive testing protocol (see Appendix B).

- Q1. No problems were noted.
- Q2. One respondent who had Medicaid was not sure whether Medicaid or Medicare was for people with low or moderate incomes.

- Q3. Most of the respondents knew that Medicare has two parts, but some were unsure of what the parts are or which part pays for physician visits and which pays for hospitalizations. Some of these respondents said that they made educated guesses.
- Q4. Although most respondents knew what a premium is, at least two people answered the question incorrectly because of their individual situations. One respondent did not pay a premium because he met the income requirements for Medicaid. The other respondent was unaware that a premium was deducted monthly from his social security check. We discovered that, although most respondents answered correctly, respondents were answering based on their own situations as opposed to thinking about “most people on Medicare.” One respondent who did think about “most people on Medicare” said that the answer should be “half and half” (i.e., true and false) because she does not pay a premium but knows that others do.
- Q5. No problems were noted.
- Q6 and Q7. The term *Original Medicare* was problematic (please see the discussion in Chapter 2.3.1).
- Q8. None of the four respondents with Medicaid coverage were able to distinguish between services covered by Medicare and those covered by Medicaid. For example, if a question asked about services for which Medicare pays, respondents answered based on whether the benefit was available to them personally—through either Medicare or Medicaid—rather than if it was available to “most people on Medicare.” Three of the four respondents on Medicaid incorrectly answered that Original Medicare pays for “All health care costs” based on their experience of having all of their health care covered. This issue of respondents answering questions based on their own experiences proved problematic throughout the questionnaire.
- Q9. Two male respondents noted that the examples of preventive screening services provided in the questions pertained only to women. An example of a preventive service that is relevant for both men and women (flu shot) was added.
- Q10, Q11, Q12. Respondents were asked questions about emergency services under the Original Medicare plan (Q10) and under a Medicare HMO (Q11). Q12 combined both of these concepts into one question. Respondents were asked whether they preferred Q10 and Q11 or Q12. No clear preference emerged. However, we decided that Q10 should be modified to address specific comments that respondents made (e.g., they were unsure whether to include urgent trips to the doctor, ambulance service, etc., when answering Q10; whereas Q12 specifically asks about whether a visit to the nearest hospital emergency room would be covered).
- Q13. No specific problems were identified, but the decision was made to test the phrase *health care services* in Round 2 to determine if respondents understand the term.
- Q14. Several respondents said they were unsure how to answer Q14d (Does Medicare cover care in a nursing home?) because nursing home care is covered under certain conditions for short periods of time. This issue will be addressed with TAP members to determine an appropriate solution. Also, because these services are covered under Medicaid, respondents with Medicaid answered that most of these services are covered. (See discussion of respondents answering questions based on their own experiences in Chapter 2.3.1.) We decided to replace the term *Original Medicare* with *Medicare* and to add the words “whether or not” and “usually” to the stem.
- Q15. The term *managed care* confused many respondents. (See discussion in Chapter 2.3.1.)

- Q16. Most respondents had not heard of the term *Medicare + Choice*. (See discussion in Chapter 2.3.1.) A simplified version of this question was developed and tested in Round 2.
- Q17. This question is similar to Q16. Only one of these questions will be kept. No change was made; the question was investigated further in Round 2.
- Q18. For the most part, this question was not problematic, but one respondent with Medicaid said that she did not know what a Medicare HMO is or what it covers.
- Q19. No problems were noted.
- Q20. Answer option C (Never) will be changed to “At the end of the year” to match the wording of the other response options. Several respondents reported discounting the response option right away. This makes it easier for respondents to guess correctly (between answer options A and B) if they are not sure of the correct answer. Also, some respondents reported difficulty answering this question because they had no experience with HMOs and did not believe that this question was relevant to them.
- Q21. No problems were noted. Answer choice C (Never) was changed to “At the end of the year” to be comparable to Q20.
- Q22. This question was clarified by adding “if one is available” to the end of the question. The question now reads “If your Medicare HMO stops serving people with Medicare in your area, can you join another HMO if one is available?”
- Q23. Many respondents reported difficulty answering this question because they had no experience with Medicare HMOs. The relevance of this question was examined in Round 2 of cognitive testing.
- Q24. “People with Medicare coverage” was changed to “People with Medicare” because project staff suspected that the word *coverage* may have been unclear.
- Q25. “A private fee-for-service plan” will be dropped as an answer choice and replaced with “Both” and “Neither.” In addition, a separate question on private fee-for-service plans will be developed and added to the questionnaire because several respondents did not know what a private fee-for-service plan is. Therefore, we believe it is important to test the concept separately. Finally, the word *through* was changed to *with*.
- Q26. No problems were noted.
- Q27. This question will be dropped in Round 2. Almost all respondents answered this question correctly. This suggests that the item was too easy and therefore would not be a discriminating knowledge question.
- Q28. Respondents were read a number of alternate phrases that could be used to replace *health insurance options*. These phrases included *health insurance plans*, *health plan choices*, *health plans*, *Medicare health plans*, and *Medicare insurance options*. Although no clear preference emerged, we determined that using *choice* or *option* helped convey the concept of choice. In addition, including *insurance* in the phrase was helpful, while including *plan* was not. Answer option A will be changed to “the Original Medicare plan.”

- Q29. The answer option “They are both about the same” was replaced with “They will both pay for prescription drugs.” This substitution was tested in Round 2.
- Q30. Several respondents were unsure what “other Medicare health plans” they were supposed to consider. “Medicare health plans” will be replaced with “Medicare health insurance options,” and this question will be retested in Round 2.
- Q31. Answer choice C (None of the above) will be changed to “Neither.”
- Q32. No problems were noted.
- Q33. “No matter which health plan you choose...” will be reworded to read “No matter which Medicare health insurance plan you choose...,” and this question will be retested in Round 2.
- Q34. This question is similar to Q33 but includes a definition of quality at the beginning of the question. A clear preference for whether or not to include a definition did not emerge from testing. For the most part, including the definition did not affect respondents’ answers; however, two respondents answered this question correctly but answered Q33 incorrectly. TAP members were consulted for further guidance on this matter. The phrase *health plan* will be replaced with “Medicare health insurance plan” for consistency.
- Q35. *Medicare health plan* will be replaced with “Medicare health insurance plan.” This phrase was tested in Round 2.
- Q36. This question was changed from a Yes/No to a True/False question. Question 36b (The right to change plans as often as you like) will be dropped. As one respondent noted, “it does not make sense that someone would be able to change plans every week or even every month.”
- Q37. This question was changed from a True/False to a Yes/No question to avoid asking the question with a “no” and having “false” as the answer.
- Q38. No problems were noted.
- Q39. “Hotline” will be taken out of the question. It was reworded to read “When you call 1-800-MEDICARE...” One respondent indicated that she felt the term “hotline” was misleading because it implies that there is an emergency.
- Q40. Some respondents were confused by the phrase “information or counseling service.” Others thought that the use of this phrase made the correct answer obvious. As one respondent said, “Why would you be asking me about this if there wasn’t an information or counseling service?” This phrase was replaced with “service,” and this question will be retested in Round 2.
- Q41. This question was dropped and replaced with a new question about the concept of the *Medicare & You* handbook. The TAP committee was consulted to help focus the question better.
- Q42. This question was changed from a True/False to a Yes/No format.
- Q43. Several respondents asked the interviewer to repeat this question. A simplified version was developed and tested in Round 2.
- Q44. No problems were noted.

- Q45. This question was dropped because we have multiple questions that address this concept, and other items appear to be better candidates.
- Q46. Answer choice C (After a 30-day waiting period) was dropped.
- Q47. A simplified version of this question was developed and tested in Round 2.
- Q48. No problems were noted.

Based upon the results of the first round of testing and upon feedback from the TAP and CMS, we revised the survey questions for a second round of testing. In addition to the specific changes outlined above, we attempted to simplify the language used in all questions and to use the same terminology wherever possible. We also organized the questions into content categories and added introductory statements for each group of questions to improve comprehension. The next chapter details the results of Round 2 of cognitive testing.

3.0 Cognitive Testing: Round 2

3.1 INTRODUCTION

In this chapter we briefly summarize key findings from Round 2 of cognitive testing interviews, which were conducted between August 23 and August 28, 2001. During this round, we tested a total of 106 questions organized into the following ten categories:

1. Self-Reported Knowledge (n = 2) (questions 1 and 102);¹
2. Eligibility for and Structure of Original Medicare (n = 15) (questions 2 through 12e);
3. Medicare + Choice (n = 16) (questions 13 through 28);
4. Plan Choice and Health Plan Decision-Making (n = 8) (questions 29 through 36),
5. Information and Assistance, Beneficiary Rights, and Quality of Care (n = 12) (questions 37 through 48);
6. Medigap/Employer-Sponsored Supplemental Insurance (n = 4) (questions 49 through 52);
7. Health Literacy Terminology (n = 11) (questions 53 through 63);
8. Health Literacy Scenarios (n = 17) (questions 64 through 80);
9. Cognitive Abilities (n = 6) (questions 81 through 86); and
10. Non-Knowledge Items (n = 15) (questions 87 through 101)

As shown above, we included in Round 2 several other types of questions for testing in Round 2 in addition to the knowledge items that we tested in Round 1. First, we included self-reported knowledge items (necessary for evaluation of the psychometric properties of the demonstrated knowledge items). Second, we developed health literacy items. We developed two types of questions: 1) questions designed to measure beneficiaries' knowledge of terms associated with Medicare and health insurance (i.e., health literacy terminology questions) and 2) questions designed to evaluate the ability of beneficiaries to use information presented in the *Medicare & You* handbook to answer related questions (i.e., health literacy scenario questions). The health literacy scenarios that we developed are from the *Medicare & You* handbook (specifically pages 6–7 [Set 1], 38–39 [Set 2], 63 [Set 3], 59 [Set 4], and 29 [Set 5] of the August 2000 version of the handbook). These pages were given to respondents to look at as they answered questions 58 through 73.

Round 2 also included six questions that focus on beneficiaries' reading (n = 3) and memory (n = 3) skills as a global measure of their cognitive abilities. Previous research has demonstrated that the three reading items have a statistically significant effect on beneficiary knowledge in a multivariate

¹ All question numbers refer to the questionnaire used in the second round of cognitive testing, which appears in Appendix C.

framework (McCormack et al., 2001). Therefore, we recommended their inclusion for analytic purposes. Finally, we included sixteen additional non-knowledge questions that will generate data on beneficiaries' information-seeking attitudes and behavior, use of Medicare-related information and decision-support tools, and decision-making habits. These items may reveal reasons for differences in beneficiaries' knowledge scores, particularly in regard to questions about their exposure to informational resources, including the *Medicare & You* handbook. This type of information could illuminate how existing informational resources can be modified to increase beneficiary knowledge.

3.2 RESPONDENT CHARACTERISTICS

We interviewed eleven respondents during Round 2. To meet OMB requirements, four respondents completed one-half of an interview. Two respondents completed the health literacy and cognitive sections only, while two others completed the knowledge section only.

Participants were recruited from Raleigh-, Durham-, and Chapel Hill-area senior centers, senior housing facilities, and by word of mouth. In addition, flyers advertising the study were posted in various locations throughout the Research Triangle area. To qualify for the study, respondents had to have Medicare coverage and could not have participated in a health-related study during the past six months. Participants were chosen to reflect the diversity of the Medicare population with respect to education, health insurance, race, age, and sex. Tables 4 and 5 provide information about the key characteristics of participants.

Table 4: Sociodemographic and Health Insurance Characteristics of Cognitive Testing Participants

Respondent	Sex	Age	Medicare			Education	Ethnicity
			Medigap	HMO	Medicaid		
1	M	66	N	Y(E)	N	Graduated HS	White
2	F	71	Y	N	N	Graduated HS	Black
3	F	69	N	N	N	Some HS	Black
4	F	77	N	N	N	Graduated HS	White
5	M	70	N	Y(E)	N	Some HS	Black
6	M	72	Y (E)	N	N	Graduated college	White
7	F	65	Y (E)	N	N	Some college	White
8	F	74	Y	N	N	Graduated college	White
9	M	74	Y	N	N	Graduated college	White
10	M	79	Y	N	N	Graduated HS	White
11	F	77	Y	N	N	Some college	White

Y = Yes, N = No, E = Employer-sponsored

Table 5: Summary of Sociodemographic and Health Insurance Characteristics of Cognitive Testing Participants (n = 11)

Characteristic	Number of Respondents
Age	
65–69	3
70–74	5
75–79	3
Education	
Less than high school	0
Some high school	2
Graduated high school	4
Some college	2
College graduate or above	3
Ethnicity	
Black	3
White	8
Other	0
Insurance	
Medicare only	2
Medigap	5
Employer-sponsored supplement	2
Medicare HMO	2
Medicaid	0

3.3 RESULTS

In Round 2, we tested a total of 53 knowledge items and 28 health literacy items. In Table 6, we report several scores for each respondent by education level:

- The number of demonstrated knowledge items answered correctly (out of 53),
- The number of health literacy items answered correctly (out of 28),
- The number of demonstrated knowledge and literacy items answered correctly (out of 81), and
- The number of “Don’t know” responses given by the respondent.

