#### Satisfaction with Health Plan (SP) Section

Beta

#### **BOX\_01**

PRIVATE INSURANCE AND MEDIGAP SERIES

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

AND

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK  ${\tt SP01-END\ LP01}$ 

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
- 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'
- 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 THAT 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: 'RF' (REFUSED) AND 'DK' (DON'T KNOW) RESPONSES AT ANY QUESTION LISTED ABOVE DOES NOT MEET THE CRITERIA.

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
{POLICYHOLDER'S FIRST MIDDLE	E 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 OR SELECT NEXT PAGE TO CONTINUE.

DISPLAY INSTRUCTIONS:

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.

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.

# <u>SP02</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jump	p Back Enable	d
Variable Name  EPIN.GTDOCPRB HOW MUCH F	Label PROBLEM GETTING PERSONAL DOC		:	Size
{POLICYHOLDER'S FIRST MI	DDLE LAST NAME} {NAME (	DF ESTA	BLISHMENT}	
PLAN NAME: {NAME	OF INSURER BEING LOOPE	D ON}		— —
SHOW CARD SP-1.				
	R) (and the family) joined (PL/ t to get a personal doctor or no happy with?			
Would you say				
a big problem,		1	{SP03}	
a small problem	n, or	2	{SP03}	
not a problem?		3	{SP03}	
	RED: DON'T HAVE DCTOR OR NURSE	95	{SP03}	
Refused		RF	{SP03}	
Don't Know		DK	{SP03}	
PRIVATE OR MEDIGAP IN THE NAME OF THE PLAN BENEFITS OR HOSPITAL HX51, OE11, OE25, OE3	THIS POLICYHOLDER'S CURRENT NSURER FOR PLAN NAME. THAT (PROVIDING MEDICARE SUPPLE / PHYSICIAN BENEFITS) ENTE 36, OR OE38.	IS, DIS	SPLAY MEDIGAP	

# <u>SP03</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	p Back Enabl	ed
Variable Name  EPIN.APRVTRET NEED APPROVAL	Label FOR TREATMENT			Siz
{POLICYHOLDER'S FIRST MIDDI	LE LAST NAME} {NAME (	OF ESTA	ABLISHMENT	}
PLAN NAME: {NAME OF In the last 12 months, did (Fapproval from (PLAN NAME)	POLICYHOLDER) (or any	one in th		d
YES NO		1 2	{SP04} {SP05}	
Refused Don't Know		RF DK	{SP05} {SP05}	
DISPLAY INSTRUCTIONS: DISPLAY THE NAME OF THIS PRIVATE OR MEDIGAP INSUR THE NAME OF THE PLAN (PR BENEFITS OR HOSPITAL / P HX51, OE11, OE25, OE36,  PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITE	ER FOR PLAN NAME. THAT OVIDING MEDICARE SUPPLI PHYSICIAN BENEFITS) ENTI OR OE38.	r is, di ement /	SPLAY MEDIGAP	

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jun	np Back Enabl	ed
Variable Name  EPIN.APRVDLAY DELAY WAITIN	Label			Size 2
{POLICYHOLDER'S FIRST MID	DDLE LAST NAME} {NAME	OF EST	ABLISHMENT	]
PLAN NAME: {NAME C	F INSURER BEING LOOPE	ED ON}		
SHOW CARD SP-1.				
	ow much of a problem, if any DER) (or anyone in the fami			
Would you say				
a big problem,		1	{SP05}	
a small problem,	or	2	{SP05}	
not a problem?		3	{SP05}	
IF VOLUNTEER 12 MONTHS	ED: NO VISITS IN LAST	95	{SP05}	
Refused		RF	{SP05}	
Don't Know		DK	{SP05}	
PRIVATE OR MEDIGAP INS THE NAME OF THE PLAN BENEFITS OR HOSPITAL, HX51, OE11, OE25, OE36	(PROVIDING MEDICARE SUPPLE / PHYSICIAN BENEFITS) ENTE 5, OR OE38.	T IS, D EMENT / ERED AT	ISPLAY MEDIGAP HX49,	

# <u>SP05</u>

☐ Help Enabled	Comment Enabled	<b>✓</b> Jur	mp Back Enabled
Variable Name  EPIN.LOOKINF INFO	Label RMATION ON HOW PLAN WORKS		Siz
{POLICYHOLDER'S FIR	ST MIDDLE LAST NAME} {NAME (	OF EST	ABLISHMENT}
In the last 12 mor	AME OF INSURER BEING LOOPE oths, did (POLICYHOLDER) (or any about how (PLAN NAME) works <b>in</b>	one in t	
YES NO		1 2	{SP06} {SP07}
Refused Don't Kno	)W	RF DK	{SP07} {SP07}
PRIVATE OR MEDIOTHE NAME OF THE BENEFITS OR HOS	E OF THIS POLICYHOLDER'S CURRENT GAP INSURER FOR PLAN NAME. THAT PLAN (PROVIDING MEDICARE SUPPLE PITAL / PHYSICIAN BENEFITS) ENTE 5, OE36, OR OE38.  E = = = = = = = = = = = = = = = = = =	r is, d Ement /	PISPLAY MEDIGAP

☐ Help Enabled	✓ Comment Enabled	<b>✓</b> Jur	np Back Enable	d
Variable Name  EPIN.PRBFDINF PROBLEM FINDI	Label NG INFORMATION		:	Siz 2
{POLICYHOLDER'S FIRST MIDE	DLE LAST NAME} {NAME (	OF EST	ABLISHMENT)	_
PLAN NAME: {NAME OF	INSURER BEING LOOPE	D ON}		
SHOW CARD SP-1.				
In the last 12 months, how understand this information	v much of a problem, if any, on?	, was it	to find or	
Would you say				
a big problem,		1	{SP07}	
a small problem, o	or	2	{SP07}	
not a problem?		3	{SP07}	
Refused		RF	{SP07}	
Don't Know		DK	{SP07}	
PRIVATE OR MEDIGAP INSUNAME OF THE PLAN (PROVIBENEFITS OR HOSPITAL / HX51, OE11, OE25, OE36,	IS POLICYHOLDER'S CURRENT JRER FOR PLAN NAME. THAT IDING MEDICARE SUPPLEMENT PHYSICIAN BENEFITS) ENTE , OR OE38.	IS, DI [ / MED ERED AT	SPLAY THE IGAP HX49,	

