

Satisfaction with Health Plan (SP) Section

PRIVATE INSURANCE AND MEDIGAP SERIES

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\_02

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  
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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  
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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.  
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NOTE: '-7' (REFUSED) AND '-8' (DON'T KNOW)  
RESPONSES AT ANY QUESTION LISTED ABOVE DOES **NOT**  
MEET THE CRITERIA.  
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SP01

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

PRESS ENTER TO CONTINUE.

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| DISPLAY 'hospital and physician' IF THIS INSURER |  
| IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN |  
| BENEFITS OR IF IT'S FLAGGED AS PROVIDING BOTH |  
| HOSPITAL AND PHYSICIAN BENEFITS AND MEDICARE |  
| SUPPLEMENT/MEDIGAP BENEFITS, DISPLAY 'Medicare |  
Supplement or Medigap'.

SP02

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS ADULT CORE ITEM 6

SP03

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

SP04  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS ADULT CORE ITEM 23

SP05  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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NOTE: CAHPS ADULT CORE ITEM 32

SP06  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS ADULT CORE ITEM 33

SP07  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

-----  
NOTE: CAHPS ADULT CORE ITEM 34

SP08  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS ADULT CORE ITEM 35

SP09  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

-----  
NOTE: CAHPS ADULT CORE ITEM 36

SP10

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
NOTE: CAHPS ADULT CORE ITEM 37

SP11  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

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NOTE: CAHPS ADULT CORE ITEM 38

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\_02

MEDICARE HMO SERIES

BOX\_02

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| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR |  
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE |  
| MEDICARE BENEFITS ARE THROUGH AN HMO, CONTINUE |  
WITH LOOP\_02

-----  
OTHERWISE, GO TO BOX\_03

LOOP\_02

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| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS ROSTER, ASK SP12-END\_LP02

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| LOOP DEFINITION: LOOP\_02 COLLECTS SATISFACTION |  
| INFORMATION ON ALL PERSON'S WITH MEDICARE HMO |  
| PLANS. THIS LOOP CYCLES ON PAIRS THAT MEET THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - MEDICARE COVERAGE IS THROUGH AN HMO |  
| AND |  
- PERSON IS CURRENTLY COVERED BY THE MEDICARE HMO

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

SP12

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

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

PRESS ENTER TO CONTINUE.

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

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

SP13

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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NOTE: CAHPS ADULT CORE ITEM 6

SP14

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

SP15  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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NOTE: CAHPS ADULT CORE ITEM 23

SP16  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 32

SP17  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 33

SP18  
====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

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NOTE: CAHPS ADULT CORE ITEM 34

SP19

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 35

SP20

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 36

SP21

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 37

SP22  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE HMO}

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS ADULT CORE ITEM 38

END\_LP02  
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-----  
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
THE LOOP DEFINITION

-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |  
LOOP\_02 AND CONTINUE WITH BOX\_03

MEDICAID AND HOSPITAL/PHYSICIAN SERIES

BOX\_03

=====

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

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OTHERWISE, GO TO BOX\_04

SP23

====

{NAME OF ESTABLISHMENT.....}

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

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

PRESS ENTER TO CONTINUE.

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

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

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

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or  
| {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID.  
| OTHERWISE, DISPLAY 'the program ... benefits'.

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

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

SP24  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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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. |

DISP  
| 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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NOTE: CAHPS ADULT CORE ITEM 6

SP25  
====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

SP26  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS ADULT CORE ITEM 23

SP27

====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS ADULT CORE ITEM 32

SP28

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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

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

-----  
NOTE: CAHPS ADULT CORE ITEM 33

SP29

====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS ADULT CORE ITEM 34

SP30

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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

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

-----  
NOTE: CAHPS ADULT CORE ITEM 35

SP31

====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS ADULT CORE ITEM 36

SP32  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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

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

-----  
NOTE: CAHPS ADULT CORE ITEM 37

SP33  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS ADULT CORE ITEM 38

TRICARE SERIES

BOX\_04

=====

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

-----  
OTHERWISE, GO TO BOX\_05

SP34

=====

{NAME OF ESTABLISHMENT.....}

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

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

PRESS ENTER TO CONTINUE.

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

SP35  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

```
-----  
| FOR ' NAME OF ESTABLISHMENT...' , DISPLAY 'TRICARE'. |  
| DISPLAY 'PLAN NAME: ... INSURER(S)}' IF THERE IS A |  
| TRICARE INSURER ASSOCIATED WITH THE FAMILY'S |  
| TRICARE INSURANCE (CHECK HX12A, PR19A, OR PR21A). |  
| OTHERWISE, USE A NULL DISPLAY. |  
| FOR 'NAME OF CURRENT ROUND TRICARE INSURER(S)', |  
| DISPLAY THE NAME(S) OF THE CURRENT ROUND'S |  
| INSURER(S) FOR THE FAMILY'S TRICARE INSURANCE. |  
| NOTE: IF MULTIPLE INSURERS ARE SELECTED AT HX12A, |  
| PR19A, OR PR21A, SEPARATE THE INSURER NAMES WITH |  
| A '/'. |  
-----
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-----  
| NOTE: CAHPS ADULT CORE ITEM 6 |  
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SP36  
====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

SP37

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 23

SP38  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 32

SP39

====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 33

SP40  
====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 34

SP41  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 35

SP42

====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 36

SP43  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 37

SP44  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS ADULT CORE ITEM 38

BOX\_05  
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GO TO NEXT QUESTIONNAIRE SECTION