Previous research suggests a relationship between education level and knowledge of the Medicare program, whereby more highly educated beneficiaries have higher levels of knowledge than those with less education (Hibbard et al., 1998; Bann et al., 2000). To determine whether this relationship holds for the new knowledge questions, we scored the demonstrated knowledge questions and presented them by education level. As shown in Table 6, the highest demonstrated knowledge scores were received by the respondents who graduated from college, and the lowest demonstrated knowledge score was received by a respondent who had some high school education. However, there was not a clear pattern among the other scores.

Table 6: Cognitive Testing Participant Interviewee Scores by Education Level

Education	Knowledge Score (53 questions)	Health Literacy Score (28 questions)	Total Knowledge Score (81 questions)	Number of Did Not Know Responses
Some High School	23/53 43%	18/28 68%	41/81 51%	0
Some High School	34/53 64%	23/28 82%	57/81 70%	5
Graduated High School	35/53 66%	24/28 86%	59/81 73%	6
Graduated High School	29/53 55%	21/28 75%	50/81 62%	3
Graduated High School	34/53 64%	25/28 89%	59/81 74%	4
Graduated High School	29/53 55%	22/28 79%	51/81 63%	8
Some College	30/53 57%	22/28 79%	52/81 64%	15
Some College	Skipped (1/2 Int.)	27/28 96%	N/A	2
Graduated College	41/53 77%	Skipped (1/2 Int.)	N/A	9
Graduated College	37/53 70%	Skipped (1/2 Int.)	N/A	5
Graduated College	Skipped (1/2 Int.)	26/28 93%	N/A	0
Mean Score	30.57* 58% (9 respondents)	22.14* 79% (9 respondents)	52.71* 65% (7 respondents)	

* Mean score based on respondents who completed each part of the survey.

Because many of the new demonstrated knowledge items contain only two response options (True/False or Yes/No), there is a higher probability of respondents answering the questions correctly just by chance. For each of the new knowledge questions, however, respondents were given the option of a “Don’t know” response. The concern about guessing is reduced if respondents in fact use the “Don’t know” response when they feel they do not know the answer. To determine whether this was the case, we counted the number of “Don’t know” responses for each participant (see Table 6). Overall, it appears that most respondents used the “Don’t know” option when they were unsure of the answer, and some used it somewhat liberally. In fact, one respondent answered “Don’t know” fifteen times. There were, however, two respondents who did not choose “Don’t know” for any of the questions.

For the knowledge items, respondents correctly answered between 23 and 41 of the 53 items, or 43 to 77 percent, with a mean score of 58 percent. For the health literacy items, respondents correctly answered between 18 and 27 of the 28 items, or 68 to 96 percent, with a mean score of 79 percent.

3.3.1 General Issues/Findings by Question

The Round 2 cognitive testing protocol (see Appendix C) was divided into several sections that coincide with the different categories of questions. Because this was the second round of testing, we expected to find fewer, less serious problems with the questionnaire. General findings are summarized below.

A handful of general issues emerged as a result of the second round of testing. We also revisited some issues studied in Round 1. In general, fewer changes were suggested by the second round testing than by the first, suggesting that the instrument worked better overall. Respondents seemed to understand most items and their underlying concepts and had little trouble with the questions and response options.

1. Our Round 1 findings revealed that, consistent with previous research, beneficiaries had difficulty understanding the term *the Original Medicare plan*. Therefore, in Round 2 we consulted the research of Fyock et al. (2000) to explore terms that could be used as substitutes. Throughout the instrument, we substituted the term *Medicare Basic Health Insurance* (one of the terms tested by Fyock et al. [2000]) for *the Original Medicare plan*. This new term did not appear to create any more or less confusion than that found in our Round 1 experience. At the conclusion of the interviews, interviewers read respondents the definition of *the Original Medicare plan* from the *Medicare & You* handbook and gave the respondents a printed list of terms that could be used instead:

Medicare,

Medicare Basic Health Coverage,

Medicare Basic Medical Care,

Traditional Medicare,

Regular Medicare,

The Medicare Basic Health Plan, or

The Medicare Basic Insurance Plan.

No one term was preferred by all respondents. As a result, we opted to use the phrase *the Original Medicare plan* to be consistent with the *Medicare & You* handbook. However, to eliminate potential confusion we recommend making an electronic help screen available to MCBS field interviewers anytime that this or other problematic terms appear in the instrument. The help screen should contain a useful definition of the term, so that the explanation given to survey participants is consistent across interviewers. The handbook could be a source for the definitions. We also recommend that additional research be conducted in this area using larger sample sizes.

2. We also tested different terms that can be used to describe Medicare health plans. These included

Health insurance plans,

Health plan choices,

Health plans,

Medicare insurance options,

Health insurance options, and

Health plan options.

Again, no one term was preferred by all respondents, however, there was some indication that certain terms ranked better than the others. Three respondents preferred the term *health plan choices* because “it’s broader” and “implies options.” Another respondent liked it “because it’s generic and patient-friendly.” Three other respondents liked *health insurance options* for similar reasons: “the word *option* makes me think of ‘consumer power’ and ‘freedom of choice.’” Other respondents had no strong preference or “no real reason” for their choices “other than how it sounds.” We will continue using the term *Medicare health insurance options* until additional research has been performed. We also recommend using a help screen for this term.

3. Testing again revealed that some respondents were unable to distinguish between services that are covered by Medicare and those covered by other types of insurance (e.g., supplemental insurance, Medicaid). When asked whether or not certain services were usually covered by the Original Medicare plan, respondents answered based on whether the service was covered for them individually, considering their total insurance package. For example, one respondent said that “When I go to the doctor I take what they give me, fill out anything that’s needed, that’s it. I don’t think about it again unless I get a bill.” Another respondent had similar thoughts but added “A lot of that insurance documentation is Greek to me. I’d have to sit down and compare documents from both insurance companies to figure it out, but I haven’t had a reason to yet.”
4. In general, using questions that included “Both” and “Neither” as response options did not present a problem in terms of too many response categories. However, in some instances testing indicated that questions with four response options worked better if two separate questions were asked rather than one. For example, question 15 (“Imagine that a person is in a life-threatening situation and goes to the hospital emergency room. Which type of Medicare health insurance plan will cover this visit? The Medicare Basic Insurance Plan, A Medicare HMO, Both, Neither”) worked better when broken into two separate True/False questions about the Medicare Basic Insurance Plan and a Medicare HMO. This issue is now addressed with two questions instead of one.
5. In Round 1, respondents were asked which phrase they preferred, “people on Medicare” or “people with Medicare.” No clear preference emerged. We chose to use “people with Medicare” to be consistent with the latest version of the *Medicare & You* handbook. This issue was addressed again in Round 2 with the same results. We reviewed the questionnaire and replaced “people on Medicare” with “people with Medicare” throughout the questionnaire to be consistent with the *Medicare & You* handbook.

6. There was some concern that the term *usually* may be misread or misinterpreted by some respondents (e.g., one respondent read the word as “unusually”). Substituting “most of the time” lowers the reading level and may help eliminate possible confusion. We substituted “most of the time” on a case-by-case basis when it was an adequate replacement.
7. We were concerned that there may be too many questions for which the correct answer is “True” (when unsure, respondents are more likely to answer “True”). As a result, we rewrote a small number of questions to achieve a better balance of True/False answers, revising some of the questions to have a Yes/No format. However, it is more important to strike a balance between the number of questions with “True” or “False” answers and the number with “Yes” or “No” answers administered in any given year than it is to ensure that the entire item pool is balanced. Therefore, we strongly recommend that the balance of True/False and Yes/No questions be considered when selecting questions to be administered each year.

3.3.2 Specific Issues/Findings by Question

In the following section, we present specific findings as they relate to individual survey items. Where relevant, we include the modifications we recommended as a result of testing. Please note that question numbers refer to the survey items as numbered in the Round 2 cognitive testing protocol, provided in Appendix C.

- Q1. No problems were noted.
- Q2. No problems were noted.
- Q3. Most respondents knew that Medicare has two parts, but two were unsure of what the parts are or which part is hospital and which medical. One of the respondents knew that Medicare has a part that covers hospital costs and a part that covers medical visits, but thought that it might be “a trick question” in which they were reversed.
- Q4. Almost all respondents knew what a premium is and answered the question correctly. One respondent said that she made a monthly payment but did not know what it is called.
- Q5. No problems were noted.
- Q6. This question will be dropped. Nearly all respondents answered this question correctly, suggesting it was too easy and therefore did not effectively test knowledge.
- Q7. None of the respondents had trouble understanding the intent of this item, but several answered it incorrectly. Two respondents thought that this question was referring to the Medicaid program, and several others were unsure whether such a program exists. However, the difficulties that respondents had with this question did not appear to be due to the comprehensibility of the item itself. Rather, the split between respondents answering correctly and those answering incorrectly suggests that this item is a good test of knowledge.
- Q8. Most respondents answered this question correctly, suggesting that it is potentially too easy. However, keeping this question item will allow CMS to report that “[X %] of Medicare beneficiaries do not know that Medicare does not pay for all health care costs,” which is important information.

- Q9. This question was reworded to read “Medicare covers some preventive and screening services such as flu shots and tests for breast cancer. Would you say this is...?”
- Q10 and Q11. Both questions ask about “the Original Medicare plan.” We decided to drop Q10 because several respondents found it “too long” or “confusing.” Question 11, which addresses the same concept, will be kept.
- Q12. Again, some respondents were unable to distinguish services that are covered by Medicare from those covered by other types of insurance. When respondents were asked whether each service was usually covered by the Original Medicare plan, several respondents answered based on whether the service was covered for them individually, considering their total insurance package. As for the specific services asked about, several respondents did not know what “long-term care in a nursing home” included. One respondent thought that long-term care was “about 30 days,” while several others thought that it was “indefinite” or “as long as necessary.” Therefore, we decided to clarify by replacing “long-term care in a nursing home” with the more specific “a six-month stay in a nursing home.” Also, the term *Medicare Basic Insurance Plan* was replaced with *the Original Medicare plan*. Testing indicated that the term *Medicare Basic Insurance Plan* did not work better or worse than *the Original Medicare plan* (see Chapter 3.3.1), so we decided to use the term *Original Medicare plan* throughout the questionnaire to be consistent with the *Medicare & You* handbook. We also recommend that a help screen be introduced whenever the term *Original Medicare plan* is used (see Chapter 3.3.1).
- Q13, Q14, Q15. Respondents were asked questions 10 and 11 about emergency services under the Original Medicare plan (Q13) and under a Medicare HMO (Q14). Question 15 combined both concepts into one question. Respondents were asked which they preferred, Q13 and Q14 or Q15. Although results were mixed, the majority of respondents found two separate questions to be “less wordy” and “easier to understand.” Therefore, Q15 will be dropped, and we recommend that Q13 and Q14 be asked in alternate years.
- Q16. This question was reworded to read “Which health insurance option usually covers routine health care services that people with Medicare get while traveling outside the United States?”
- Q17. This item addresses the concept of Medicare managed care. Approximately one-half of the respondents answered this question incorrectly. Although some respondents had heard the term *Medicare managed care*, several were unsure of its meaning. One respondent thought that it referred to “any plan managed by Medicare.” Another respondent thought that it was “health care managed by a case worker.” In order to simplify this item, the answer choice “A Medigap supplemental insurance policy” will be replaced with “Both/Neither.”
- Q18. This item addresses the concept of Medicare + Choice plans. Most of the respondents had not heard the term *Medicare + Choice* or were unsure what it meant. One respondent thought that it referred to “being able to choose your doctor.” Another respondent thought that it was “a campaign by Medicare to explain their benefits.” Several respondents asked the interviewer to repeat the question two or more times. In order to simplify this question, it will be reworded to read: “People can sign up for Medicare + Choice plans instead of the Original Medicare plan. (True/False).”
- Q19. Several respondents answered this item incorrectly, most likely because they have not traveled outside the United States while on Medicare. However, no problems were noted with the wording of this question.