CAHPS 3.0 ADULT CORE ITEM 34

# <u>SP07</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	p Back Enab	led
Variable Name  EPIN.CUSTSERV HAS CALLED CUS	Label TOMER SERVICE/ADMIN OFFICE			Size 2
{POLICYHOLDER'S FIRST MIDD	LE LAST NAME} {NAME (	OF ESTA	ABLISHMEN	Γ}
PLAN NAME: {NAME OF  In the last 12 months, did ( (PLAN NAME)'s customer	POLICYHOLDER) (or any	one in th		
YES NO		1 2	{SP08} {SP09}	
Refused Don't Know		RF DK	{SP09} {SP09}	
DISPLAY INSTRUCTIONS: DISPLAY THE NAME OF THIS PRIVATE OR MEDIGAP INSUITED THE NAME OF THE PLAN (PRIVATE OR HOSPITAL / PRIVATE OR HOSPITAL / PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITE	RER FOR PLAN NAME. THAT ROVIDING MEDICARE SUPPLE PHYSICIAN BENEFITS) ENTE OR OE38.	r is, di Ement /	SPLAY MEDIGAP	

# <u>SP08</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum <sub>l</sub>	o Back Enabled
Variable Name  EPIN.PRBCSTSV PROBLEM GETTING	Label HELP FROM CUST SERVICE		Size
{POLICYHOLDER'S FIRST MIDDLE	E LAST NAME} {NAME (	OF ESTA	BLISHMENT}
PLAN NAME: {NAME OF INSHOW CARD SP-1.  In the last 12 months, how more (POLICYHOLDER) (or anyone called (PLAN NAME)'s custo	nuch of a problem, if any, ne in the family) needed	, was it to	
Would you say			
a big problem,		1	{SP09}
a small problem, or		2	{SP09}
not a problem?		3	{SP09}
Refused		RF	{SP09}
Don't Know		DK	{SP09}
DISPLAY INSTRUCTIONS: DISPLAY THE NAME OF THIS PRIVATE OR MEDIGAP INSURE THE NAME OF THE PLAN (PRO BENEFITS OR HOSPITAL / PH HX51, OE11, OE25, OE36, O	R FOR PLAN NAME. THAT VIDING MEDICARE SUPPLE YSICIAN BENEFITS) ENTE R OE38.	IS, DIS EMENT / I ERED AT I	SPLAY MEDIGAP HX49,

# <u>SP09</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jun	np Back Enab	led
Variable Name  EPIN.PAPRWRK FILL OUT ANY P	Label APERWORK FOR PLAN			Size
{POLICYHOLDER'S FIRST MIDI	DLE LAST NAME} {NAME (	OF EST	ABLISHMEN	Τ}
·	F INSURER BEING LOOPE (POLICYHOLDER) (or any (PLAN NAME)?		he family) hav	/e to
YES NO		1 2	{SP10} {SP11}	
Refused  Don't Know		RF DK	{SP11} {SP11}	
PRIVATE OR MEDIGAP INST THE NAME OF THE PLAN (	PROVIDING MEDICARE SUPPLI PHYSICIAN BENEFITS) ENTI, OR OE38.	T IS, D EMENT /	ISPLAY MEDIGAP	

# <u>SP10</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jun	np Back Enabled
Variable Name  EPIN.PRBPPRWK PROBLEM WIT	Label TH PLAN PAPERWORK		Size 2
{POLICYHOLDER'S FIRST MII	DDLE LAST NAME} {NAME (	OF EST	ABLISHMENT}
SHOW CARD SP-1.  In the last 12 months, he (or anyone in the family)	OF INSURER BEING LOOPE ow much of a problem, if any have with paperwork for (PL	, did (PC	
Would you say			
a big problem,		1	{SP11}
a small problem	, or	2	{SP11}
not a problem?		3	{SP11}
Refused		RF	{SP11}
Don't Know		DK	{SP11}
PRIVATE OR MEDIGAP IN THE NAME OF THE PLAN BENEFITS OR HOSPITAL HX51, OE11, OE25, OE3	(PROVIDING MEDICARE SUPPLE / PHYSICIAN BENEFITS) ENTE 6, OR OE38.	r IS, D: EMENT / ERED AT	ISPLAY MEDIGAP HX49,

# <u>SP11</u>

☐ Help Enabled	Comment Enabled	<b>☑</b> Jui	mp Back Enabled
Variable Name  EPIN.RATEPLAN RATE EXP	Label ERIENCE WITH PLAN		Size
{POLICYHOLDER'S FIRST I	MIDDLE LAST NAME} {NAME (	OF EST	ΓABLISHMENT}
PLAN NAME: {NAMI	E OF INSURER BEING LOOPE	D ON}	
SHOW CARD SP-2.			
We want to know you experience with (PLA	r rating of all (POLICYHOLDER N NAME).	)'s (and	d the family's)
	om 0 to 10, where 0 is the wors alth plan possible, what number		•
ENTER RATING FRO	OM 0-10:		
ī	NUMBER:		{END_LP01}
Refused		RF	{END_LP01}
Don't Know		DK	{END_LP01}
PRIVATE OR MEDIGAP THE NAME OF THE PLA	T THIS POLICYHOLDER'S CURRENT INSURER FOR PLAN NAME. THATAN (PROVIDING MEDICARE SUPPLEAL / PHYSICIAN BENEFITS) ENTEDES6, OR OE38.	IS, I	DISPLAY 'MEDIGAP
Hard CHECK:			

#### **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  ${\tt BOX\_02}$ 

#### **BOX\_02**

MEDICARE MANAGED CARE SERIES

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), 'RF' (REFUSED), OR 'DK' (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

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled		
{PERSON'S FIRST MIDDLE LAS	T NAME} {NAME OF ESTA	ABLISHMENT}		
PLAN NAME: {NAME OF PLAN}	CURRENT ROUND MED	ICARE MANAGED CARE		
The next questions ask about (PERSON)'s experience with (PLAN NAME), that is, (PERSON)'s coverage through Medicare.				
PRESS ENTER	OR SELECT NEXT PAGE	TO CONTINUE.		
DISPLAY INSTRUCTIONS: FOR 'NAME OF CURRENT ROU DISPLAY THE NAME OF THIS INSURER. THAT IS, DISPI HX310V OR ENTERED AT HX	S PERSON'S CURRENT ROUNI LAY THE NAME OF THE PLAN 33 (IF MEDICARE CREATED	O'S MEDICARE N SELECTED AT THIS ROUND OR		

PR02OV OR ENTERED AT PR04 (IF MEDICARE CREATED IN A PREVIOUS ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT

| INSURER ENTERED).

