

Satisfaction with Health Plan (SP) Section

PRIVATE INSURANCE AND MEDIGAP SERIES

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_02

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 members') 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 OR IF IT'S FLAGGED AS PROVIDING BOTH |
| HOSPITAL AND PHYSICIAN BENEFITS AND MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS, DISPLAY 'Medicare |
| Supplement or Medigap'. 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 NAME} {NAME OF
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Since (POLICYHOLDER) (and the family) joined (PLAN NAME), how
much of a problem, if any, was it to get a personal doctor or
nurse (POLICYHOLDER) (and the family) (are/is) happy with?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP03
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the
family) need approval from (PLAN NAME) for any care, tests, or
treatment?

YES	1
NO	2 {SP05}
REF	-7 {SP05}
DK	-8 {SP05}

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP04
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays
in health care while (POLICYHOLDER) (or anyone in the family)
waited for approval from (PLAN NAME)?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS	95
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP05
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) look for any **information** about how (PLAN NAME) works **in written material or on the Internet?**

YES	1
NO	2 {SP07}
REF	-7 {SP07}
DK	-8 {SP07}

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP06
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to find or understand this information?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP07
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the
family) call (PLAN NAME)'s **customer service** to get information
or help?

YES	1
NO	2 {SP09}
REF	-7 {SP09}
DK	-8 {SP09}

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP08
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
get the help (POLICYHOLDER) (or anyone in the family) needed when
(POLICYHOLDER) called (PLAN NAME)'s customer service?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP09
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the
family) have to fill out any paperwork for (PLAN NAME)?

YES	1	
NO	2	{SP11}
REF	-7	{SP11}
DK	-8	{SP11}

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP10

====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
(POLICYHOLDER) (or anyone in the family) have with paperwork
for (PLAN NAME)?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP11
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-2.

We want to know your rating of all (POLICYHOLDER)'s (and the family's) experience with (PLAN NAME).

Using **any number from 0 to 10**, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate (PLAN NAME)?

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

RANGE CHECK: 0-10

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

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_02

MEDICARE HMO SERIES

BOX_02

=====

| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR |
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE |
| MEDICARE BENEFITS ARE THROUGH AN HMO, CONTINUE |
WITH LOOP_02

OTHERWISE, GO TO BOX_03

LOOP_02

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS ROSTER, ASK SP12-END_LP02

| LOOP DEFINITION: LOOP_02 COLLECTS SATISFACTION |
| INFORMATION ON ALL PERSON'S WITH MEDICARE HMO |
| PLANS. THIS LOOP CYCLES ON PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICARE |
| AND |
| - MEDICARE COVERAGE IS THROUGH AN HMO |
| AND |
- PERSON IS CURRENTLY COVERED BY THE MEDICARE HMO

| NOTE: MEDICARE HMO COVERAGE IS DEFINED AS: |
| - IF MEDICARE CREATED IN CURRENT ROUND, THEN HX31 |
| OR HX32 OR HX32A IS CODED '1' (YES) |
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND |
| THERE HAS BEEN NO CHANGE IN MEDICARE COVERAGE |
| (PR01 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW)), THEN HX31 OR HX32 OR HX32A WAS |
| CODED '1' (YES) WHEN THE INSURANCE WAS CREATED |
| OR PR02 OR PR03 OR PR03A WAS CODED '1' (YES) IN |
| A PREVIOUS ROUND |
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND |
| THERE HAS BEEN A CHANGE IN MEDICARE COVERAGE |
| (PR01 IS CODED '1' (YES)), THEN PR02 OR PR03 OR |
| PR03A IS CODED '1' (YES) DURING THE CURRENT |
ROUND

SP12
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

The next questions ask about (PERSON)'s experience with (PLAN
NAME), that is, (PERSON)'s coverage through Medicare.

PRESS ENTER TO CONTINUE.

| FOR 'NAME OF CURRENT ROUND MEDICARE HMO', DISPLAY |
| THE NAME OF THIS PERSON'S CURRENT ROUND'S MEDICARE |
| INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN |
| SELECTED AT HX31OV OR ENTERED AT HX33 (IF MEDICARE |
| CREATED THIS ROUND OR IF UNCHANGED FROM A PREVIOUS |
| ROUND) OR THE PLAN SELECTED AT PR02OV OR ENTERED |
| AT PR04 (IF MEDICARE CREATED IN A PREVIOUS ROUND |
| AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT |
INSURER ENTERED).

| **QUESTION FOR PROGRAMMERS:** IS THERE A FLAG FOR THE
| NAME OF THE CURRENT ROUND'S MEDICARE HMO INSURER?
| IF SO, THEN THE ITEM NUMBERS ABOVE SHOULD NOT
NECESSARILY BE SPECIFIED, CORRECT?

