Satisfaction with Health Plan (SP) Section

BOX_00A
=======

```
-------------------------------------------------------
|  THE SP SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. IF|
|  IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT      |
|  SECTION.                                          |
-------------------------------------------------------
```

BOX_00
======

```
-------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
|  DISPLAY PERS.FULLNAME, ESTB.ESTBNAME              |
-------------------------------------------------------
```

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 NAV_SP01A-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.                                  |
-------------------------------------------------------


-------------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_01 USES BOTH NAV_SP01A     |
| AND NAV_SP01B TO CONTROL THE FLOW OF THE LOOP.      |
-------------------------------------------------------
```

NAV_SP01A
=========

SERIES: Experience with all of the RU Member's Private Health
Insurance Coverage (i.e., happy with provider choices, ever call
customer service, overall rating of plan)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

Policyholder

[1. Policyholder's Name-30]   [Status-25]
[2. Policyholder's Name-30]   [Status-25]
[3. Policyholder's Name-30]   [Status-25]

```
--------------------------------------------------------
| ROSTER DETAILS:                                       |
| COL # 1 HEADER: POLICYHOLDER                          |
| INSTRUCTIONS: DISPLAY POLICYHOLDER'S FIRST,           |
| MIDDLE, AND LAST NAMES                                |
| COL # 2 HEADER:  EMPTY                                |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR     |
| STATUS FOR EACH POLICYHOLDER EACH TIME THE            |
| NAVIGATOR IS PRESENTED                                |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER DEFINITION:                                    |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-           |
| INSURER-TRIPLES-ROSTER FOR SELECTION.                 |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER BEHAVIOR:                                      |
| 1. SELECT ALLOWED.                                    |
|                                                       |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT             |
|     DISALLOWED.                                       |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER FILTER:                                        |
| DISPLAY ALL POLICYHOLDERS WHO MEET THE CONDITIONS     |
| STATED AT THE LOOP_01 DEFINITION.                     |
--------------------------------------------------------


--------------------------------------------------------
| CONTINUE WITH NAV_SP01B FOR SELECTED POLICYHOLDER     |
--------------------------------------------------------
```

NAV_SP01B
=========

{PERSON'S FIRST MIDDLE AND LAST NAME}   {STR-DT}

SERIES: Experience with Private Health Insurance Coverage
(i.e., happy with provider choices, ever call customer service,
overall rating of plan)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED **"DONE,"** USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

Policyholder...Plan Name

[1. Person's Name-65]...[Insurer Name-30]   [Status-25]
[2. Person's Name-65]...[Insurer Name-30]   [Status-25]
[3. Person's Name-65]...[Insurer Name-30]   [Status-25]

```
 ------------------------------------------------------
 | ROSTER DETAILS:                                    |
 | COL # 1 HEADER: POLICYHOLDER...PLAN NAME           |
 | INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-     |
 | INSURER-TRIPLES-PAIR                               |
 | COL # 2 HEADER:  EMPTY                             |
 | INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
 | STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR       |
 | IS PRESENTED                                       |
 ------------------------------------------------------


 ------------------------------------------------------
 | ROSTER DEFINITION:                                 |
 | THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-        |
 | INSURER-TRIPLES-ROSTER FOR SELECTION.              |
 ------------------------------------------------------


 ------------------------------------------------------
 | ROSTER BEHAVIOR:                                   |
 | 1. SELECT ALLOWED.                                 |
 |                                                    |
 | 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT          |
 |    DISALLOWED.                                     |
 ------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ALL INSURERS THAT MEET THE CONDITIONS       |
| STATED AT THE LOOP_01 DEFINITION.                   |
-------------------------------------------------------


-------------------------------------------------------
| CONTINUE WITH SP01 FOR SELECTED PAIR                |
-------------------------------------------------------
```

SP01
====

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

We are going to ask you to rate {your/{POLICYHOLDER}'s} (and other
family members') experience(s) with {NAME OF INSURER BEING LOOPED ON},
that is, {your/his/her} {hospital and physician/Medicare Supplement or
Medigap} coverage through {ESTABLISHMENT}

In answering these questions, please think about your experiences
over the last 12 months.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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


-------------------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY      |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S     |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,  |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE    |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/          |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,    |
| OE25, OE36, OR OE38.                                |
-------------------------------------------------------
```

SP02
====

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

SHOW CARD SP-1.

