

Satisfaction with Health Plan (SP) Section

BOX_00A

=====

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

BOX_00

=====

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

PRIVATE INSURANCE AND MEDIGAP SERIES

BOX_01

=====

| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |
| AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |
| AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING |
| 'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE |
WITH LOOP_01

OTHERWISE, GO TO BOX_02

LOOP_01

=====

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01

| LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION |
| INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS |
| CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP |
| CYCLES ON TRIPLES THAT MEET THE FOLLOWING |
| CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
| WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS **OR** |
| MEDICARE SUPPLEMENT OR MEDIGAP |
| AND |
| - PERSON IS A CURRENT RU MEMBER WHO IS THE |
| POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE |
| OBTAINED THROUGH THIS ESTABLISHMENT |
| AND |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
| INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |
| AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN |
| BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/ |
| MEDIGAP BENEFITS' |
| AND |
- PERSON IS CURRENTLY INSURED BY THIS TRIPLE

| NOTE: PRIVATE INSURANCE IS DEFINED AS: |
| - ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND |
| FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH |
| A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED, |
| SEE NOTE BELOW) |
| - DIRECT PURCHASED INSURANCE, THAT IS, |
ESTABLISHMENTS CREATED FROM THE HX23 SERIES

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

| NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND |
| PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS |
| 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS |
| DIRECT PURCHASED INSURANCE, THAT IS, LOOP_01 WILL |
| CYCLE ON THE ESTABLISHMENT PROVIDING THE |
| INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) |
NOT THE EMPLOYER.

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

SP01
=====

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

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

SP02
=====

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP03
=====

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

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

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP04
=====

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP05
=====

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

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

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP06
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP07}
a small problem, or	2	{SP07}
not a problem?	3	{SP07}
REF	-7	{SP07}
DK	-8	{SP07}

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP07
=====

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

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

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP08
=====

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP09
=====

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

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

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP10
=====

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

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 {NAME OF INSURER BEING LOOPED ON}?

Would you say ...

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

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP11
=====

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

SHOW CARD SP-2.

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

Using **any number from 0 to 10**, where 0 is the worst health plan
possible and 10 is the best health plan possible, what number
would you use to rate {NAME OF INSURER BEING LOOPED ON}?

ENTER RATING FROM 0-10:

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

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

END_LP01

=====

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

| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH BOX_02

MEDICARE MANAGED CARE SERIES

BOX_02

=====

| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR |
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE |
| MEDICARE BENEFITS ARE THROUGH A MANAGED CARE PLAN, |
CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_03

LOOP_02

=====

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

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

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

SP12
====

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

| FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE |
| PLAN', DISPLAY THE NAME OF THIS PERSON'S CURRENT |
| ROUND'S MEDICARE INSURER. THAT IS, DISPLAY THE |
| NAME OF THE PLAN SELECTED AT 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.....}

SHOW CARD SP-1.

Since (PERSON) joined {NAME OF CURRENT ROUND MEDICARE MANAGED
CARE PLAN}, 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	{SP14}
a small problem, or	2	{SP14}
not a problem?	3	{SP14}
IF VOLUNTEERED: DON'T HAVE A PERSONAL DOCTOR OR NURSE	95	{SP14}
REF	-7	{SP14}
DK	-8	{SP14}

[Code One]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP14
====

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

In the last 12 months, did (PERSON) need approval from
{NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is,
(PERSON)'s coverage through Medicare, for any care, tests or
treatment?

YES 1 {SP15}
NO 2 {SP16}
REF -7 {SP16}
DK -8 {SP16}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP15

====

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FOR SP12

SP16
====

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

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

YES 1 {SP17}
NO 2 {SP18}
REF -7 {SP18}
DK -8 {SP18}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP17
=====

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

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

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP18}
a small problem, or	2	{SP18}
not a problem?	3	{SP18}
REF	-7	{SP18}
DK	-8	{SP18}

[Code One]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP18
====

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

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

YES 1 {SP19}
NO 2 {SP20}
REF -7 {SP20}
DK -8 {SP20}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP19
=====

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP20
=====

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

In the last 12 months, did (PERSON) have to fill out any
paperwork for {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN},
that is, (PERSON)'s coverage through Medicare?

YES 1 {SP21}
NO 2 {SP22}
REF -7 {SP22}
DK -8 {SP22}

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP21

====

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
(PERSON) have with paperwork for {NAME OF CURRENT ROUND MEDICARE
MANAGED CARE PLAN}, that is, (PERSON)'s coverage through Medicare?

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP22
=====

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

SHOW CARD SP-2.

We want to know your rating of all (PERSON)'s experience with
{NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, 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 {NAME OF CURRENT ROUND MEDICARE MANAGED
CARE PLAN}?