# <u>SP13</u>

☐ Help Enabled	✓ Comment Enabled	<b>⊻</b> Jum	np Back Enabled
Variable Name  EPRS.PRBGTDOC HOW MUC	Label H PROBLEM GETTING PERSONAL DOC		Size
{PERSON'S FIRST MIDDLE	LAST NAME} {NAME OF ESTA	ABLISH	MENT}
PLAN NAME: {NAMI PLAN}	E OF CURRENT ROUND MED	CARE I	MANAGED CARE
SHOW CARD SP-1.			
, , ,	ed (PLAN NAME), that is, (PER of a problem, if any, was it to ge e/is) happy with?	,	•
Would you say			
a big problem	1,	1	{SP14}
a small proble	em, or	2	{SP14}
not a problem	1?	3	{SP14}
	ERED: DON'T HAVE DOCTOR OR NURSE	95	{SP14}
Refused		RF	 {SP14}
Don't Know		DK	{SP14}
DISPLAY THE NAME OF INSURER. THAT IS, HX310V OR ENTERED A PRO20V OR ENTERED A ROUND AND COVERAGE INSURER ENTERED).	TT ROUND MEDICARE MANAGED CAPT THIS PERSON'S CURRENT ROUND DISPLAY THE NAME OF THE PLANAT HX33 (IF MEDICARE CREATED A PREVIOUS ROUND) OR THE PLANAT PRO4 (IF MEDICARE CREATED HAS CHANGED OR IT IS THE MOS	O'S MED: I SELECT THIS RO I SELECT IN A PH ST RECEI	ICARE FED AT DUND OR FED AT REVIOUS

# <u>SP14</u>

☐ Help Enabled	✓ Commer	nt Enabled 🔽 🗸	Jump Back Enat	oled
Variable Name EPRS.TRETAPRV	NEED APPROVAL FOR TREATMENT	Label		Size 2
{PERSON'S FIRST	MIDDLE LAST NAME} {NAM	IE OF ESTABLI	SHMENT}	
PLAN NAME PLAN}	: {NAME OF CURRENT RC	OUND MEDICAR	E MANAGED C	ARE
In the last 12	months, did (PERSON) nee )'s coverage through Medica			
YES		1	{SP15}	
NO		2	{SP16}	
Refu	sed	RF	{SP16}	
Don't	Know	DK	{SP16}	
DISPLAY THE INSURER. TI HX310V OR EI IF UNCHANGEI PR020V OR EI ROUND AND CO INSURER ENTI	F CURRENT ROUND MEDICARE IN NAME OF THIS PERSON'S CUINT HAT IS, DISPLAY THE NAME (NOTERED AT HX33 (IF MEDICAND) OF FROM A PREVIOUS ROUND) OF THE AT PROA (IF MEDICAND) OF THE AT PROA (IF MEDICAND) OF THE AT PROA (IF MEDICANDE HAS CHANGED OR IT ERED).	RRENT ROUND'S M DF THE PLAN SEI RE CREATED THIS DR THE PLAN SEI RE CREATED IN A	EDICARE SECTED AT S ROUND OR SECTED AT A PREVIOUS	

# <u>SP15</u>

☐ Help Enabled		<b>☑</b> Jur	mp Back Enabled
Variable Name  EPRS.DLAYAPRV DELAY WAIT	Label		Size
{PERSON'S FIRST MIDDLE L	_AST NAME} {NAME OF EST	ABLISH	IMENT}
PLAN NAME: {NAME PLAN}	OF CURRENT ROUND MED	OICARE	MANAGED CARE
SHOW CARD SP-1.			
	how much of a problem, if any waited for approval from (PLA through Medicare?		
Would you say			
a big problem,		1	{SP16}
a small probler	m, or	2	{SP16}
not a problem?	?	3	{SP16}
IF VOLUNTEE 12 MONTHS	RED: NO VISITS IN LAST	95	{SP16}
Refused		RF	{SP16}
Don't Know		DK	{SP16}
DISPLAY THE NAME OF INSURER. THAT IS, DHX310V OR ENTERED AT IF UNCHANGED FROM A PRO20V OR ENTERED AT ROUND AND COVERAGE HINSURER ENTERED).	ROUND MEDICARE MANAGED CATHIS PERSON'S CURRENT ROUND DISPLAY THE NAME OF THE PLATE HAS (IF MEDICARE CREATED PREVIOUS ROUND) OR THE PLATE PRO4 (IF MEDICARE CREATED IAS CHANGED OR IT IS THE MOST CHANGED	ID'S MED IN SELEC THIS R IN SELEC IN A F OST RECE	CICARE TED AT COUND OR TED AT REVIOUS

# <u>SP16</u>

$\square$ Help Enabled		✓ Jun	np Back Enab	led
Variable Name EPRS.INFLOOK	Label INFORMATION ON HOW PLAN WORKS			Size
{PERSON'S FIRST	MIDDLE LAST NAME} {NAME OF ESTA	ABLISH	MENT}	
PLAN} In the last 12 (PLAN NAME	: {NAME OF CURRENT ROUND MEDI months, did (PERSON) look for any inf E), that is, (PERSON)'s coverage throug rial or on the Internet?	ormatic	<b>on</b> about how	ARE
YES NO		1 2	{SP17} {SP18}	
Refus Don't	sed Know	RF DK	{SP18} {SP18}	
DISPLAY THE INSURER. TI HX310V OR EI IF UNCHANGEI PR020V OR EI ROUND AND CO INSURER ENTI	F CURRENT ROUND MEDICARE MANAGED CAN NAME OF THIS PERSON'S CURRENT ROUND HAT IS, DISPLAY THE NAME OF THE PLAN NTERED AT HX33 (IF MEDICARE CREATED OF FROM A PREVIOUS ROUND) OR THE PLAN NTERED AT PRO4 (IF MEDICARE CREATED OVERAGE HAS CHANGED OR IT IS THE MOSERED).	D'S MED: N SELECT THIS RO N SELECT IN A PI	ICARE IED AT OUND OR IED AT REVIOUS	