Since {you/{POLICYHOLDER}} (and the family) joined {NAME OF INSURER
BEING LOOPED ON}, how much of a problem, if any, was it to
get a personal doctor or nurse {you/he/she} (and the family)
{are/is} happy with?

Would you say ...

```
        a big problem, ........................ 1 {SP03}
        a small problem, or ................... 2 {SP03}
        not a problem? ........................ 3 {SP03}
        IF VOLUNTEERED:  DON'T HAVE A PERSONAL
          DOCTOR OR NURSE .................... 95 {SP03}
        REF ................................. -7 {SP03}
        DK ................................. -8 {SP03}
```

[Code One]

```
        -------------------------------------------------------
        |  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
        |  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S   |
        |  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
        |  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
        |  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
        |  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
        |  OE25, OE36, OR OE38.                              |
        -------------------------------------------------------

        -------------------------------------------------------
        |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 7                |
        -------------------------------------------------------
```

SP03
====

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

In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the
family) need approval from {NAME OF INSURER BEING LOOPED ON}
for any care, tests, or treatment?

```
    YES ..................................... 1 {SP04}
    NO ...................................... 2 {SP05}
    REF ..................................... -7 {SP05}
    DK ...................................... -8 {SP05}
```

```
    ----------------------------------------------------
    |  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
    |  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S   |
    |  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
    |  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
    |  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
    |  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
    |  OE25, OE36, OR OE38.                              |
    ----------------------------------------------------
```

```
    ----------------------------------------------------
    |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 23              |
    ----------------------------------------------------
```

SP04
====

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays
in health care while {you/{POLICYHOLDER}} (or anyone in the family)
waited for approval from {NAME OF INSURER BEING LOOPED ON}?

Would you say ...

```
    a big problem, ......................... 1 {SP05}
    a small problem, or .................... 2 {SP05}
    not a problem? ......................... 3 {SP05}
    IF VOLUNTEERED:  NO VISITS IN LAST
      12 MONTHS .......................... 95 {SP05}
    REF ................................... -7 {SP05}
    DK .................................... -8 {SP05}
```

[Code One]

```
    -------------------------------------------------------
    |  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY     |
    |  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S    |
    |  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS, |
    |  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE   |
    |  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/         |
    |  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,   |
    |  OE25, OE36, OR OE38.                               |
    -------------------------------------------------------


    -------------------------------------------------------
    |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 24                |
    -------------------------------------------------------
```

SP05
====

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

In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the
family) look for any **information** about how {NAME OF INSURER
BEING LOOPED ON} works **in written material or on the Internet**?

```
    YES ................................... 1 {SP06}
    NO  ................................... 2 {SP07}
    REF ................................... -7 {SP07}
    DK  ................................... -8 {SP07}
```

```
---------------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON',  DISPLAY  |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S  |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
| OE25, OE36, OR OE38.                              |
---------------------------------------------------
```

```
---------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 33              |
---------------------------------------------------
```

SP06
====

{POLICYHOLDER FIRST MIDDLE LAST 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 {SP07}
    a small problem, or ................... 2 {SP07}
    not a problem? ........................ 3 {SP07}
    REF ................................... -7 {SP07}
    DK .................................... -8 {SP07}
```

[Code One]

```
    -------------------------------------------------------
    | DISPLAY THE NAME OF THIS POLICYHOLDER'S CURRENT    |
    | ROUND'S PRIVATE OR MEDIGAP INSURER FOR PLAN NAME.  |
    | THAT IS, DISPLAY THE NAME OF THE PLAN (PROVIDING   |
    | MEDICARE SUPPLEMENT / MEDIGAP BENEFITS OR          |
    | HOSPITAL/PHYSICIAN BENEFITS) ENTERED AT HX49,      |
    | HX51, OE11, OE25, OE36, OR OE38.                   |
    -------------------------------------------------------

    -------------------------------------------------------
    | NOTE:  CAHPS 3.0 ADULT CORE ITEM 34                |
    -------------------------------------------------------
```

SP07
====

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

In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the
family) call {NAME OF INSURER BEING LOOPED ON}'s **customer
service** to get information or help?

