BOX_01
======

```
-----------------------------------------------------
|  IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON-    |
|  INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |
|  AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |
|  AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING|
|  'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE  |
|  WITH LOOP_01                                      |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  OTHERWISE, GO TO BOX_03                           |
-----------------------------------------------------
```

LOOP_01
=======

```
-----------------------------------------------------
|  FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-      |
|  INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01         |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  LOOP DEFINITION:  LOOP_01 COLLECTS SATISFACTION   |
|  INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS |
|  CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND|
|  PHYSICIAN BENEFITS OR MEDIGAP BENEFITS.  THIS LOOP|
|  CYCLES ON TRIPLES THAT MEET THE FOLLOWING         |
|  CONDITIONS:                                       |
|  - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE  |
|    WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR   |
|    MEDICARE SUPPLEMENT OR MEDIGAP                  |
|  AND                                               |
|  - PERSON IS A CURRENT RU MEMBER WHO IS THE        |
|    POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE    |
|    OBTAINED THROUGH THIS ESTABLISHMENT             |
|  AND                                               |
|  - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED  |
|    TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE  |
|    INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |
|    AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN |
|    BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/    |
|    MEDIGAP BENEFITS'                               |
|  AND                                               |
|  - PERSON IS CURRENTLY INSURED BY THIS TRIPLE      |
-----------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  PRIVATE INSURANCE IS DEFINED AS:             |
| - ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND          |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE'            |
|   (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH    |
|   A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED,     |
|   SEE NOTE BELOW)                                    |
| - DIRECT PURCHASED INSURANCE, THAT IS,              |
|   ESTABLISHMENTS CREATED FROM THE HX23 SERIES       |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:   HELD ON THE DATE OF THE CURRENT ROUND'S     |
| INTERVIEW DATE:                                     |
| - FOR PRIVATE SOURCES -- POLICYHOLDER HELD          |
|   INSURANCE AT THE TIME OF THE CURRENT ROUND'S      |
|   INTERVIEW DATE [HQ01 IS CODED '1' (WHOLE TIME)    |
|   OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE   |
|   POLICYHOLDER] OR [OE01 OR OE12 OR OE26 IS CODED   |
|   '1' (YES) FOR THE PLAN]                           |
| - FOR PRIVATE SOURCES WHERE POLICYHOLDER IS         |
|   DECEASED OR THE POLICYHOLDER WAS ORIGINALLY       |
|   SELECTED AS 'POLICYHOLDER NOT IN RU/DU' -- AT     |
|   LEAST ONE DEPENDENT (SELECTED AT HP16) IS         |
|   COVERED BY THE INSURANCE AT THE TIME OF THE       |
|   CURRENT ROUND'S INTERVIEW DATE [HQ01 IS CODED     |
|   '1'(WHOLE TIME) OR HQ02 IS CODED '1' (YES,        |
|   COVERED NOW FOR THE COVERED PERSON] OR [OE01 OR   |
|   OE12 OR OE26 IS CODED '1' (YES)] FOR THE PLAN     |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  ESTABLISHMENTS WHICH ARE EMPLOYERS AND       |
| PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS         |
| 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS   |
| DIRECT PURCHASED INSURANCE, THAT IS, LOOP_01 WILL   |
| CYCLE ON THE ESTABLISHMENT PROVIDING THE            |
| INSURANCE, (I.E., CREATED FROM THE HX03 SERIES)     |
| NOT THE EMPLOYER.                                   |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  '-7' (REFUSED) AND '-8' (DON'T KNOW)         |
| RESPONSES AT ANY QUESTION LISTED ABOVE DOES NOT     |
| MEET THE CRITERIA.                                  |
-------------------------------------------------------
```

SP01
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

The next questions ask about (POLICYHOLDER)'s (and other family
member's) experience(s) with (PLAN NAME), that is,
(POLICYHOLDER)'s {hospital and physician/Medicare Supplement or
Medigap} coverage through (ESTABLISHMENT).