- Q20. This question will be reworded to read: “With a Medicare HMO, people almost always can see a specialist without a referral and the visit will be covered. Would you say this is...True/False.”
- Q21. This question will be dropped because we feel that the concept of “a doctor leaving his job at an HMO” may have been unclear.
- Q22. No problems were noted.
- Q23. No problems were noted.
- Q24. The term *Medicare Basic Insurance Plan* was replaced with *the Original Medicare plan*.
- Q25. This question will be reworded to read: “If your Medicare HMO leaves the Medicare program and you do not choose another one, you will be assigned to another HMO. Would you say this is...True/False.”
- Q26. Although several respondents said they were unsure what a “Medicare Private Fee-for-Service plan” is, no major problems were noted in their ability to answer the question.
- Q27. No problems were noted.
- Q28. No problems were noted.
- Q29. No problems were noted with this question. However, small changes were made to each answer option to simplify the language and keep it consistent with CMS terminology (e.g., “the Medicare Basic Insurance Plan” will be replaced with “Original Medicare”; “A Medicare HMO plan” will be replaced with “A Medicare HMO”; “Either” will be replaced with “Either one”; and “Neither” will be replaced with “Neither one”).
- Q30. The main concern with this item is the use of the term *Medicare health insurance option*. Although a number of alternative phrases were tested, no one term was preferred by all respondents (see Chapter 3.3.1). As a result, we will continue to use the term *Medicare health insurance option(s)* until additional research has been performed.
- Q31. This question was reworded to read: “Which type of Medicare health insurance option gives people more freedom to choose the doctors and hospitals they want to go to?” (“You” was replaced with “people.”)
- Q32. This question was dropped because of its similarity to Q30.
- Q33. No problems were noted.
- Q34. This question was reworded to read: “The Original Medicare plan covers preventive health care services. Are these same services covered if a person chooses a different Medicare health insurance option?” This is another question in which the term *Medicare Basic Insurance Plan* was replaced with *the Original Medicare plan*.
- Q35. This question was dropped because the concept is overly specific and is not included in the handbook.

- Q36. This question was reworded to read: “If you have a Medicare HMO, most likely you would also buy a Medigap supplemental insurance policy. Would you say this is....True/False.” To tone down the language, we replaced the word *must* with the words *most likely*.
- Q37. This question was dropped because we believe that it is not a true measure of knowledge but rather addresses “information seeking.”
- Q38 and Q39. These two questions asked about quality of care. Q39 included a definition of quality, while Q38 did not. Respondents were asked which version they preferred. Because no clear preference emerged, we have retained both questions in the item pool (see Chapter 3.3.1).
- Q40. No problems were noted.
- Q41. This question was reworded to be a Yes/No rather than a True/False question. It now reads “If you have Medicare, can your health insurance plan or doctor share your health information without your permission?”
- Q42. This question was dropped because it was too easy (eight of nine respondents answered correctly).
- Q43. This question was reworded to read: “Is information about the quality of care people get with different Medicare health insurance options available?” (“You” was replaced with “people,” and “to the public” was dropped.)
- Q44. No problems were noted.
- Q45. No problems were noted.
- Q46. No problems were noted.
- Q47. No problems were noted.
- Q48. No problems were noted.
- Q49. No problems were noted.
- Q50. Several respondents who did not have employer-sponsored insurance answered this question incorrectly. However, no problems were noted with the wording of this question.
- Q51. No problems were noted.
- Q52. This question was reworded to be a Yes/No rather than a True/False question. It now reads “Can an insurance company refuse to sell you the Medigap supplemental policy of your choice during the six months after you enroll in Medicare Part B?”

Health Literacy Vocabulary Questions

Q53 through Q63. In general, these ten health literacy vocabulary questions worked well. However, the fact that most respondents answered a large majority of the questions in this section correctly suggests that these questions may be too easy. Because we only tested these questions in the

second round, additional testing is recommended before the section is finalized. Therefore, very few changes were made to these questions. Changes that were made include

- One of the answer options for Q58 (generic drugs) was changed from “Contain the same ingredients as brand name drugs” to “Do work as well as brand name drugs.”
- An answer option for Q60 (provider network) was changed from “Are part of a labor union” to “specialize in treating people with certain diseases.”

It is also important to note that two terms—*formulary* and *generic drugs*—are not included in the *Medicare & You* handbook. Finally, we recommend using flash cards to show respondents these terms.

Health Literacy Scenario Questions

Set 1. This set of questions worked well. A few changes were made based on testing:

1. A few respondents looked at only the first page of the handout. Therefore, the instructions were reworded to read: “Please look over both pages 6 and 7 and answer the following questions.”
2. Q64: This question was reworded to read: “If people call 1-800-MEDICARE, they can listen to information in which of the following languages?” “Neither” was added as an answer option.
3. Q65: Based on staff input, “imagine that” was added to the beginning of this question. It now reads: “Imagine that you call 1-800-MEDICARE because you lost your Medicare card and need to get a new one. Which number should you press?”
4. Q66: “Imagine that” was added to the beginning of this question, so it now reads: “Imagine that you call 1-800-MEDICARE and want to speak with a customer service representative. Which number should you press?”
5. Q67: This question was dropped because it was not considered a major concept.

Set 2. While most respondents answered these items correctly, a few respondents thought that this set was “a little busy” and “not as clear as the first set.” No changes were made to the instructions or questions in this section.

Set 3. Several changes were made to this section:

1. A paragraph introducing the availability of local Medicare health plan information was inserted at the beginning of this section.
2. Q72: This question was reworded by adding “If you call 1-800-MEDICARE” to the beginning. It now reads: “If you call 1-800-MEDICARE, what kind of information can you get from a customer service representative?”
3. Q73: The word “you” in this question was replaced with “people.” The question now reads: “How can people access the ‘Medicare Personal Plan Finder’?” “Neither” was also added as an answer option.

Set 4. No problems were noted in this section. “Neither” was added as an answer option for Q74.

Set 5. No problems were noted in this section. The instructions were reworded for greater clarity. They now read: “Please look over page 29 and answer the following questions according to information in the table.”

Cognitive Abilities. No problems were noted in this section. Three additional questions were added to the beginning of this section.

Non-Knowledge Items. No problems were noted in this section. Question 92 was reworded to read: “How much do you trust the information you get from the Medicare program?” (“The Medicare program” was substituted for “Medicare.”) Also, based on input from project staff, Q97 was dropped because it is a non-knowledge item seldom used for analysis.

4.0 Conclusions and Recommendations

Based on the findings from Rounds 1 and 2 of cognitive testing, we designed a questionnaire that includes a total of 99 questions (See Appendix D). The Flesch-Kincaid reading analysis score for the questionnaire is at the 7.5 grade level. The questions are broken down into the following ten categories:

- Self-Reported Knowledge (n = 3) (questions 1 through 3);
- Eligibility for and Structure of Original Medicare (n = 14) (questions 4 through 13);
- Medicare + Choice (n = 12) (questions 14 through 25);
- Plan Choice and Health Plan Decision-Making (n = 7) (questions 26 through 32);
- Information and Assistance, Beneficiary Rights, and Quality of Care (n = 10) (questions 33 through 42);
- Medigap/Employer-Sponsored Supplemental Insurance (n = 4) (questions 43 through 46);
- Health Literacy Terminology (n = 11) (questions 47 through 57);
- Health Literacy Scenarios (n = 16) (questions 58 through 73);
- Cognitive Abilities (n = 6) (questions 74 through 79); and
- Non-Knowledge Items (n = 16) (questions 41, 42, and 80 through 93).

The self-reported knowledge items are necessary for evaluation of the psychometric properties (namely, the validity) of the demonstrated knowledge items (which include questions 4 through 40 and 43 through 46). Health literacy may play a role in the ability of beneficiaries to comprehend Medicare-related information; therefore, we were asked to develop questions in this domain. In consultation with a health literacy expert, we developed two types of questions. One type measures beneficiaries' knowledge of terms associated with Medicare and health insurance (health literacy terminology questions), and the other evaluates beneficiaries' ability to use information presented in the *Medicare & You* handbook to answer related questions (health literacy scenario questions). These scenarios reference pages 6 and 7 (Set 1), 38 and 39 (Set 2), 63 (Set 3), 59 (Set 4), and 29 (Set 5) of the August 2000 version of the handbook. These pages must be given to the participant in order for him or her to complete questions 58 through 73.

We included six questions that focus on beneficiaries' reading (n = 3) and memory (n = 3) skills as a global measure of their cognitive abilities. Research has demonstrated that these three reading items have a statistically significant effect on beneficiary knowledge in a multivariate framework (McCormack et al., 2001). Therefore, we recommend that they be included for analytic purposes. Finally, we included sixteen additional non-knowledge questions that will generate data on beneficiaries' information-seeking attitudes and behavior, use of Medicare-related information and decision-support tools, and decision-making habits. Responses to these questions may help to explain differences in beneficiaries' knowledge scores, particularly in regard to their exposure to informational resources, including the *Medicare & You*

handbook. This type of information could illuminate how existing informational resources can be modified to increase beneficiary knowledge.

We recommend that the next step in the development of the MCBS knowledge items be a pretest in which all of the newly developed demonstrated knowledge items (questions 4 through 40, 43 through 46) are administered to a large sample of respondents. The respondents selected for the pretest should be representative of the population to whom the items will eventually be administered. Proceeding in this way will allow us to capitalize on the potential benefits of IRT.

Purpose of the Pretest

The primary purpose of the pretest is to establish the IRT parameters (i.e., difficulty and discrimination) for the items. This process is also called *calibration* of the items. Once the items have been calibrated, we can develop a set of equivalent forms that will allow different sets of respondents to receive different knowledge questions, while still receiving comparable scores. Calibration of the items would also make it possible to change the items from year to year and potentially to intersperse new items during future years.

Pretesting is important for several reasons. During the pretest, all of the knowledge items should be administered to the same group of individuals to allow us to evaluate the relationship of the items and to examine how the parameters of the items compare to each other. For example, by obtaining information on all of the items, we can determine whether a particular item has a higher difficulty level relative to the other items.

Pretest data can serve to evaluate the psychometric properties of the items, allowing us to eliminate or modify any poorly performing items. The pretest data will allow us to select the best-performing items for inclusion in the final knowledge index. Specifically, we would include items that demonstrate high levels of discrimination and varying levels of difficulty.

Using the pretest data, we can conduct a factor analysis to investigate the dimensionality of the scale. One of the primary assumptions of IRT is that the scale being analyzed is unidimensional. Although in the development process we have created the items using a set of content areas, without data, we will not know how these items will actually cluster when analyzed. The best IRT scenario is that the entire set of items will form a unidimensional scale. However, if we found that the items do not form a unidimensional scale, one option would be to use the factor analysis results to assemble items into subscales. Another option is to create a cluster of related items called a *testlet*.

Conducting the Pretest

Ideally, to produce the most reliable results, the pretest of the items should be conducted using as large a sample as possible. Therefore, the preferred option is to field all of the demonstrated knowledge items for the entire MCBS sample. At least some health literacy items should be included, as well as some non-knowledge items (even if in a later round of the MCBS). However, we recognize that this may

not be feasible and therefore present two alternative approaches. To calibrate the items, we need a minimum of 1,000 responses to all of the knowledge items.

One approach is to administer the entire item pool to only those respondents who are in their final year of the MCBS. Since these respondents will not be continuing in the survey, there should be no detrimental effects, psychometrically speaking, of exposing them to the entire item pool. For example, any concerns about the respondents learning the answers to the questions would be eliminated because they will not be administered the items again. However, one disadvantage of this approach is that the answers of respondents in their last year of the study may differ from those of beneficiaries who have just begun the study.

The other approach is to randomly select a certain percentage of respondents to receive all of the knowledge items. This approach has the advantage of providing a more representative sample of respondents. Without at least 1,000 responses for a substantial portion of the demonstrated knowledge questions, we will be unable to complete the second phase of the project as originally intended.

In conclusion, conducting a pretest and calibrating the new knowledge items will allow CMS to benefit from the many useful features of IRT. Specifically, using IRT will produce a more precise measure of beneficiary knowledge, allowing CMS to more accurately determine areas in which beneficiaries lack knowledge and could use more information. In addition, an IRT-based knowledge scale will allow CMS to track knowledge over time, thereby allowing for the evaluation of the effectiveness of interventions and education programs.

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Appendix A. Technical Advisory Panel (TAP) Members

TAP Member	Affiliation
L. Sue Andersen	HealthNav, Inc.
Ute Bayen	Department of Psychology, University of North Carolina, Chapel Hill
Bonnie Burns	California Health Associates
Joyce Dubow	Public Policy Institute, American Association of Retired Persons
Judith Hibbard	University of Oregon
Marisa Scala	Center for Medicare Education
Shoshanna Sofaer	School of Public Affairs, Baruch College
David Thissen	Department of Psychology, University of North Carolina, Chapel Hill

Appendix B.

