Satisfaction with Health Plan (SP) Section

BOX_00A

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

BOX_00

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

PRIVATE INSURANCE AND MEDIGAP SERIES

BOX_01

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

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_02 |
---------------------------------------------------------------------

LOOP_01

---------------------------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, | |
| ASK NAV_SP01A-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.

NAVIGATOR DETAILS: LOOP_01 USES BOTH NAV_SP01A AND NAV_SP01B TO CONTROL THE FLOW OF THE LOOP.

---

NAV_SP01A

SERIES: Experience with all of the RU Member’s Private Health Insurance Coverage (i.e., happy with provider choices, ever call customer service, overall rating of plan)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

Policyholder

[1. Policyholder’s Name-30] [Status-25]
[2. Policyholder’s Name-30] [Status-25]
[3. Policyholder’s Name-30] [Status-25]
| ROSTER DETAILS:                                      |
| COL # 1 HEADER: POLICYHOLDER                        |
| INSTRUCTIONS: DISPLAY POLICYHOLDER’S FIRST, MIDDLE, |
| AND LAST NAMES                                      |
| COL # 2 HEADER: EMPTY                               |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR   |
| STATUS FOR EACH POLICYHOLDER EACH TIME THE NAVIGATOR|
| IS PRESENTED                                        |

| ROSTER DEFINITION:                                  |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-INSURER-|
| TRIPLES-ROSTER FOR SELECTION.                       |

| ROSTER BEHAVIOR:                                    |
| 1. SELECT ALLOWED.                                  |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED|

| ROSTER FILTER:                                      |
| DISPLAY ALL POLICYHOLDERS WHO MEET THE CONDITIONS |
| STATED AT THE LOOP_01 DEFINITION.                   |

| CONTINUE WITH NAV_SP01B FOR SELECTED POLICYHOLDER   |
NAV_SP01B
==========

{PERSON’S FIRST MIDDLE AND LAST NAME}         {STR-DT}

SERIES: Experience with Private Health Insurance Coverage
(i.e., happy with provider choices, ever call customer service, overall rating of plan)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**Policyholder...Plan Name**

[1. Person’s Name-65]...[Insurer Name-30]         [Status-25]
[2. Person’s Name-65]...[Insurer Name-30]         [Status-25]
[3. Person’s Name-65]...[Insurer Name-30]         [Status-25]

-----------------------------------------------------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: POLICYHOLDER...PLAN NAME |
| INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-PAIR |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR IS PRESENTED |
-----------------------------------------------------------------------------

-----------------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER FOR SELECTION. |
-----------------------------------------------------------------------------

-----------------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
-----------------------------------------------------------------------------
SP01
====

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

We are going to ask you to rate {your/{POLICYHOLDER}'s} (and other family members’) experience(s) with {NAME OF INSURER BEING LOOPED ON}, that is, {your/his/her} {hospital and physician/Medicare Supplement or Medigap} coverage through {ESTABLISHMENT}

In answering these questions, please think about your experiences over the last 12 months.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
SP02
====

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

SHOW CARD SP-1.

Since {you/{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 {you/he/she} (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]
In the last 12 months, did {you/{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}


NOTE: CAHPS 3.0 ADULT CORE ITEM 23
In the last 12 months, how much of a problem, if any, were delays in health care while you (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]
In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the family) look for any information about how {NAME OF INSURER BEING LOOPED ON} works in written material or on the Internet?

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

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 33
SP06
====

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

PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

   [Code One]

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

-----------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 34 |
-----------------------------------------------
SP07
====

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

In the last 12 months, did {you/{POLICYHOLDER}} (or anyone in the
family) call {NAME OF INSURER BEING LOOPED ON}’s customer
dservice 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 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 {you/{POLICYHOLDER}} (or anyone in the family) needed when {you/he/she} called {NAME OF INSURER BEING LOOPED ON}’s customer service?

Would you say ...

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

[Code One]

----------------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY   |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S  |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/       |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |
| OE25, OE36, OR OE38.                            |
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----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 36             |
----------------------------------------------------
SP09
====

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

In the last 12 months, did {you/{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}

---------------------------------------------------------------------------------------------------------------------
<p>| 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, |</p>
<table>
<thead>
<tr>
<th>OE25, OE36, OR OE38.</th>
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</table>

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<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 37</th>
</tr>
</thead>
</table>
SP10
====

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
{you/{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]
SP11

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

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

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

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39 |
----------------------------------------------------
END_LP01

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

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

MEDICARE MANAGED CARE SERIES

BOX_02

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

---------------
| OTHERWISE, GO TO BOX_03                           |
---------------

LOOP_02

---------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS ROSTER, ASK SP12-END_LP02                  |
---------------
MEPS P16R5/P17R3/P18R1 Satisfaction with Health Plan (SP) Section
November 19, 2012

----------------------------------------------------
| 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 {your/{PERSON}’s} experience with {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
FOR ‘NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN’, DISPLAY THE NAME OF THIS PERSON’S CURRENT ROUND’S MEDICARE INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN SELECTED AT 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).

