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
- 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.........}

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.]
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}
SP06
====

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

PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

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

28-10
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}
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 |
----------------------------------------------------
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 |
-----------------------------
**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 |

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<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_03</td>
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<tr>
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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 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.
{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                  |
----------------------------------------------------

----------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 7                |
----------------------------------------------------
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\}

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<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 23</th>
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</table>
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 {SP18}
NO ..................................... 2 {SP18}
REF ................................... -7 {SP18}
DK .................................... -8 {SP18}

---------------------------------------------------------------------------------------------------
|  SEE FILL SPECIFICATIONS FOR SP12                  |
---------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 33               |
---------------------------------------------------------------------------------------------------
{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               |
----------------------------------------------------
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.]
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               |
----------------------------------------------------
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.]

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<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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| 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.               |

-----------------------------------------------------------------------
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
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}
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.]
(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 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. |

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| NOTE:  CAHPS 3.0 ADULT CORE ITEM 34 |

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28-34
In the last 12 months, did anyone in the family call {customer service to get information or help?}

YES .................................... 1
NO ..................................... 2 {SP31}
REF ................................... -7 {SP31}
DK .................................... -8 {SP31}
{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 GOVT-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 GOVT HOSPITAL/PHYSICIAN INSURANCE. |

-----------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 36 |
-----------------------------------------------
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} |
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.]
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                        |
----------------------------------------------------

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| SEE FILL SPECIFICATIONS FROM SP24           |
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| NOTE:  CAHPS 3.0 ADULT CORE ITEM 39         |
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TRICARE/CHAMPVA SERIES

BOX_04
=====

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

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| OTHERWISE, GO TO BOX_05 |

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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, FR19A, 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, FR19A, 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, FR19A, OR PR21A). OTHERWISE, USE A NULL DISPLAY. |
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.]
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}

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<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 23</th>
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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.]
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}

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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 33</th>
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</table>
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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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 34</th>
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</table>
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}
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.]

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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 36</th>
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28-47
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}

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| SEE FILL SPECIFICATIONS FROM SP35 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 37 |
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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.]

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<td>NOTE: CAHPS 3.0 ADULT CORE ITEM 38</td>
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</table>
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 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 39 |
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| GO TO NEXT QUESTIONNAIRE SECTION |
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