PRESS ENTER TO CONTINUE.

```
  -------------------------------------------------------
  |  DISPLAY 'hospital and physician' IF THIS INSURER   |
  |  IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN      |
  |  BENEFITS.  DISPLAY 'Medicare Supplement or         |
  |  Medigap' IF THIS INSURER IS FLAGGED AS PROVIDING   |
  |  MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, BUT NOT       |
  |  HOSPITAL AND PHYSICIAN BENEFITS.                    |
  -------------------------------------------------------
```

SP02
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Looking at this card, how would you rate (POLICYHOLDER)'s (and
the family's) overall satisfaction with (PLAN NAME)?

Would you say ...

```
     very satisfied, ......................... 1
     somewhat satisfied, ..................... 2
     not too satisfied, or ................... 3
     not at all satisfied? ................... 4
     REF ..................................... -7
     DK ...................................... -8
```

[Code One]

SP03
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

How likely (are/is) (POLICYHOLDER) (or anyone in the family) to
recommend the (PLAN NAME) insurance plan to family or friends?

Would you say ...

         not at all likely, ... 1
         not too likely, ... 2
         somewhat likely, or 3
         very likely? 4
         IF VOLUNTEERED: PLAN LETS FAMILY
           CHOOSE ANY DOCTOR 95
         REF .... -7
         DK .... -8

                    [Code One]

SP04
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In general, how satisfied (are/is) (POLICYHOLDER) (and the
family) with the selection of health care providers
(POLICYHOLDER) (and the family) can choose from under the plan?

Would you say ...

         very satisfied, ... 1
         somewhat satisfied, ... 2
         not too satisfied, or 3
         not at all satisfied? 4
         IF VOLUNTEERED: PLAN LETS FAMILY
           CHOOSE ANY DOCTOR 95
         REF .... -7
         DK .... -8

                    [Code One]

SP05
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

When (POLICYHOLDER) first joined (PLAN NAME), did
(POLICYHOLDER) (or anyone in the family) have to change
primary care providers?

