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.                                          |
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BOX_00
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| 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                            |
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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. |
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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 |
---------------------------------------------------------------------------------------------------------------------------------
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}
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]
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}

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

| 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                |
----------------------------------------------------
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 |
----------------------------------------
{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]

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<td>FOR ‘NAME OF INSURER BEING LOOPED ON’, DISPLAY</td>
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<tr>
<td>THE NAME OF THIS POLICYHOLDER’S CURRENT ROUND’S</td>
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<tr>
<td>PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,</td>
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<tr>
<td>DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE</td>
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<tr>
<td>SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/</td>
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<tr>
<td>PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,</td>
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<td>OE25, OE36, OR OE38.</td>
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<td>NOTE: CAHPS 3.0 ADULT CORE ITEM 36</td>
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</tbody>
</table>
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                                   |
--------------------------------------------------------------------------
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

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| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION                     |
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-------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_02           |
-------------------

MEDICARE MANAGED CARE SERIES

BOX_02

-------------------
| 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 |
| NAME OF THE PLAN SELECTED AT HX31OV OR ENTERED AT HX33 (IF MEDICARE |
| CREATED THIS ROUND OR IF UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN |
| SELECTED AT PR02OV OR ENTERED AT PR04 (IF MEDICARE CREATED IN A |
| PREVIOUS ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT |
| INSURER ENTERED). |
---------------------------------------------------------------------
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]  

<table>
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<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<table>
<thead>
<tr>
<th>NOTE:  CAHPS 3.0 ADULT CORE ITEM 34</th>
</tr>
</thead>
</table>
{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]

<table>
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<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 36</th>
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</table>
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 |
-------------------------------------
{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

<p>| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE IS |</p>
<table>
<thead>
<tr>
<th>0-10</th>
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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 39</th>
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END_LP02

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

<p>| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |</p>
<table>
<thead>
<tr>
<th>LOOP_02 AND CONTINUE WITH BOX_03</th>
</tr>
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27
MEDICAID/SCHIP AND HOSPITAL/PHYSICIAN SERIES

BOX_03

<table>
<thead>
<tr>
<th>IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, CONTINUE WITH SP23</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_04</th>
</tr>
</thead>
</table>
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).
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 GOVT-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 GOVT-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 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
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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. |
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---------------------------------------------
| 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}

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| SEE FILL SPECIFICATIONS FROM SP24 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |
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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  |
```

35
{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}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP24</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 35</th>
</tr>
</thead>
</table>
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]
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}

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| SEE FILL SPECIFICATIONS FROM SP24                |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 37                |
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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 |
---------------------------------------------
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}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 23</th>
</tr>
</thead>
</table>
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]

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 24</th>
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</thead>
</table>
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]
**Satisfaction with Health Plan (SP) Section**

**November 10, 2009**

---

**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} |

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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<table>
<thead>
<tr>
<th>NOTE:  CAHPS 3.0 ADULT CORE ITEM 35</th>
</tr>
</thead>
</table>
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                               |
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------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 36                             |
------------------------------------------------------------------
(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}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 37</th>
</tr>
</thead>
</table>
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                                           |
----------------------------------------------------

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| SEE FILL SPECIFICATIONS FROM SP35                 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 39                |
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BOX_05
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| GO TO NEXT QUESTIONNAIRE SECTION                   |
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