# <u>SP17</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jun	np Back Enabled	d
Variable Name  EPRS.FDINFPRB PROBLEM F	Label FINDING INFORMATION		s	Size 2
{PERSON'S FIRST MIDDLE	LAST NAME} {NAME OF ESTA	ABLISH	MENT}	
PLAN NAME: {NAME PLAN}	OF CURRENT ROUND MED	ICARE	MANAGED CAR	₹E
SHOW CARD SP-1.				
In the last 12 months, understand this inform	how much of a problem, if any ation?	, was it	to find or	
Would you say				
a big problem, a small proble not a problem	m, or	1 2 3	{SP18} {SP18} {SP18}	
Refused		RF	{SP18}	
Don't Know		DK	{SP18}	
DISPLAY THE NAME OF INSURER. THAT IS, I HX310V OR ENTERED AT IF UNCHANGED FROM A PRO20V OR ENTERED AT ROUND AND COVERAGE INSURER ENTERED).	F ROUND MEDICARE MANAGED CAF THIS PERSON'S CURRENT ROUNI DISPLAY THE NAME OF THE PLAN F HX33 (IF MEDICARE CREATED PREVIOUS ROUND) OR THE PLAN F PR04 (IF MEDICARE CREATED HAS CHANGED OR IT IS THE MOS	O'S MED N SELEC THIS R N SELEC IN A P ST RECE	ICARE TED AT OUND OR TED AT REVIOUS	

# <u>SP18</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	np Back Enab	led
Variable Name  EPRS.CUSTSVC   CALL CUSTOMER S	Label ERVICE			Size 2
{PERSON'S FIRST MIDDLE LAST	NAME) {NAME OF ESTA	ABLISHI	MENT}	
PLAN NAME: {NAME OF C	CURRENT ROUND MEDI	CARE N	MANAGED C	ARE
In the last 12 months, did (P (PERSON)'s coverage throu information or help?	,	,		
YES		1	{SP19}	
NO		2	{SP20}	
Refused		RF	{SP20}	
Don't Know		DK	{SP20}	
DISPLAY INSTRUCTIONS: FOR 'NAME OF CURRENT ROUND DISPLAY THE NAME OF THIS INSURER. THAT IS, DISPLAY HX310V OR ENTERED AT HX33 IF UNCHANGED FROM A PREVENCE OF THE PROSENCE OF THE PROSENCE OF THE PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITEM	PERSON'S CURRENT ROUNI AY THE NAME OF THE PLAN 3 (IF MEDICARE CREATED LOUS ROUND) OR THE PLAN 4 (IF MEDICARE CREATED HANGED OR IT IS THE MOS	O'S MEDI N SELECT THIS RO N SELECT IN A PE	CCARE FED AT DUND OR FED AT REVIOUS	

# <u>SP19</u>

☐ Help Enabled		<b>✓</b> Jur	mp Back Enat	oled
Variable Name  EPRS.CSTSVPRB PROBLE	Label EM GETTING HELP FROM CUST SERVICE			Size 2
{PERSON'S FIRST MIDDL	E LAST NAME} {NAME OF ESTA	ABLISH	IMENT}	
PLAN NAME: {NAN PLAN}	ME OF CURRENT ROUND MEDI	CARE I	MANAGED C	ARE
SHOW CARD SP-1				
(PERSON) needed	es, how much of a problem, if any when (PERSON) called (PLAN N age through Medicare, customer s	IAME)'s	s, that is,	p
Would you say				
a big proble	em,	1	{SP20}	
a small prob	olem, or	2	{SP20}	
not a proble	em?	3	{SP20}	
Refused		RF	{SP20}	
Don't Know		DK	{SP20}	
DISPLAY THE NAME INSURER. THAT IS HX310V OR ENTERED IF UNCHANGED FROM PR020V OR ENTERED ROUND AND COVERAG INSURER ENTERED).	ENT ROUND MEDICARE MANAGED CAMPOF THIS PERSON'S CURRENT ROUND, DISPLAY THE NAME OF THE PLAME AT HX33 (IF MEDICARE CREATED A PREVIOUS ROUND) OR THE PLAME AT PRO4 (IF MEDICARE CREATED E HAS CHANGED OR IT IS THE MOSE THE M	O'S MED N SELEC THIS R N SELEC IN A F ST RECE	DICARE TED AT COUND OR TED AT PREVIOUS	

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	p Back Enab	led
Variable Name  EPRS.PAPRWORK FILL OUT ANY PAPE	Label ERWORK FOR PLAN			Size 2
{PERSON'S FIRST MIDDLE LAST	NAME} {NAME OF ESTA	ABLISHN	MENT}	
PLAN NAME: {NAME OF C PLAN} In the last 12 months, did (P NAME), that is (PERSON)'s	ERSON) have to fill out a	any pape		
YES NO 		1 2	{SP21} {SP22}	
Refused Don't Know		RF DK	{SP22} {SP22}	
DISPLAY INSTRUCTIONS: FOR 'NAME OF CURRENT ROUNDISPLAY THE NAME OF THIS INSURER. THAT IS, DISPLAY HX310V OR ENTERED AT HX33 IF UNCHANGED FROM A PREVICE PRO20V OR ENTERED AT PRO4 ROUND AND COVERAGE HAS CHINSURER ENTERED).	PERSON'S CURRENT ROUNI AY THE NAME OF THE PLAN B (IF MEDICARE CREATED COUS ROUND) OR THE PLAN B (IF MEDICARE CREATED	O'S MEDI N SELECT THIS RO N SELECT IN A PR	CARE ED AT UND OR ED AT EVIOUS	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITEM	1 37			

# <u>SP21</u>

☐ Help Enabled	✓ Comment Enabled	<b>✓</b> Jum	np Back Enabled
Variable Name  EPRS.PPRWKPRB PROBLEM WIT	Label H PLAN PAPERWORK		Size 2
{PERSON'S FIRST MIDDLE LA	ST NAME} {NAME OF ESTA	ABLISHI	MENT}
PLAN NAME: {NAME OPLAN}	F CURRENT ROUND MEDI	CARE N	MANAGED CARE
SHOW CARD SP-1.			
	w much of a problem, if any, ME), that is, (PERSON)'s co	•	
Would you say			
a big problem,		1	{SP22}
a small problem,	or	2	{SP22}
not a problem?		3	{SP22}
Refused		RF	{SP22}
Don't Know		DK	{SP22}
DISPLAY THE NAME OF THE INSURER. THAT IS, DISPLAY OR ENTERED AT HE IF UNCHANGED FROM A PROPOSED OF ENTERED AT HE ROUND AND COVERAGE HAS INSURER ENTERED).	ROUND MEDICARE MANAGED CAR HIS PERSON'S CURRENT ROUND EPLAY THE NAME OF THE PLAN HX33 (IF MEDICARE CREATED REVIOUS ROUND) OR THE PLAN PRO4 (IF MEDICARE CREATED ES CHANGED OR IT IS THE MOSE HELD THE MOSE	O'S MEDI I SELECT THIS RO I SELECT IN A PE ST RECEN	ICARE FED AT DUND OR FED AT REVIOUS