CODE '2' IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS
BECAUSE OF A MOVE TO ANOTHER AREA.

```
    YES ................................... 1
    YES, BECAUSE MOVED TO ANOTHER AREA ..... 2
    NO .................................... 3
    IF VOLUNTEERED:  DIDN'T HAVE A PRIMARY
      CARE PROVIDER ...................... 95
    REF ................................... -7
    DK .................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

BOX_02
======

OMITTED

SP06
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

How difficult is it for (POLICYHOLDER) (or other family members)
to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you
think it would be to get a referral if you needed to see a
specialist in the future?

Would you say ...

        very difficult, ... 1
        somewhat difficult, ... 2
        not too difficult, or 3
        not at all difficult? 4
        REF .... -7
        DK .... -8

                        [Code One]

    PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

SP07
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In general, how difficult is it for (POLICYHOLDER) (or other
family members) to get an appointment with a specialist?

CODE '95' IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED
TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

        very difficult, ... 1
        somewhat difficult, ... 2
        not too difficult, or 3
        not at all difficult? 4
        NEVER MADE APPOINTMENT 95
        REF .... -7
        DK .... -8

                    [Code One]

            PRESS F1 FOR DEFINITION OF SPECIALIST.

SP08
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied
(POLICYHOLDER) (and the family) (are/is) with the coverage
(PLAN NAME) provides for ...

1 = VERY SATISFIED   3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED   4 = NOT AT ALL SATISFIED

95 = SERVICE NOT COVERED   96 = DON'T KNOW IF SERVICE
                                     IS COVERED

SP08_01   a. Preventive health care?   (   )
SP08_02   b. Hospitalization?   (   )
SP08_03   c. Prescription medications?   (   )
SP08_04   d. Mental health services?   (   )

   PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

        | ALLOW '-7' (REFUSED) AND '-8' (DON'T KNOW) ON ALL |
        | FORM ITEMS. |

SP09
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan refused to pay for or approve
medical care (POLICYHOLDER) (or the family) thought was covered?

        YES 1
        NO 2
        REF .... -7
        DK .... -8

SP10
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan paid substantially less than
(POLICYHOLDER) (or the family) thought was expected for
services the plan covered?

        YES 1
        NO 2
        REF .... -7
        DK .... -8

SP11
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, (have/has) (POLICYHOLDER) (or anyone in the
family) called (PLAN NAME)'s customer service department or
anyone in the plan's administration offices?

        YES 1
        NO .... 2 {SP13}
        REF .... -7 {SP13}
        DK .... -8 {SP13}

SP12
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

How satisfied (were/was) (POLICYHOLDER) (or the family) with
the information received or with how the problem was resolved?

Would you say ...

        very satisfied, ... 1
        somewhat satisfied, ... 2
        not too satisfied, or 3
        not at all satisfied? 4
        REF .... -7
        DK .... -8

                    [Code One]

SP13
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

How satisfied (are/is) (POLICYHOLDER) (or the family) with the
amount and difficulty of the paperwork associated with the plan?

CODE '95' IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

        very satisfied, ... 1
        somewhat satisfied, ... 2
        not too satisfied, or 3
        not at all satisfied? 4
        NO PAPERWORK 95
        REF .... -7
        DK .... -8

                    [Code One]

SP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Given the plan's benefits, how satisfied (are/is) (POLICYHOLDER)
(and the family) with the amount you pay for health care?

CODE '95' IF RESPONDENT VOLUNTEERS NO AMOUNT PAID.

Would you say ...

          very satisfied, ... 1
          somewhat satisfied, ... 2
          not too satisfied, or 3
          not at all satisfied? 4
          NO AMOUNT PAID 95
          REF .... -7
          DK .... -8

                    [Code One]

    PRESS F1 FOR DEFINITION OF 'YOU PAY FOR HEALTH CARE'.

SP15
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

When choosing (POLICYHOLDER)'s (and the family's) health care
plan, was (PLAN NAME) chosen primarily because of cost,
primarily because of quality, or were both cost and quality
equally important?

CODE '95' IF RESPONDENT VOLUNTEERS THAT THERE WAS NO CHOICE.

```
PRIMARILY QUALITY ........................  1
PRIMARILY COST ..........................  2
COST AND QUALITY EQUALLY IMPORTANT ......  3
HAD NO CHOICE ........................... 95
REF ..................................... -7
DK ...................................... -8
```

[Code One]

END_LP01
========

```
--------------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-     |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS     |
| STATED IN THE LOOP DEFINITION                        |
--------------------------------------------------------


--------------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,       |
| END LOOP_01 AND CONTINUE WITH BOX_03                 |
--------------------------------------------------------
```

BOX_03
======

```
--------------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER IS A COVERED BY    |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE       |
| CURRENT ROUND, CONTINUE WITH SP16                    |
--------------------------------------------------------

--------------------------------------------------------
| OTHERWISE, GO TO BOX_04                              |
--------------------------------------------------------
```

SP16
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

The next questions ask about the family's experience with
{(PLAN NAME), that is, their coverage through} {{Medicaid/{STATE
NAME FOR MEDICAID}}/the program sponsored by a state or local
government agency which provides hospital and physician benefits}.

PRESS ENTER TO CONTINUE.

