

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

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK
SP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP
- AND
- PERSON IS A CURRENT RU MEMBER WHO IS THE POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE OBTAINED THROUGH THIS ESTABLISHMENT
- AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS'
- AND
- PERSON IS CURRENTLY INSURED BY THIS TRIPLE

NOTE: PRIVATE INSURANCE IS DEFINED AS:

- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND FLAGGED AS 'PROVIDES HEALTH INSURANCE' (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE: HELD ON THE DATE OF THE CURRENT ROUND'S INTERVIEW DATE:

- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE CURRENT ROUND'S INTERVIEW DATE [HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE POLICYHOLDER] OR [OE01 OR OE12 OR OE26 IS CODED '1' (YES) FOR THE PLAN]
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED OR THE POLICYHOLDER WAS ORIGINALLY SELECTED AS 'POLICYHOLDER NOT IN RU/DU' -- AT LEAST ONE DEPENDENT (SELECTED AT HP16) IS COVERED BY THE INSURANCE AT THE TIME OF THE CURRENT ROUND'S INTERVIEW DATE [HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW FOR THE COVERED PERSON) OR [OE01 OR OE12 OR OE26 IS CODED '1' (YES)] FOR THE PLAN

NOTE: ESTABLISHMENTS 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.

SP01 Help Enabled Comment Enabled Jump Back Enabled

 {POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

The next questions ask about (POLICYHOLDER)'s (and other family members') experience(s) with (PLAN NAME), that is, (POLICYHOLDER)'s {hospital and physician/Medicare Supplement or Medigap} coverage through (ESTABLISHMENT).

PRESS ENTER 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.
 |

SP02

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.GTDOCPRB	HOW MUCH PROBLEM GETTING PERSONAL DOC	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Since (POLICYHOLDER) (and the family) joined (PLAN NAME), how much of a problem, if any, was it to get a personal doctor or nurse (POLICYHOLDER) (and the family) (are/is) happy with?

Would you say ...

a big problem,	1	{SP03}
a small problem, or	2	{SP03}
not a problem?	3	{SP03}
IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE	95	{SP03}

Refused	RF	{SP03}
Don't Know	DK	{SP03}

DISPLAY INSTRUCTIONS:
 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.

PROGRAMMER NOTES:
 CAHPS 3.0 ADULT CORE ITEM 7

SP03

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.APRVTRET	NEED APPROVAL FOR TREATMENT	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) need approval from (PLAN NAME) for any care, tests, or treatment?

- | | | |
|------------|----|--------|
| YES | 1 | {SP04} |
| NO | 2 | {SP05} |
| ----- | | |
| Refused | RF | {SP05} |
| Don't Know | DK | {SP05} |

```

DISPLAY INSTRUCTIONS:
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.
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 23
    
```

SP04

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.APRVDLAY	DELAY WAITING FOR APPROVAL	2

{POLICYHOLDER'S 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, were delays in health care while (POLICYHOLDER) (or anyone in the family) waited for approval from (PLAN NAME)?

Would you say ...

- | | | |
|---|----|--------|
| a big problem, | 1 | {SP05} |
| a small problem, or | 2 | {SP05} |
| not a problem? | 3 | {SP05} |
| IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS | 95 | {SP05} |
| ----- | | |
| Refused | RF | {SP05} |
| Don't Know | DK | {SP05} |

DISPLAY INSTRUCTIONS:
 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.

PROGRAMMER NOTES:
 CAHPS 3.0 ADULT CORE ITEM 24

SP05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.LOOKINF	INFORMATION ON HOW PLAN WORKS	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) look for any **information** about how (PLAN NAME) works **in written material or on the Internet?**

YES	1	{SP06}
NO	2	{SP07}

Refused	RF	{SP07}
Don't Know	DK	{SP07}

DISPLAY INSTRUCTIONS:
 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.