# <u>SP22</u>

☐ Help Enabled	Comment Enabled	✓ Jur	mp Back Enabled
Variable Name  EPRS.PLANRATE RATE EXPERIE	Label ENCE WITH PLAN		Size 2
{PERSON'S FIRST MIDDLE LA	AST NAME) {NAME OF ESTA	ABLISH	IMENT}
PLAN NAME: {NAME O	OF CURRENT ROUND MEDI	CARE	MANAGED CARE
SHOW CARD SP-2.			
-	ating of all (PERSON)'s expended on the control of		,
<b>5</b>	<b>n 0 to 10</b> , where 0 is the wors n plan possible, what number		•
ENTED DATING FROM	0-10-		
ENTER RATING FROM NU	<b>0-10:</b> MBER:		_ {END_LP02}
		RF	_ {END_LP02}  {END_LP02}
NU		RF DK	
Refused  Don't Know  DISPLAY INSTRUCTIONS: FOR 'NAME OF CURRENT' DISPLAY THE NAME OF TINSURER. THAT IS, DI HX310V OR ENTERED AT IF UNCHANGED FROM A PIPRO20V OR ENTERED AT ROUND AND COVERAGE HA INSURER ENTERED).  PROGRAMMER NOTES:	MBER:	DK E PLAN 'S MED SELEC THIS R SELEC IN A P T RECE	{END_LP02} {END_LP02}  {END_LP02}
Refused Don't Know  DISPLAY INSTRUCTIONS: FOR 'NAME OF CURRENT' DISPLAY THE NAME OF T INSURER. THAT IS, DI HX310V OR ENTERED AT IF UNCHANGED FROM A P PR020V OR ENTERED AT ROUND AND COVERAGE HA INSURER ENTERED).	MBER:	DK E PLAN 'S MED SELEC THIS R SELEC IN A P T RECE	{END_LP02} {END_LP02}  {END_LP02}  ICARE ITED AT OUND OR ITED AT REVIOUS NT

#### 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**

MEDICAID AND HOSPITAL/PHYSICIAN SERIES

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

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Ena	ıbled
{NAME OF ESTABLISHMENT}			· — — ·
{ <b>PLAN NAME</b> : {NAME OF CINSURER}}	URRENT ROUND MED	CAID-SCHIP/GOVT	Г-Н/Р
The next questions ask about that is, their coverage throug or {STATE CHIP NAME}/the government agency which pressenter or	h} {{Medicaid/{STATE N program sponsored by a	AME FOR MEDICA a state or local sician benefits}.	
DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME: I ASSOCIATED WITH THE FAMIL HOSPITAL/PHYSICIAN INSURA OTHERWISE, USE A NULL DIS	Y'S MEDICAID/SCHIP OR NCE DURING THE CURRENT	GOV'T-	
FOR 'NAME OF INSURER' ROUND'S INSURER FOR THE F HOSPITAL/PHYSICIAN INSURA	AMILY'S MEDICAID/SCHIE		1 1 1
DISPLAY '(PLAN NAME),	through' IF THERE IS	AN INSURER	1

OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}' IF FAMILY HAS MEDICAID/SCHIP. (FAMILY HAS GOV'T HOSPITAL/PHYSICIAN INSURANCE)

ASSOCIATED WITH THE FAMILY'S MEDICAID/SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.

IN THAT 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 IN THE PHRASE.'

FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

| OTHERWISE, DISPLAY 'the program ... benefits'.

IN THE PHRASE 'or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON  $\rm HX06$ .

Vertelle News	$\square$ Help Enabled	Comment Enabled	✓ Jump Back Enabled
Variable Name Label Size  HOME.GTDCPRBM HOW MUCH PROBLEM GETTING PERSONAL DOC 2	Variable Name	Label  HOW MUCH PROBLEM GETTING PERSONAL DOC	Size

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

#### **SHOW CARD SP-1.**

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

Would you say ...

a big problem,	1	{SP25}
a small problem, or	2	{SP25}
not a problem?	3	{SP25}
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95	{SP25}
Refused	RF	{SP25}
Don't Know	DK	{SP25}

DISPLAY INSTRUCTIONS:

DISPLAY 'PLAN NAME: ... INSURER 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 IN THE PHRASE.' FOR THE SPECIFIC NAME TO
USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'or STATE CHIP NAME' SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON  $\rm HX06$ .

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 7

$\square$ Help Enabled		☑ Jump Back Enable	ed
Variable Name HOME.APRVTRTM	Label NEED APPROVAL FOR TREATMENT		Size 2
{NAME OF ESTABL	LISHMENT}		

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

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

YES	1	{SP26}
NO	2	{SP27}
Refused	RF	{SP27}
Don't Know	DK	{SP27}

DISPLAY INSTRUCTIONS:

DISPLAY 'PLAN NAME: ... INSURER 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' IN THE PHRASE . FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 23

$\square$ Help Enabled	Comment Enabled	☑ Jump Back Enabled
Variable Name	Label	Size
HOME.APRVDLYM	DELAY WAITING FOR APPROVAL	2
{NAME OF ESTABLISHMENT}		

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

#### **SHOW CARD SP-1.**

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

Would you say ...

a big problem,	1	{SP27}
a small problem, or	2	{SP27}
not a problem?	3	{SP27}
IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS	95	{SP27}
Refused	RF	{SP27}
Don't Know	DK	{SP27}

DISPLAY INSTRUCTIONS:

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/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' IN THE PHRASE. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 24

$\square$ Help Enabled	Comment Enabled	☑ Jump Back Enabled
Variable Name HOME.LKINFOM	Label INFORMATION ON HOW PLAN WORKS	Size
{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	{SP28}
NO	2	{SP29}
Refused	RF	{SP29}
Don't Know	DK	{SP29}

DISPLAY INSTRUCTIONS:

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/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' IN THE PHRASE. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 33

☐ Help Enabled	✓ Comment Enabled	<b>✓</b> Jur	mp Back Enabled
Variable Name  HOME.PRBINFOM PROBLEM FIND	Label ING INFORMATION		Size
{NAME OF ESTABLISHMENT}			
INSURER}} SHOW CARD SP-1. In the last 12 months, how understand this information	OF CURRENT ROUND MED w much of a problem, if any on?		
Would you say			
a big problem,		1	{SP29}
a small problem,	or	2	{SP29}
not a problem?		3	{SP29}
Refused		 RF	 {SP29}
Don't Know		DK	{SP29}
ASSOCIATED WITH THE FAI HOSPITAL/PHYSICIAN INS OTHERWISE, USE A NULL FOR 'NAME OF INSUR ROUND'S INSURER FOR THE HOSPITAL/PHYSICIAN INS	ER', DISPLAY THE NAME OF E FAMILY'S MEDICAID/SCHI	GOV'T- F ROUND THE CU P OR GO	O.   
PROGRAMMER NOTES:   CAHPS 3.0 ADULT CORE I	TEM 34		

$\square$ Help Enabled	Comment Enabled	✓ Jump Back Enabled
Variable Name	Label	Size
NAME OF ESTAB	CALL CUSTOMER SERVICE	

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

In the last 12 months, did anyone in the family call {(PLAN NAME)'s/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} **customer service** to get information or help?