```
---------------------------------------------------------
|   DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN     |
|   INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR     |
|   GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE        |
|   CURRENT ROUND.  OTHERWISE, USE A NULL DISPLAY.       |
|                                                        |
|   FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE   |
|   CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID    |
|   OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.               |
|                                                        |
|   DISPLAY '(PLAN NAME), ... through' IF THERE IS AN    |
|   INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR     |
|   GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE        |
|   CURRENT ROUND.  OTHERWISE, USE A NULL DISPLAY.       |
|                                                        |
|   DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF    |
|   FAMILY HAS MEDICAID.  OTHERWISE, DISPLAY 'the        |
|   program ... benefits'.                               |
|                                                        |
|   DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS    |
|   BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY   |
|   'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL     |
|   STATE NAME FOR PROGRAM) IF THE STATE IN WHICH        |
|   INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME   |
|   'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY         |
|   STATE, SEE BOX ON HX06.                              |
---------------------------------------------------------
```

SP17
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

Looking at this card, how would you rate the family's overall
satisfaction with {(PLAN NAME)/the coverage through} {{Medicaid/
{STATE NAME FOR MEDICAID}}/the program sponsored by a state or
local government agency which provides hospital and physician
benefits}?

Would you say ...

            very satisfied, ... 1
            somewhat satisfied, ... 2
            not too satisfied, or 3
            not at all satisfied? 4
            REF .... -7
            DK .... -8

                        [Code One]

     | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |
     | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR |
     | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
     | CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
     | |
     | FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |
     | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID |
     | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |
     | |
     | DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER |
     | ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T- |
     | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
     | ROUND. OTHERWISE, DISPLAY 'the coverage through'. |
     | |
     | DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
     | FAMILY HAS MEDICAID AND THERE IS NO INSURER |
     | ASSOCIATED WITH THE FAMILY'S MEDICAID INSURANCE |
     | DURING THE CURRENT ROUND. DISPLAY 'the program ...|
     | benefits' IF THE FAMILY HAS GOVT-HOSPITAL/PHYSICIAN |
     | AND THERE IS NO INSURER ASSOCIATED WITH THE |
     | FAMILY'S GOVT-HOSPITAL/PHYSICIAN INSURANCE DURING |
     | THE CURRENT ROUND. |

```
----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS  |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL   |
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH      |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY       |
| STATE, SEE BOX ON HX06.                            |
----------------------------------------------------
```

SP18
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

How likely is the family to recommend {(PLAN NAME)/the coverage
through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program
sponsored by a state or local government agency which provides
hospital and physician benefits} to family or friends?

Would you say ...

        not at all likely, ... 1
        not too likely, ... 2
        somewhat likely, or 3
        very likely? 4
        IF VOLUNTEERED: PLAN LETS FAMILY CHOOSE
          ANY DOCTOR 95
        REF .... -7
        DK .... -8

                        [Code One]


```
----------------------------------------------------
|  SEE FILL SPECIFICATIONS FROM SP17                 |
----------------------------------------------------
```

SP19
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

In general, how satisfied is the family with the selection of
health care providers they can choose from under {(PLAN NAME)/
the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/
this program}?

Would you say ...

```
        very satisfied, ........................  1
        somewhat satisfied, ....................  2
        not too satisfied, or ..................  3
        not at all satisfied? ..................  4
        IF VOLUNTEERED: PLAN LETS FAMILY
          CHOOSE ANY DOCTOR ..................... 95
        REF ..................................... -7
        DK ...................................... -8
```

                    [Code One]

    | DISPLAY `PLAN NAME: ... INSURER}' IF THERE IS AN |
    | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR |
    | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
    | CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
    | |
    | FOR `NAME OF ... INSURER', DISPLAY THE NAME OF THE |
    | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID |
    | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |
    | |
    | DISPLAY `(PLAN NAME)' IF THERE IS AN INSURER |
    | ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T- |
    | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
    | ROUND. OTHERWISE, DISPLAY `the coverage through'. |
    | |
    | DISPLAY `{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
    | FAMILY HAS MEDICAID AND THERE IS NO INSURER |
    | ASSOCIATED WITH THE FAMILY'S MEDICAID INSURANCE |
    | DURING THE CURRENT ROUND. DISPLAY `this program' |
    | IF THE FAMILY HAS GOVT-HOSPITAL/PHYSICIAN AND THERE|
    | IS NO INSURER ASSOCIATED WITH THE FAMILY'S GOVT- |
    | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
    | ROUND. |

```
---------------------------------------------------------
|  DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS    |
|  BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY   |
|  'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL     |
|  STATE NAME FOR PROGRAM) IF THE STATE IN WHICH        |
|  INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME   |
|  'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY         |
|  STATE, SEE BOX ON HX06.                              |
---------------------------------------------------------
```

SP20
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

When the family first joined {(PLAN NAME)/{Medicaid/{STATE NAME
FOR MEDICAID}}/this program}, did anyone in the family have to
change primary care providers?

CODE '2' IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS
BECAUSE OF A MOVE TO ANOTHER AREA.