PROGRAMMER NOTES:
 CAHPS 3.0 ADULT CORE ITEM 33

SP06

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.PRbfdinf	PROBLEM FINDING INFORMATION	2

{POLICYHOLDER'S 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} |
| ----- | | |
| Refused | RF | {SP07} |
| Don't Know | DK | {SP07} |

```

DISPLAY INSTRUCTIONS:
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.
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 34
    
```


SP07

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.CUSTSERV	HAS CALLED CUSTOMER SERVICE/ADMIN OFFICE	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) call (PLAN NAME)'s **customer service** to get information or help?

YES	1	{SP08}
NO	2	{SP09}

Refused	RF	{SP09}
Don't Know	DK	{SP09}

```

DISPLAY INSTRUCTIONS:
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.
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 35
    
```

SP08

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.PRBCSTSV	PROBLEM GETTING HELP FROM CUST SERVICE	2

{POLICYHOLDER'S 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 get the help (POLICYHOLDER) (or anyone in the family) needed when (POLICYHOLDER) called (PLAN NAME)'s customer service?

Would you say ...

- | | | |
|---------------------|----|--------|
| a big problem, | 1 | {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 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.

PROGRAMMER NOTES:
 CAHPS 3.0 ADULT CORE ITEM 36

SP09

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.PAPRWRK	FILL OUT ANY PAPERWORK FOR PLAN	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) have to fill out any paperwork for (PLAN NAME)?

YES	1	{SP10}
NO	2	{SP11}

Refused	RF	{SP11}
Don't Know	DK	{SP11}

```

DISPLAY INSTRUCTIONS:
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.
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 37
    
```

SP10

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.PRBPWRK	PROBLEM WITH PLAN PAPERWORK	2

{POLICYHOLDER'S 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, did (POLICYHOLDER) (or anyone in the family) have with paperwork for (PLAN NAME)?

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} |

DISPLAY INSTRUCTIONS:
 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.

PROGRAMMER NOTES:
 CAHPS 3.0 ADULT CORE ITEM 38

SP11

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPIN.RATEPLAN	RATE EXPERIENCE WITH PLAN	2

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-2.

We want to know your rating of all (POLICYHOLDER)'s (and the family's) experience with (PLAN NAME).

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

ENTER RATING FROM 0-10:

NUMBER: _____ {END_LP01}

Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

```

|-----|
| DISPLAY INSTRUCTIONS:                |
| 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.    |
|-----|
| PROGRAMMER NOTES:                    |
| CAHPS 3.0 ADULT CORE ITEM 39        |
|-----|
  
```

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

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

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

SP12

Help Enabled Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

The next questions ask about (PERSON)'s experience with (PLAN NAME), that is, (PERSON)'s coverage through Medicare.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

| DISPLAY INSTRUCTIONS: |
| 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).

SP13

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.PRBGTD0C	HOW MUCH PROBLEM GETTING PERSONAL DOC	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

Since (PERSON) joined (PLAN NAME), that is, (PERSON)'s coverage through Medicare, how much of a problem, if any, was it to get a personal doctor or nurse (PERSON) (are/is) happy with?

Would you say ...

- | | | |
|---|----|--------|
| a big problem, | 1 | {SP14} |
| a small problem, or | 2 | {SP14} |
| not a problem? | 3 | {SP14} |
| IF VOLUNTEERED: DON'T HAVE PERSONAL DOCTOR OR NURSE | 95 | {SP14} |
| ----- | | |
| Refused | RF | {SP14} |
| Don't Know | DK | {SP14} |

```

DISPLAY INSTRUCTIONS:
FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN',
DISPLAY THE NAME OF THIS PERSON'S CURRENT ROUND'S MEDICARE
INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN SELECTED AT
HX310V OR ENTERED AT HX33 (IF MEDICARE CREATED THIS ROUND OR
IF UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN SELECTED AT
PR020V OR ENTERED AT PR04 (IF MEDICARE CREATED IN A PREVIOUS
ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT
INSURER ENTERED).
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 7
    
```


SP14

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.TRETAPRV	NEED APPROVAL FOR TREATMENT	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did (PERSON) need approval from (PLAN NAME), that is, (PERSON)'s coverage through Medicare, for any care, tests or treatment?