YES	1	{SP30}
NO	2	{SP31}
Refused	RF	{SP31}
Don't Know	DK	{SP31}

DISPLAY INSTRUCTIONS:

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/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' IN THE PHRASE. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 35

# <u>SP30</u>

☐ Help Enabled	✓ Comment Enabled	<b>⊻</b> Jur	np Back Enal	oled
Variable Name  HOME.PRBSVCM PROBLEM GETT	Label ING HELP FROM CUST SERVICE			Size 2
{NAME OF ESTABLISHMENT}				
{ <b>PLAN NAME</b> : {NAME OF INSURER}}	CURRENT ROUND MED	CAID-S	SCHIP/GOVT	-H/P
SHOW CARD SP-1.				
	v much of a problem, if any, called this health plan's cus		-	p the
Would you say				
a big problem,		1	{SP31}	
a small problem, on not a problem?	or	2	{SP31} {SP31}	
Refused		RF	{SP31}	
Don't Know		DK	{SP31}	
ASSOCIATED WITH THE FAM	ER', DISPLAY THE NAME OF E FAMILY'S MEDICAID/SCHIE	GOV'T- F ROUND THE CU	RRENT	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE IT	= = = = = = = = = = = = = = = = = = =			   

$\square$ Help Enabled	Comment Enabled	✓ Jump Back Enabled	Ł
Variable Name	Label		Size
NAME OF ESTABL	ISHMENT		2

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

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

YES	1	{SP32}
NO	2	{SP33}
Refused	RF	{SP33}
Don't Know	DK	{SP33}

DISPLAY INSTRUCTIONS:

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/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' IN THE PHRASE. FOR THE SPECIFIC NAME TO
USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 37

# <u>SP32</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jur	np Back Enab	oled
Variable Name  HOME.PRBPWKM PROBLEM WITH PL	Label AN PAPERWORK			Size 2
{NAME OF ESTABLISHMENT}				
{ <b>PLAN NAME:</b> {NAME OF INSURER}}	CURRENT ROUND MED	OICAID-	SCHIP/GOVT	-H/P
SHOW CARD SP-1.				
In the last 12 months, how repartment for this health place	-	, did the	e family have	with
Would you say				
a big problem,		1	{SP33}	
a small problem, or not a problem?		2	{SP33} {SP33}	
Refused		RF	{SP33}	
Don't Know		DK	{SP33}	
DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME: ASSOCIATED WITH THE FAMI: HOSPITAL/PHYSICIAN INSUR. OTHERWISE, USE A NULL DI FOR 'NAME OF INSURER ROUND'S INSURER FOR THE HOSPITAL/PHYSICIAN INSUR.	LY'S MEDICAID/SCHIP OR ANCE DURING THE CURRENT SPLAY.  ', DISPLAY THE NAME OF FAMILY'S MEDICAID/SCHIR ANCE.	GOV'T- F ROUND THE CU P OR GO	·   RRENT   V'T	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITE			<sub>-  </sub>   	

$\square$ Help Enabled	Comment Enabled	☑ Jump Back Enabl	led
Variable Name	Label		Size
{NAME OF ESTABL			

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

#### **SHOW CARD SP-2.**

We want to know your rating of all the family's experience with {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}.

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

#### **ENTER RATING FROM 0-10:**

	NUMBER:		{BOX_04}
Refused		RF	{BOX_04}
Don't Know		DK	{BOX 04}

DISPLAY INSTRUCTIONS:

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/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' IN THE PHRASE. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IN THE PHRASE 'Or STATE CHIP NAME', SUBSTITUTE THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

PROGRAMMER NOTES:

CAHPS 3.0 ADULT CORE ITEM 39

Hard CHECK:

ACCEPTABLE RANGE FOR THIS RESPONSE IS 0 - 10.

#### **BOX 04**

TRICARE/CHAMPVA SERIES

IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT ROUND, CONTINUE WITH  ${\tt SP34}$ 

OTHERWISE, GO TO BOX\_05

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
{NAME OF ESTABLISHMENT}		
{ <b>PLAN NAME:</b> {NAME OF CINSURER(S)}}	CURRENT ROUND TRIC	CARE/CHAMPVA

The next questions ask about the family's experience with {(PLAN NAME), that is,} their coverage through TRICARE or CHAMPVA.

#### PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

PROGRAMMER NOTES:
FOR THE ESTABLISHMENT NAME IN THE HEADER, DISPLAY 'TRICARE OR CHAMPVA'.

DISPLAY 'PLAN NAME: ... INSURER(S)}' IF THERE IS A TRICARE/CHAMPVA INSURER ASSOCIATED WITH THE FAMILY'S TRICARE/CHAMPVA INSURANCE (CHECK HX12A, PR19A, OR PR21A).
OTHERWISE, USE A NULL DISPLAY.

FOR 'NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)', DISPLAY THE NAME(S) OF THE CURRENT ROUND'S INSURER(S) FOR THE FAMILY'S TRICARE/CHAMPVA INSURANCE. NOTE: IF MULTIPLE INSURERS ARE SELECTED AT HX12A, PR19A, OR PR21A, SEPARATE THE INSURER NAMES WITH A '/'.

DISPLAY '(PLAN NAME), that is,' IF THERE IS A TRICARE/CHAMPVA INSURER ASSOCIATED WITH THE FAMILY'S TRICARE/CHAMPVA INSURANCE (CHECK HX12A, PR19A, OR PR21A). OTHERWISE, USE A NULL DISPLAY.

☐ Help Enabled		☑ Jump Back Enabled
Variable Name HOME.GTDCPRBT	Label HOW MUCH PROBLEM GETTING PERSONAL DOC	Size 2
{NAME OF ESTAB	BLISHMENT}	
{ <b>PLAN NAI</b> INSURER(	ME: {NAME OF CURRENT ROUND TRICAS)}}	ARE/CHAMPVA
SHOW CA	RD SP-1.	
	amily joined TRICARE or CHAMPVA, how r to get a personal doctor or nurse the family	•
Would you	say	

a big problem,	1	{SP36}
a small problem, or	2	{SP36}
not a problem?	3	{SP36}
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95	{SP36}
Refused	RF	{SP36}
Don't Know	DK	{SP36}

DISPLAY INSTRUCTIONS:

FOR THE ESTABLISHMENT NAME IN THE HEADER, 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 '/'.