```
     YES ..................................... 1
     YES, BECAUSE MOVED TO ANOTHER AREA ..... 2
     NO ...................................... 3
     IF VOLUNTEERED:  DIDN'T HAVE A PRIMARY
       CARE PROVIDER ....................... 95
     REF ................................... -7
     DK .................................... -8
```

                    [Code One]

       PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

    | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |
    | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR |
    | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
    | CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
    | |
    | FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |
    | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID |
    | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |
    | |
    | DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER |
    | ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T- |
    | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
    | ROUND. DISPLAY '{Medicaid/{STATE NAME FOR |
    | MEDICAID}}' IF FAMILY HAS MEDICAID AND THERE IS NO |
    | CURRENT ROUND MEDICAID INSURER. DISPLAY 'this |
    | program' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN AND |
    | THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/ |
    | PHYSICIAN INSURER. |
    | |
    | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
    | BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
    | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
    | STATE NAME FOR PROGRAM) IF THE STATE IN WHICH |
    | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
    | 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
    | STATE, SEE BOX ON HX06. |

SP21
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

How difficult is it for family members to get a referral to see
a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you
think it would be to get a referral if you needed to see a
specialist in the future?

Would you say ...

        very difficult, ... 1
        somewhat difficult, ... 2
        not too difficult, or 3
        not at all difficult? 4
        REF .... -7
        DK .... -8

                    [Code One]

     PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

        | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |
        | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR |
        | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
        | CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
        | |
        | FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |
        | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID |
        | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |

SP22
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

In general, how difficult is it for family members to get an appointment with a specialist?

CODE '95' IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

```
     very difficult, ........................  1
     somewhat difficult, ....................  2
     not too difficult, or ..................  3
     not at all difficult? ..................  4
     NEVER MADE APPOINTMENT ................. 95
     REF ...................................... -7
     DK ....................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

```
      --------------------------------------------------------
     |  DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN      |
     |  INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR      |
     |  GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE         |
     |  CURRENT ROUND.  OTHERWISE, USE A NULL DISPLAY.        |
     |                                                        |
     |  FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE    |
     |  CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID     |
     |  OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.                |
      --------------------------------------------------------
```

SP23
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied the family
is with the coverage {(PLAN NAME)/{Medicaid/{STATE NAME FOR
MEDICAID}}/this program}, provides for ...

```
1 = VERY SATISFIED              3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED          4 = NOT AT ALL SATISFIED

95 = SERVICE NOT COVERED        96 = DON'T KNOW IF SERVICE
                                      IS COVERED
```

```
SP23_01     a.  Preventive health care?                    (   )
SP23_02     b.  Hospitalization?                            (   )
SP23_03     c.  Prescription medications?                   (   )
SP23_04     d.  Mental health services?                     (   )
```

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

```
        -------------------------------------------------
        |  ALLOW '-7' (REFUSED) AND '-8' (DON'T KNOW) ON ALL |
        |  FORM ITEMS.                                   |
        -------------------------------------------------


        -------------------------------------------------
        |  SEE FILL SPECIFICATION FROM SP20.            |
        -------------------------------------------------
```

SP24
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

Over the last year, has {(PLAN NAME)/{Medicaid/{STATE NAME FOR
MEDICAID}}/this program} refused to pay for or approve medical
care the family thought was covered?

```
     YES ..................................... 1
     NO ...................................... 2
     REF ..................................... -7
     DK ...................................... -8
```

```
     ------------------------------------------------------
     |  SEE FILL SPECIFICATION FROM SP20.                 |
     ------------------------------------------------------
```