SP13
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

Since (PERSON) joined (PLAN NAME), that is, (PERSON)'s coverage through Medicare, how much of a problem, if any, was it to get a personal doctor or nurse (PERSON) (are/is) happy with?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP14
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

In the last 12 months, did (PERSON) need approval from
(PLAN NAME), that is, (PERSON)'s coverage through Medicare, for
any care, tests or treatment?

YES	1
NO	2 {SP16}
REF	-7 {SP16}
DK	-8 {SP16}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP15

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays
in health care while (PERSON) waited for approval from (PLAN NAME),
that is, (PERSON)'s coverage through Medicare?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS	95
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP16
====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

In the last 12 months, did (PERSON) look for any **information**
about how (PLAN NAME), that is, (PERSON)'s coverage through
Medicare, works **in written material or on the Internet?**

YES 1
NO 2 {SP18}
REF -7 {SP18}
DK -8 {SP18}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP17

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
find or understand this information?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP18
====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

In the last 12 months, did (PERSON) call (PLAN NAME)'s, that is,
(PERSON)'s coverage through Medicare, **customer service** to get
information or help?

YES 1
NO 2 {SP20}
REF -7 {SP20}
DK -8 {SP20}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP19

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
get the help (PERSON) needed when (PERSON) called (PLAN NAME)'s,
that is, (PERSON)'s coverage through Medicare, customer service?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP20
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

In the last 12 months, did (PERSON) have to fill out any
paperwork for (PLAN NAME), that is (PERSON)'s coverage through
Medicare?

- YES 1
- NO 2 {SP22}
- REF -7 {SP22}
- DK -8 {SP22}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP21

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
(PERSON) have with paperwork for (PLAN NAME), that is,
(PERSON)'s coverage through Medicare?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP22
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-2.

We want to know your rating of all (PERSON)'s experience with
(PLAN NAME), that is, (PERSON)'s coverage through Medicare.

Using **any number from 0 to 10**, where 0 is the worst health plan
possible and 10 is the best health plan possible, what number
would you use to rate (PLAN NAME)?

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

RANGE CHECK: 0-10

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

END_LP02
=====

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
THE LOOP DEFINITION

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |
LOOP_02 AND CONTINUE WITH BOX_03

MEDICAID AND HOSPITAL/PHYSICIAN SERIES

BOX_03

=====

| IF AT LEAST ONE CURRENT RU MEMBER IS A COVERED BY |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE |
CURRENT ROUND, CONTINUE WITH SP23

OTHERWISE, GO TO BOX_04

SP23

====

{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}/or {STATE CHIP NAME}}/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}/or
| {STATE CHIP NAME}}' 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.

| DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE
| REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC
NAME TO USE BY STATE, SEE BOX ON HX06.

SP24
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

Since the family joined {(PLAN NAME)/the coverage through}
{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/the
program sponsored by a state or local government agency which
provides hospital and physician benefits}, how much of a
problem, if any, was it to get a personal doctor or nurse the
family is happy with?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	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}/or |
| {STATE CHIP NAME}}' 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. |

| DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE |
| REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC |
NAME TO USE BY STATE, SEE BOX ON HX06.

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP25
====

{NAME OF ESTABLISHMENT.....}

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

In the last 12 months, did anyone in the family need approval from
{(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR
MEDICAID}/or {STATE CHIP NAME}}/the program sponsored by a state or
local government agency which provides hospital and physician
benefits} for any care, tests or treatment?

YES	1
NO	2 {SP27}
REF	-7 {SP27}
DK	-8 {SP27}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP26
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays in health care while the family waited for approval from {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: NO VISITS IN LAST	
12 MONTHS	95
REF	-7
DK	-8

[Code One.]

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

NOTE: CAHPS ADULT CORE ITEM 23

SP27

====

{NAME OF ESTABLISHMENT.....}

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

In the last 12 months, did anyone in the family look for any **information** about how {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/the the program sponsored by a state or local government agency which provides hospital and physician benefits} works **in written material or on the Internet?**

YES	1
NO	2 {SP29}
REF	-7 {SP29}
DK	-8 {SP29}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP28

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
find or understand this information?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
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.

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP29

====

{NAME OF ESTABLISHMENT.....}

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

In the last 12 months, did anyone in the family call {(PLAN NAME)'s/
the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE
CHIP NAME}}/the program sponsored by a state or local government
agency which provides hospital and physician benefits} **customer
service** to get information or help?

YES	1
NO	2 {SP31}
REF	-7 {SP31}
DK	-8 {SP31}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP30
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to get the help the family needed when they called this health plan's customer service?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
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.

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP31

====

{NAME OF ESTABLISHMENT.....}

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

In the last 12 months, did anyone in the family have to fill out any paperwork for {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

YES	1
NO	2 {SP33}
REF	-7 {SP33}
DK	-8 {SP33}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP32
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did the family have with paperwork for this health plan?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
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.