MCBS Knowledge Questionnaire Development (Rnd1)

Cognitive Testing Protocol

June 27, 2001
7964.002.002

Instructions for the Interviewer

1. The following are general things to note throughout the interview:
 - Note any questions that don't work, even if there is no probe. Make a note of the specific problem.
 - Note terms that the respondent has trouble with (i.e., premium, out-of-pocket, etc.)
 - Note any questions that the respondent says don't apply
 - Note how many times respondents ask for you to repeat a question
 - Note question order problems
 - Watch for difficulty a respondent might have with changing question formats (i.e., T/F, multiple choice)
 - Note places where the respondent appears to be guessing
 - The first few questions use the term "Medicare" before "Original Medicare" is defined. Note whether the respondent is confused after the transition to "Original Medicare." Probe if necessary.
 - Currently questions shift between using "people" and "you". Probe to determine if respondents have a preference.
2. Remind the respondent as necessary that they can answer "Don't Know".
3. If you run into a situation where the respondent says that he/she doesn't know what something is (for example, Medicare + Choice) and this prevents him/her from answering subsequent questions, explain that it's important to answer every question and that he/she might remember as you go along. If they have major difficulty in any area, just make a note of it and move on.
4. If the respondent has questions about Medicare refer them to state-level Senior Health Insurance Counseling Program (SHIP) at 800-443-9354 or 919-733-0111. You may need to be firm in this regard, otherwise you may lose precious time.
5. Score questionnaire when complete to calculate a number (out of 55) and a percentage (out of 100) correctly answered.
6. As you conduct the interview, you should read the entire question and all responses.

Introduction

To be read to the respondent:

Before we get started, I want to give you a little background information about what we're doing. We have developed a survey for people on the Medicare program. The purpose of this type of interview is for us to see how these questions work. Do they make sense? Are they being understood as we planned? How easy or difficult are they to answer? We want to understand what you think each question means and how you arrive at your answer. This will help us find potential problems with the questions so that we can make them better before we survey a lot of people. I am not an expert in health insurance counseling and am not familiar with your insurance situation, so unfortunately, I won't be able to help you with any questions that you may have about your health insurance.

I will be reading the questions and answer choices out loud. After many of the items I will ask you some additional questions to find out what you think about the questions. We are more interested in your interpretation of the questions than your actual answers. If you don't know the answer to any of the questions you can always say "don't know". You can also refuse to answer any questions and we can stop at any time. The interview should take approximately 2 hours to complete. Do you have any questions?

Now I'm going to give you an "Informed Consent" form for you to read. This explains the study and what you are being asked to do. Please take a few minutes to review and sign on the signature line indicating that you understand your role and are participating voluntarily. I will also give you another copy of the form for you to keep. There are phone numbers of researchers at RTI who you can call if you have any questions about the study after today.

[Explain where restrooms are if necessary.]

I. Self-Perceived Knowledge. This first section asks about how you feel about your own understanding of the Medicare program.

1. How do you rate your understanding of the Medicare program?

- | | | |
|-------------------|--------------------------|---|
| a. Excellent..... | <input type="checkbox"/> | 1 |
| b. Very good..... | <input type="checkbox"/> | 2 |
| c. Good..... | <input type="checkbox"/> | 3 |
| d. Fair..... | <input type="checkbox"/> | 4 |
| e. Poor..... | <input type="checkbox"/> | 5 |

II. Eligibility for and Structure of Original Medicare (including covered benefits, costs, and billing issues). This section asks questions about what Medicare is, who is eligible for Medicare, how Medicare works, and what types of services are covered.

2. People are eligible for Medicare because they have low or moderate incomes. Would you say this is...

- | | | |
|--------------------|--------------------------|----|
| a. True..... | <input type="checkbox"/> | 1 |
| b. False..... | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |

Probe: In your own words, what does "eligible for Medicare" mean?

3. Medicare has two parts. Part A is hospital insurance. Part B is medical insurance. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know..... -1

4. Most people on Medicare have to pay a monthly payment, called a premium. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know..... -1

5. The Medicare Part B monthly payment, called a premium, can change at any time during the year. Would you say this is...

- a. True 1
- b. False..... 2
- c. Don't know..... -1

[INTERVIEWER: 1) Does the respondent have difficulty with the transition from just "Medicare" to "the Original Medicare plan"? 2) Does the respondent have trouble with the long response option 7c?]

6. The Original Medicare plan is...
- | | | |
|--|--------------------------|----|
| a. Medicare Part A only | <input type="checkbox"/> | 1 |
| b. A Medicare option that is no longer available | <input type="checkbox"/> | 2 |
| c. <i>The traditional Medicare plan that has been available since Medicare started</i> | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |

III. Define Original Medicare for respondent: The Original Medicare Plan is offered by the federal government and is available nationwide. You are usually charged a fee for each health care service or supply you get.

7. The Original Medicare plan is no longer available to people on Medicare.
Would you say this is...
- True
 - False
 - Don't know

Probe: Please tell me how you chose your answer. What did you have to think about?

8. Which one of the following statements is true about what the Original Medicare plan pays for? It pays for...
- a. All health care costs 1
 - b. *Some health care costs* 2
 - c. Only emergency health care costs 3
 - d. Don't know -1
9. Medicare now pays for certain cancer screening services such as mammograms (breast x-rays for women) and Pap smears. Would you say this is...
- a. *True* 1
 - b. *False* 2
 - c. Don't know -1
10. Is emergency health care paid for under the Original Medicare plan?
- a. *Yes* 1
 - b. *No* 2
 - c. Don't know -1

11. Is emergency health care paid for under a Medicare HMO plan?

- a. Yes 1
- b. No 2
- c. Don't know -1

Probe: Please think about the last two questions I asked you. Now I'm going to read you an alternate question that might be used instead of the two you just answered.

[INTERVIEWER: Read question slowly]

12. When a person thinks they are in a life-threatening situation, he/she can go to the nearest hospital emergency room and the visit will be covered. Does this best describe...

- | | | |
|-------------------------------------|--------------------------|----|
| a. The Original Medicare plan | <input type="checkbox"/> | 1 |
| b. A Medicare HMO..... | <input type="checkbox"/> | 2 |
| c. Both | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |

Probe: Please think "aloud" as you answer this question. How did you choose your answer? What did you have to think about?

Please think about all three questions. [INTERVIEWER: You may need to re-read the question] What is the difference between questions 10, 11 and 12? [INTERVIEWER: Make sure the respondent understands that you are asking about 10 and 11 as a group compared to question 12.]

Probe: Which do you prefer? Why?

[INTERVIEWER" Also probe to determine whether respondents have trouble with the answer choice "both" in question 12.]

13. If you get health care services outside the United States, they will be paid for by...

- | | | |
|-------------------------------------|--------------------------|----|
| a. The Original Medicare plan | <input type="checkbox"/> | 1 |
| b. A Medicare HMO..... | <input type="checkbox"/> | 2 |
| c. Both..... | <input type="checkbox"/> | 3 |
| d. Neither..... | <input type="checkbox"/> | 4 |
| e. Don't know..... | <input type="checkbox"/> | -1 |

Probe: Please think "aloud" as you answer this question. How did you choose your answer? What did you have to think about?

[INTERVIEWER: Probe to determine whether respondents have difficulty with the answer choices "both" and "neither". Does also having "neither" make it more difficult?]

14. I am going to read you a list of services. For each item, please say whether you think it is covered by the Original Medicare plan.

- | | Yes | No | DK |
|---|----------------------------|----------------------------|-----------------------------|
| a. Routine eye exams | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. Annual dental exams | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -1 |
| c. Prescription drugs (outside the hospital)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -1 |
| d. Care in a nursing home..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -1 |

IV. Managed Care and the M+C Program

***Before reading next question:**

Before we go to the next question, please tell me in your own words what “managed care” means to you? [INTERVIEWER: Take verbatim notes]

OK, now I’m going to read the next question. [INTERVIEWER: If the respondent did not know the answer and says he/she can’t answer the question, explain that they may remember something by thinking about the question and answer choices.]

INTERVIEWER: See if they have problem remembering all the responses. Do they ask you to repeat them more than once?

15. Medicare managed care is....

- | | | |
|--|--------------------------|----|
| a. An HMO-type health plan | <input type="checkbox"/> | 1 |
| b. A fee-for-service health plan..... | <input type="checkbox"/> | 2 |
| c. A Medigap or supplemental insurance policy..... | <input type="checkbox"/> | 3 |
| d. Don’t know..... | <input type="checkbox"/> | -1 |

***Before reading next question:**

Before we go to the next question, please tell me in your own words what “Medicare + Choice” means to you? [INTERVIEWER: Take verbatim notes]

OK, now I’m going to read the next question. [INTERVIEWER: If the respondent did not know the answer and says he/she can’t answer the question explain that they may remember something by thinking about the question and answer choices.]

16. “Medicare + Choice” refers to Medicare plans...

- a. That are for people who want to have choices when they are traveling..... 1
- b. *That people can sign up for instead of the Original Medicare plan*..... 2
- c. For people who have specific health conditions 3
- d. Don't know..... -1

17. Medicare+Choice refers to Medicare plans that people can sign up for instead of the Original Medicare plan. Would you say this is...

- a. *True* 1
- b. *False* 2
- c. Don't know..... -1

18. In general, with a Medicare HMO, you can go to any doctor or hospital in the United States. Would you say this is...

- a. *True* 1
- b. *False* 2
- c. Don't know..... -1

19. In general, with a Medicare HMO, you do not need to get a referral to see a specialist. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know -1

Probe: What does referral mean to you in this context?

20. During which times can a doctor leave a Medicare HMO?

- a. Anytime during the year 1
- b. At the beginning of the year 2
- c. Never 3
- d. Don't know -1

Probe: Thinking about the answer choices to this question, "Anytime during the year", "at the beginning of the year", and "never", how easy or difficult were they to use? Can you think of other answer choices that would make more sense or be easier to use?

Probe: If you were asked this question and were not given answer choices, how would you respond?

21. Once you join a Medicare HMO, the plan *can* change your monthly premium...

- a. Anytime during the year..... 1
- b. *At the beginning of the year* 2
- c. Never 3
- d. Don't know..... -1

22. If your Medicare HMO stops serving people with Medicare in your area, can you join another Medicare HMO in your area?

- a. *Yes* 1
- b. No 2
- c. Don't know..... -1

Probe: In your own words, what do you think this question is asking?

Probe: What did you have to think about in order to answer this question? Are you thinking "in general" or about your specific situation? AND/OR What did you think about when I said "in your area"?

23. If your HMO leaves the Medicare program and you do not choose another one, you will be covered by the Original Medicare plan. Would you say this is...

- a. *True* 1
- b. *False* 2
- c. Don't know..... -1

V. Medigap-Specific Issues. This section asks questions about supplemental insurance, sometimes called “Medi-gap” plans.

24. People with Medicare coverage can always buy a Medigap or supplemental health insurance policy regardless of their health. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know -1

Probe: Please tell me which phrase you prefer: “People with Medicare” or “People on Medicare” [Re-read the question if necessary]. Why?

Probe: What did you think about when I said “Medigap or supplemental health insurance policy”? Were those terms confusing?

VI. Similarities and Differences Between Plan Choices/Health Plan Decision Making.
This section asks questions about the different health plan choices people on Medicare have.

25. People can receive their regular Medicare benefits through...

- | | | |
|--|--------------------------|----|
| a. The Original Medicare plan | <input type="checkbox"/> | 1 |
| b. A Medicare HMO plan..... | <input type="checkbox"/> | 2 |
| c. A Private Fee-for-Service plan..... | <input type="checkbox"/> | 3 |
| d. All of the above..... | <input type="checkbox"/> | 4 |
| e. Don't know..... | <input type="checkbox"/> | -1 |

Probe: What do "regular Medicare benefits" mean to you in this context?

Probe: Have you heard the term "Private Fee-for-Service plan"? What do you think it is?

Probe: How did you choose your answer? What did you have to think about?
[INTERVIEWER: Note how "all of the above" works. How many times did the respondent ask you to repeat the answers?]

26. No matter what Medicare health plan you choose, your out-of-pocket costs will be the same. Would you say this is...

- | | | |
|--------------------|--------------------------|----|
| a. True | <input type="checkbox"/> | 1 |
| b. False..... | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |

Probe: What does "out-of-pocket costs" mean to you in this context?