	Satisfaction with Health Plan (S	or) Section
		Beta
PROGRAMMER NOTES:	!	
CAHPS 3.0 ADULT CORE ITEM 7	ĺ	I

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	np Back Enab	led
Variable Name  HOME.APRVTRTT   NEED APPROVAL I	Label FOR TREATMENT			Size 2
{NAME OF ESTABLISHMENT}				
{PLAN NAME: {NAME OF INSURER(S)}} In the last 12 months, did at or CHAMPVA for any care,	nyone in the family need a			RE
YES		1	{SP37}	
NO		2	{SP38}	
Refused		RF	{SP38}	
Don't Know		DK	{SP38}	
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT NA CHAMPVA'.  DISPLAY 'PLAN NAME: TRICARE/CHAMPVA INSURER TRICARE/CHAMPVA INSURANC OTHERWISE, USE A NULL DI	INSURER(S)}' IF THERE I ASSOCIATED WITH THE FAN E (CHECK HX12A, PR19A,	IS A MILY'S	 	
FOR 'NAME OF CURRENT ROU DISPLAY THE NAME(S) OF T FAMILY'S TRICARE/CHAMPVA INSURERS ARE SELECTED AT INSURER NAMES WITH A '/	HE CURRENT ROUND'S INSU INSURANCE. NOTE: IF HX12A, PR19A, OR PR21A '.	JRER(S) MULTIPI	FOR THE LE	
PROGRAMMER NOTES:   CAHPS 3.0 ADULT CORE ITE	M 23	= =		

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jur	np Back Enab	led
Variable Name HOME.APRVDLYT DELAY WAITING	Label FOR APPROVAL			Size 2
{NAME OF ESTABLISHMENT}				
{ <b>PLAN NAME</b> : {NAME OF INSURER(S)}}	CURRENT ROUND TRIC	CARE/C	HAMPVA	
SHOW CARD SP-1.				
In the last 12 months, how care while the family waite	•		•	h
Would you say				
a big problem, a small problem, o not a problem?	r D: NO VISITS IN LAST	1 2 3 95	{SP38} {SP38} {SP38} {SP38}	
12 MONTHS	J. NO VISITO IN LAST	90	(31 30)	
Refused		RF	{SP38}	
Don't Know		DK	{SP38}	
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT N CHAMPVA'.	AME IN THE HEADER, DISP	LAY 'TR	ICARE OR	
DISPLAY 'PLAN NAME: TRICARE/CHAMPVA INSURER TRICARE/CHAMPVA INSURAN OTHERWISE, USE A NULL D	ASSOCIATED WITH THE FA CE (CHECK HX12A, PR19A,	MILY'S	1A).	

INSURERS ARE SELECTED AT HX12A, PR19A, OR PR21A, SEPARATE THE

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

INSURER NAMES WITH A '/'.

Satisfaction v	with Health Plan (SP) Section
	Beta
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PROGRAMMER NOTES:	J
CAHPS 3.0 ADULT CORE ITEM 24	

# <u>SP38</u>

☐ Help Enabled	✓ Comment Enabled	<b>✓</b> Jur	np Back Enab	oled
Variable Name  HOME.LKINFOT INFORMATION ON	Label N HOW PLAN WORKS			Size 2
(NAME OF ESTABLISHMENT)				
{PLAN NAME: {NAME OF INSURER(S)}} In the last 12 months, did a how their coverage through material or on the Internet	anyone in the family look for TRICARE or CHAMPVA	or any <b>i</b> i	nformation a	bout
YES NO		1 2	{SP39} {SP40}	
Refused Don't Know		RF DK	{SP40} {SP40}	
	INSURER(S)}' IF THERE I ASSOCIATED WITH THE FAN CE (CHECK HX12A, PR19A, ISPLAY. UND TRICARE/CHAMPVA INSU THE CURRENT ROUND'S INSU A INSURANCE. NOTE: IF T HX12A, PR19A, OR PR21A	IS A MILY'S OR PR2  URER(S) URER(S) MULTIP	1A).    ,,    FOR THE    LE	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE IT:			<sub> </sub>   	

☐ Help Enabled	✓ Comment Enabled	<b>✓</b> Jur	mp Back Enab	led
Variable Name  HOME.PRBINFOT PROBLEM FINI	Label DING INFORMATION			Size 2
{NAME OF ESTABLISHMENT}				
{ <b>PLAN NAME</b> : {NAME (INSURER(S)}}	OF CURRENT ROUND TRIC	CARE/C	CHAMPVA	
SHOW CARD SP-1.				
In the last 12 months, ho understand this informati	ow much of a problem, if any, ion?	, was it	to find or	
Would you say				
a big problem,		1	{SP40}	
a small problem,	or	2	{SP40}	
not a problem?		3	{SP40}	
Refused		RF	{SP40}	
Don't Know		DK	{SP40}	
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT CHAMPVA'.	NAME IN THE HEADER, DISPI	LAY 'TR	RICARE OR	
TRICARE/CHAMPVA INSUR	INSURER(S)}' IF THERE 1 ER ASSOCIATED WITH THE FAN ANCE (CHECK HX12A, PR19A, DISPLAY.	MILY'S	  21A).	
DISPLAY THE NAME(S) OF FAMILY'S TRICARE/CHAME INSURERS ARE SELECTED INSURER NAMES WITH A		JRER(S) MULTIF A, SEPA	FOR THE   PLE   NRATE THE	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE	ITEM 34		= = = = =   	

# <u>SP40</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	np Back Enabled
Variable Name  HOME.CUSTSVCT CALL CUSTOMER S	Label ERVICE		Size 2
{NAME OF ESTABLISHMENT}			
{PLAN NAME: {NAME OF of INSURER(S)}} In the last 12 months, did ar customer service to get information.	nyone in the family call TF		
YES		1	{SP41}
NO		2	{SP42}
Refused		RF	{SP42}
Don't Know		DK	{SP42}
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT NAME CHAMPVA'.  DISPLAY 'PLAN NAME: TRICARE/CHAMPVA INSURER A TRICARE/CHAMPVA INSURANCE OTHERWISE, USE A NULL DIS	INSURER(S)}' IF THERE I ASSOCIATED WITH THE FAN E (CHECK HX12A, PR19A,	IS A MILY'S	 
FOR 'NAME OF CURRENT ROUNDISPLAY THE NAME(S) OF THE FAMILY'S TRICARE/CHAMPVA INSURERS ARE SELECTED AT INSURER NAMES WITH A '/	HE CURRENT ROUND'S INSU INSURANCE. NOTE: IF HX12A, PR19A, OR PR21A	JRER(S) MULTIPI A, SEPAI	FOR THE   LE   RATE THE
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITEN	1 35 	= = = =	