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP33
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

We want to know your rating of all the family's experience with
{(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR
MEDICAID}/or {STATE CHIP NAME}}/the program sponsored by a state
or local government agency which provides hospital and physician
benefits}.

Using **any number from 0 to 10**, where 0 is the worst health plan
possible and 10 is the best health plan possible, what number
would you use to rate this health plan?

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

RANGE CHECK: 0-10

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

TRICARE SERIES

BOX_04

=====

| IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY |
| TRICARE DURING THE CURRENT ROUND, CONTINUE WITH |
SP34

OTHERWISE, GO TO BOX_05

SP34

=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

The next questions ask about the family's experience with {(PLAN NAME), that is,} their coverage through TRICARE, which used to be called CHAMPUS OR CHAMPVA.

PRESS ENTER TO CONTINUE.

| FOR 'NAME OF ESTABLISHMENT...', DISPLAY 'TRICARE'. |
| DISPLAY 'PLAN NAME: ... INSURER(S) IF THERE IS A |
| TRICARE INSURER ASSOCIATED WITH THE FAMILY'S |
| TRICARE INSURANCE (CHECK HX12A, PR19A, OR PR21A). |
| OTHERWISE, USE A NULL DISPLAY. |
| FOR 'NAME OF CURRENT ROUND TRICARE INSURER(S)', |
| DISPLAY THE NAME(S) OF THE CURRENT ROUND'S |
| INSURER(S) FOR THE FAMILY'S TRICARE INSURANCE. |
| NOTE: IF MULTIPLE INSURERS ARE SELECTED AT HX12A, |
| PR19A, OR PR21A, SEPARATE THE INSURER NAMES WITH |
| A '/' . |
| DISPLAY '(PLAN NAME), that is,' IF THERE IS A |
| TRICARE INSURER ASSOCIATED WITH THE FAMILY'S |
| TRICARE INSURANCE (CHECK HX12A, PR19A, OR PR21A). |
OTHERWISE, USE A NULL DISPLAY.

SP35
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

SHOW CARD SP-1.

Since the family joined TRICARE, how much of a problem, if any,
was it to get a personal doctor or nurse the family is happy with?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95
REF	-7
DK	-8

[Code One.]

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-----  
| FOR 'NAME OF ESTABLISHMENT...', DISPLAY 'TRICARE'. |  
| DISPLAY 'PLAN NAME: ... INSURER(S)'} IF THERE IS A |  
| TRICARE INSURER ASSOCIATED WITH THE FAMILY'S |  
| TRICARE INSURANCE (CHECK HX12A, PR19A, OR PR21A). |  
| OTHERWISE, USE A NULL DISPLAY. |  
| FOR 'NAME OF CURRENT ROUND TRICARE INSURER(S)', |  
| DISPLAY THE NAME(S) OF THE CURRENT ROUND'S |  
| INSURER(S) FOR THE FAMILY'S TRICARE INSURANCE. |  
| NOTE: IF MULTIPLE INSURERS ARE SELECTED AT HX12A, |  
| PR19A, OR PR21A, SEPARATE THE INSURER NAMES WITH |  
| A '/' . |  
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 7 |  
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SP36

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

In the last 12 months, did anyone in the family need approval
from TRICARE for any care, tests or treatment?

YES	1
NO	2 {SP38}
REF	-7 {SP38}
DK	-8 {SP38}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP37
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays
in health care while the family waited for approval from TRICARE?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
IF VOLUNTEERED: NO VISITS IN LAST	
12 MONTHS	95
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP38
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}}

In the last 12 months, did anyone in the family look for any
information about how their coverage through TRICARE works **in
written material or on the Internet?**

YES	1
NO	2 {SP40}
REF	-7 {SP40}
DK	-8 {SP40}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP39

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
find or understand this information?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP40
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

In the last 12 months, did anyone in the family call TRICARE's
customer service to get information or help?

YES	1
NO	2 {SP42}
REF	-7 {SP42}
DK	-8 {SP42}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP41
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to get the help the family needed when they called TRICARE's customer service?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP42

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

In the last 12 months, did anyone in the family have to fill out
any paperwork for their coverage through TRICARE?

YES	1
NO	2 {SP44}
REF	-7 {SP44}
DK	-8 {SP44}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP43
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did the family have with paperwork for their coverage through TRICARE?

Would you say ...

a big problem,	1
a small problem, or	2
not a problem?	3
REF	-7
DK	-8

[Code One.]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP44
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE INSURER(S)}}

SHOW CARD SP-2.

We want to know your rating of all the family's experience with
their coverage through TRICARE.

Using **any number from 0 to 10**, where 0 is the worst health plan
possible and 10 is the best health plan possible, what number
would you use to rate the coverage through TRICARE?

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

RANGE CHECK: 0-10

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

BOX_05
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GO TO NEXT QUESTIONNAIRE SECTION