27. With Medicare today, you have to change health plans every year. Would you say this is...

- | | | |
|--------------------|--------------------------|----|
| a. True | <input type="checkbox"/> | 1 |
| b. False..... | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |

*Probe: If this question was re-worded to read: "With Medicare today, **people** have to change health plans every year" would its meaning change to you? [If yes, how]?*

Probe: Which version do you prefer? Why?

[INTERVIEWER: There are several questions that use either "you" or "people". Probe to find out which the respondent prefers. If necessary, probe additional applicable questions.]

28. Which type of health insurance option gives you more freedom to choose the doctors and hospitals you want to go to?

- | | | |
|---------------------------------------|--------------------------|----|
| a. The Original Medicare program..... | <input type="checkbox"/> | 1 |
| b. A Medicare HMO..... | <input type="checkbox"/> | 2 |
| c. They are both about the same..... | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |

[INTERVIEWER: This is a VERY important research question. Have a full conversation with the participant about it and ask additional probes if necessary and record verbatim responses. We are trying to get at the best way to say that there are different ways that beneficiaries can receive their Medicare benefits and that they differ on certain features, like choice of doctors. Is it better to say “health insurance options” or “health plan options” or “plan choices” or “Medicare plans” or something else? Does having the word “insurance” in the phrase help them?]

Probe: In your own words, what do you think this question is asking?

Probe: How did you choose your answer? What did you have to think about?

Probe: What does “health insurance option” mean to you in this context?

Probe: I'm going to read some alternate phrases that could be used to replace “health insurance options”. Please tell me what you think of each one and which phrase you prefer.

1. Health insurance plans

2. Health plan choices

3. Health plans

4. Medicare health plans

5. Medicare insurance options

Probe: Are there any other phrases that you can think of that would be better?

29. Which type of health insurance option is more likely to pay for prescription drugs?

- | | | |
|--------------------------------------|--------------------------|----|
| a. The Original Medicare plan | <input type="checkbox"/> | 1 |
| b. A Medicare HMO..... | <input type="checkbox"/> | 2 |
| c. They are both about the same..... | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |

30. The Original Medicare plan now pays for more preventive health care services like diabetes monitoring. Are these same services covered by other Medicare health plans?

- | | | |
|--------------------|--------------------------|----|
| a. Yes..... | <input type="checkbox"/> | 1 |
| b. No..... | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |

[INTERVIEWER: Note if you think the person chose answer "c" because it was the last response available or it seemed like the right answer b/c it did not have a parallel negative choice?]

31. Which of the following people have to change health plans this year?

- a. Everyone who just joined Medicare last year 1
- b. Everyone who has a Medicare HMO 2
- c. *None of the above*..... 3
- d. Don't know..... -1

Probe: What kinds of "preventive health care services" are you thinking about? ASK ONLY IF TIME

32. If you have a Medicare HMO, it is important for you to also buy a supplemental insurance policy, sometimes called a Medigap policy. Would you say this is...

- a. True 1
- b. *False* 2
- c. Don't know..... -1

VII. Differences in Quality of Care. This section asks about quality of care.

33. No matter which plan you choose, you get the same quality of health care.
Would you say this is...

- a. True 1
- b. False 2
- c. Don't know -1

[INTERVIEWER: Now I'm going to read you a similar version of the previous question.]

34. Good quality care is safe, effective and responsive. All health plans provide the same quality of care. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know -1

Probe: Is there a difference between these two questions? If yes, what? Which one is easier for you to understand? Why?

Probe: The second version of this question defines quality as "safe, effective, and responsive". Did including the definition affect your answer? How?

*Probe: What do you think of the definition? Can you think of an alternate way to define quality that would make more sense to you? **ASK ONLY IF YOU HAVE TIME.***

VIII. Beneficiaries Have Rights and Protections. This section asks questions about the rights and protections that people on Medicare have.

35. You have the right to ask a Medicare health plan to reconsider any decision it makes about what you or your doctor think should be covered. Is this true for...

- a. The Original Medicare program..... 1
- b. Medicare HMOs..... 2
- c. *Both*..... 3
- d. *Neither*..... 4
- e. Don't know..... -1

Probe: What does "reconsider" mean to you in this question?

[INTERVIEWER: Note how this question and the answer choices "both" and "neither" work].

36. When you are on Medicare, you have which of the following rights? The right to....

- | | Yes | No | DK |
|---|----------------------------|----------------------------|----------------------------|
| a. Participate in your treatment decisions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| b. The right to change plans as often as you like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| c. Have your health information kept private | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

IX. How to Get More Information/Assistance. This section asks about ways to get more information or assistance about Medicare.

37. Information about the quality of care different Medicare plans give is not available at this time. Would you say this is...

- a. True 1
- b. *False*..... 2
- c. Don't know..... -1

38. Does the Medicare program have its own internet web site?

- a. Yes 1
- b. No 2
- c. Don't know -1

39. When can you call the 1-800-MEDICARE hotline to speak to someone at Medicare about your questions?

- a. Only during business hours 1
- b. Only on the weekends 2
- c. Anytime 3
- d. Don't know -1

40. As far as you know, is there an information or counseling service in your area that people with Medicare can use to get help understanding and comparing health insurance options?

- a. Yes 1
- b. No 2
- c. Don't know -1

[INTERVIEWER: Note how this question works. Is it too "wordy"?)

Probe: [If yes] What kind of service are you thinking about?

41. Does the Medicare program have a handbook that tells you about how the Medicare program works?

- a. Yes 1
- b. No 2
- c. Don't know..... -1

Probe: [If yes] What is this handbook called? How did you get it? ASK ONLY IF YOU HAVE TIME.

42. The Medicare program has recently begun to offer more information and help in order to answer questions about the Medicare program. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know..... -1

Probe: What kinds of "information and help" are you thinking about?

X. Special Subgroup Issues.

[ASK Q43 ONLY IF THE RESPONDENT HAS MEDICAID]

43. States have programs that pay some or all of Medicare's premiums for people with lower incomes and resources. Would you say this is...

- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

[ASK THE REMAINING QUESTIONS ONLY IF THE RESPONDENT HAS HEALTH INSURANCE THROUGH AN EMPLOYER]

44. People on Medicare who also have health insurance from an employer may choose whether Medicare or the employer will be their primary insurer. Would you say this is...

- a. *True* 1
- b. *False*..... 2
- c. *Don't know*..... -1

45. Is it a good idea to take Medicare Part B coverage if you are working after age 65 and have health insurance with your employer?

- a. *Yes*..... 1
- b. *No* 2
- c. *Don't know*..... -1

46. If you have a supplemental insurance policy and dropped it, when could you get it back?

- a. At any time 1
- b. *Only under certain conditions*..... 2
- c. After a 30 day waiting period..... 3
- d. Never 4
- e. Don't know..... -1

47. If you enroll in Medicare Part B while you are covered under an employer plan, you may not be able to buy a Medigap policy when your employer coverage stops. Would you say this is...

- a. True 1
- b. False 2
- c. Don't know..... -1

XI. Self-Perceived Knowledge. Finally, this last question asks you how much you feel that you know about the Medicare program.

48. How much do you think you know about the Medicare program?

- a. I know just about everything I need to know 1
- b. I know most of what I need to know 2
- c. I know a little of what I need to know..... 3
- d. I know almost none of what I need to know 4

Appendix C. MCBS Knowledge Questionnaire Development (Rnd2) Cognitive Testing Protocol

**August 21, 2001
7964.002.002**

Instructions for the Interviewer

1. The following are general things to note throughout the interview:
 - Note any questions that don't work, even if there is no probe. Make a note of the specific problem.
 - Note terms that the respondent has trouble with (i.e., premium, out-of-pocket, etc.)
 - Note any questions that the respondent says don't apply
 - Note how many times respondents ask for you to repeat a question
 - Note question order problems
 - Watch for difficulty a respondent might have with changing question formats (i.e., T/F, multiple choice)
 - Note places where the respondent appears to be guessing
2. Remind the respondent as necessary that they can answer "Don't Know".
3. If you run into a situation where the respondent says that he/she doesn't know what something is (for example, Medicare + Choice) and this prevents him/her from answering subsequent questions, explain that it's important to answer every question and that he/she might remember as you go along. If they have major difficulty in any area, just make a note of it and move on.
4. If the respondent has questions about Medicare refer them to state-level Senior Health Insurance Counseling Program (SHIP) at 800-443-9354 or 919-733-0111. You may need to be firm in this regard, otherwise you may lose precious time.
5. Score questionnaire when complete to calculate a number and percentage.
6. As you conduct the interview, you should read the entire question and all responses.

Introduction

To be read to the respondent:

Before we get started, I want to give you a little background information about what we're doing. We have developed a survey for people on the Medicare program. The purpose of this type of interview is for us to see how these questions work. Do they make sense? Are they being understood as we planned? How easy or difficult are they to answer? We want to understand what you think each question means and how you arrive at your answer. This will help us find potential problems with the questions so that we can make them better before we survey a lot of people. I am not an expert in health insurance counseling and am not familiar with your insurance situation, so unfortunately, I won't be able to help you with any questions that you may have about your health insurance.

I will be reading the questions and answer choices out loud (Note: In some sections respondents will be given the questions and answers to look at). After many of the items I will ask you some additional questions to find out what you think about the questions. We are more interested in your interpretation of the questions than your actual answers. If you don't know the answer to any of the questions you can always say "I don't know". You can also refuse to answer any questions and we can stop at any time. The interview should take approximately 2 hours to complete. Do you have any questions?

Now I'm going to give you an "Informed Consent" form for you to read. This explains the study and what you are being asked to do. Please take a few minutes to review and sign on the signature line indicating that you understand your role and are participating voluntarily. I will also give you another copy of the form for you to keep. There are phone numbers of researchers at RTI who you can call if you have any questions about the study after today.

[Explain where restrooms are if necessary.]

I. Self-reported knowledge question

1. How easy or difficult is the Medicare program to understand? Would you say it is...
- a. Very easy to understand 1
- b. Somewhat easy to understand 2
- c. Somewhat difficult to understand 3
- d. Very difficult to understand 4

II. Eligibility for and Structure of Original Medicare

2. People are eligible for Medicare because they have low or moderate incomes. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1

Probe: In your own words, what does "eligible for Medicare" mean?

*Probe: If this question was re-worded to read "**People have Medicare.....**" instead of "**People are eligible for Medicare...**" would that mean the same thing to you? Why/why not? Which do you prefer? Why?*

3. Medicare has two parts. Part A covers hospital stays. Part B covers medical services like doctors' visits. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1
4. Most people with Medicare have to pay a monthly payment, called a premium, for doctors' visits and other medical services. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1
5. The monthly payment, called a premium, can change at any time during the year. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1

6. The monthly payment, called a premium, can change from year to year. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

Probe: What does "change from year to year" mean to you in this context?

7. Some people with lower incomes can get help paying for Medicare's premiums. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know* -1

8. Which one of the following statements is true about what Medicare pays for? It pays for...
- a. *All health care costs* 1
- b. *Some health care costs* 2
- c. *Only emergency health care costs* 3
- d. *Don't know* -1

9. Medicare covers some preventive screening services such as flu shots and mammograms, which are tests for breast cancer. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

10. Which of the following best describes the Original Medicare plan? Would you say Original Medicare is...
- a. *Medicare Part A, hospital insurance, only* 1
- b. *A Medicare option that is no longer available* 2
- c. *A Medicare option that has been available since Medicare started and is still available* 3
- d. *Don't know*..... -1

11. The Original Medicare plan is no longer available to people with Medicare. Would you say this is...
- a. *True* 1
- b. *False*..... 2
- c. *Don't know* -1

Probe: What does the term “Original Medicare” mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent.]

12. I am going to read you a list of services. For each service, please say whether or not you think it is usually covered by the Medicare Basic Insurance Plan.

	Yes	No	DK
a. Routine eye exams	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Annual dental exams	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
c. Prescription drugs outside the hospital.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁
d. Long-term care in a nursing home (for things like bathing and dressing)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₋₁

Probe: What does the term “Medicare Basic Insurance Plan” mean to you? [INTERVIEWER: Record direct quotes from the respondent].