- | | | |
|------------|----|--------|
| YES | 1 | {SP15} |
| NO | 2 | {SP16} |
| ----- | | |
| Refused | RF | {SP16} |
| Don't Know | DK | {SP16} |

```

DISPLAY INSTRUCTIONS:
FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN',
DISPLAY THE NAME OF THIS PERSON'S CURRENT ROUND'S MEDICARE
INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN SELECTED AT
HX310V OR ENTERED AT HX33 (IF MEDICARE CREATED THIS ROUND OR
IF UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN SELECTED AT
PR020V OR ENTERED AT PR04 (IF MEDICARE CREATED IN A PREVIOUS
ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT
INSURER ENTERED).

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 23
    
```

SP15

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.DLAYAPRV	DELAY WAITING FOR APPROVAL	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays in health care while (PERSON) waited for approval from (PLAN NAME), that is, (PERSON)'s coverage through Medicare?

Would you say ...

- | | | |
|---|----|--------|
| a big problem, | 1 | {SP16} |
| a small problem, or | 2 | {SP16} |
| not a problem? | 3 | {SP16} |
| IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS | 95 | {SP16} |
| ----- | | |
| Refused | RF | {SP16} |
| Don't Know | DK | {SP16} |

```

DISPLAY INSTRUCTIONS:
FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN',
DISPLAY THE NAME OF THIS PERSON'S CURRENT ROUND'S MEDICARE
INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN SELECTED AT
HX310V OR ENTERED AT HX33 (IF MEDICARE CREATED THIS ROUND OR
IF UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN SELECTED AT
PR020V OR ENTERED AT PR04 (IF MEDICARE CREATED IN A PREVIOUS
ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT
INSURER ENTERED).
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 24
    
```

SP16

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.INFLOOK	INFORMATION ON HOW PLAN WORKS	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did (PERSON) look for any **information** about how (PLAN NAME), that is, (PERSON)'s coverage through Medicare, works in **written material or on the Internet?**

YES	1	{SP17}
NO	2	{SP18}

Refused	RF	{SP18}
Don't Know	DK	{SP18}

```

| DISPLAY INSTRUCTIONS:
| 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).
| -----
| PROGRAMMER NOTES:
| CAHPS 3.0 ADULT CORE ITEM 33
| -----
    
```

SP17

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.FDINFPRB	PROBLEM FINDING INFORMATION	2

{PERSON'S 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} |
| ----- | | |
| Refused | RF | {SP18} |
| Don't Know | DK | {SP18} |

```

DISPLAY INSTRUCTIONS:
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).
    
```

```

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 34
    
```

SP18

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.CUSTSVC	CALL CUSTOMER SERVICE	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did (PERSON) call (PLAN NAME)'s, that is, (PERSON)'s coverage through Medicare, **customer service** to get information or help?

YES	1	{SP19}
NO	2	{SP20}
Refused	RF	{SP20}
Don't Know	DK	{SP20}

```

DISPLAY INSTRUCTIONS:
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).
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 35
    
```

SP19

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.CSTSVPRB	PROBLEM GETTING HELP FROM CUST SERVICE	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to get the help (PERSON) needed when (PERSON) called (PLAN NAME)'s, that is, (PERSON)'s coverage through Medicare, customer service?

Would you say ...

- | | | |
|---------------------|----|--------|
| a big problem, | 1 | {SP20} |
| a small problem, or | 2 | {SP20} |
| not a problem? | 3 | {SP20} |
| ----- | | |
| Refused | RF | {SP20} |
| Don't Know | DK | {SP20} |

```

DISPLAY INSTRUCTIONS:
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).
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 36
    
```

SP20

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.PAPRWORK	FILL OUT ANY PAPERWORK FOR PLAN	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did (PERSON) have to fill out any paperwork for (PLAN NAME), that is (PERSON)'s coverage through Medicare?