# <u>SP41</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jur	np Back Enat	oled
Variable Name  HOME.PRBSVCT PROBLEM GET	Label TING HELP FROM CUST SERVICE			Size 2
{NAME OF ESTABLISHMENT}				
{PLAN NAME: {NAME (INSURER(S))}}	OF CURRENT ROUND TRIC	ARE/C	:HAMPVA	
SHOW CARD SP-1.				
	ow much of a problem, if any called TRICARE or CHAMF		•	
Would you say				
a big problem,		1	{SP42}	
a small problem,	or	2	{SP42}	
not a problem?		3	{SP42}	
Refused		RF	{SP42}	
Don't Know		DK	{SP42}	
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT CHAMPVA'.	NAME IN THE HEADER, DISPI		ICARE OR	
TRICARE/CHAMPVA INSURI	INSURER(S)}' IF THERE DER ASSOCIATED WITH THE FANANCE (CHECK HX12A, PR19A, DISPLAY.	MILY'S	1A).	
DISPLAY THE NAME(S) OF FAMILY'S TRICARE/CHAME INSURERS ARE SELECTED INSURER NAMES WITH A		JRER(S) MULTIP A, SEPA	FOR THE LE RATE THE	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE	ITEM 36		= = = = =   	

# <u>SP42</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jun	np Back Enable	∌d
Variable Name  HOME.PPRWRKT FILL OUT ANY PA	Label PERWORK FOR PLAN			Size 2
{NAME OF ESTABLISHMENT}				
{PLAN NAME: {NAME OF INSURER(S)}} In the last 12 months, did a for their coverage through	anyone in the family have t			<
YES		1	{SP43}	
NO		2	{SP44}	
Refused		RF	{SP44}	
Don't Know		DK	{SP44}	
CHAMPVA'.  DISPLAY 'PLAN NAME:  TRICARE/CHAMPVA INSURER  TRICARE/CHAMPVA INSURAN  OTHERWISE, USE A NULL D  FOR 'NAME OF CURRENT RO  DISPLAY THE NAME(S) OF  FAMILY'S TRICARE/CHAMPV	UND TRICARE/CHAMPVA INSUTHE CURRENT ROUND'S INSUA INSURANCE. NOTE: IFT HX12A, PR19A, OR PR21	IS A MILY'S OR PR2 JRER(S) JRER(S) MULTIP	1A).	
PROGRAMMER NOTES:   CAHPS 3.0 ADULT CORE IT	EM 37		= = = = = ;	

# <u>SP43</u>

☐ Help Enabled	✓ Comment Enabled	<b>☑</b> Jum	p Back Enabl	led
Variable Name  HOME.PRBPWKT PROBLEM WITH PL	Label AN PAPERWORK			Size 2
{NAME OF ESTABLISHMENT}				
{ <b>PLAN NAME</b> : {NAME OF INSURER(S)}}	CURRENT ROUND TRIC	CARE/CI	HAMPVA	
SHOW CARD SP-1.				
In the last 12 months, how r paperwork for their coverage				/ith
Would you say				
a big problem, a small problem, or not a problem?		1 2 3	{SP44} {SP44} {SP44}	
Refused  Don't Know		RF DK	{SP44} {SP44}	
DISPLAY INSTRUCTIONS: FOR THE ESTABLISHMENT NAME CHAMPVA'.  DISPLAY 'PLAN NAME: TRICARE/CHAMPVA INSURER AT TRICARE/CHAMPVA INSURANCE OTHERWISE, USE A NULL DISPLAY THE NAME(S) OF THE FAMILY'S TRICARE/CHAMPVA INSURERS ARE SELECTED AT INSURER NAMES WITH A '/	INSURER(S)}' IF THERE I ASSOCIATED WITH THE FAM E (CHECK HX12A, PR19A, SPLAY. ND TRICARE/CHAMPVA INSU HE CURRENT ROUND'S INSU INSURANCE. NOTE: IF HX12A, PR19A, OR PR21A	IS A MILY'S OR PR21 JRER(S)' JRER(S) MULTIPL	.A).	
PROGRAMMER NOTES: CAHPS 3.0 ADULT CORE ITER	= = = = = = = = = = = = = = = = = = =	= = = =	= = = = = ;	

☐ Help Enabled	✓ Comment Enable	ed ☑ Jui	mp Back Enable
Variable Name HOME.RATPLANT RATE EX	Label PERIENCE WITH PLAN		
NAME OF ESTABLISHME	 NT}		
{ <b>PLAN NAME</b> : {NAMINSURER(S)}}	ME OF CURRENT ROUND T	RICARE/(	CHAMPVA
SHOW CARD SP-2.			
We want to know you through TRICARE or	ur rating of all the family's expor CHAMPVA.	oerience w	rith <b>their covera</b>
and 10 is the best he	rom 0 to 10, where 0 is the wealth plan possible, what num n TRICARE or CHAMPVA?		
	NUMBER:		{BOX_05}
Refused		RF	{BOX_05}
Don't Know		DK	{BOX_05}
DISPLAY INSTRUCTIO FOR THE ESTABLISHM CHAMPVA'.	NS: ENT NAME IN THE HEADER, DI	SPLAY `TF	   RICARE OR
TRICARE/CHAMPVA IN	: INSURER(S)}' IF THEF SURER ASSOCIATED WITH THE SURANCE (CHECK HX12A, PR19 ULL DISPLAY.	FAMILY'S	21A).
DISPLAY THE NAME(S FAMILY'S TRICARE/C	NT ROUND TRICARE/CHAMPVA I ) OF THE CURRENT ROUND'S I HAMPVA INSURANCE. NOTE: TED AT HX12A. PR19A. OR PR	INSURER(S)	) FOR THE PLE

INSURERS ARE SELECTED AT HX12A, PR19A, OR PR21A, SEPARATE THE

INSURER NAMES WITH A '/'.

CAHPS 3.0 ADULT CORE ITEM 39

PROGRAMMER NOTES:

# Satisfaction with Health Plan (SP) Section Beta

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X 05						
<u>X 05</u>						
X 05		 TTONNA	AIRE SECTIO			 