III. Medicare + Choice

13. If a person thinks that he is in a life-threatening situation and goes to the hospital emergency room, will this visit be covered if he has the Medicare Basic Insurance Plan?

a. Yes	<input type="checkbox"/> ₁
b. No.....	<input type="checkbox"/> ₂
c. Don’t know	<input type="checkbox"/> ₋₁

14. If a person thinks that he is in a life-threatening situation and goes to the hospital emergency room, will this visit be covered if he has a Medicare HMO?

a. Yes	<input type="checkbox"/> ₁
b. No.....	<input type="checkbox"/> ₂
c. Don’t know	<input type="checkbox"/> ₋₁

Probe: Please think about the last two questions I asked you. Now I’m going to read you an alternate question that might be used instead of the two you just answered. [INTERVIEWER: Read question slowly]

15. When a person thinks he is in a life-threatening situation, he can go to the hospital emergency room and the visit will be covered. Does this best describe...
- a. The Medicare Basic Insurance Plan..... 1
 - b. A Medicare HMO 2
 - c. Both 3
 - d. Neither
 - e. Don't know -1

Probe: Please think "aloud" as you answer this question. How did you choose your answer? What did you think about?

Please think about all three questions. [INTERVIEWER: You may need to re-read the questions]. What is the difference between questions 12, 13, and 14?

[INTERVIEWER: Make sure the respondent understands that you are asking about 12 and 13 as a group compared to question 14].

Probe: Which do you prefer? Why?

[INTERVIEWER: Also probe to determine whether respondents have trouble with the answer choice "both" in Q14.]

16. Which health insurance option usually covers non-urgent health care services that people with Medicare get while traveling outside the United States? Would you say...
- a... The Medicare Basic Insurance Plan..... 1
 - b. A Medicare HMO..... 2
 - c. Both..... 3
 - d. Neither..... 4
 - e. Don't know -1

Probe: Please think "aloud" as you answer this question. How did you choose your answer? What did you have to think about?

[INTERVIEWER: Probe to determine whether respondents have difficulty with the answer choices "both" and "neither." Are they confusing to respondents?]

17. Which of the following best describes Medicare managed care? Would you say Medicare managed care is....
- a. An HMO-type health plan 1
 - b. A fee-for-service health plan 2
 - c. A Medigap supplemental insurance policy 3
 - d. Don't know -1

Probe: What does the term "Medicare Managed Care" mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent.]

18. Medicare+Choice plans are private Medicare health insurance options that people can sign up for instead of the Medicare Basic Insurance Plan. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

Probe: What does the term "Medicare+Choice" mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent.]

19. With a Medicare HMO, you can go to any doctor or hospital in the United States and the visit will be covered. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

Probe: What does the term "Medicare HMO" mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent.]

[INTERVIEWER: Talk with respondents about the terms used in Q17, Q18, and Q19 (Medicare Managed Care, Medicare+Choice, and Medicare HMO). How do they differ, etc. Record verbatim comments.]

20. With a Medicare HMO, you usually need to get a referral to see a specialist for the visit to be covered. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1

21. When can a doctor leave his job at a Medicare HMO?
- a. *Anytime during the year* 1
- b. *Only in January* 2
- c. *Never* 3
- d. *Don't know*..... -1

Probe: What does "leave his job" mean to you in this context?

22. Once you join a Medicare HMO, when can the plan change your monthly premium? Would you say they can change it...
- a. *Anytime during the year* 1
- b. *Only in January*..... 2
- c. *Never*..... 3
- d. *Don't know*..... -1

23. If your Medicare HMO stops serving people with Medicare in your area, can you join another HMO if one is available?
- a. Yes..... 1
- b. No..... 2
- c. Don't know -1

Probe: In your own words, what do you think this question is asking?

Probe: What does "stop serving people..." mean to you in this context?

24. If your Medicare HMO leaves the Medicare program and you do not choose another one, you will be covered by the Medicare Basic Insurance Plan. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

Probe: What does "covered by the Medicare Basic Insurance Plan" mean?

[INTERVIEWER: Ask the respondent to describe the situation presented in question 24 in their own words. What does it mean?]

25. If your Medicare HMO leaves the Medicare program and you do not choose another one, you will be automatically assigned to another HMO. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

Probe: What does "automatically assigned to another HMO" mean to you in this context?

[INTERVIEWER: Ask the respondent to describe the situation presented in question 25 in their own words. What does it mean?]

26. Medicare Private Fee-for-Service plans are only available to people who have health insurance through their employer. Would you say this is...
- a. True..... 1
- b. False..... 2
- c. Don't know..... -1

27. People with Medicare can join a Private Fee-for-Service plan if one is available in their area. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

28. If you join a Private Fee-for-Service plan, you may get extra benefits Medicare doesn't cover, but you may pay more for benefits Medicare does cover. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

Probe: What does the term "Private Fee-for-Service plan" mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent].

Probe: What kind of "extra benefits" are you thinking about?

IV. Plan Choices and Health Plan Decision-Making

29. People can receive their regular Medicare benefits with...
- a. The Medicare Basic Insurance Plan 1
- b. A Medicare HMO plan..... 2
- c. Either..... 3
- d. Neither..... 4
- e. Don't know..... -1

Probe: What do "regular Medicare benefits" mean to you in this question? Probe: How did you choose your answer? What did you have to think about?

30. No matter which Medicare health insurance option you choose, your out-of-pocket costs will be the same. Would you say this is...
- a. True..... 1
- b. False..... 2
- c. Don't know -1
31. Which type of Medicare health insurance option gives you more freedom to choose the doctors and hospitals you want to go to? Would you say...
- a. The Medicare Basic Insurance Plan 1
- b. A Medicare HMO..... 2
- c. They are both about the same..... 3
- d. Don't know..... -1

[INTERVIEWER: This is a VERY important research question. Have a full conversation with the participant about it and ask additional probes if necessary and record verbatim responses. We are trying to get at the best way to say that there are different ways that beneficiaries can receive their Medicare benefits and that they differ on certain features, like choice of doctors].

Probe: In your own words, what do you think this question is asking?

Probe: How did you choose your answer? What did you have to think about?

32. Which type of Medicare health insurance option usually has lower out-of-pocket costs? Would you say...
- a. The Basic Medicare Insurance Plan 1
 - b. A Medicare HMO 2
 - c. They are both about the same..... 3
 - d. Don't know -1
33. Which type of Medicare health insurance option is more likely to cover prescription drugs outside of a hospital? Would you say...
- a. The Basic Medicare Insurance Plan 1
 - b. A Medicare HMO 2
 - c. They are both about the same..... 3
 - d. Don't know -1
34. The Medicare Basic Insurance Plan now covers more preventive health care services like diabetes monitoring. Would you say that these same services are covered no matter which Medicare health insurance option you choose?
- a. Yes 1
 - b. No..... 2
 - c. Don't know -1

[INTERVIEWER: There are several questions that use either "you" or "people". Probe to find out which the respondent prefers. If necessary, probe additional applicable questions.]

35. Which of the following people have to change Medicare health insurance plans this year?
- a. Everyone who joined Medicare last year 1
 - b. Everyone who has a Medicare HMO 2
 - c. People whose Medicare HMOs stop serving people with Medicare..... 3
 - d. Don't know -1

[INTERVIEWER: Note if you think the respondent chose answer "c" because it was the last response available.]

36. If you have a Medicare HMO, you must also buy a Medigap supplemental insurance policy. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1

Probe: What does the term "Medigap supplemental insurance policy" mean to you? Have you heard the term before? [INTERVIEWER: Record direct quotes from the respondent.]

V. Information and Assistance, Beneficiary Rights, and Quality of Care

37. Has the Medicare program recently begun to offer more information to help answer questions about the Medicare program?
- a. Yes 1
- b. No 2
- c. Don't know -1
38. No matter which Medicare health insurance option you choose, you get the same quality of health care. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1

[INTERVIEWER: Now I'm going to read you a similar version of the previous question.]

39. Good quality health care means doing the right thing, at the right time, in the right way, and getting the best possible results. All Medicare health insurance options give the same quality of care. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know -1

Probe: Is there a difference between these two questions? If yes, what? Which one is easier for you to understand? Why?

Probe: The second version of this question defines quality as "safe; effective, and responsive". Did including the definition affect your answer? How?

40. You have the right to ask a Medicare health insurance plan to reconsider any decision it makes about what health care services it will pay for. Is this true for...
- a. The Medicare Basic Insurance Plan..... 1
 - b. Medicare HMOs..... 2
 - c. Both..... 3
 - d. Neither..... 4
 - e. Don't know -1

Probe: What does "reconsider" mean to you in this question?

[INTERVIEWER: Note how this question and the answer choices "both" and "neither" work].

41. If you have Medicare, your health insurance plan or doctor can share your health information without your permission. Would you say this is...
- a. True 1
 - b. False..... 2
 - c. Don't know..... -1

Probe: This question asks about sharing your health information. Who do you think your doctor or health plan would share your health information with

42. People with Medicare have the right to participate in their treatment decisions. Would you say this is...
- a. True 1
 - b. False 2
 - c. Don't know..... -1

43. Is information about the quality of care you get with different Medicare health insurance options available?...
- a. Yes..... 1
 - b. No..... 2
 - c. Don't know -1

Probe: What kind of information are you thinking about?

44. Does the Medicare program have its own Internet web site?
- a. Yes..... 1
 - b. No..... 2
 - c. Don't know -1

45. When can you call 1-800-MEDICARE to speak to someone at Medicare about your questions?
- a. Only during business hours..... 1
- b. Only on the weekends..... 2
- c. 24 hours a day/7 days a week..... 3
- d. Don't know..... -1

46. Is there a service or a place in your area where people with Medicare can get help understanding and comparing health insurance options?
- a. Yes..... 1
- b. No..... 2
- c. Don't know..... -1

Probe: [If yes] What kind of "service" or "place" are you thinking about?

47. How much of the Medicare & You handbook did you read? Would you say you...
- a. Never really looked at it..... 1
- b. Read parts of it..... 2
- c. Read most or all of it..... 3
- d. Didn't receive it or don't remember receiving it (**Skip Next Question**)..... 4
- e. Don't know..... -1

[INTERVIEWER: Note whether the respondent had any problems with this question?]

48. Overall, how useful was the information in the *Medicare & You* handbook? Would you say it was...
- a. Very useful..... 1
- b. Somewhat useful..... 2
- c. Not very useful..... 3
- d. Not at all useful..... 4
- e. Don't know..... -1

VI. Medigap/Employer-Sponsored Supplemental Insurance

49. People with Medicare can buy a Medigap supplemental health insurance policy at any time, regardless of their health. Would you say this is...
- a. True..... 1
- b. False..... 2
- c. Don't know..... -1

[INTERVIEWER: *If low on time don't ask Q49-Q52*]

50. People with Medicare who also have health insurance from an employer may choose whether Medicare or the employer will be their primary insurer. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1
51. If you had a Medigap supplemental insurance policy and dropped it, when could you get it back?
- a. At any time..... 1
- b. Only under certain conditions..... 2
- c. Never..... 3
- d. Don't know -1
52. Insurance companies must be willing to sell you the Medigap supplemental policy of your choice for six months after you enroll in Medicare Part B. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

VII. Health Literacy

53. An appeal is...
- a. A special kind of complaint you make if you disagree with a treatment or payment decision..... 1
- b. A request for more time to pay your medical bills..... 2
- c. Don't know..... -1

[Interviewer: *Note anything in this section that respondents find confusing.*]

54. Doctors who take assignment...
- a. Bill you for the difference between what they charge and what Medicare pays for..... 1
- b. Accept the amount Medicare pays as payment in full..... 2
- c. Don't know..... -1

55. A formulary is...
- a. *A list of approved drugs* 1
 - b. Another word for a pharmacy 2
 - c. Don't know..... -1

The next set of questions ask about terms that may be used in discussions about Medicare. By answering these questions you will help us identify words that might be confusing or difficult to understand

56. Preventive care is...
- a. *Care you get to keep you healthy* 1
 - b. Care you get to treat an illness or disease that you have..... 2
 - c. Don't know..... -1

57. A Medicare beneficiary is a...
- a. Doctor who treats people with Medicare 1
 - b. *Person who gets their health care coverage through the Medicare program*..... 2
 - c. Don't know..... -1

58. A generic drug ...
- a. Does not work as well as a brand name drug 1
 - b. *Contains the same ingredients as a brand name drug* 2
 - c. Don't know..... -1

59. Outpatient care refers to care you get...
- a. While staying overnight at the hospital..... 1
 - b. *Without staying overnight at the hospital* 2
 - c. Don't know..... -1

60. A provider network is a group of doctors, hospitals and other health care professionals who...
- a. *Work with an HMO to take care of its members* 1
 - b. Are part of a labor union 2
 - c. Don't know..... -1

61. A primary care doctor is trained to...
- a. *Take care of your basic health care needs*..... 1
 - b. Treat special diseases or illnesses 2
 - c. Don't know..... -1
62. A deductible is...
- a. The amount that Medicare pays for your health care..... 1
 - b. *The amount you must pay for your health care before Medicare begins to pay*..... 2
 - c. Don't know..... -1
63. Medigap refers to private supplemental health insurance policies that ...
- a. Require you to go to doctors or hospitals that are on an approved list ... 1
 - b. *Cover services that the Medicare Basic Insurance Plan does not*..... 2
 - c. Don't know..... -1

**Appendix D.
Beneficiary Knowledge Survey Question Pool**

Developed by

RTI

as part of the

***Questionnaire Development and Cognitive Testing Using
Item Response Theory (IRT) Project***

September 10, 2001

Note: Correct Answers are in Italics.