```
    YES ..................................... 1 {SP08}
    NO ...................................... 2 {SP09}
    REF ..................................... -7 {SP09}
    DK ...................................... -8 {SP09}
```

```
    -----------------------------------------------------
    |  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
    |  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S   |
    |  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
    |  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
    |  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
    |  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
    |  OE25, OE36, OR OE38.                              |
    -----------------------------------------------------
```

```
    -----------------------------------------------------
    |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 35              |
    -----------------------------------------------------
```

SP08
====

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
get the help {you/{POLICYHOLDER}} (or anyone in the family) needed when
{you/he/she} called {NAME OF INSURER BEING LOOPED ON}'s customer
service?

Would you say ...

```
        a big problem, ........................ 1 {SP09}
        a small problem, or ................... 2 {SP09}
        not a problem? ........................ 3 {SP09}
        REF ................................. -7 {SP09}
        DK .................................. -8 {SP09}
```

[Code One]

```
    -------------------------------------------------
    | FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY  |
    | THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S |
    | PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
    | DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE |
    | SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/       |
    | PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |
    | OE25, OE36, OR OE38.                             |
    -------------------------------------------------
```

```
    -------------------------------------------------
    | NOTE:  CAHPS 3.0 ADULT CORE ITEM 36             |
    -------------------------------------------------
```

SP09
====

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

In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the
family) have to fill out any paperwork for {NAME OF INSURER
BEING LOOPED ON}?

```
        YES .................................... 1 {SP10}
        NO ..................................... 2 {SP11}
        REF ................................... -7 {SP11}
        DK .................................... -8 {SP11}
```

```
        -----------------------------------------------------
        |  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
        |  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S   |
        |  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
        |  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
        |  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
        |  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
        |  OE25, OE36, OR OE38.                              |
        -----------------------------------------------------


        -----------------------------------------------------
        |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 37               |
        -----------------------------------------------------
```

SP10
====

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
{you/{POLICYHOLDER}} (or anyone in the family) have with paperwork
for {NAME OF INSURER BEING LOOPED ON}?

Would you say ...

    a big problem, ... 1 {SP11}
    a small problem, or .... 2 {SP11}
    not a problem? .... 3 {SP11}
    REF .... -7 {SP11}
    DK .... -8 {SP11}

[Code One]

```
-----------------------------------------------------
|  FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY   |
|  THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S  |
|  PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
|  DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
|  SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
|  PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
|  OE25, OE36, OR OE38.                              |
-----------------------------------------------------


-----------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 38              |
-----------------------------------------------------
```

SP11
====

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

SHOW CARD SP-2.

We want to know your rating of all {your/{POLICYHOLDER}'s} (and the
family's) experience with **{NAME OF INSURER BEING LOOPED ON}.**

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 {NAME OF INSURER BEING LOOPED ON}?

ENTER RATING FROM 0-10:

    [Enter Small Number] ....
    REF .... -7 {END_LP01}
    DK .... -8 {END_LP01}


```
-------------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY   |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S  |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |
| OE25, OE36, OR OE38.                             |
-------------------------------------------------


-------------------------------------------------
| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE IS |
| 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 MANAGED CARE SERIES

BOX_02
======

```
-------------------------------------------------------
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR|
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE          |
| MEDICARE BENEFITS ARE THROUGH A MANAGED CARE PLAN,|
| 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                      |
-------------------------------------------------------
```

17

```
------------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS SATISFACTION    |
| INFORMATION ON ALL PERSONS WITH MEDICARE MANAGED   |
| CARE PLANS.  THIS LOOP CYCLES ON PAIRS THAT MEET   |
| THE FOLLOWING CONDITIONS:                          |
| - ESTABLISHMENT IS MEDICARE                        |
| AND                                                |
| - MEDICARE COVERAGE IS THROUGH A MANAGED CARE PLAN|
| AND                                                |
| - PERSON IS CURRENTLY COVERED BY THE MEDICARE      |
|   MANAGED CARE PLAN                                |
------------------------------------------------------
```

```
------------------------------------------------------
| NOTE:  MEDICARE MANAGED CARE 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.........}

The next questions ask about {your/{PERSON}'s} experience with {NAME
OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her}
coverage through Medicare.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-------------------------------------------------------
| FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE  |
| PLAN', 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).                                         |
-------------------------------------------------------
```

SP13
====

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

SHOW CARD SP-1.