YES	1	{SP21}
NO	2	{SP22}
Refused	RF	{SP22}
Don't Know	DK	{SP22}

```

DISPLAY INSTRUCTIONS:
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).

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 37
    
```

SP21

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.PPRWKPRB	PROBLEM WITH PLAN PAPERWORK	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did (PERSON) have with paperwork for (PLAN NAME), that is, (PERSON)'s coverage through Medicare?

Would you say ...

- | | | |
|---------------------|----|--------|
| a big problem, | 1 | {SP22} |
| a small problem, or | 2 | {SP22} |
| not a problem? | 3 | {SP22} |
| ----- | | |
| Refused | RF | {SP22} |
| Don't Know | DK | {SP22} |

```

DISPLAY INSTRUCTIONS:
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).
=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 38
    
```


SP22

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.PLANRATE	RATE EXPERIENCE WITH PLAN	2

{PERSON'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-2.

We want to know your rating of all (PERSON)'s experience with (PLAN NAME), that is, (PERSON)'s coverage through Medicare.

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

ENTER RATING FROM 0-10:

NUMBER: _____ {END_LP02}

Refused RF {END_LP02}

Don't Know DK {END_LP02}

```

DISPLAY INSTRUCTIONS:
FOR 'NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN',
DISPLAY THE NAME OF THIS PERSON'S CURRENT ROUND'S MEDICARE
INSURER. THAT IS, DISPLAY THE NAME OF THE PLAN SELECTED AT
HX310V OR ENTERED AT HX33 (IF MEDICARE CREATED THIS ROUND OR
IF UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN SELECTED AT
PR020V OR ENTERED AT PR04 (IF MEDICARE CREATED IN A PREVIOUS
ROUND AND COVERAGE HAS CHANGED OR IT IS THE MOST RECENT
INSURER ENTERED).
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 39
    
```

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

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

SP23

Help Enabled Comment Enabled Jump Back Enabled

{NAME OF ESTABLISHMENT}

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

The next questions ask about the family's experience with {(PLAN NAME),
that is, their coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}
or {STATE CHIP NAME}/the program sponsored by a state or local
government agency which provides hospital and physician benefits}.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
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 OR GOV'T-
HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '(PLAN NAME), ... through' IF THERE IS AN INSURER
ASSOCIATED WITH THE FAMILY'S MEDICAID/SCHIP OR GOV'T-
HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.
OTHERWISE, USE A NULL DISPLAY.

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

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 HX06.
```


SP24

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.GTDCPRBM	HOW MUCH PROBLEM GETTING PERSONAL DOC	2

{NAME OF ESTABLISHMENT}

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

SHOW CARD SP-1.

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

Would you say ...

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

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 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 7

SP25

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.APRVTRTM	NEED APPROVAL FOR TREATMENT	2

{NAME OF ESTABLISHMENT}

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

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

YES	1	{SP26}
NO	2	{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 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

SP26

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

SP27

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.LKINFOM	INFORMATION ON HOW PLAN WORKS	2

{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

SP28

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBINFOM	PROBLEM FINDING INFORMATION	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, was it to find or understand this information?

Would you say ...

a big problem,	1	{SP29}
a small problem, or	2	{SP29}
not a problem?	3	{SP29}

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 OR GOV'T
HOSPITAL/PHYSICIAN INSURANCE.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 34
    
```

SP29

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CUSTSVCM	CALL CUSTOMER SERVICE	2

{NAME OF ESTABLISHMENT}

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

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

YES	1	{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

SP30

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBSVCM	PROBLEM GETTING HELP FROM CUST SERVICE	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, 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}

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 OR GOV'T
HOSPITAL/PHYSICIAN INSURANCE.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 36
    
```


SP31

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PPRWRKM	FILL OUT ANY PAPERWORK FOR PLAN	2

{NAME OF ESTABLISHMENT}

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

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

YES	1	{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

SP32

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBPWKM	PROBLEM WITH PLAN PAPERWORK	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, 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}

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 OR GOV'T
| HOSPITAL/PHYSICIAN INSURANCE.
|
| -----
|
| PROGRAMMER NOTES:
| CAHPS 3.0 ADULT CORE ITEM 38
|