I. Self-reported knowledge questions

1. How would you rate your understanding of the Medicare program? Would you say it is...
- | | | |
|-------------------|--------------------------|---|
| a. Excellent..... | <input type="checkbox"/> | 1 |
| b. Very good..... | <input type="checkbox"/> | 2 |
| c. Good..... | <input type="checkbox"/> | 3 |
| d. Fair..... | <input type="checkbox"/> | 4 |
| e. Poor..... | <input type="checkbox"/> | 5 |
2. How much do you know about the Medicare program? Would you say you know...
- | | | |
|---|--------------------------|---|
| a. Just about everything you need to know | <input type="checkbox"/> | 1 |
| b. Most of what you need to know | <input type="checkbox"/> | 2 |
| c. A little of what you need to know | <input type="checkbox"/> | 3 |
| d. Almost none of what you need to know..... | <input type="checkbox"/> | 4 |
3. How easy or difficult is the Medicare program to understand? Would you say it is...
- | | | |
|---|--------------------------|---|
| a. Very easy to understand..... | <input type="checkbox"/> | 1 |
| b. Somewhat easy to understand..... | <input type="checkbox"/> | 2 |
| c. Somewhat difficult to understand | <input type="checkbox"/> | 3 |
| d. Very difficult to understand..... | <input type="checkbox"/> | 4 |

II. Eligibility for and Structure of Original Medicare

4. People are eligible for Medicare because they have low or moderate incomes. Would you say this is...
- | | | |
|--------------------|--------------------------|----|
| a. True | <input type="checkbox"/> | 1 |
| b. False | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |
5. Medicare has two parts. Part A covers hospital stays. Part B covers medical services like doctors' visits. Would you say this is...
- | | | |
|--------------------|--------------------------|----|
| a. True | <input type="checkbox"/> | 1 |
| b. False | <input type="checkbox"/> | 2 |
| c. Don't know..... | <input type="checkbox"/> | -1 |

6. Most people with Medicare have to pay a monthly payment, called a premium, for doctors' visits and other medical services. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know* -1
7. The monthly payment, called a premium, can change at any time during the year. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1
8. Some people with lower incomes can get help paying for Medicare's premiums. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know* -1
9. Which one of the following is true about what Medicare pays for? It pays for...
- a. *All health care costs* 1
- b. *Some health care costs* 2
- c. *Only emergency health care costs* 3
- d. *Don't know*..... -1
10. Medicare covers some preventive and screening services such as flu shots and tests for breast cancer. Would you say this is...
- a. *True* 1
- b. *False* 2
- c. *Don't know*..... -1
11. The Original Medicare plan is no longer available. Would you say this is...
- a. *True* 1
- b. *False*..... 2
- c. *Don't know* -1

12. I am going to read you a list of services. For each one, please say whether or not you think it is usually covered by the Original Medicare plan.

	Covered	Not Covered	Don't Know
a. Routine eye exams	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
b. Annual dental exams	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
c. Home health care services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
d. Prescription drugs outside the hospital.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1
e. A six-month stay in a nursing home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -1

13. Imagine that a person is in a life-threatening situation and goes to the hospital emergency room, will this visit be covered if the person has the Original Medicare plan?

- a. Yes..... 1
- b. No..... 2
- c. Don't know -1

III. Medicare + Choice

14. Imagine that a person is in a life-threatening situation and goes to the hospital emergency room, will this visit be covered if the person belongs to a Medicare HMO?

- a. Yes 1
- b. No..... 2
- c. Don't know -1

15. Which of the following best describes Medicare managed care? Would you say Medicare managed care is....

- a. An HMO-type health plan..... 1
- b. A fee-for-service type health plan..... 2
- c. Both..... 3
- d. Neither..... 4
- e. Don't know..... -1

16. People can sign up for a Medicare+Choice plan instead of the Original Medicare plan. Would you say this is...

- a. True..... 1
- b. False 2
- c. Don't know..... -1

17. With a Medicare HMO, people can go to any doctor or hospital in the United States for routine care and the visit will be covered. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1
18. With a Medicare HMO, people almost always can see a specialist without a referral and the visit will be covered. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1
19. Once you join a Medicare HMO, when can the plan change your monthly premium? Would you say they can change it...
- a. Anytime during the year 1
- b. Only in January..... 2
- c. Never..... 3
- d. Don't know..... -1
20. If your Medicare HMO stops serving people with Medicare in your area, can you join another HMO if one is available?
- a. Yes 1
- b. No..... 2
- c. Don't know -1
21. If your Medicare HMO leaves the Medicare program and you do not choose another one, you will be covered by the Original Medicare plan. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1
22. If your Medicare HMO leaves the Medicare program and you do not choose another one, you will be assigned to another HMO. Would you say this is...
- a. True 1
- b. False 2
- c. Don't know..... -1

23. Medicare Private Fee-for-Service plans are only available to people who have health insurance through their employer. Would you say this is...
- a. True 1
 - b. False 2
 - c. Don't know -1
24. People with Medicare can join a Private Fee-for-Service plan if one is available in their area. Would you say this is...
- a. True 1
 - b. False 2
 - c. Don't know -1
25. If you join a Private Fee-for-Service plan, you may get benefits Medicare doesn't cover, but you may pay more for benefits that Medicare does cover. Would you say this is...
- a. True 1
 - b. False 2
 - c. Don't know -1

IV. Plan Choices and Health Plan Decision-Making

26. Which health insurance option usually covers routine health care services that people with Medicare get while traveling outside the United States? Would you say...
- a. The Original Medicare plan 1
 - b. A Medicare HMO..... 2
 - c. Both..... 3
 - d. Neither..... 4
 - e. Don't know -1
27. People can receive their regular Medicare benefits with...
- a. The Original Medicare plan 1
 - b. A Medicare HMO..... 2
 - c. Either one 3
 - d. Neither one 4
 - e. Don't know..... -1

28. No matter which Medicare health insurance option you choose, your out-of-pocket costs will be the same. Would you say this is...
- a. True..... 1
 - b. False..... 2
 - c. Don't know -1
29. Which type of Medicare health insurance option gives people more freedom to choose the doctors and hospitals they want to go to? Would you say...
- a. *The Original Medicare plan*..... 1
 - b. A Medicare HMO..... 2
 - c. They are both about the same..... 3
 - d. Don't know..... -1
30. Which type of Medicare health insurance option is more likely to cover prescription drugs outside of a hospital? Would you say...
- a. The Original Medicare Plan 1
 - b. A Medicare HMO 2
 - c. They are both about the same..... 3
 - d. Don't know..... -1
31. The Original Medicare plan covers preventive health care services. Are these same services covered if a person chooses a different Medicare health insurance option?
- a. Yes 1
 - b. No..... 2
 - c. Don't know -1
32. If you have a Medicare HMO, most likely you would also buy a Medigap supplemental insurance policy. Would you say this is...
- a. True 1
 - b. False 2
 - c. Don't know..... -1
- V. Information and Assistance, Beneficiary Rights, and Quality of Care**
33. No matter which Medicare health insurance option you choose, you get the same quality of health care. Would you say this is...
- a. True..... 1
 - b. False 2
 - c. Don't know -1

34. Good quality health care means doing the right thing, at the right time, in the right way, and getting the best possible results. All Medicare health insurance options give the same quality of care. Would you say this is...
- a. True..... 1
- b. False..... 2
- c. Don't know..... -1
35. You have the right to ask a Medicare health insurance plan to reconsider any decision it makes about what health care services it will pay for. Is this true for...
- a. The Original Medicare plan 1
- b. Medicare HMOs..... 2
- c. Both..... 3
- d. Neither..... 4
- e. Don't know -1
36. If you have Medicare, can your health insurance plan or doctor share your health information without your permission?
- a. Yes..... 1
- b. No 2
- c. Don't know..... -1
37. Is information about the quality of care people get with different Medicare health insurance options available?...
- a. Yes 1
- b. No..... 2
- c. Don't know -1
38. Does the Medicare program have its own Internet web site?
- a. Yes 1
- b. No..... 2
- c. Don't know -1
39. When can you call 1-800-MEDICARE to speak to someone at Medicare about your questions?
- a. Only during business hours..... 1
- b. Only on the weekends 2
- c. 24 hours a day/7 days a week 3
- d. Don't know -1

40. Is there a service or a place in your area where people with Medicare can get help understanding and comparing health insurance options?
- a. *Yes* 1
 - b. *No*..... 2
 - c. *Don't know* -1
41. How much of the *Medicare & You* handbook did you read? Would you say you...
- a. Never really looked at it..... 1
 - b. Read parts of it..... 2
 - c. Read most or all of it..... 3
 - d. Didn't receive it or don't remember receiving it (**Skip Next Question**)..... 4
 - e. Don't know -1
42. Overall, how useful was the information in the *Medicare & You* handbook? Would you say it was...
- a. Very useful 1
 - b. Somewhat useful..... 2
 - c. Not very useful..... 3
 - d. Not at all useful..... 4
 - e. Don't know -1
- VI. Medigap/Employer-Sponsored Supplemental Insurance**
43. People with Medicare can buy a Medigap supplemental health insurance policy at any time, regardless of their health. Would you say this is...
- a. *True* 1
 - b. *False* 2
 - c. 3
 - d. *Don't know*..... -1
44. People with Medicare who also have health insurance from an employer may choose whether Medicare or the employer will be their primary insurer. Would you say this is...
- a. *True* 1
 - b. *False* 2
 - c. *Don't know*..... -1

45. If you had a Medigap supplemental insurance policy and dropped it, when could you get it back?
- a. At any time..... 1
 - b. *Only under certain conditions*..... 2
 - c. Never..... 3
 - d. Don't know -1

46. Can an insurance company refuse to sell you the Medigap supplemental policy of your choice during the six months after you enroll in Medicare Part B?
- a. Yes..... 1
 - b. *No* 2
 - c. Don't know..... -1

VII. Health Literacy

Introduction to this section to be read by interviewed. The next set of questions asks about terms that may be used in discussions about Medicare. By answering these questions you will help us identify words that might be confusing or difficult to understand.

47. An appeal is...
- a. *A special kind of complaint you make if you disagree with a treatment or payment decision*..... 1
 - b. A request for more time to pay your medical bills..... 2
 - c. Don't know..... -1
48. Doctors who take assignment...
- a. Bill you for the difference between what they charged and what Medicare paid..... 1
 - b. *Accept the amount Medicare pays as payment in full*..... 2
 - c. Don't know..... -1
49. A formulary is...
- a. *A list of approved drugs* 1
 - b. Another word for a pharmacy 2
 - c. Don't know..... -1

50. Preventive care is...
- a. *Care you get to keep you healthy* 1
 - b. *Care you get to treat an illness or disease that you have*..... 2
 - c. *Don't know*..... -1
51. A Medicare beneficiary is a...
- a. *Doctor who treats people with Medicare* 1
 - b. *Person who is insured through the Medicare program* 2
 - c. *Don't know*..... -1
52. Generic drugs ...
- a. *Do not work as well as brand name drugs* 1
 - b. *Do work as well as brand name drugs* 2
 - c. *Don't know*..... -1
53. Outpatient care refers to care you get...
- a. *While staying overnight at the hospital*..... 1
 - b. *Without staying overnight at the hospital* 2
 - c. *Don't know*..... -1
54. A provider network is a group of doctors, hospitals and other health care professionals who...
- a. *Work with an HMO to take care of its members* 1
 - b. *specialize in treating people with certain diseases* 2
 - c. *Don't know*..... -1
55. A primary care doctor is trained to...
- a. *Take care of your routine health care needs*..... 1
 - b. *Treat special diseases or illnesses* 2
 - c. *Don't know*..... -1
56. The deductible is...
- a. *The amount that Medicare pays for your health care*..... 1
 - b. *The amount you must pay for your health care before Medicare begins to pay*..... 2
 - c. *Don't know*..... -1

57. Medigap refers to private supplemental health insurance policies that ...

- a. Require you to go to doctors or hospitals that are on an approved list ... 1
- b. Cover charges that the Original Medicare plan does not..... 2
- c. Don't know..... -1

Set 1 (pages 6 and7)

INSTRUCTIONS: Please look over both pages 6 and 7 and answer the following questions.

