

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

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

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

SP02  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP03  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP04  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP05  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP06

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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, 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 3.0 ADULT CORE ITEM 34

SP07  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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

SP08

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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, 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 3.0 ADULT CORE ITEM 36

SP09  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

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NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP10  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP11  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

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RANGE CHECK: 0-10

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NOTE: CAHPS 3.0 ADULT CORE ITEM 39

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 MANAGED CARE 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 A MANAGED CARE PLAN, |  
CONTINUE WITH LOOP\_02

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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 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
- 

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| 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.....}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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 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 HX310V OR ENTERED |  
| AT HX33 (IF MEDICARE CREATED THIS ROUND OR IF |  
| UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN |  
| SELECTED AT PR020V 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.....}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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 3.0 ADULT CORE ITEM 7

SP14  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP15  
====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP16  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP18

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP19  
====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP20

====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP21  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP22  
=====

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

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

END\_LP02  
=====

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

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

**MEDICAID AND HOSPITAL/PHYSICIAN SERIES**

BOX\_03

=====

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

-----  
OTHERWISE, GO TO BOX\_04

SP23

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/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/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 '(PLAN NAME), ... 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. |

| 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.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/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 '(PLAN NAME)' 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'.

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.

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.

-----

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NOTE: CAHPS 3.0 ADULT CORE ITEM 7  
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SP25  
====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

SP26

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/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 3.0 ADULT CORE ITEM 24

SP27  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

SP28  
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/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
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/ |  
| 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.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

SP30

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/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
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/ |  
| 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.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

SP32

====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/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
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/ |  
| 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 38

SP33  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

TRICARE/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.....}

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

The next questions ask about the family's experience with {(PLAN NAME)}, that is,} their coverage through TRICARE or CHAMPVA.

PRESS ENTER TO CONTINUE.

-----  
| 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 '/' . |  
| |  
| DISPLAY '(PLAN NAME), 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. |  

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP38  
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/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
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
a small problem, or .....	2
not a problem? .....	3
REF .....	-7
DK .....	-8

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP40  
=====

{NAME OF ESTABLISHMENT.....}

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP41  
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/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 or CHAMPVA's customer service?

Would you say ...

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

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP42  
=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/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
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
a small problem, or .....	2
not a problem? .....	3
REF .....	-7
DK .....	-8

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP44

=====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/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

-----  
RANGE CHECK: 0-10

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

BOX\_05

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GO TO NEXT QUESTIONNAIRE SECTION