Since {you/{PERSON}} joined {NAME OF CURRENT ROUND MEDICARE MANAGED
CARE PLAN}, that is, {your/his/her} coverage through Medicare, how
much of a problem, if any, was it to get a personal doctor or
nurse {you/he/she} {are/is} happy with?

Would you say ...

```
    a big problem, ........................ 1 {SP14}
    a small problem, or ................... 2 {SP14}
    not a problem? ........................ 3 {SP14}
    IF VOLUNTEERED:  DON'T HAVE A PERSONAL
      DOCTOR OR NURSE .................... 95 {SP14}
    REF .................................. -7 {SP14}
    DK ................................... -8 {SP14}
```

                    [Code One]


```
-------------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                  |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 7                |
-------------------------------------------------------
```

SP14
====

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

In the last 12 months, did {you/{PERSON}} need approval from
{NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is,
{your/his/her} coverage through Medicare, for any care, tests or
treatment?

```
     YES .................................... 1 {SP15}
     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.........}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays
in health care while {you/{PERSON}} waited for approval from {NAME OF
CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her}
coverage through Medicare?

Would you say ...

```
        a big problem, ........................ 1 {SP16}
        a small problem, or ................... 2 {SP16}
        not a problem? ........................ 3 {SP16}
        IF VOLUNTEERED:  NO VISITS IN LAST
          12 MONTHS ........................... 95 {SP16}
        REF ................................... -7 {SP16}
        DK .................................... -8 {SP16}
```

[Code One]

```
    ---------------------------------------------------
    |  SEE FILL SPECIFICATIONS FOR SP12               |
    ---------------------------------------------------
```

SP16
====

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

In the last 12 months, did {you/{PERSON}} look for any **information**
about how {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN},
that is, {your/his/her} coverage through Medicare, works **in written
material or on the Internet**?

```
    YES .................................... 1 {SP17}
    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 MANAGED CARE PLAN}

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 {SP18}
    a small problem, or ................... 2 {SP18}
    not a problem? ........................ 3 {SP18}
    REF ................................... -7 {SP18}
    DK .................................... -8 {SP18}
```

[Code One]

```
--------------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                      |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 34                   |
--------------------------------------------------------
```

SP18
====

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

In the last 12 months, did {you/{PERSON}} call {NAME OF CURRENT ROUND
MEDICARE MANAGED CARE PLAN}'s, that is, {your/his/her} coverage through
Medicare, **customer service** to get information or help?

```
    YES ................................... 1 {SP19}
    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........}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to
get the help {you/{PERSON}} needed when {you/he/she} called {NAME OF
CURRENT ROUND MEDICARE MANAGED CARE PLAN}'s, that is, {your/his/her}
coverage through Medicare, customer service?

Would you say ...

```
        a big problem, ........................ 1 {SP20}
        a small problem, or ................... 2 {SP20}
        not a problem? ........................ 3 {SP20}
        REF ................................... -7 {SP20}
        DK .................................... -8 {SP20}
```

                        [Code One]

        | SEE FILL SPECIFICATIONS FOR SP12 |

        | NOTE: CAHPS 3.0 ADULT CORE ITEM 36 |

SP20
====

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

In the last 12 months, did {you/{PERSON}} have to fill out any
paperwork for {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN},
that is, {your/his/her} coverage through Medicare?

```
        YES ................................... 1 {SP21}
        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.........}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
{you/{PERSON}} have with paperwork for {NAME OF CURRENT ROUND MEDICARE
MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare?

Would you say ...

```
    a big problem, ......................... 1 {SP22}
    a small problem, or .................... 2 {SP22}
    not a problem? ......................... 3 {SP22}
    REF .................................... -7 {SP22}
    DK ..................................... -8 {SP22}
```

[Code One]

```
 -----------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                  |
 -----------------------------------------------------


 -----------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 38               |
 -----------------------------------------------------
```

SP22
====

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

SHOW CARD SP-2.

We want to know your rating of all {your/{PERSON}'s} experience with
**{NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is,
{your/his/her} 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 {NAME OF CURRENT ROUND MEDICARE MANAGED
CARE PLAN}?

ENTER RATING FROM 0-10:

    [Enter Small Number] ....
    REF .... -7
    DK .... -8


```
 --------------------------------------------------
|  HARD CHECK:  ACCEPTABLE RANGE FOR THIS RESPONSE IS|
|  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/SCHIP AND HOSPITAL/PHYSICIAN SERIES

BOX_03
======

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


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

SP23
====

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

The next questions ask about the family's experience with
{{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}, 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 OR SELECT NEXT PAGE TO CONTINUE.