SHOW CARD SP-1.

Since {you/{PERSON}} joined {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare, how much of a problem, if any, was it to get a personal doctor or nurse {you/he/she} {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
In the last 12 months, did {you/{PERSON}} need approval from {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare, for any care, tests or treatment?

YES .................................... 1 {SP15}
NO ..................................... 2 {SP16}
REF ................................... -7 {SP16}
DK .................................... -8 {SP16}
In the last 12 months, how much of a problem, if any, were delays in health care while {you/{PERSON}} waited for approval from {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} 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 {you/{PERSON}} look for any information about how {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} 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]
In the last 12 months, did {you/{PERSON}} call {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}’s, that is, {your/his/her} coverage through Medicare, customer service to get information or help?

YES .................................... 1 {SP19}
NO ..................................... 2 {SP20}
REF ................................... -7 {SP20}
DK .................................... -8 {SP20}
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 {you/{PERSON}} needed when {you/he/she} called {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}’s, that is, {your/his/her} 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>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
</tr>
</thead>
</table>

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| NOTE: CAHPS 3.0 ADULT CORE ITEM 36                |

----------------------------------------------------

SP20
====

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

In the last 12 months, did {you/{PERSON}} have to fill out any paperwork for {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare?

   YES  ................................. 1 {SP21}
   NO  ................................. 2 {SP22}
   REF  ................................. -7 {SP22}
   DK  ................................. -8 {SP22}
In the last 12 months, how much of a problem, if any, did you have with paperwork for your 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]
{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF ESTABLISHMENT...........}

SHOW CARD SP-2.

We want to know your rating of all your/{PERSON}’s experience with {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {your/his/her} coverage through Medicare.

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}?

ENTER RATING FROM 0-10:

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

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

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

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

END_LP02

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

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

| IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, CONTINUE WITH SP23 |
| OTHERWISE, GO TO BOX_04 |

SP23

{NAME OF ESTABLISHMENT........}

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
DISPLAY '{NAME OF CURRENT ... through’ IF THERE IS
AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/
SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING
THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

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

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or
{STATE CHIP NAME}}’ IF FAMILY HAS MEDICAID/SCHIP.
OTHERWISE, DISPLAY ‘the program ... benefits’.

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

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE
REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC
NAME TO USE BY STATE, SEE BOX ON HX06.
SHOW CARD SP-1.

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

Would you say ...  

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

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

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

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

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

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

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

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NOTE: CAHPS 3.0 ADULT CORE ITEM 7
SP25

(NAME OF ESTABLISHMENT........)

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

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

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

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

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

-------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24 |
-------------------------------------------------------------------

-------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |
-------------------------------------------------------------------
SP29
====

{NAME OF ESTABLISHMENT........}

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

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

----------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24                |
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| 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 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]
SP31
====

{NAME OF ESTABLISHMENT.........}

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

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

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

SP32
====

{NAME OF ESTABLISHMENT.........}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One]
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
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

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]
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}
SP37
====

(NAME OF ESTABLISHMENT........)

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

SHOW CARD SP-1.

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

Would you say ...

| a big problem, ......................... 1 {SP38} |
| a small problem, or ...................... 2 {SP38} |
| not a problem? .......................... 3 {SP38} |

IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS ......................... 95 {SP38}

REF ................................... -7 {SP38}

DK .................................... -8 {SP38}

[Code One]

|--| SEE FILL SPECIFICATIONS FROM SP35 |
|--| NOTE: CAHPS 3.0 ADULT CORE ITEM 24 |

SP38
====

(NAME OF ESTABLISHMENT........)

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

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

| YES ..................................... 1 {SP39} |
| NO ...................................... 2 {SP40} |
| REF .................................... 7 {SP40} |
| DK .................................... 8 {SP40} |
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]
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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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 35</th>
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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]
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}
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]
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

-------------------------------------------------------------
<p>| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE |</p>
<table>
<thead>
<tr>
<th>IS 0-10</th>
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<td>NOTE: CAHPS 3.0 ADULT CORE ITEM 39</td>
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BOX_05
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<table>
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<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
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