```

SP33

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.RATPLANM	RATE EXPERIENCE WITH PLAN	2

{NAME OF ESTABLISHMENT}

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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 SP34

OTHERWISE, GO TO BOX_05

SP34

Help Enabled Comment Enabled Jump Back Enabled

{NAME OF ESTABLISHMENT}

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

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

PRESS ENTER 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.
```

SP35

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.GTDCPRBT	HOW MUCH PROBLEM GETTING PERSONAL DOC	2

{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 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 '/'.
    
```

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 7

SP36

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.APRVTRTT	NEED APPROVAL FOR TREATMENT	2

{NAME OF ESTABLISHMENT}

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

In the last 12 months, did anyone in the family need approval from TRICARE or CHAMPVA for any care, tests or treatment?

YES	1	{SP37}
NO	2	{SP38}
Refused	RF	{SP38}
Don't Know	DK	{SP38}

```

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 '/'.

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 23
    
```

SP37

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.APRVDLYT	DELAY WAITING FOR APPROVAL	2

{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}

Refused	RF	{SP38}
Don't Know	DK	{SP38}

```

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 '/'.
    
```

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 24

SP38

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.LKINFOT	INFORMATION ON HOW PLAN WORKS	2

{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}
Refused	RF	{SP40}
Don't Know	DK	{SP40}

```

=====
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 '//'.

=====
PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 33
=====

```

SP39

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBINFOT	PROBLEM FINDING INFORMATION	2

{NAME OF ESTABLISHMENT}

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

SHOW CARD SP-1.

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

Would you say...

a big problem,	1	{SP40}
a small problem, or	2	{SP40}
not a problem?	3	{SP40}

Refused	RF	{SP40}
Don't Know	DK	{SP40}

```

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 '/'.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 34
    
```


SP40

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CUSTSVCT	CALL CUSTOMER SERVICE	2

{NAME OF ESTABLISHMENT}

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

In the last 12 months, did anyone in the family call TRICARE or CHAMPVA's **customer service** to get information or help?

YES	1	{SP41}
NO	2	{SP42}
Refused	RF	{SP42}
Don't Know	DK	{SP42}

```

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 '/'.

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 35
    
```

SP41

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBSVCT	PROBLEM GETTING HELP FROM CUST SERVICE	2

{NAME OF ESTABLISHMENT}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to get the help the family needed when they called TRICARE or CHAMPVA's customer service?

Would you say ...

- | | | |
|---------------------|----|--------|
| a big problem, | 1 | {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 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 '/'.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 36
    
```


SP42

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PPRWRKT	FILL OUT ANY PAPERWORK FOR PLAN	2

{NAME OF ESTABLISHMENT}

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

In the last 12 months, did anyone in the family have to fill out any paperwork for their coverage through TRICARE or CHAMPVA?

YES	1	{SP43}
NO	2	{SP44}
Refused	RF	{SP44}
Don't Know	DK	{SP44}

```

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 '/'.

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 37
    
```

SP43

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PRBPWKT	PROBLEM WITH PLAN PAPERWORK	2

{NAME OF ESTABLISHMENT}

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

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did the family have with paperwork for their coverage through TRICARE or CHAMPVA?

Would you say ...

- | | | |
|---------------------|----|--------|
| a big problem, | 1 | {SP44} |
| a small problem, or | 2 | {SP44} |
| not a problem? | 3 | {SP44} |
| ----- | | |
| Refused | RF | {SP44} |
| Don't Know | DK | {SP44} |

```

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 '/'.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 38
    
```


SP44

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.RATPLANT	RATE EXPERIENCE WITH PLAN	2

{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:

NUMBER: _____ {BOX_05}

Refused RF {BOX_05}

Don't Know DK {BOX_05}

```

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 '/'.

=====

PROGRAMMER NOTES:
CAHPS 3.0 ADULT CORE ITEM 39
    
```

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

BOX 05

[GO TO NEXT QUESTIONNAIRE SECTION]