58. If people call 1-800-MEDICARE, they can listen to information in which of the following languages?...
- a. English 1
 - b. Spanish..... 2
 - c. *Both*..... 3
 - d. Neither..... 4
 - e. Don't know -1
59. Imagine that you call 1-800-MEDICARE because you lost your Medicare card and need to get a new one. Which number should you press?
- a. *1 (one)* 1
 - b. *2 (two)* 2
 - c. *3 (three)* 3
 - d. *0 (zero)* 4
 - e. Don't know -1
60. Imagine that you call 1-800-MEDICARE and want to speak with a customer service representative. Which number should you press?
- a. *1 (one)* 1
 - b. *2 (two)* 2
 - c. *3 (three)* 3
 - d. *0 (zero)* 4
 - e. Don't know..... -1

Set 2 (pages 38-39)

INSTRUCTIONS: Pages 38-39 have a sample Medicare Summary Notice. Please look them over and answer the following questions.

61. How much did the doctor charge Medicare for this person's office visit on March 7, 2002?
- a. \$55.00..... 1
- b. \$44.35..... 2
- c. \$0..... 3
- d. Don't know -1
62. How much did Medicare pay the doctor for the office visit on March 7, 2002?
- a. \$55.00..... 1
- b. \$44.35..... 2
- c. \$0..... 3
- d. Don't know -1
63. According to this notice, how much of this person's 2002 deductible has been met?
- a. \$55.00..... 1
- b. \$44.35..... 2
- c. \$0..... 3
- d. Don't know..... -1

Set 3

INSTRUCTIONS: Please read the information below and answer the following questions.

Local Medicare Health Plan Information

Starting October 1, 2001, comprehensive information about the Medicare health plans in your area is available through 1-800-MEDICARE (1-800-633-4227). Customer service representatives are available 24 hours a day, including weekends, to help with general questions about Medicare, and about Medigap policies, Prescription Drug Assistance Programs and Medicare+Choice plan options in your area.

A customer service representative can mail you detailed information about Medicare health plans in your area, including:

- Phone numbers, addresses and websites of each local plan
- Monthly premium charged
- Benefits and costs, including extra benefits like prescription drugs
- Plan quality and member satisfaction ratings
- Disenrollment information

The customer service representative can help you narrow down your Medicare health plan choices using a new “Medicare Personal Plan Finder.” This tool is designed to help you focus on the issues most important to you when making a decision about a health plan that is right for you. The customer service representative will mail your personalized results from this tool within three weeks of your call.

You can also look at www.medicare.gov on the Web to get all local plan information and use the “Medicare Personal Plan Finder.”

64. The purpose of the “Medicare Personal Plan Finder” is to help you....

- | | |
|---|-----------------------------|
| a. Answer questions about Medicare bills | <input type="checkbox"/> 1 |
| b. Choose a primary care doctor | <input type="checkbox"/> 2 |
| c. <i>Choose a Medicare health insurance plan</i> | <input type="checkbox"/> 3 |
| d. All of the above | <input type="checkbox"/> 4 |
| e. Don't know | <input type="checkbox"/> -1 |

65. If you call 1-800-MEDICARE, what kind of information can you get from a customer service representative?

- | | |
|--|-----------------------------|
| a. Information about what plans will pay for..... | <input type="checkbox"/> 1 |
| b. Information about what plans will cost..... | <input type="checkbox"/> 2 |
| c. Information about the quality of care given by different plans..... | <input type="checkbox"/> 3 |
| d. <i>All of the above</i> | <input type="checkbox"/> 4 |
| e. Don't know..... | <input type="checkbox"/> -1 |

66. How can people access the “Medicare Personal Plan Finder”?
- a. Using the Medicare website on the Internet..... 1
 - b. Using the toll-free telephone number 1-800-MEDICARE 2
 - c. *Both* 3
 - d. Neither 4
 - e. Don’t know..... -1

Set 4

INSTRUCTIONS: Please read the paragraph below and answer the following questions.
 (From p. 59 of the Handbook. Passage is at the grade 9.4 level)

Most of your health care costs are covered if you have Medicare and you qualify for Medicaid. Medicaid is a joint federal and state program that helps pay medical costs for some people with limited incomes and resources. Medicaid programs vary from state to state. People with Medicaid may get coverage for nursing home care and outpatient prescription drugs that are not covered by Medicare. For more information about Medicaid, call your state medical assistance office.

67. People with Medicaid may be covered for which of the following...
- | | | |
|---------------------------------|--------------------------|----|
| a. Prescription drugs..... | <input type="checkbox"/> | 1 |
| b. Care in a nursing home | <input type="checkbox"/> | 2 |
| c. <i>Both</i> | <input type="checkbox"/> | 3 |
| d. Neither..... | <input type="checkbox"/> | 4 |
| e. Don't know | <input type="checkbox"/> | -1 |
68. People with Medicare may qualify for Medicaid if...
- | | | |
|--|--------------------------|----|
| a. They have incomes that are more than \$30,000 per year..... | <input type="checkbox"/> | 1 |
| b. <i>They have limited incomes or resources</i> | <input type="checkbox"/> | 2 |
| c. They live in a big city..... | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |
69. Medicaid programs...
- | | | |
|--|--------------------------|----|
| a. Are the same in every state | <input type="checkbox"/> | 1 |
| b. <i>Differ from one state to another</i> | <input type="checkbox"/> | 2 |
| c. Are only for people with disabilities..... | <input type="checkbox"/> | 3 |
| d. Don't know..... | <input type="checkbox"/> | -1 |

Set 5 (page 29)

INSTRUCTIONS: Please look over page 29 and answer the following questions according to information in the table.

70. Which of the following plans cover dental services?
- a. The Original Medicare plan 1
 - b. The Original Medicare plan with Medigap Plan C 2
 - c. Medicare + Choice HMO Plan #1 3
 - d. *None of the above* 4
 - e. Don't know -1
71. Which of the following plans cover routine physical exams?
- a. The Original Medicare plan 1
 - b. The Original Medicare plan with Medigap Plan C 2
 - c. *Medicare + Choice - HMO Plan #1* 3
 - d. None of the above 4
 - e. Don't know -1
72. Which of the following plans probably has the lowest out-of-pocket costs?
- a. The Original Medicare plan 1
 - b. The Original Medicare plan with Medigap Plan C 2
 - c. *Medicare + Choice - HMO Plan #1* 3
 - d. None of the above 4
 - e. Don't know -1
73. Which of the following plans limits your choice of doctors?
- a. The Original Medicare plan 1
 - b. The Original Medicare plan with Medigap Plan C 2
 - c. *Medicare + Choice - HMO Plan #1* 3
 - d. None of the above 4
 - e. Don't know -1

VIII. Cognitive Abilities

74. How often is the following statement true for you? “I find it hard to understand what I read.” Would you say it is...
- | | | |
|------------------------|--------------------------|----|
| a. Never true..... | <input type="checkbox"/> | 1 |
| b. Seldom true..... | <input type="checkbox"/> | 2 |
| c. Sometimes true..... | <input type="checkbox"/> | 3 |
| d. Often true..... | <input type="checkbox"/> | 4 |
| e. Always true..... | <input type="checkbox"/> | 5 |
| f. Don't know..... | <input type="checkbox"/> | -1 |
75. For most people, facts that are interesting are easier to remember than facts that are not. Would you say you...
- | | | |
|------------------------------------|--------------------------|----|
| a. Strongly agree..... | <input type="checkbox"/> | 1 |
| b. Agree..... | <input type="checkbox"/> | 2 |
| c. Neither agree nor disagree..... | <input type="checkbox"/> | 3 |
| d. Disagree..... | <input type="checkbox"/> | 4 |
| e. Strongly disagree..... | <input type="checkbox"/> | 5 |
| f. Don't know..... | <input type="checkbox"/> | -1 |
76. I am good at remembering the content of news articles and broadcasts. Would you say you...
- | | | |
|------------------------------------|--------------------------|----|
| a. Strongly agree..... | <input type="checkbox"/> | 1 |
| b. Agree..... | <input type="checkbox"/> | 2 |
| c. Neither agree nor disagree..... | <input type="checkbox"/> | 3 |
| d. Disagree..... | <input type="checkbox"/> | 4 |
| e. Strongly disagree..... | <input type="checkbox"/> | 5 |
| f. Don't know..... | <input type="checkbox"/> | -1 |
77. As long as I exercise my memory, it will not decline. Would you say you...
- | | | |
|------------------------------------|--------------------------|----|
| a. Strongly agree..... | <input type="checkbox"/> | 1 |
| b. Agree..... | <input type="checkbox"/> | 2 |
| c. Neither agree nor disagree..... | <input type="checkbox"/> | 3 |
| d. Disagree..... | <input type="checkbox"/> | 4 |
| e. Strongly disagree..... | <input type="checkbox"/> | 5 |
| f. Don't know..... | <input type="checkbox"/> | -1 |

78. How many whole books have you read for pleasure in the past three months? Do not include reading materials other than books. Would you say...

- a. No books 1
- b. 1-5 books 2
- c. 6-9 books 3
- d. 10-14 books 4
- e. 15 or more books 5
- f. Don't know -1

79. Not including books, how many hours per week do you spend reading other materials (that is, magazines, newspapers, etc.)? Would you say...

- a. Zero hours 1
- b. 1-5 hours 2
- c. 6-9 hours 3
- d. 10-14 hours 4

IX. Non-Knowledge Items

80. How often do you look for information about Medicare and other health insurance options? Would you say you look for information...

- a. Frequently 1
- b. Sometimes 2
- c. Rarely 3
- d. Never 4
- e. Don't know -1

81. In the past 12 months, have you been able to find information you wanted about Medicare or other Medicare health insurance options?

- a. Yes 1
- b. No 2
- c. I haven't tried to find any Medicare information -1
- d. Don't know -2

82. Most of what you have learned about Medicare is from your own personal experience, rather than from reading or hearing about it. Would you say you...
- a. Strongly agree 1
 - b. Agree 2
 - c. Neither agree nor disagree..... 3
 - d. Disagree..... 4
 - e. Strongly disagree..... 5
 - f. Don't know..... -1
83. Who makes the decision about which Medicare health insurance option you will get? Would you say...
- a. You alone make the decision 1
 - b. You and a family member, friend, or insurance counselor make the decision together 2
 - c. Someone else makes the decision for you..... 3
 - d. Don't know..... -1
84. In your opinion, how easy is it to get information about Medicare? Would you say it is...
- a. Very hard..... 1
 - b. Somewhat hard..... 2
 - c. Neither hard nor easy 3
 - d. Somewhat easy..... 4
 - e. Very easy..... 5
 - f. Don't know..... -1
85. How much do you trust the information you get from the Medicare program? Would you say you trust it...
- a. Not at all..... 1
 - b. A little..... 2
 - c. Some..... 3
 - d. A lot..... 4
 - e. I have never received any information..... 5
 - f. Don't know..... -1

86. Do you use the information you get about the Medicare program to make sure that the health insurance you have is the best choice for you?
- a. Yes..... 1
 - b. No..... 2
 - c. Don't know..... -1
87. In the past 12 months, have you changed your Medicare health insurance in any way?
- a. Yes..... 1
 - b. No..... 2
 - c. Don't know..... -1
88. In the past 12 months, have you thought about changing your Medicare health insurance in any way?
- a. Yes..... 1
 - b. No..... 2
 - c. Don't know..... -1
89. How hard or easy is it for you to understand the different types of health insurance options available to people with Medicare?
- a. Very hard..... 1
 - b. Somewhat hard..... 2
 - c. Neither hard nor easy 3
 - d. Somewhat easy..... 4
 - e. Very easy..... 5
 - f. Don't know..... -1
90. If you were choosing a health insurance plan today, how hard or easy would it be to decide which option is best for you? Would you say it would be...
- a. Very hard..... 1
 - b. Somewhat hard..... 2
 - c. Neither hard nor easy 3
 - d. Somewhat easy..... 4
 - e. Very easy..... 5
 - f. Don't know..... -1

91. Before you became eligible for Medicare, were you ever enrolled in an HMO or managed care plan?

- a. Yes..... 1
- b. No..... 2
- c. Don't know..... -1

92. Have you ever called 1-800-MEDICARE to get help with Medicare questions?

- a. Yes..... 1
- b. No..... 2
- c. Don't know..... -1

93. Have you ever used Medicare's Internet website (www.medicare.gov)?

- a. Yes..... 1
- b. No..... 2
- c. Don't know..... -1