27

```
------------------------------------------------------
| DISPLAY '{NAME OF CURRENT ... through' IF THERE IS |
| AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/  |
| SCHIP 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\ |
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.       |
|                                                    |
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or    |
| {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID/SCHIP.  |
| 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.........}

        SHOW CARD SP-1.

        Since the family joined {{NAME OF CURRENT ROUND MEDICAID/SCHIP/
        GOVT-H/P INSURER}/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 {SP25}
            a small problem, or .... 2 {SP25}
            not a problem? .... 3 {SP25}
            IF VOLUNTEERED: DON'T HAVE A PERSONAL
              DOCTOR OR NURSE .... 95 {SP25}
            REF .... -7 {SP25}
            DK .... -8 {SP25}

                    [Code One]

```
--------------------------------------------------------
| DISPLAY '{NAME OF CURRENT ... INSURER}' IF THERE IS|
| AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/  |
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING |
| THE CURRENT ROUND.  OTHERWISE, DISPLAY 'the        |
| coverage through'.                                 |
|                                                    |
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |
| CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID/ |
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.       |
|                                                    |
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID} or    |
| {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID/SCHIP   |
| AND THERE IS NO INSURER ASSOCIATED WITH THE        |
| FAMILY'S MEDICAID/SCHIP INSURANCE DURING THE       |
| CURRENT ROUND. IF THERE IS AN INSURER, USE A NULL  |
| DISPLAY.                                           |
|                                                    |
| 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. IF   |
| THERE IS AN INSURER, USE A NULL DISPLAY.           |
|                                                    |
| 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 UNDER ALL CONDITIONS). |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON  |
| HX06.                                              |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 7                 |
--------------------------------------------------------
```

SP25
====

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

In the last 12 months, did anyone in the family need approval from
{{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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 {SP26}
        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.........}

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 {{NAME
OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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 {SP27}
    a small problem, or ................... 2 {SP27}
    not a problem? ........................ 3 {SP27}
    IF VOLUNTEERED:  NO VISITS IN LAST
      12 MONTHS ........................... 95 {SP27}
    REF .................................. -7 {SP27}
    DK ................................... -8 {SP27}
```

[Code One]


```
    -----------------------------------------------------
    |  SEE FILL SPECIFICATIONS FROM SP24.               |
    -----------------------------------------------------


    -----------------------------------------------------
    |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 24              |
    -----------------------------------------------------
```

SP27
====

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

In the last 12 months, did anyone in the family look for any
information about how {{NAME OF CURRENT ROUND MEDICAID/SCHIP/
GOVT-H/P INSURER}/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} works **in written material or on the Internet**?

```
        YES .................................. 1 {SP28}
        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/SCHIP/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 {SP29}
        a small problem, or ................... 2 {SP29}
        not a problem? ........................ 3 {SP29}
        REF .................................. -7 {SP29}
        DK ................................... -8 {SP29}
```

[Code One]

```
-------------------------------------------------------
| DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN  |
| INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/    |
| SCHIP 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/|
| SCHIP OR GOV'T HOSPITAL/PHYSICIAN INSURANCE.      |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 34               |
-------------------------------------------------------
```

SP29
====

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

In the last 12 months, did anyone in the family call {{NAME OF
CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}'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 {SP30}
     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/SCHIP/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 {SP31}
        a small problem, or ................... 2 {SP31}
        not a problem? ........................ 3 {SP31}
        REF ................................... -7 {SP31}
        DK .................................... -8 {SP31}
```

                         [Code One]


```
    -------------------------------------------------------
    |  DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN  |
    |  INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/    |
    |  SCHIP 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/|
    |  SCHIP OR GOV'T HOSPITAL/PHYSICIAN INSURANCE.      |
    -------------------------------------------------------