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

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

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

END_LP02
=====

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

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

MEDICAID/SCHIP AND HOSPITAL/PHYSICIAN SERIES

BOX_03

=====

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

OTHERWISE, GO TO BOX_04

SP23
=====

{NAME OF ESTABLISHMENT.....}

The next questions ask about the family's experience with
{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}, that is,
their coverage through {Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}/the program sponsored by a state or local
government agency which provides hospital and physician benefits}.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----  
| DISPLAY '{NAME OF CURRENT ... through' IF THERE IS |  
| AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/ |  
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING |  
| THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |  
| |  
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |  
| CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID\ |  
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |  
| |  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or |  
| {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID/SCHIP. |  
| OTHERWISE, DISPLAY 'the program ... benefits'. |  
| |  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |  
| STATE, SEE BOX ON HX06. |  
| |  
| DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE |  
| REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC |  
| NAME TO USE BY STATE, SEE BOX ON HX06. |  
-----
```

SP24
====

{NAME OF ESTABLISHMENT.....}

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP25}
a small problem, or	2	{SP25}
not a problem?	3	{SP25}
IF VOLUNTEERED: DON'T HAVE A PERSONAL DOCTOR OR NURSE	95	{SP25}
REF	-7	{SP25}
DK	-8	{SP25}

[Code One]

| DISPLAY '{NAME OF CURRENT ... INSURER}' IF THERE IS |
| AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/ |
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING |
| THE CURRENT ROUND. OTHERWISE, DISPLAY 'the |
| coverage through'. |

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

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID} or |
| {STATE CHIP NAME}}' IF FAMILY HAS MEDICAID/SCHIP |
| AND THERE IS NO INSURER ASSOCIATED WITH THE |
| FAMILY'S MEDICAID/SCHIP INSURANCE DURING THE |
| CURRENT ROUND. IF THERE IS AN INSURER, USE A NULL |
| DISPLAY. |

| DISPLAY 'the program ... benefits' IF THE FAMILY |
| HAS GOVT-HOSPITAL/PHYSICIAN AND THERE IS NO |
| INSURER ASSOCIATED WITH THE FAMILY'S GOVT-HOSPITAL/ |
| PHYSICIAN INSURANCE DURING THE CURRENT ROUND. IF |
| THERE IS AN INSURER, USE A NULL DISPLAY. |

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

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

| NOTE: CAHPS 3.0 ADULT CORE ITEM 7 |

SP25
====

{NAME OF ESTABLISHMENT.....}

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

YES 1 {SP26}
NO 2 {SP27}
REF -7 {SP27}
DK -8 {SP27}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP26
====

{NAME OF ESTABLISHMENT.....}

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP27}
a small problem, or	2	{SP27}
not a problem?	3	{SP27}
IF VOLUNTEERED: NO VISITS IN LAST		
12 MONTHS	95	{SP27}
REF	-7	{SP27}
DK	-8	{SP27}

[Code One]

SEE FILL SPECIFICATIONS FROM SP24.

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP27
====

{NAME OF ESTABLISHMENT.....}

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

YES	1	{SP28}	
NO	2	{SP29}	
REF	-7	{SP29}	
DK	-8	{SP29}	

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP28
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem, 1 {SP29}
a small problem, or 2 {SP29}
not a problem? 3 {SP29}
REF -7 {SP29}
DK -8 {SP29}

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP29
====

{NAME OF ESTABLISHMENT.....}

In the last 12 months, did anyone in the family call {{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}}'s/the coverage through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}} {the program sponsored by a state or local government agency which provides hospital and physician benefits} **customer service** to get information or help?

YES	1	{SP30}
NO	2	{SP31}
REF	-7	{SP31}
DK	-8	{SP31}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP30
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP31}
a small problem, or	2	{SP31}
not a problem?	3	{SP31}
REF	-7	{SP31}
DK	-8	{SP31}

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP31
====

{NAME OF ESTABLISHMENT.....}

In the last 12 months, did anyone in the family have to fill out any paperwork for {{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}} or {STATE CHIP NAME}} {the program sponsored by a state or local government agency which provides hospital and physician benefits}?

YES	1	{SP32}
NO	2	{SP33}
REF	-7	{SP33}
DK	-8	{SP33}

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP32
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP33}
a small problem, or	2	{SP33}
not a problem?	3	{SP33}
REF	-7	{SP33}
DK	-8	{SP33}

[Code One]

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP33

====

{NAME OF ESTABLISHMENT.....}

SHOW CARD SP-2.

We want to know your rating of all the family's experience with
**{{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/the
coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE
CHIP NAME}}** {the program sponsored by a state or local government
agency which provides hospital and physician benefits}.

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

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

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

SEE FILL SPECIFICATIONS FROM SP24

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

TRICARE/CHAMPVA SERIES

BOX_04

=====

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

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

SP34

=====

{NAME OF ESTABLISHMENT.....}

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

SP35
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem, 1 {SP36}
a small problem, or 2 {SP36}
not a problem? 3 {SP36}
IF VOLUNTEERED: DON'T HAVE A PERSONAL
DOCTOR OR NURSE 95 {SP36}
REF -7 {SP36}
DK -8 {SP36}

[Code One]

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP36
====

{NAME OF ESTABLISHMENT.....}

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

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

YES 1 {SP37}
NO 2 {SP38}
REF -7 {SP38}
DK -8 {SP38}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP37
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP38
====

{NAME OF ESTABLISHMENT.....}

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

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

YES 1 {SP39}
NO 2 {SP40}
REF -7 {SP40}
DK -8 {SP40}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP39
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem,	1	{SP40}
a small problem, or	2	{SP40}
not a problem?	3	{SP40}
REF	-7	{SP40}
DK	-8	{SP40}

[Code One]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 34

SP40
====

{NAME OF ESTABLISHMENT.....}

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

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

YES 1 {SP41}
NO 2 {SP42}
REF -7 {SP42}
DK -8 {SP42}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP41
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP42
====

{NAME OF ESTABLISHMENT.....}

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

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

YES 1 {SP43}
NO 2 {SP44}
REF -7 {SP44}
DK -8 {SP44}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP43
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP44
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

[Enter Small Number]
REF -7
DK -8

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

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 39

BOX_05
=====

GO TO NEXT QUESTIONNAIRE SECTION