SP25
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

Over the last year, have you and the family paid sbustantially more
than you expected for services covered by {(PLAN NAME)/{Medicaid/{STATE
NAME FOR MEDICAID}}/the program sponsored by a state or local government
agency which provides hospital and physician benefits}?

```
        YES ................................... 1
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8
```

```
        -------------------------------------------------------
        | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN    |
        | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR    |
        | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE       |
        | CURRENT ROUND.  OTHERWISE, USE A NULL DISPLAY.       |
        |                                                     |
        | FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE  |
        | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID   |
        | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.              |
        |                                                     |
        | DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER        |
        | ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-     |
        | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT     |
        | ROUND.  DISPLAY '{Medicaid/{STATE NAME FOR          |
        | MEDICAID}}' IF FAMILY HAS MEDICAID AND THERE IS NO  |
        | CURRENT ROUND MEDICAID INSURER.  DISPLAY 'the ...   |
        | benefits' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN    |
        | AND THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/     |
        | PHYSICIAN INSURER.                                  |
        |                                                     |
        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS   |
        | BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY  |
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL    |
        | STATE NAME FOR PROGRAM) IF THE STATE IN WHICH       |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME  |
        | 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY        |
        | STATE, SEE BOX ON HX06.                             |
        -------------------------------------------------------
```

SP26
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

Over the last year, has anyone in the family called anyone in
{(PLAN NAME)'s/{Medicaid's/{STATE NAME FOR MEDICAID}'s}/this
program's} administration offices?

```
     YES ................................... 1
     NO .................................... 2 {SP28}
     REF ................................... -7 {SP28}
     DK .................................... -8 {SP28}
```

```
         --------------------------------------------------------
        | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN       |
        | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR       |
        | GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE          |
        | CURRENT ROUND.  OTHERWISE, USE A NULL DISPLAY.         |
        |                                                        |
        | FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE     |
        | CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID      |
        | OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.                 |
        |                                                        |
        | DISPLAY '(PLAN NAME)'s' IF THERE IS AN INSURER         |
        | ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-        |
        | HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT        |
        | ROUND.  DISPLAY '{Medicaid's/{STATE NAME FOR           |
        | MEDICAID}'s}' IF FAMILY HAS MEDICAID AND THERE IS      |
        | NO CURRENT ROUND MEDICAID INSURER.  DISPLAY 'this      |
        | program's' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN      |
        | AND THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/        |
        | PHYSICIAN INSURER.                                     |
        |                                                        |
        | DISPLAY 'Medicaid's' IF STATE IN WHICH INTERVIEW IS|
        | BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY     |
        | 'STATE NAME FOR MEDICAID's' (SUBSTITUTING THE REAL     |
        | STATE NAME FOR PROGRAM WITH AN ''S') IF THE STATE      |
        | IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE     |
        | THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE     |
        | BY STATE, SEE BOX ON HX06.                             |
         --------------------------------------------------------
```

SP27
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

How satisfied was the family with the information received or
with how the problem was resolved?

Would you say ...

```
        very satisfied, .........................  1
        somewhat satisfied, .....................  2
        not too satisfied, or ..................  3
        not at all satisfied? ..................  4
        REF ....................................  -7
        DK .....................................  -8
```

                        [Code One]

SP28
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

How satisfied is the family with the amount and difficulty of
the paperwork associated with {(PLAN NAME)/{Medicaid/{STATE
NAME FOR MEDICAID}}/this program}?

CODE '95' IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

```
        very satisfied, ........................  1
        somewhat satisfied, ....................  2
        not too satisfied, or ..................  3
        not at all satisfied? ..................  4
        NO PAPERWORK ........................... 95
        REF ................................... -7
        DK .................................... -8
```

                    [Code One]

        | SEE FILL SPECIFICATION FROM SP20. |

BOX_04
======

        | GO TO NEXT QUESTIONNAIRE SECTION. |