    -------------------------------------------------------
    |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 36              |
    -------------------------------------------------------
```

SP31
====

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

In the last 12 months, did anyone in the family have to fill
out any paperwork for {{NAME OF CURRENT ROUND MEDICAID/SCHIP/
GOVT-H/P INSURER}/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 {SP32}
        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/SCHIP/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 {SP33}
        a small problem, or ................... 2 {SP33}
        not a problem? ........................ 3 {SP33}
        REF ................................... -7 {SP33}
        DK .................................... -8 {SP33}
```

[Code One]

```
        -------------------------------------------------------
        | DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN    |
        | INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/SHIP  |
        | 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/  |
        | SCHIP OR GOV'T HOSPITAL/PHYSICIAN INSURANCE.        |
        -------------------------------------------------------


        -------------------------------------------------------
        | NOTE:  CAHPS 3.0 ADULT CORE ITEM 38                 |
        -------------------------------------------------------
```

SP33
====

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

SHOW CARD SP-2.

We want to know your rating of all the family's experience with
**{{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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

        | HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE |
        | IS 0-10. |

        | SEE FILL SPECIFICATIONS FROM SP24 |

```
       -------------------------------------------------------
       |  NOTE:  CAHPS 3.0 ADULT CORE ITEM 39                 |
       -------------------------------------------------------
```


TRICARE/CHAMPVA SERIES

BOX_04
======

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

              -------------------------------------------------------
              |  OTHERWISE, GO TO BOX_05                            |
              -------------------------------------------------------
```


SP34
====

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

The next questions ask about the family's experience with {{NAME OF
CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}, that is,} their coverage
through TRICARE or CHAMPVA.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

SP35
====

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

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

SHOW CARD SP-1.

Since the family joined TRICARE or CHAMPVA, 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 {SP36}
        a small problem, or .... 2 {SP36}
        not a problem? .... 3 {SP36}
        IF VOLUNTEERED: DON'T HAVE A PERSONAL
          DOCTOR OR NURSE .... 95 {SP36}
        REF .... -7 {SP36}
        DK .... -8 {SP36}

                        [Code One]

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


-----------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 7                |
-----------------------------------------------------
```

SP36
====

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

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

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


```
    YES ..................................... 1 {SP37}
    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/CHAMPVA 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 or
     CHAMPVA?

     Would you say ...

          a big problem, ... 1 {SP38}
          a small problem, or .... 2 {SP38}
          not a problem? .... 3 {SP38}
          IF VOLUNTEERED: NO VISITS IN LAST
            12 MONTHS .... 95 {SP38}
          REF .... -7 {SP38}
          DK .... -8 {SP38}

                         [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/CHAMPVA INSURER(S)}}

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

          YES .... 1 {SP39}
          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/CHAMPVA 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 {SP40}
          a small problem, or .................... 2 {SP40}
          not a problem? ........................ 3 {SP40}
          REF ................................... -7 {SP40}
          DK .................................... -8 {SP40}
```

[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/CHAMPVA INSURER(S)}}

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

```
     YES ................................... 1 {SP41}
     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/CHAMPVA 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 or
CHAMPVA'S customer service?

Would you say ...

```
     a big problem, ........................ 1 {SP42}
     a small problem, or ................... 2 {SP42}
     not a problem? ........................ 3 {SP42}
     REF .................................. -7 {SP42}
     DK ................................... -8 {SP42}
```

[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/CHAMPVA INSURER(S)}}

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

```
    YES .................................... 1 {SP43}
    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/CHAMPVA 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
or CHAMPVA?

Would you say ...

        a big problem, ... 1 {SP44}
        a small problem, or .... 2 {SP44}
        not a problem? .... 3 {SP44}
        REF .... -7 {SP44}
        DK .... -8 {SP44}

                        [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/CHAMPVA INSURER(S)}}

SHOW CARD SP-2.

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

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 or CHAMPVA?

ENTER RATING FROM 0-10:

      [Enter Small Number] ....
      REF .... -7
      DK .... -8

      | HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE |
      | IS 0-10 |

      | SEE FILL SPECIFICATIONS FROM SP35 |

      | NOTE: CAHPS 3.0 ADULT CORE ITEM 39 |

BOX_05
======

      | GO TO NEXT QUESTIONNAIRE SECTION |