

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.

-----  
| 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.]

-----  
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}

-----  
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.]

-----  
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

====

{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.]

-----  
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.]

-----  
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

-----  
RANGE CHECK: 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

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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

-----  
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

-----  
| 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

-----  
| 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

-----  
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.

-----  
| 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.

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

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  
=====

-----  
GO TO NEXT QUESTIONNAIRE SECTION