

Satisfaction with Health Plan (SP) Section

BOX\_01

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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  
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OTHERWISE, GO TO BOX\_03  
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LOOP\_01

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FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-  
INSURER-TRIPLES-ROSTER, ASK SP01-END\_LP01  
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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  
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NOTE: PRIVATE INSURANCE IS DEFINED AS:  
- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND  
FLAGGED AS 'PROVIDES HEALTH INSURANCE'  
(ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH  
A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED,  
SEE NOTE BELOW)  
- DIRECT PURCHASED INSURANCE, THAT IS,  
ESTABLISHMENTS CREATED FROM THE HX23 SERIES

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

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND  
PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS  
'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS  
DIRECT PURCHASED INSURANCE, THAT IS, LOOP\_01 WILL  
CYCLE ON THE ESTABLISHMENT PROVIDING THE  
INSURANCE, (I.E., CREATED FROM THE HX03 SERIES)  
**NOT** THE EMPLOYER.

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

SP01  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

PRESS ENTER TO CONTINUE.

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| DISPLAY 'hospital and physician' IF THIS INSURER |  
| IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN |  
| BENEFITS. DISPLAY 'Medicare Supplement or |  
| Medigap' IF THIS INSURER IS FLAGGED AS PROVIDING |  
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, BUT NOT |  
| HOSPITAL AND PHYSICIAN BENEFITS. |  
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SP02  
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{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SP03  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

Would you say ...

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

[Code One]

SP04  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SP05

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

BOX\_02

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OMITTED

SP06  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

SP07  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

SP08  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

- 1 = VERY SATISFIED
- 2 = SOMEWHAT SATISFIED
- 3 = NOT TOO SATISFIED
- 4 = NOT AT ALL SATISFIED
- 95 = SERVICE NOT COVERED
- 96 = DON'T KNOW IF SERVICE IS COVERED

- SP08\_01 a. Preventive health care? ( )
- SP08\_02 b. Hospitalization? ( )
- SP08\_03 c. Prescription medications? ( )
- SP08\_04 d. Mental health services? ( )

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

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| ALLOW '-7' (REFUSED) AND '-8' (DON'T KNOW) ON ALL |
| FORM ITEMS. |
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SP09  
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{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

SP10

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

SP11

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

SP12  
====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SP13  
====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

CODE '95' IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

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

[Code One]

SP14  
====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

CODE '95' IF RESPONDENT VOLUNTEERS NO AMOUNT PAID.

Would you say ...

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

[Code One]

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

SP15  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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

[Code One]

END\_LP01  
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| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION

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| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |  
END LOOP\_01 AND CONTINUE WITH BOX\_03

BOX\_03  
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| IF AT LEAST ONE CURRENT RU MEMBER IS A COVERED BY |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE |  
CURRENT ROUND, CONTINUE WITH SP16

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OTHERWISE, GO TO BOX\_04

SP16  
=====

{NAME OF ESTABLISHMENT.....}

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

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

PRESS ENTER TO CONTINUE.

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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.  
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SP17  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

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| 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.  
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| 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.

SP18  
=====

{NAME OF ESTABLISHMENT.....}

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

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

Would you say ...

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

[Code One]

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SEE FILL SPECIFICATIONS FROM SP17

SP19  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

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| 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 'this program' IF THE FAMILY HAS GOVT-
| HOSPITAL/PHYSICIAN AND THERE IS NO INSURER
| ASSOCIATED WITH THE FAMILY'S GOVT-HOSPITAL/
| PHYSICIAN INSURANCE DURING THE CURRENT ROUND.
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| 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.

SP20

====

{NAME OF ESTABLISHMENT.....}

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

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

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

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

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

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

FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID INSURER. DISPLAY 'this program' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/PHYSICIAN INSURER.

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

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

SP21  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

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| 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.  
|  
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SP22  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

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

SP23  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

1 = VERY SATISFIED

3 = NOT TOO SATISFIED

2 = SOMEWHAT SATISFIED

4 = NOT AT ALL SATISFIED

95 = SERVICE NOT COVERED

96 = DON'T KNOW IF SERVICE IS COVERED

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

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

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

-----  
SEE FILL SPECIFICATION FROM SP20.

SP24  
====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATION FROM SP20.

SP25  
=====

{NAME OF ESTABLISHMENT.....}

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

Over the last year, have you and the family paid substantially more than you expected for services covered by {(PLAN NAME)}/{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  
REF ..... -7  
DK ..... -8

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

SP26  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

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

FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE  
CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID  
OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '(PLAN NAME)'s' IF THERE IS AN INSURER  
ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-  
HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT  
ROUND. DISPLAY '{Medicaid's/{STATE NAME FOR  
MEDICAID}'s/or {STATE CHIP NAME}'s}' IF FAMILY HAS  
MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID  
INSURER. DISPLAY 'this program's' IF FAMILY HAS  
GOV'T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT  
ROUND'S GOV'T-HOSPITAL/PHYSICIAN INSURER.

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

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

SP27  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SP28

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

CODE '95' IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

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

[Code One]

-----  
SEE FILL SPECIFICATION FROM SP20.

BOX\_04

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GO TO NEXT QUESTIONNAIRE SECTION.

